Defining and Delivering Six Month Post-Stroke Reviews

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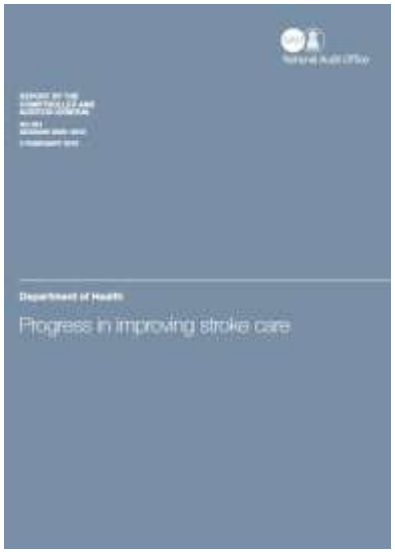
Project Drivers



CareQuality Commission

ACCELERATING STROKE IMPROVEMENT

Barriers

ASSESSMENT TOOL

What?

DEVELOP AND IMPLEMENT LOCAL MODELS FOR REVIEW DELIVERY

Who?

Where/How?

Assessment Tool

- **Identified** the **common problems** experienced by stroke survivors and their carers six month post hospital discharge.

- **Multi-faceted approach**:
  - Service user focus groups (stroke survivors and carers)
  - Professional workshops
  - Informal review of the literature

- Identified **38 problem areas** for inclusion in the assessment tool

Assessment Tool

Common problem areas six months after hospital discharge			
Medicine Management	Vision	Activities of Daily Living	Memory, Concentration & Attention
Medicine Compliance	Hearing	Mobility	Driving
Blood Pressure	Communication	Falls	Transport & Travel
Anti-Thrombotic Therapy	Swallowing	Depression	Activities & Hobbies
Cholesterol Control	Nutrition	Anxiety	Employment
Glycaemic Control	Weight Management	Emotionalism	Benefits & Finances
Alcohol	Pain	Personality Changes	House & Home
Diet	Headaches & Migraines	Sexual Health	Carer/Supporter Needs
Smoking	Seizures	Fatigue	
Exercise	Continence	Sleep Pattern	

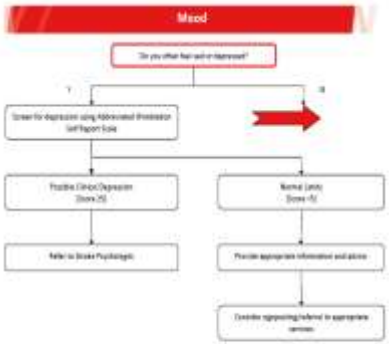
Assessment Tool

- **GM-SAT: the Greater Manchester Stroke Assessment Tool**

- '**Trigger Question**' for each problem area

  e.g. "Do you often feel sad or depressed?"

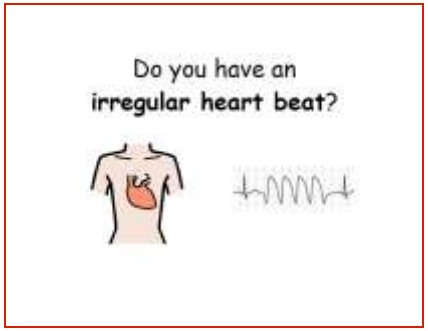
- Simple, evidence-based **management algorithms.**
  - **questions** to ask to identify any problems
  - **actions** to take to address problems identified
  - employ validated, evidence-based assessment tools.



- Algorithms can be **localised** to reflect local service provision.

Assessment Tool

- **Easy Access GM-SAT Toolkit**
- Developed in collaboration with **Speakeasy**
- **Two resources:**



Trigger Question Resource

Conversation Support Resource (CSR)

Barriers

DEVELOP AND IMPLEMENT LOCAL MODELS FOR REVIEW DELIVERY

What? **Who?** **Where/How?**

Models of review delivery

- Model of service delivery needs to be **decided locally.**

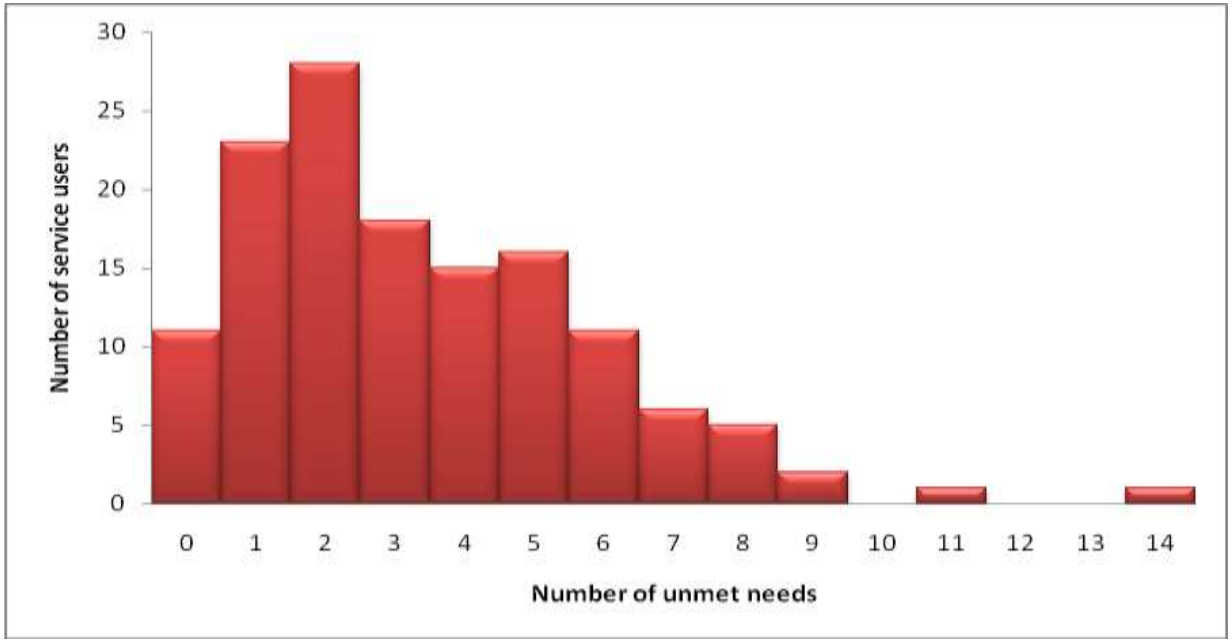
- Service users tell us they "don't mind who does the review, just so long as they **know about stroke**".

- **Pilot Projects** completed/underway:

  - The Stroke Association's IAS Coordinators (home).
  - Community Stroke Service 'Key Workers' (clinic; telephone; home).
  - GP Practice Nurse delivering reviews on behalf of a PBC cluster.
  - Care Home 'Darzi' Practice Nurses (care home).

Early Findings

- **137 reviews** completed during the pilot phase.
- Total of **464** unmet needs identified.
- **Average 3 per service user** (range= 0-14)

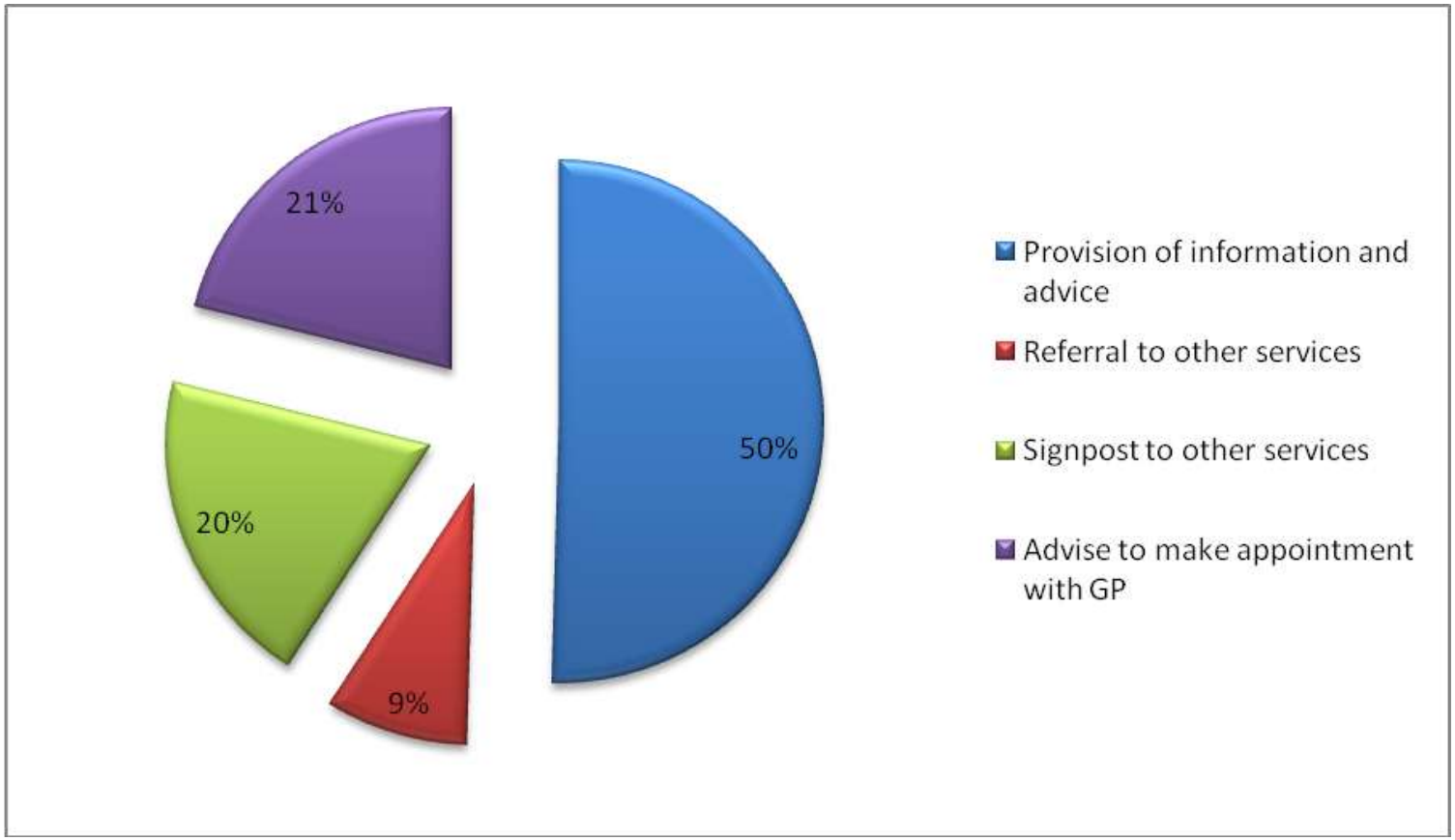


Early Findings

	Number *(n)* of unmet needs identified	Percentage *(%)* of individuals presenting with unmet need
Medication management	4	3
Medication compliance	18	13
Secondary prevention (non lifestyle)	**30**	**22**
Alcohol	7	5
Diet	9	7
Smoking	10	7
Exercise	18	13
Vision	8	6
Hearing	8	6
Communication	13	9
Swallowing	7	5
Nutrition	6	4
Weight management	8	6
Pain	12	9
Headaches/ Migraines	9	7
Seizures	0	0
Continence	13	9
Activities of daily living	13	9
Mobility	9	7

	Number *(n)* of unmet needs identified	Percentage *(%)* of individuals presenting with unmet need
Falls	10	7
Depression	**26**	**19**
Anxiety	20	15
Emotionalism	4	3
Personality changes	16	12
Sexual health	4	3
Fatigue	**47**	34
Sleep pattern	11	8
Memory,concentn and attention	**35**	**26**
Driving	13	9
Transport and travel	7	5
Activities and hobbies	11	8
Employment	9	7
Benefits and finances	**25**	**18**
House and home	10	7
Carer/ Supporter needs	11	8
Other	3	2
TOTAL	**464**	

Early Findings



Early Findings

	Number of referrals
Audiology	3
Communication support service	3
Continence advisory service	**5**
Counselling service	2
Dietetics	1
Falls clinic	2
Falls prevention service	1
Occupational therapy	**4**
Physiotherapy	3
Psychology	2
Social services	**5**
Speech and language therapy	**5**
Visual impairment service	1
TOTAL	**37**

Benefits

- **Standardisation** of review content.
- Identification of '**silent symptoms**'.
- **Continuity of care**.
- Improved **coordination** of services/ reduced duplication.
- **Timely identification and management of problems**- potential hospital admission avoidance and escalation of problems.
- Potential **reduction in social care needs**.
- **QIPP-able?**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NHS
National Institute for
Health Research
GM-SAT Greater Manchester
Stroke Assessment Tool
Assessing the long-term needs of stroke patients and their carers

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