Participant 8 17.01.24.mp3

Interviewer (I): 00:02 So I just need to check [*participant 8*] , thank you very much for agreeing to take part . Are you happy for the interview to be recorded and as per the consent ? [**P:** *nods*] . Brilliant . Thank you . So as I've said , thank you for agreeing , my name's [*interviewer*] and you've been invited to participate in this research because you've been involved in making changes and improvements to stroke care across the north west coast region . So what we're trying to do in this interview is capture the learning from what has been done so that we can share this with others and support future improvements in the stroke care pathway . So we're going to ask you a few questions about your involvement and your experiences of that and in whatever parts of the stroke pathway that you've worked with or are involved with . We're interested in your opinions around what you did , why you decided to do it , what worked well , how the service could be improved , and any challenges or comments that you'd like to make . So it's a really open forum . We hope to use your comments to understand what changes have been made , particularly a system level , and explore what worked well or what could have been improved . And the information from these interviews is going to be analyzed and used to inform focus group discussions to help develop a tool called a logic model . And then this logic model can hopefully be shared with others and used to carry out improvements . The interview could take up to 60 minutes . Obviously , as you know , it's voluntary . You can withdraw at any time if you want to . The interview is going to be transcribed and made anonymous . Your data will be stored on a secure research drives at the University of Central Lancashire and only the Arc North West Coast research team will have access to this data , which is currently me and [*name*] . So you've already said you're happy to continue . Do you have any questions before we start ? No , that’s fine . So can you tell me about your your role within stroke care services ?

P: 01:58 Yeah , right . I will try and do the briefest one . Yeah so I had a stroke in 2015 . I had another one 2018 . I got involved with voluntary things through actually , UCLan . They came to a stroke group 8 years ago . Yeah , be after I had a stroke . So I was involved in things like the adopts and the commits things for UCLan . I volunteer at a stroke group and I do a conversational like speaking group . From there I got asked to get involved with the ISNDN when that was setting up you know . Yeah , that was back in 20 , in late 2020 . Yeah , just before the Covid stuff . No one volunteered for the Preston Central Lancashire area and I was asked by a stroke coordinator if I would do something and get involved in that and so I was involved in that . Started off [CONTEXT] and then it went to , they were looking for a [POSITION], the [ROLE]. Noone put forward and I said if no one will do it , I'd rather someone else do it but I'll do it . And then after that [*name*] was the [ROLE], and after [*name*] , I covered for [*name*] a few times and then I ended up being the [ROLE] of the group over the past year or so .

I: 04:24 Yeah . So you're currently [ROLE] of that group ?

P: 04:26 Of the patient and carers group ? Yeah .

I: 04:31 Excellent . So can you . Can you tell me about any changes or interventions within stroke care that you've been you've been asked to sort of be involved with all you're aware of ?

P: 04:46 Yeah . So when we started out , the thing was again the acute stroke unit which is changes named so many times that the location of that . So we were involved from a patient carers point of view and we took part in the decision choices for that . So as individuals , we , we went through the questions and I put our thoughts and comments to that . So I had a role in doing that sort of thing , I was

taking part in service specifications . When they come up and the patient carer voice throughout the service specification , that's been done a couple of times because we did it again last year and it's been updated again . So patient carer voice falls for that and it's basically it's a case of the document come out . We've be asked to read through the document and add our comments to that . So hopefully things like that will be considered , you know , voice will be considered through that . Yeah . There are quiet few a lot of other things that people have brought to the group and asked so there was things like there's been physiotherapy , physiotherapists have come to us . There's been a , what do you call the psychotherapies side of things as well , yeah . So we've taken part in feedback for those things at various points . Yeah . We have given various feedback throughout that from patient point of view from , you know , from my own point of view , I use my mental health services several times things like that . From other people as carers are involved , so they have their view on things . Yeah , we try to look at how carers are cared for as well . I know there are other groups doing that , but we'll put some information together and press for various things on how carers of stroke patients are looked after . One of the things we will know from that is when you are a carer of a stroke survivor , and if that carer then donates most of the time , practically all the time , looking after someone , their friendship circles deteriorate .

I: 08:25 It has a massive impact .

P: 08:26 Massive impacts . So we have carers that come to the groups as well .

I: 08:31 So if we go back so thinking about although you can think about multiple ones , but thinking about maybe one of the things that's caused a change in the specification , or even when you get involved with this change in the stroke unit , can you tell me about I suppose I'm trying to ascertain how much information you are given . So what sort of information are you given to comment on ? Can you give me examples of potential comments or changes that have been made as a result of your involvement ? Are you aware of that ?

P: 09:07 You are aware of various things . Some of the little things might be , you know , simple things like comments on whether we have taken things like , I say an obvious one would be like toilet roll holders . Yeah , it's a common thing and it's a big bone of contention for a lot of people . If you all of a sudden lose your dominance , movement on your dominant side . Yeah . And the things that are fixed in one position and actually going to the toilet is not always easy and it's simple things like that . It handrails around the places . Yeah , but you've got to learn those sort of things . Yeah . So , you know , there are things like that , you know ? We know . Yeah . The people haven't quite thought of and it's like , oh yeah , well , well , we will get that sorted .

I: 10:14 Oh yeah . So it's those practical things in terms of that . But if we're thinking of something a bit more system wide , so maybe one of the changes to Pathways because I think you've been consulted on a few haven't you , with the ISNDN stuff , I'm trying to ascertain are you involved in how the decisions are made about what's going to be done , or do you tend to be involved once the decisions made some things needs to be done , if that makes sense ? I'm trying to ascertain where your …

P: 10:47 I think there sometimes they'll come to us with a decision needs to be made . [**I:** Okay] . And it's like , can we have input on how you think ? Yeah . So we'll give our input and then the decision would be made after so to speak . [**I:** Excellent] . So they'll get our import and then the decision will be made . There are some things that you know , we say and we can see that things aren't quite

implemented and so things will be agreed on . Yeah . And there will be things that aren't quite implemented for one reason or another .

I: 11:40 Can you give me an example ? Just to … [**P:** Yeah] . Yeah , sorry , we won't quote you and you won't be identified .

P: 11:47 No it's alright you can quote me because I push on this a lot . And it's one of the things I push a lot about is information information ? Yeah . And it comes in all sorts of ways . Yeah , they are . The prems from the stroke association . Yeah , one of the things on there I think it was 90% of people said they wish they had more information . I listen to a lot of the , I go ahead away and there's a lot of nice stories and things like that . And people tend to say , we wish we had more information from the beginning . And the stroke association , I don't know who puts together things like the stroke passport type thing . And it's the case of everyone has agreed over the past couple of years that that will be a good thing . The problem is implementing that because different hospital and trusts seem to have their own versions of things . So and they don't always get implemented , maybe because there's so many other things to do . It's not considered important to jot something down . And if a stroke patient is told , oh you had this , that and the other and they don't always remember and it's not always written down . When you come away from the hospital discharge after however period of time , whatever . As a stroke patient you are usually only discharge was once unless you have multiple strokes . So if you don't know the process . You don't know what's happening . The medical staff see the process going and do it on a regular basis . We come away , stroke survivors not always with that information . And sometimes there's a limited information and are left in limbo . [**I:** Yeah] . So to help things and to help prevent things like the stress , when you go to another consultant or a doctor after so long of being in , you have to recap everything . Yeah . So it's that information there in that package or file that you could share with someone who's asking and say , this is what I had , this is how it affects , this is what they suggest . And on top of that , if you had contacts that you could … So the reason for it is so obvious to me and to many people . But the implementation of it is proving , for whatever reasons …

I: 15:22 That's the bit we're interested in . So your opinions of why that does or doesn't work but we'll kind of get onto more of that in a in a moment . So you said obviously that was an example where he talks about the prems which was came out of piece of work that the Stroke Association and thinking about other changes that you've been involved with . So and I presume you've been consulted around , for instance , the need for a thrombectomy service 24/7 those kinds of system wide changes . Are you aware of , the evidence and stuff that's behind those from your own point of view or from the systems that you're involved with , do they talk about the evidence ?

P: 16:02 Yeah . Yeah , we do . We do have people are saying , you know , if it , if it had been available when they , you know , maybe they would have been a lot better . You know , and that sort of thing . I know people that have had a … I keep getting mixed up now with thrombolysis and thrombectomy .

I: 16:35 Thrombolysis is to dissolve the clot . Thrombectomy is where they take it out .

P: 16:40 Take it out . Yeah . So I know people have had thrombolysis . Yeah . And that's happened for them . And that wouldn't have happened had they been sent to another place . Yeah . So I know , we know of or we do get feedback as well on people that have had thrombectomy . And so we know of recent ones where they have come from East Lancs and ended up walking out of hospital within a few

days so yeah we do know of the benefits and we do know there are issues with staffing . Yeah . And gett ing the correct staff and the availability . Yeah . We do know of a various issues like that , yeah . I do know that the Preston has gone what is it , from the end of September through last year to the seven day . Yeah , but they have had problems on the weekend coverage at times and it has been frustrating for them . [**I:** Yeah , yeah] . And I suppose in a way it can be even more frustrating if they know of patients that they could have treated . Yeah . And we don't always hear of that , you know , the we do hear of people come in and they probably come in too late . Yeah . But we do know that things like the time limits and that have changed . So we do get updates on various things like that . Yeah .

I: 18:51 Okay . That's great . So it sounds like there's a mix in terms of development processes with some things you've been involved with developing along the way and other things are system wide changes that you've that you consult on and bring your opinion to and , and that kind of thing . That's fine .

P: 19:14 And we are , you know , giving feedback on things like the work force strategy that was done as well . Not too long ago .

I: 19:25 So that's fine . In terms of so say , for instance , the Thrombectomy service , those system wide changes , I think you've already alluded to , but how complicated do you think those are ? And what helps or hinders those happening ?

P: 19:42 Well , yeah . Complications or things like that . Right . You have your staffing complications , you have your finance complications , which a lot of things tend to come back down to . [**I:** Yeah] .

I: 19:52 Yeah .

P: 19:53 There's a new machine that preston got . Yeah . So , yeah , it is . It's that sort of thing . What I will say is because we have done things like we have been involved in the COG group as well . Yeah , it is interesting from our perspective to see how the staff from one hospital will look at the facilities and the way things are implemented and arranged in another and say oh this is a good idea . So we see this sharing of good practice . We don't always hear wether that is taken back and developed upon . Yeah . So we don't know that there are good practices at some places that other places know of . But are they able to implement them ? Yeah . Is another thing . Yeah . [**I:** Yeah , yeah] . So we do see that and seeing the sharing . I know from my background from [ROLE]. Yeah . We went to different colleges and brought different ideas with us and brought them back . So we used to do a lot of sharing good practice throughout the region with what we taught and how we did things . We developed things in that sense . So I can see similarities , but you don't always see whether they are actually carried out .

I: 21:50 Yeah , can I just ask then to add to that . Obviously you are talking about staff members doing that but are you involved in those processes ? You know , like the assessing the systems , walking through , sharing those ideas ?

P: 22:06 Yeah . We have done several walks . I've done a couple of walkthroughs in Preston in the COG's and Blackpool Vic in the COG's . There was East lancs so there would be Blackburn that they did , I mean , I think one of the other volunteers was that one .

I: 22:27 And were they useful to you and the units I suppose .

P: 22:34 Yeah . Uh , I would suppose so because we , we do get questions on things and we do get some feedback . So yeah , that's , that's useful . All right . We don't always know how it's useful . Yeah . [**I:** Yeah] . It is like I answer questions for you at a moment and presumably you at the end will say thank you that has been useful , but I don't know necessarily how I've been useful .

I: 23:13 I promise I'll tell you how we're going to follow up at the end .

P: 23:16 You know , so there has been you know , there has been that and we do get feedback that they have changed things . We do see , I mean after the one at Blackpool Vic , they decided to implement a , what did they call it , a rapid Improvement Week . Yeah . That was trialled out so I think the feedback from that was it was good . Yeah . Whether that is continuing . Yeah . In another thing because that puts more stress and most stresses on the staff on the shop floor , so to speak . Yeah .

I: 24:10 Yeah . Yeah . Yeah . Okay , That's good . What support do you get to be able to input into that implementation of change , I suppose . What do you find , what do you find useful and maybe not so useful ? I know it is coming back about not maybe getting the feedback on things . That's definitely going to be valuable and … [**P:** I'm sorry , you have frozen] . Sorry , so what ? What do you find ? What support have you got in place and what do you find useful and not useful in terms of being involved in making these changes ? I know you've talked about not getting the feedback , which is obviously quite a big thing , but are there other things that you … I'm just thinking about because you've been involved in lots of different things . Are there some things that worked well on one project and things that didn't work so well on others that you could tell us about ?

P: 25:10 Right . We do get feedback on various points . Yeah . And that feedback it comes down because I'm involved with other groups as well , as in patient groups . I hear a lot from the patients on this hasn't improved , that hasn't improved . You know , this is still the same . And so , yeah , I do know that things have changed . One of the things to go back earlier on , there was a shortage of speech therapists . Yeah . Now the last I heard was that Preston was now upped their staffing on that . Whether that's still the case I don't know . Yeah , I'm assuming that it is . [**I:** Yeah] . So then you got things like are they on physiotherapists , well , they've got training on various things , so they've looked at how they're going to implement and so . I know I've taken feedback and said , look , this isn't being done , this isn't being done , whether it's at chorley or at preston because I am a central Lancashire person normally . That hasn't been done . So there has been things on . Yeah there are staffing issues and they've looked at how they're going to improve those staffing issues . And that has come through with things like the NVQ's and the training up of staff . So yeah , that's something that's in place to help improve over the future time . Yeah . So there are things like that and , yeah , we have had some say we are not always going to get an instant change . Yeah . So when I talk to other people and they tell me that things aren't improving , I will say , well , you know , I will argue the case well , they have in some areas , not necessarily in these . Yeah . So the you know , it is … I feel I can see both some of the improvements and some of the areas where they need to at times .

I: 28:08 Well , I suppose what I'm trying to drill down to is are there key factors , obviously staffing is a massive one . But in terms of like different projects you've been involved with in improvements , are there some things in projects that that work really well and help support that and develop that if you know what I mean . Thinking of ones where it's worked really well , what's helped ? Is it that you have more meetings ? Is it that the business case … I'm trying not to put words in your mouth

, but you know what is it about those projects that worked well and then I suppose counter , what is it that holds things back from your opinion ?

P: 28:49 Yeah , I have my personal opinion I probably say it is the willingness sometimes to try the new things . Yeah . [**I:** Yeah] . There is I think I don't know from my perspective I think I see more people working together a little bit more . You know , if you have got different groups , whether it's physiotherapists , doctors , nurses , things like that , I think that there is more coordination , more integration between the different teams so they are not all isolated and are trying to achieve their own goals , so to speak . As I see it as there's been more coming together for the overall . No , but there are still , still ways to go .

I: 30:07 Yeah . So that working together , pulling together on a common goal is important .

P: 30:15 Yeah , I think it is . And I think there's been improvement . [**I:** Yeah] . Yeah . And I think there has . You know , there still things where you could possibly improve on ? Yeah , so yeah .

I: 30:41 How do we do that ? [**P:** How do we do that…] That's the $64 million question , isn't it ?

P: 30:52 Right , okay . Yeah …

I: 30:56 In an ideal world , what would you see within these projects ? I suppose , is what I'm trying to … Willingness , communication , integration .

P: 31:10 Yeah . Those are the things that need to not just happen occasionally . Yeah , they need to be . I hear , yeah , you have you have meetings at various times , this , that , and the other right . Are the meetings good two way feedbacks . Yeah . You know , are they a case of , you know , whether it's management saying , Oh , no , you can't do that . Yeah . And professionals saying well it has to be done . You know , that's the only way we can see to move forward . You know , there has to be a give and take on that sort of side of things . Yeah . [**I:** Yeah] . You can't , you know …

I: 32:09 Yeah , that's great . Because you said about meetings . I'm sorry . Carry on for something … [**P:** No , no , no] . I don't want to cut in , I could talk to you for hours , so I don't want to interrupt you .

P: 32:21 Right , I know from speaking to people and from listening , well , from listening to people that there are issues that are going on where some of the staff can't get various issues sorted out and that could be , you know , thinking from my own experiences , that could be something simple like a clash of personalities . [**I:** Okay . Yeah , yeah] . To something that's more substantial . Like the financial decisions . [**I:** Yeah] . Or managerial pressure to get certain targets done over the top of other targets . [**I:** Yep] . You know , there is that a sort of middle management ground that doesn't always feed down . It prevents things . Yeah in certain circumstances . And you get those clashes . Yeah . That can have not just on those managerial position . You know , those higher positions but you can have a negative effect on the workers on the shop floor , so to speak . Yeah . Where their feeling that there's something going on knowing something's going on but not , not quite knowing what is going on . And those , you know . Yeah , those are things that need to be overcome .

I: 33:59 And how would we overcome those ?

P: 34:01 I don't know . That's … [*cross talking*] I know from my managerial roles where my bosses have told me this is got to be done . My staff haven't accepted some of the things . So I must sit down in

meetings and explain why this isn't happening . And if I couldn't explain it , I would invite one of my managers to come to our meeting and say , look , you explain why we are having to ask our staff to do this .

I: 34:44 Yeah , no , that's all I was trying to get at .

P: 34:48 It is fine . So not to keep those decisions away from them but to enlighten them on why they are having to do those things . Yeah .

I: 35:03 Excellent . Yeah .

P: 35:06 You know , decisions that are made at the top don't always come down in clear form to the ones that are actually having to implement . Yeah .

I: 35:20 Yeah , yeah . No , that's brilliant . I love the term enlightened . I like that . I might nick that . I'm aware that we've kind of gone ahead and it's been really useful . So in terms of … What kind of thinking about … We're all over the place . Sorry . So you've been involved in meetings at different levels it sounds like . So there's the forum that you're the chair of [**P:** Yeah] and then you've been involved in meetings at the ISNDN level and then at individual trust levels .

P: 35:55 Yeah . I go to the ISNDN board meeting and give patient feedback in that and I go to the stroke steering group for Preston .

I: 36:10 Yeah . So are you involved in setting sort of goals and targets for the changes that are happening ?

P: 36:21 Well , I suppose so in the way that I will say yes whether I think it is good enough or not . [**I:** Right] . We have had various decisions where we come back and say no , it's not good enough . One of my old bosses used to always say , you can't build a Rolls-Royce if you're working from the plans of a mini . Yeah . And so if you working to the Rolls-Royce model , you use the right plans . Yeah . [**I:** Yeah , yeah] . You know , so if you're working for a gold set of targets . Yeah . Don't … I have had this out on me previously where we send Leslie's to build a lot needs to build . And I also said , well , if we set this as a target of say , 20% for now will that be better ? And then then it's like , well , no . You're better off setting the target whatever your true target is . My point of view is if you ask your workers to achieve the 20% and then in a six months time , ask them to achieve 40% . Then , you know , your workers are going to be revolting because you can achieve one target and you're trying to so tell them that the target is 100% or 90% or whatever and we're going to work towards it . If we don't achieve it , we need to improve . [**I:** Absolutely] . So you can't keep resetting the target . It's resetting the goal line . So , you know , you can't set a gold standard and then move back and say , oh , well , we're going to you know , you can set that as a step towards . Yeah . [**I:** Yeah] . You are going to end up with a revolt if you say , well , you know , we'd like to achieve this but for the next 3 or 4 years , we're going to work at this one . People will get accustomed to working to that level . Yeah . And then if you ask more of them . It's not going to happen . [**I:** Yeah] . You can't go back and say , oh , well , remember three years ago we asked you , we're going to you know .

I: 39:13 Well , again , it's about being realistic from the start , isn't it ?

P: 39:16 Exactly . Exactly . It's bringing these overall plans and decisions back down to the bottom level and say this is where we're going to go . Yeah .

I: 39:27 Excellent . Do you think the plans have got service users in mind ? Or is that not ? I suppose it's difficult . It depends on the change . If you think about the different changes you've been involved with . Are the interventions designed to meet the needs of the service users or are there specific … It's difficult to .

P: 39:59 I can say yes in some cases . Well , you are hinting barriers , so if you take things like thrombectomy the overall plan is to ease .

I: 40:11 Yeah , that's a no brainer . That is going to improve things for service users .

P: 40:15 Yes . But if your plan then says we're only going to do it from , say , 9 to 6 Monday to Friday . Oh , okay . I'll try not to have a stroke at weekend or in the evening . Yeah . You know , it doesn't have the service users in mind there . Yeah . But it has limitations . [**I:** Yeah] . So you are , you have service users in mind but within limitations at various times and across different things .

I: 40:59 Yeah . But do you think it's important to keep service user goals within implementation strategies or not ?

P: 41:05 Yeah . Yes .

I: 41:09 How do you think we could do that better .

P: 41:11 Okay . Right . I tell you why I think it's useful first . In another analogy . Yeah . Any business . Right . And the NHS is a business ? Yeah . Any business is only as good as its product . Right . Think about what your product is and your product is the service users coming out ? Yeah . [**I:** Yeah] .

I: 41:49 Yeah .

P: 41:50 So you , you know , it's like when someone said this to me when I was in teaching . Yeah . Our product in teaching was the students . So if we didn't send decent students out then we're not doing the job right . So if you are not treating them to the best and given them the best care . Yeah . Then something's not right . And that could be for all sorts of reasons . It could be financial , it could be staffing , it could be staff issues or whatever . Yeah . So , yeah , it's important because of that . That you wouldn't … if there was no illness we wouldn't have an NHS would we ? No . So your product is the , you know , the patients . Yeah . [**I:** Yeah , yeah] . So you have to consider the patients .

I: 43:01 And do you think we do that within these changing plans ?

P: 43:05 Yeah . Uh , I think you do . Because you're involving patient carers through various things like that . [**I:** Yeah , yeah , yeah] . And you're asking their opinions . Yeah . We can't . It's like I say to people , I can't improve my treatment from 15 years ago , or someone elses treatment from 15 years ago , mine was 9 years ago . But I can improve hopefully someone's improvement , someone's treatment as they are coming through , you know , over the coming months and years .

I: 43:52 Yeah , yeah . No , that's great . You mentioned patient voice earlier and that you hear stories and patient voice . Is that included in these strategic changes ?

P: 44:08 I do take things back . Yeah . Not necessarily on a single thing . You know , I will listen to things and say , right , okay , there's quite a few people saying this and saying that , and I want one of them is being , you know , having listened to a lot of patients stories is a case of wishing we had more

information . I've been to various other stroke groups . Talked to a patient , [*name*] , who recently had a stroke and asked , have you come out with information or what information have you come out with ? And in some cases you get what I call a signal and some medication . Did you have like an information about his stroke ? Like , you know , the stroke passports type of thing . Anything like that ? No . So , you know . I know that will be beneficial . Yeah . Because I know having to repeat myself at times and people have said when they go for a consultation or something , they have to repeat and they are sick and tired of going through the story of this , that , and the other . Yeah , of what , how the effects and this happened , that happened . If you had that document that could help point things to , you know , help transfer information . Yeah .

I: 46:05 Yeah , yeah . So can I just ask in terms of information , because obviously that's a subject that's really close to your heart and understandably because it has come out like you say out of the prems and everything . So the plans to improve that , are they being managed at a strategic level across the patch or are they being managed within each of the hospital trust ?

P: 46:27 I would say within each hospital ?

I: 46:30 Okay . So in terms of …

P: 46:33 The you know , there was talk at one of the meetings in the … So someone said that Wigan are doing this well . Yeah . And so there was mention of why not have a go and talk to Wigan and see what they are doing well ? Yeah and I don't know if that's happened or not .

I: 46:57 Yeah , I'm just trying to see because that's a priority for you . Is that something that the ISNDN would take up ?

P: 47:08 Yeah , but , people have different or , not people , the trusts have slightly different versions . Yeah . So what we've said is if there's no version use , the one , the stroke one . [**I:** Yeah] .

I: 47:31 Yeah .

P: 47:32 But the thing is they might be using their versions but that's not being utilised fully , implemented fully , I think , throughout . Yeah . So it might be . Yeah . Might be there's gaps in it and things like that . A little information is better than no information .

I: 48:02 Yeah . No , no , that's fine . I'm just trying to look at it from that strategic thing , whether that's something that you obviously feed into , but that's not been adopted as a strategic .

P: 48:12 Not across the whole trust no . Not across the this is done differently in different areas . And it's like can we get something everyone's agreed that it would be ideal to do it .

I: 48:28 Yeah , but you've not got that sort of , that plan …

P: 48:33 It’s implementing it … yeah .

I: 48:36 Yeah , that's fine . So thinking about the implementation again and anything that you've been involved with , can you tell me what was helpful in bringing about changes ? In terms of getting other people on board , how it was managed ?

P: 48:58 Yeah , yeah , it's sometimes it's simple things like the person trying to do it yeah , can't make that decision . So sometimes it's a case of who makes that decision . [**I:** Yeah , yeah] . Yeah and it's

as simple as that . There's someone taking the responsibility to decide . Yeah . So , yeah sometimes things have been sorted out for that [*inaudible*] .

I: 49:35 Yeah , yeah . That's fine . Can you identify and discuss … so we've talked you've talked about enlightening people , which I really like , but can you identify and discuss any key steps that were taken or could be taken to encourage individuals to commit to carrying out these changes to being involved with implementation ? I know you've explained about if they know why they , if they're enlightened and know why we're bringing about the change . But are there other things that you think are important in order to encourage others ?

P: 50:19 Yeah . Right , it's not just having you know , I think one of the things on getting things implemented is from time to time constraints . [**I:** Mm hmm] . You know , if they have too much other things to do , you know , and it can be simple and simple things like . So yeah .

I: 50:51 So if they need to be addressed to be able to get people on board . Sometimes it's not about commitment , it's about the fact that they just don't have capacity .

P: 51:00 Yeah , it can be capacity . They don't have capacity they don't have the staff . They don't have the , I don't know , it could be time management or something like that . Yeah .

I: 51:18 Yeah , that's good . And in terms of changes that you've been involved with , how is the progress of change recorded ? Do we know whether these things are being embedded ? I know you have said in some cases they are not .

P: 51:40 Okay well , you're going to see improvements in the stroke through the SNAP scores . Yeah . So you have seen things like you seeing green recently on things . Yeah . So there have been improvements there . Yeah . But as we said before , the SNAP scores are not the be all and end all of things , there are so many other things . Those are the targets you have got to rise to . Yeah . But there are so many other things that are not included in that that can be improved . Yeah , that can be done . You know , and we talked before going back over a year ago about looking at a SNAP plus type things . What would go into that , that sort of thing . And so we have given feedback on that and that's where things like the toilet holders , the handrails and things like that came from . No . Yes . So it's the other little trivial things sometimes that are going to make a big difference , yeah .

I: 52:56 Yeah , yeah . That's fine . Is there anything else that you think would be helpful or you'd change in terms of recording progress and how that's fed back , I suppose . It doesn't matter If not .

P: 53:18 No I , you know , in terms of progress , I think of things from what I used to do as a teacher , you know , and that sort of thing . So , you know , in management of things . So we all have individual targets . We all have reviews at various stages . How are you doing on this ? How are you doing on that ? You know , so there are all those things that feed into this that and the other . We've had things that I would say sometimes just don't work . They hinder against it . So sometimes your targets can actually hinder you doing the actual job , if you know what I mean . [**I:** Yeah] . Yeah . Because it tends to start working for targets and not for doing and I said it in teaching , we're working to get people through exams , not to educate them . [**I:** Yeah , definitely] . Well I came into this job to educate people , not to get them through exams . So , you know , they were doing the opposite of that sometimes .

I: 54:32 Yeah . No , it's fine . I'm very aware of the time , so I'm going to try and do some summary questions . And so in your opinion , and I know you've talked about several , but can you tell me what are the main barriers to implementing change at this level and what are the most helpful things ? Just in summary .

P: 54:53 I would probably say communication and willingness . You know , are the two things that need to go hand in hand . Yeah . The communication needs to be two way and it needs to be willingness to communicate , and willingness to try to carry out the new , you know , innovations and things like that and new ideas . [**I:** Yeah , yeah . That's good] . If they don't work , then don't continue them and change them , feedback on them , yeah , the communication again includes the feedback process .

I: 55:40 Yep . Yep . Can you describe the support you did or would have liked to receive during these processes ?

P: 55:58 I can't , I think we had various bits of support and I have had support . We set targets , you know , throughout various times on what we want to try to achieve as a group and hold accountable for . Sometimes the targets might be ambitious and not , you know , not really achievable , but we're trying towards them . Yeah . And I think the support has been keeping a focus on those targets . Yeah . At various stages . Yeah .

I: 56:47 Do you think changes would have happened anyway without the processes you've been involved with ?

P: 56:52 Ah , difficult one . Yes , I think the changes would not necessarily the changes that we've tried to push for . Yeah . You know , there might have been other changes that occurred that are not necessarily , you know , I think without us the thrombectomy would have been happening because that was the way it was going anyway . No , I bought . I think we have . You know , we've we fed back on various things that various trusts have been doing , but we've also fed into the trust some of the things we would like . Yeah , you know , we keep pouting on about them and in doing it has brought other people together such as representation from the Stroke Association , you know , we've looked at things from other groups and that as well . So , yeah . It has .

I: 58:09 As I say , I could keep talking to you for hours [*participant name*] but I know we have already taken an hour of your time . Are there any other comments that you'd like to add or anything you'd like to discuss that we haven't already ?

P: 58:27 Mmmm , I'll hold my tongue on that .

I: 58:30 Oh no . Oh no don't . If you don't and you can come back to us , it's not a problem . So . I really would like to thank you for participating in an interview and sharing your experience . What is happening with these as I alluded to at the start is that we're going to look at the interviews and we're doing a range of interviews with a range of individuals involved in different projects across the region . And then the idea is that we're going to find out what the key criteria are and then bring them together to develop , as I say , this framework , this logic model , and that hopefully will be useful in both stroke improvement and may actually in fact , some of the stuff that's coming out would be useful in other areas . [**P:** Yeah] . Yeah . Because the stuff you're saying isn't stroke specific , communications enlightenment all of that . [**P:** Exactly . Exactly] . So we're hopeful that it might be useful in other things . So the idea is that we're going to do some focus groups and bring all this work back together . Are you

happy for us to contact you at that point and see if you want to be part of that process ? [**P:** Yeah] . And is it all right to kind of keep your email address to be able to do that when the time comes ?

P: 59:32 Yeah , that's fair enough .

I: 59:33 And then the final question I've got for you based on the strategic ones , though , these are the changes across the northwest coast and the project you've been involved with . Is there any one that you would suggest that we should speak to and that's been involved with those we may have already , but it would just be would like , but we're trying to interview as many as possible .