

Improving Post-Stroke Management

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Invention, Adoption & Diffusion

INVENTION

The originating idea for a new service or product, or a new way of providing a service

ADOPTION

Putting the new idea, product or service into practice, including prototyping, piloting, testing and evaluating its safety and effectiveness

DIFFUSION

The systematic uptake of the idea, service or product into widespread use across the whole service.



Stroke

- Leading cause of disability and second most common cause of death in the UK.
- 110,000 people in England have a stroke every year.

People say they feel 'abandoned' in the years and months after their stroke and have problems accessing the services they require to address their needs

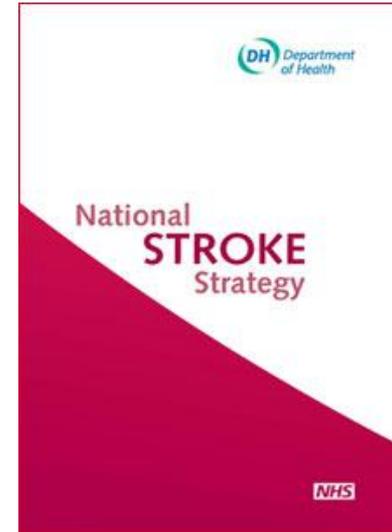
COST

- NHS and economy £7 billion/ year
- 4-6% of total NHS expenditure
- 7.4% of spending on community health care
- 5.5% of spending on hospital care



Stroke

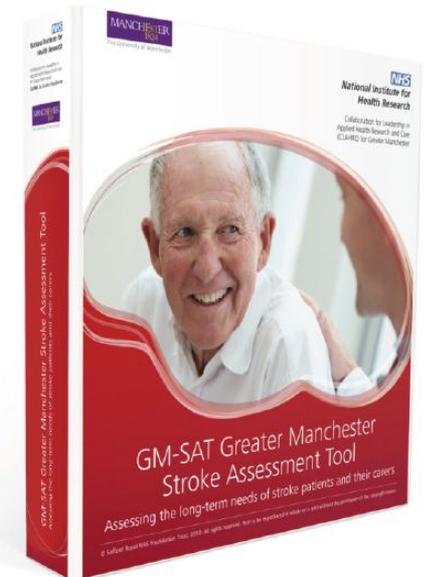
- All stroke survivors should be offered regular reviews of their health and social care needs.
- 6 weeks; 6 months; Annually
- CQC: reviews only scheduled for 44% of patients (Jan 2011).



Not a question of **SHOULD** the reviews be done, but **HOW** should the reviews be done?

GM-SAT

- **Greater Manchester Stroke Assessment Tool**
- 36 areas of common post-stroke need.
- For each of these, GM-SAT gives an algorithm that provides:
 - questions to ask to identify a problem
 - guidance on the appropriate action(s) to take to address any given problem.
- Evidence based.
- Algorithms can (and should) be localised to reflect local service provision and structure.



GM-SAT

- Easy Access GM-SAT Toolkit.
- Developed in partnership with **Speakeasy**



Do you have an irregular heart beat?

yes

no

Has the problem got better or worse recently?

Better

Worse

How long ago did the problem start?

1 hour

1 day

1 week

1 month

1 year

Does someone help you with your medicine?

Who?

carer (formal)

carer (informal)

family member

friend

Trigger Question Resource

Conversation Support Resource (CSR)



Piloting

- **Models of service delivery need to be decided locally.**
- Service users tell us that they “don’t mind who does the review, just as long as they know about stroke”.
- A number of different service models have been piloted:
 - Stroke specialist nurses
 - Assistant practitioners
 - Key workers (from the MDT)
 - Practice nurses
 - Stroke Association IAS coordinators
 - In the home/clinic/over the phone



The Stroke Association

- In 2011, our services reached 50% of new stroke survivors.
- According to AQuA, in the North West 12,449 stroke admissions to hospital.
- Information Advice and Support (IAS) Service: provides high quality information, emotional support and practical advice in the aftermath of a stroke.
- 8690 IAS referrals in the NW last year.

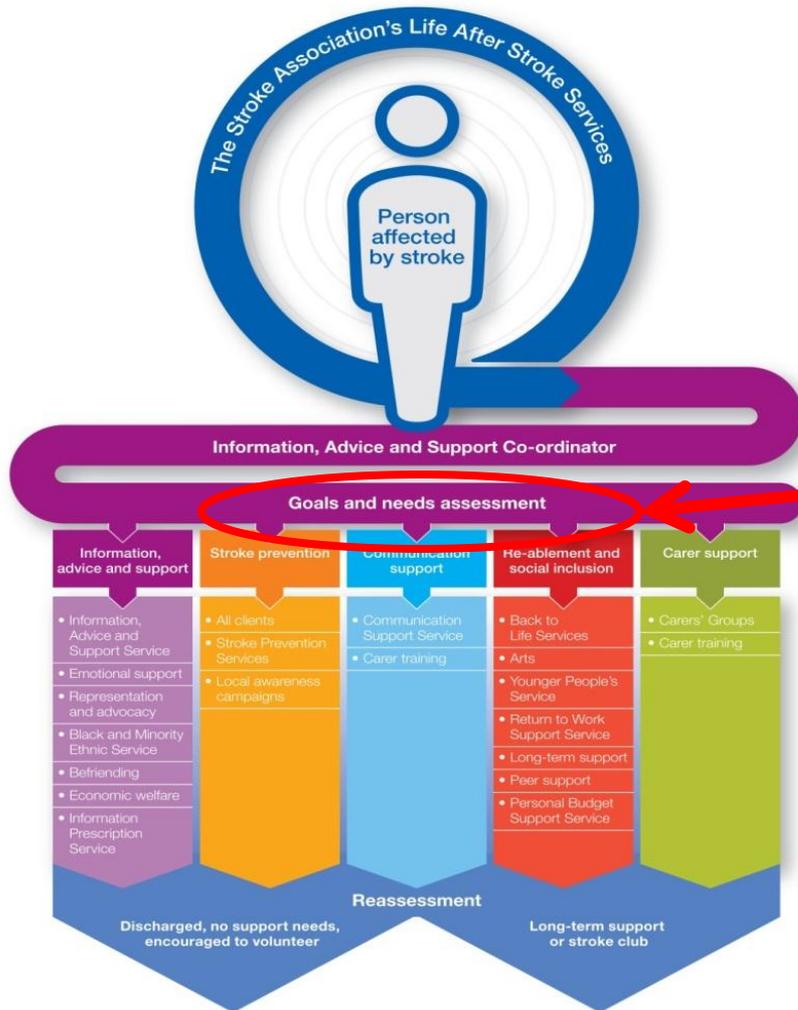
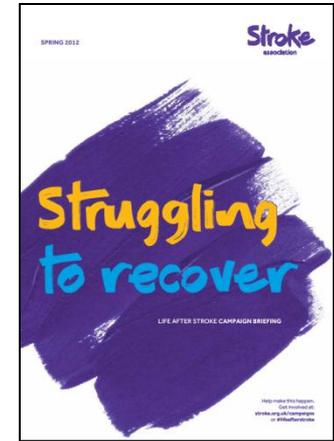


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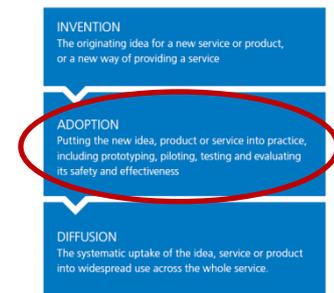
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Life after Stroke



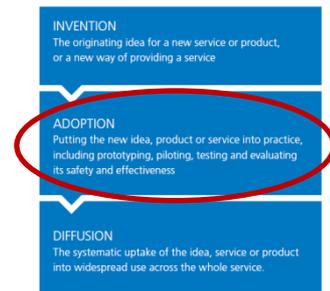
Goals and needs assessment



National Pilot Project

AIM: To evaluate the feasibility and acceptability of IAS coordinators delivering six month reviews using GM-SAT.

- 10 IAS sites nationwide (15 coordinators)
- 137 reviews completed
- Average of 3 unmet needs per service user.
- Unmet needs addressed through
 - the provision of information and advice (50%)
 - advising service users to see their GP/PN(21%)
 - signposting to local services (20%)
 - referrals to other services (9%)



National Pilot Project

"I felt this review was very much needed and helped support the service user and their family with their concerns."



"It is good to know that there is someone I can ask when I have a question. I don't like to bother my GP."



"Open, honest forum, identified needs and some solutions. Chance for stroke survivor and wife to broach sensitive issues."

"It helped me identify one or two issues that needed to be resolved to enable me to improve my quality of life."

Changing Practice

- 15 IAS services across the country now deliver 6MRs using GM-SAT
- Over 1000 reviews delivered since December 2011
- Plymouth IAS delivering 6 week, 6 month and annual reviews.



What else?

- Stroke Association assessment proforma changed to reflect GM-SAT.
- Competencies introduced for IAS coordinators
- Network of coordinators across the country.



6 Month Reviews & Integration

NHS
National Institute for
Health and Clinical Excellence

Consultation on potential COF indicators

Consultation dates: 1 February to 29 February 2012

This document provides an introduction to the Commissioning Outcomes Framework (COF) and the indicator development process. It includes:

- Information about the COF
- Information about the indicator consultation process
- Indicators in the consultation
- A brief rationale for each indicator
- A list of further indicators being considered for future development
- A consultation proforma through which stakeholders are invited to submit comments on potential COF indicators to NICE.

1

- 6 month mRs will feed into SSNAP
- COF: may mandate 6 month reviews
- Potential for rich data from detailed assessments
- Review of the 1st year of implementation
- Research based on findings.



(Attempt at) Cost-Benefit Data

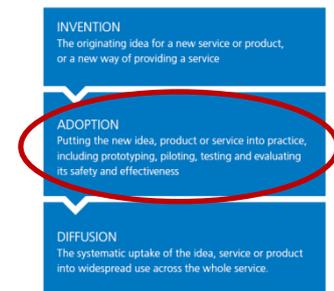
COSTS

- £30 per patient for review
 - Staff time (including overheads) (if usual visit already funded)
- £70 per patient
 - Onward referral etc

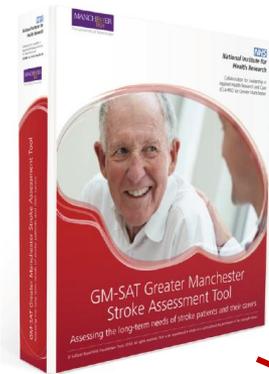
BENEFITS

- Using breakdown of data in National Stroke Strategy:
 - £88/year/patient saved through use of the review

	Y1	Y2	Y3
Cost	£100		
Benefit	£88	£88	£88
Cumulative	-£12	£76	£144



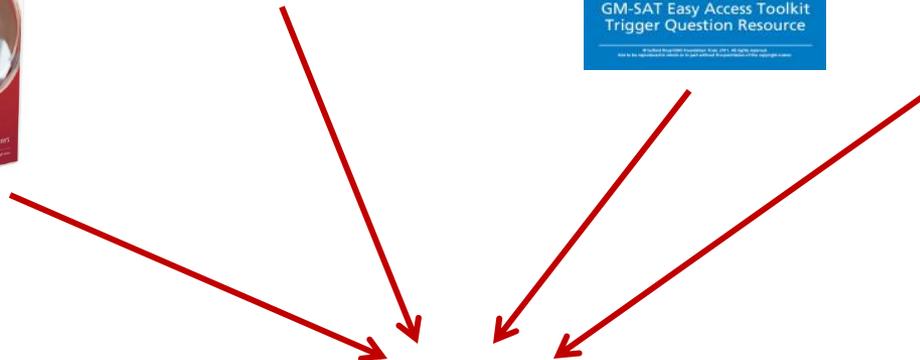
Adoption & Diffusion



Practical experience of the implementation process



Evaluations of different service delivery models (from pilots)



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Adoption & Diffusion



NHS Improvement
Stroke

Stroke
association

National
CLAHRC
Stroke Group

Hosted by
STROKE FORUM Stroke
association

- 1 Anglia Stroke and Heart Network
- 2 Avon, Gloucestershire, Wiltshire and Somerset Cardiac and Stroke Network
- 3 Bedfordshire and Hertfordshire Heart and Stroke Network
- 4 Basingstoke, Liphardell and Solihull Cardiac and Stroke Network
- 5 Black Country Cardiovascular Network
- 6 Cardiac and Stroke Networks in Lancashire and Cumbria
- 7 Cheshire and Merseyside Cardiac Network working with the stroke community
- 8 Coventry and Warwickshire Cardiovascular Network
- 9 Dorset Cardiac and Stroke Network
- 10 East Midlands Cardiac and Stroke Network
- 11 Essex Cardiac and Stroke Network
- 12 Greater Manchester and Cheshire Cardiac and Stroke Network
- 13 Hertfordshire and West Yorkshire Cardiac and Stroke Network
- 14 Kent Cardiovascular Network
- 15 North and East Yorkshire and North Lincolnshire Cardiac and Stroke Network
- 16 North Central London Cardiac and Stroke Network
- 17 North East London Cardiovascular and Stroke Network
- 18 North of England Cardiovascular Network
- 19 North Tynes Stroke Strategy Project
- 20 North West London Cardiac and Stroke Network
- 21 Peninsula Heart and Stroke Network
- 22 Shropshire and Staffordshire Heart and Stroke Network
- 23 South Central Cardiovascular Network
- 24 South East London Cardiac and Stroke Network
- 25 South West London Cardiac and Stroke Network
- 26 Surrey Heart and Stroke Network
- 27 Sussex Stroke Network
- 28 West Yorkshire Cardiovascular Network



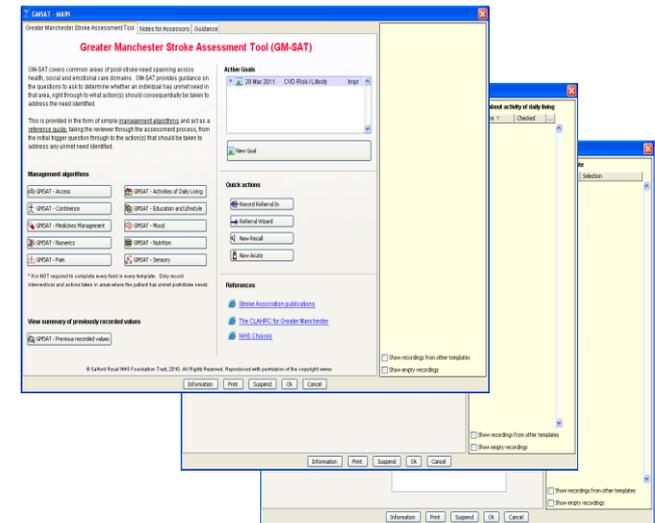
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Where are we now?

- GM-SAT now adopted at multiple sites nationwide.
- Localities are integrating GM-SAT into their own systems.
e.g. NHS Yorkshire & Humber
- Teams are 'tweaking' GM-SAT in light of new evidence and requirements; COF, NICE Qs, CQUINS => sustainability.
- GM CLAHRC using the same principles to create a 'vascular review' assessment tool.



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GM CLAHRC & Partnership Working



“

Innovative organisations...
provide space, time and resources
for individuals across the
organisation to generate and
pursue innovative ideas they are
passionate about”

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