

# Identification of unmet need in stroke survivors six months post discharge: early experience from GM-SAT

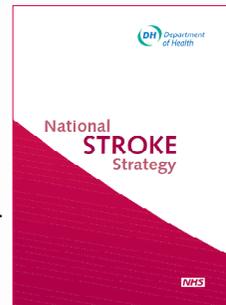
Katy Rothwell<sup>1</sup>, Dr David Bamford<sup>2</sup>, Joanne Thomas<sup>1</sup> & Dr Pippa Tyrrell<sup>3</sup>

<sup>1</sup>NIHR Collaboration for Leadership in Applied Health Research and Care for Greater Manchester, UK, <sup>2</sup>Manchester Business School, University of Manchester, UK, <sup>3</sup>School of Medicine, University of Manchester, UK and Department of Stroke Medicine, Salford Royal NHS Foundation Trust, UK

## What was the problem?

Stroke survivors, their families and carers report a sense of abandonment in the months and years following a stroke, a time during which many experience significant changes, both positive and negative, in their medical, social and emotional care needs and struggle to adjust to the often devastating impact the stroke has had on their lives.

The National Stroke Strategy (2007) states that follow-up reviews, a requirement of the Strategy, can not only help to ensure that stroke survivors feel supported in the long term, but can additionally provide a means of identifying and addressing individuals' unmet needs. However, little is known about the unmet needs one can expect to identify at such reviews. In our study we therefore **investigated the number, nature and prevalence of unmet needs stroke survivors and their carers present with at their six month follow up review and the resulting impact on the services required to address these needs.**



## What did we do?

- Service users identified as having been discharged from hospital six months previously were contacted and offered a six month follow-up stroke review.
- For those who accepted the offer of a review, a convenient appointment was made for the reviewer to visit them at home.
- The reviewer reviewed the stroke survivors' needs using GM-SAT: the Greater Manchester Stroke Assessment Tool.
- After each review, the reviewer followed up any actions required to address the unmet needs identified, including making onward referrals to other services and sending any outstanding information to the service user.

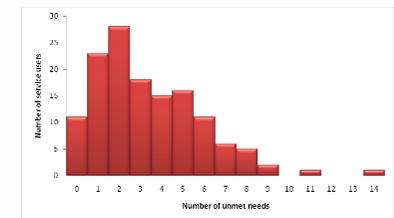


- A 'Review Summary Report' was completed and sent to the service user's primary care team informing them of any unmet needs identified at the review and the actions that had been or were to be consequently taken, including any actions required of members of the primary care team themselves. A copy of the report was also routinely sent to the service user unless they had requested otherwise.

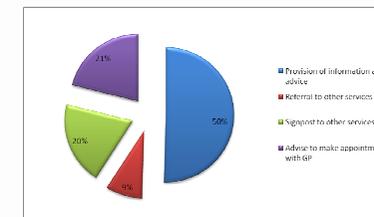
## Results

During the pilot phase 137 reviews were completed. A total of 464 unmet needs were identified, with service users presenting with an average of 3 unmet needs. However, the number of unmet needs identified at each review varied significantly from zero to 14 unmet needs per service user.

Unmet needs were identified across 34 of the 35 areas covered by GM-SAT. Over one third of service users presented with unmet needs relating to fatigue (n=47; 34%), whilst around a quarter had unmet needs in the areas of memory, concentration and attention (n=35; 26%), secondary prevention (non-lifestyle) (n=35; 26%) and depression (n=26; 19%). The areas of fatigue, memory, concentration and attention, secondary prevention (non-lifestyle), depression and benefits and finances accounted for over one third of all unmet needs identified [163 out of 464 (35%)].



There were only two areas not covered by GM-SAT in which unmet needs were identified, will making (n=1; 1%) and foot care (n=2; 1%). Service users presented with no unmet needs relating to seizures.



To address the unmet needs identified, a total of 464 actions were undertaken during the pilot. The most common of these was the provision of verbal and/or written information and advice which accounted for half of all actions undertaken (n=234; 50%).

Only 40 problems (9%) required referral to other services. The majority of these were to social services (n=5; 14%), speech and language therapy (n=5; 14%), continence advisory services (n=5; 14%) and occupational therapy (n=4; 11%).

## Conclusions

- **The needs experienced by stroke survivors in the long term are diverse, and in some cases numerous, spanning the health and psychosocial care domains.**
- **The vast majority of unmet needs identified at six month reviews can be addressed 'on the spot' through the provision of verbal or written information and advice.**