NIHR CLAHRC for Greater Manchester

6 month post-stroke assessment work in Greater Manchester

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NIHR CLAHRC for Greater Manchester

Collaboration for Leadership in Applied Health Research and Care

- 10 Gtr Manchester PCTs and University of Manchester

- Conduct high quality health services research

- Ensure knowledge gained from research is translated into practice

- 2 strands- research and implementation

- Implementation- CKD, diabetes, CHD and **stroke**

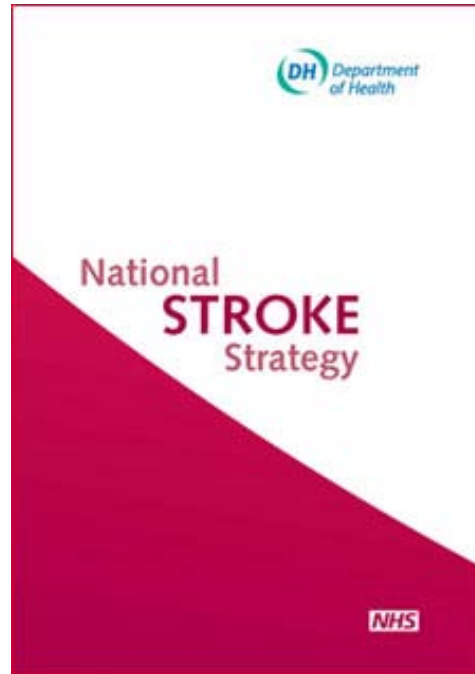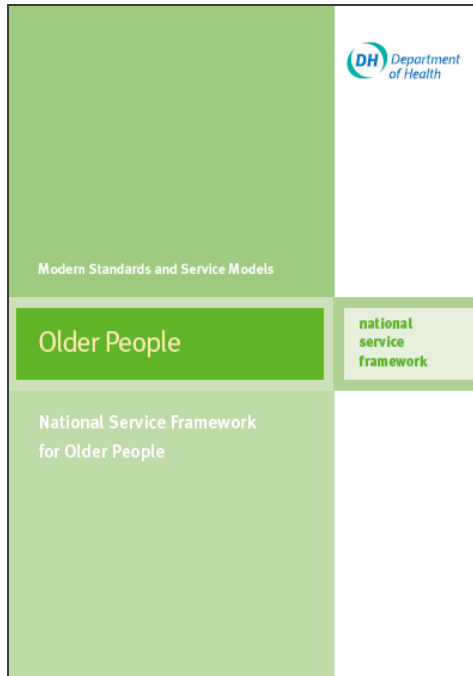- Employing Knowledge Transfer Associates to act as 'change agents'
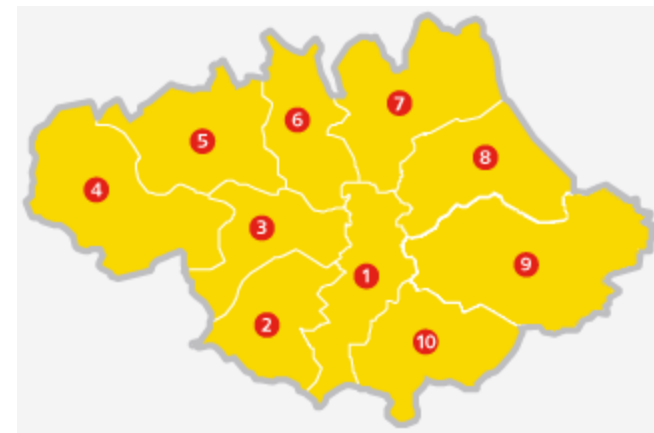
1. Manchester
2. Trafford
3. Salford
4. Ashton, Leigh and Wigan
5. Bolton
6. Bury
7. Heywood, Middleton and Rochdale
8. Oldham
9. Tameside and Glossop
10. Stockport

Project Aims

Define and implement a model for the

6 month post-stroke review

National Drivers

- NAO Report

- CQC

- Accelerated Measures

Local Drivers

"Joint health and social care outpatient review at 6 weeks and 6 months (by consultant and/or specialist nurse depending on patient need and social services), followed by annual reviews in primary care **(add more detail)**".

Specialist community rehabilitation service model. Dec, 2008

"Professionals need to rethink assessment process, who is the most appropriate person to undertake an assessment at a particular point"

"Long term follow up, whose responsibility?- MDT clinics looking at health and social care needs"

"Six month review is not routinely carried out"

Project Aims

Define and implement a model for the

6 month post-stroke review

Combine the 'what to' with the 'how to'

Assessment Toolkit

1. Define the areas of post-stroke need to be covered

- Literature

- Professional Input

- Patient and Carer Input

Raising Stroke Awareness Across Wigan & Leigh
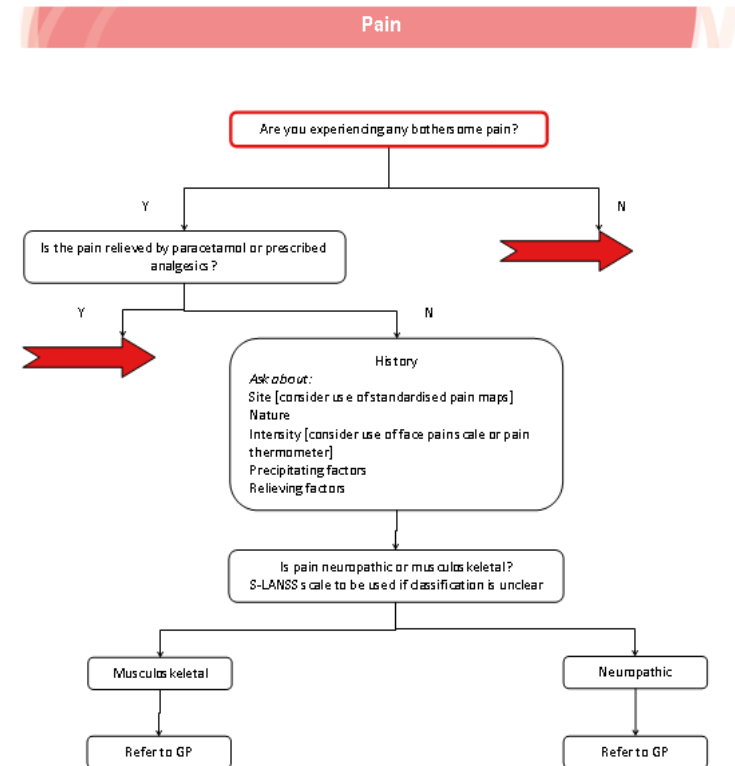A Local Charity for Local People

- 39 areas identified

- Medication management, mobility, fatigue, transport, memory …………..

- Issues not traditionally identified in literature- altered sleep pattern, headaches.

Assessment Toolkit

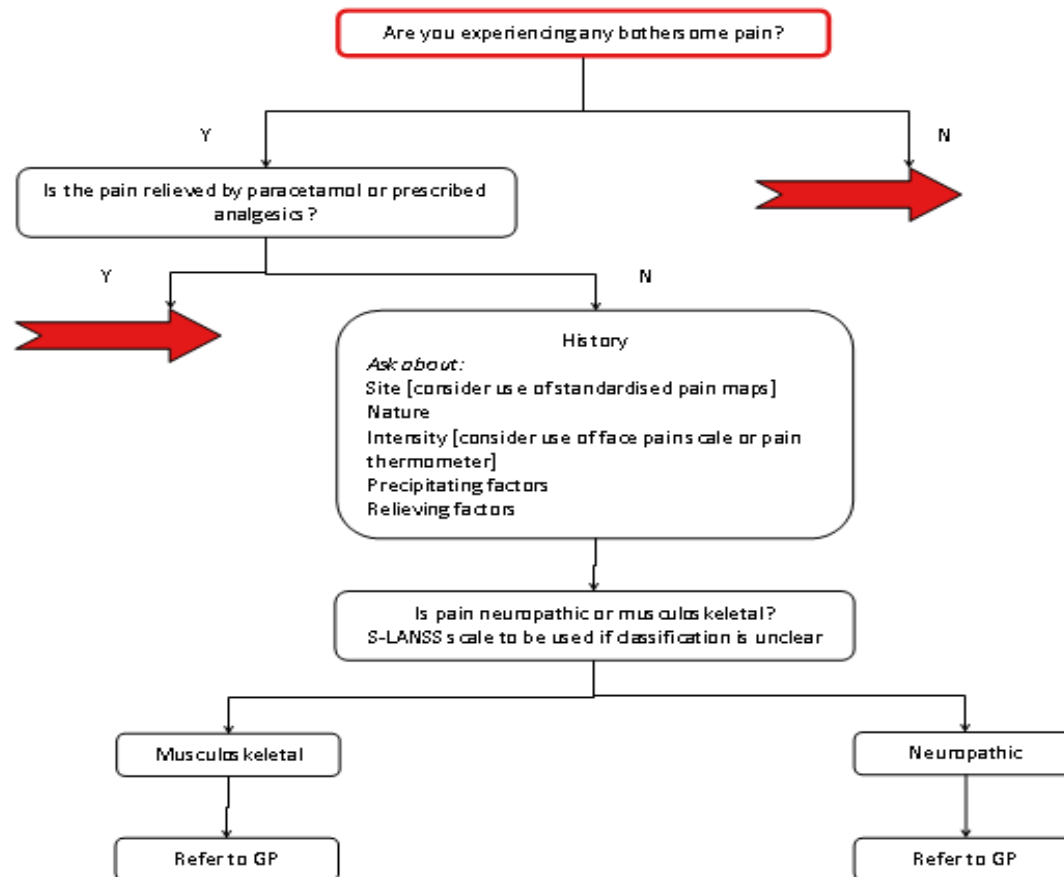## 2. Develop evidence-based management algorithms

- Literature, NICE, RCP etc.

- Professional Input

- Questions to ask

- Evidence-based assessment tools/ scales

- Actions to take (referrals, signposting, information)

Assessment Toolkit

Pain

Are you experiencing any bothersome pain?

Y

N

Is the pain relieved by paracetamol or prescribed analgesics?

Y

N

History
Ask about:
Site [consider use of standardised pain maps]
Nature
Intensity [consider use of face pain scale or pain thermometer]
Precipitating factors
Relieving factors

Is pain neuropathic or musculoskeletal?
S-LANSS scale to be used if classification is unclear

Musculoskeletal

Neuropathic

Refer to GP

Refer to GP

Assessment Toolkit

3. GM-SAT (Greater Manchester Stroke Assessment Tool)

- 39 Evidence-Based Management Algorithms

- Proforma

- Assessment Tools and Scales

- Referral Forms

- Service Directory

'Localised' for each participating PCT

- Prototyping

'Aphasia-Friendly' Assessment Tool

- Currently working with Speakeasy to make an 'aphasia-friendly' version of GM-SAT

- Formed a 'Stroke Assessment Tool' group of 9 aphasic stroke survivors and 3 expert facilitators

- To be completed September 2010

**speak**easy

supporting communication

Challenges and Lessons Learnt

- level of detail contained within algorithms

- clinical governance

- comprehensive vs. appropriate

- localisation is an essential and informative process (especially for commissioners)

- prototyping is a short yet valuable process

GM-SAT Greater Manchester Stroke Assessment Tool

Assessing the long-term needs of stroke patients and their carers
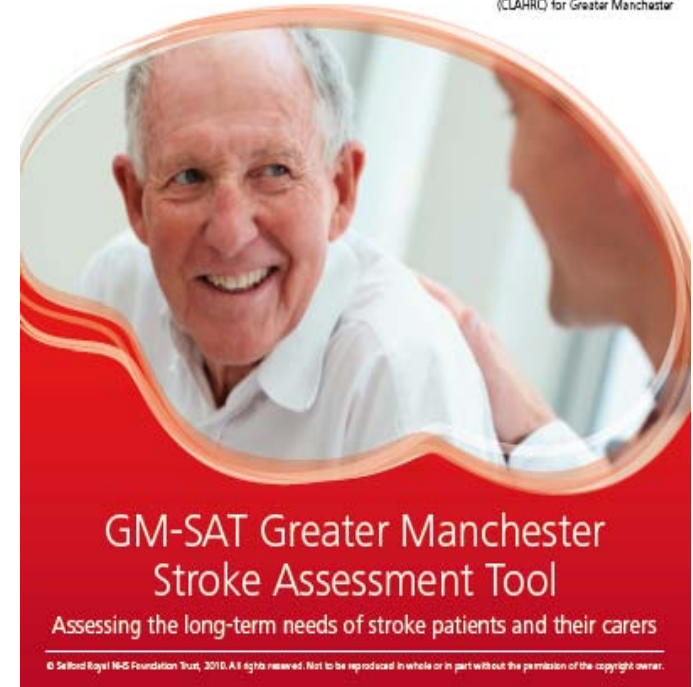
Implementation

Who?   How?

Implementation

Determine process and make standard practice

Refine and continue testing

Who could deliver the reviews and **how?**

Test remaining options on a larger scale

Test the feasibility of options identified (and new ones)

Changes to the system resulting in Improvement

Modify the protocol and make it standard practice

Use the entire protocol with all patients

Modify the protocol and use it with other patients

Use part of a protocol with small group of patients and refine it
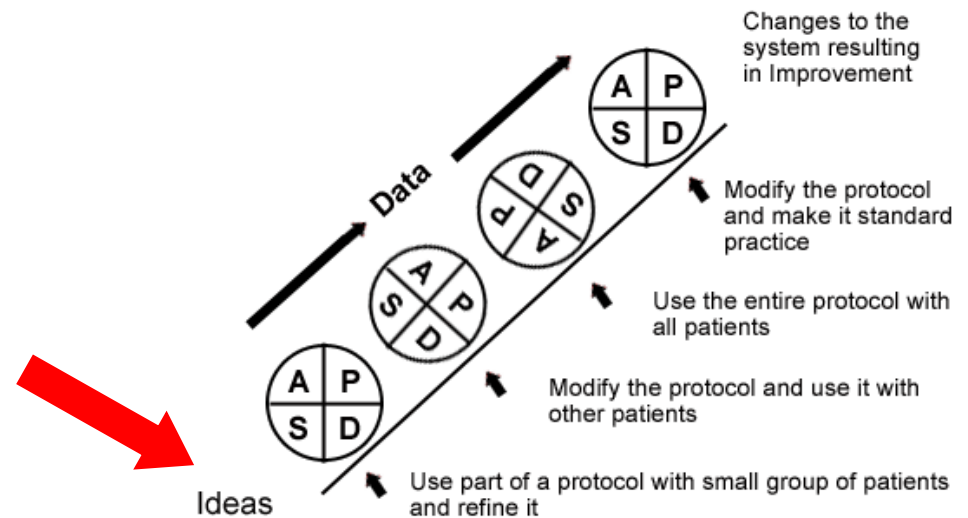
Data

Ideas

Implementation

Who?

• practice nurse, GP cluster

• assistant practitioner in stroke

• stroke specialist nurse

• nursing home staff

• stroke therapy assistant

How?

• home visit

• clinic

• telephone

• self assessment

• screening

Changes to the system resulting in Improvement

Modify the protocol and make it standard practice

Use the entire protocol with all patients

Modify the protocol and use it with other patients

Use part of a protocol with small group of patients and refine it

Data

Ideas

National Stroke Association Pilot

- Reviewers- Stroke Association Information, Advice

  and Support Coordinators (previously known as

  Family and Carer Support Coordinators)

- 16 Coordinators from 10 sites

- 3 Gtr Manchester sites- Wigan, Stockport, Salford

- All employing GM-SAT

- Pilot commences- 15th July 2010 (*training day*)

- Evaluation complete- September 2010.

Next Steps

- continue testing delivery models and refining assessment tool

- continue data collection

- expand GM-SAT toolkit

- spread and sustain

Challenges and Lessons Learnt

- A 'should do/ nice to do' not a 'have to'

- Idea generating is often challenging

- Skills mix can pose a challenge

- Inventive approach required

- Jump at testing opportunities as they arise- testing appears to breed new ideas

- Small scale testing important but… be flexible

Challenges and Lessons Learnt

- Service improvement methodologies provide a useful framework but... must be practically applied

- Share good practice and learning

- Monitoring required throughout but ... initially, a pragmatic approach may be required

- Engage commissioners early and throughout

- Backfilling clinical time can prove problematic