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510 Implementation of NICE stroke guideline through service redesign: the Brent Neurorehabilitation Transformation (BNT) Project

Oral Presenter: Kavitha Venkatesan (Central London Community NHS Trust, United Kingdom)

Gundapudi K.¹, Venkatesan K.¹, Talabi T.T.¹, Ishaku T.²

¹Central London Community NHS Trust, London, United Kingdom,

²Buckinghamshire New University, High Wycombe, United Kingdom

Purpose: The Brent Neurorehabilitation Transformation (BNT) Project conducted at Robertson neurological rehabilitation unit, London explored strategies to implement the 2023 NICE stroke rehabilitation guidelines through service redesign, without increasing staffing levels within a neurological rehabilitation unit.

Methods: A ten-month, single-centre pragmatic service improvement approach was structured into three overlapping phases:

- **Phase 1: Baseline data (April–July 2024):**

Therapy intensity data were collected across four months, one week each month, and a gap analysis against the 2023 NICE Stroke Guideline was conducted.

- **Phase 2: Stakeholder engagement (May 2024–July 2025):**

Staff, patients, and families participated in engagement sessions and focus groups to explore change drivers and provide feedback on proposed interventions.

- **Phase 3: Implementation and testing (July 2024–February 2025):**

A comprehensive improvement plan was rolled out, featuring “Active Gym” sessions, the “Rise and Shine – Ready by 9” campaign, extended therapy hours, structured therapy timetables, interdisciplinary group sessions, enhanced patient/family involvement, reduced meeting and administrative time to prioritise patient-facing care, Improved interdisciplinary working, and clear alignment of all activities with a shared purpose and team objectives.

Five consecutive weeks of post-intervention data were collected from January 2025.

Results: Over 50 change ideas were developed and implemented, resulting in a whole-system redesign. Key enablers included efficient systems and processes, extended therapy offerings, optimised use of time and space, and alignment of team activities with a shared purpose. Despite unchanged staffing levels, variable staff engagement, and intermittent disruptions due to infection outbreaks and discharge pressures, therapy intensity increased from an average of 70 to 210 minutes per patient per day—a 200% increase, equating to an additional 11.6 therapy hours per patient per week. Weekly MDT meeting time reduced from 130 to 95 minutes, daily board round and nursing handover meeting time reduced from 60 minutes to 20 minutes. Patient satisfaction averaged 8.5/10, and staff reported improved morale, satisfaction with outcomes, and stronger alignment with evidence-based practice.

Conclusion(s): The BNT project enables the implementation of NICE guidelines by defining a shared purpose and aligning daily clinical practice with clear objectives, allowing the team to deliver more therapy, enhance the patient experience, and improve cost efficiency — all within existing staffing capacity.

Impact: The project achieved a 200% increase in therapy intensity, improved clinical outcomes, greater patient satisfaction, and enhanced staff morale—within existing resources.

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1st Keyword: Stroke Rehabilitation

2nd Keyword: Service Redesign

3rd Keyword: Therapy Intensity