





# POST-STROKE REVIEW PILOT PROJECT







# THE PILOT PROJECT



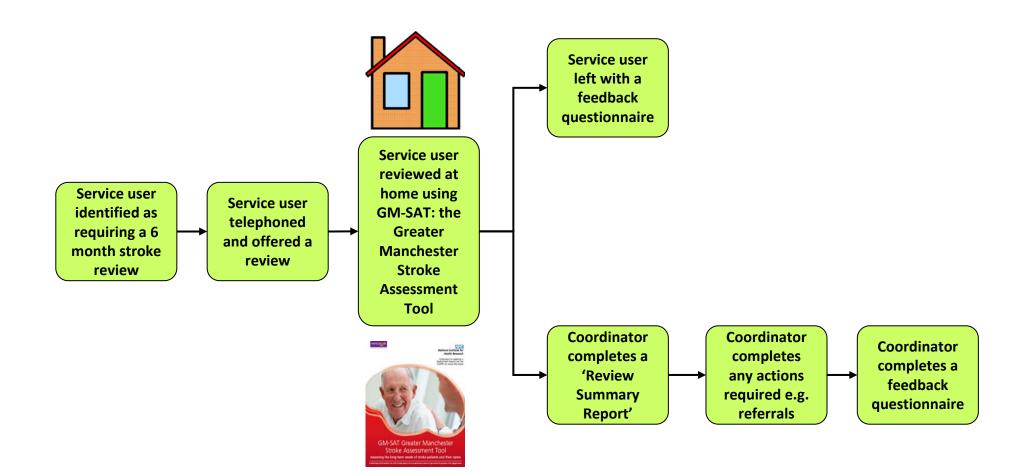
Registered Charity Number 211015





Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Greater Manchester

# The Pilot Project









# THE RESULTS







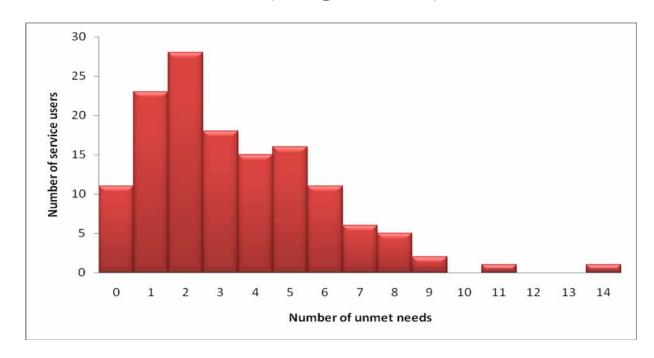
- 137 reviews were complete during the pilot period.
- Each IAS coordinator completed between 6 and 11 reviews.
- All service users have been discharged approximately 6 months prior to the review.
- All reviews were delivered in the home setting using GM-SAT.







- Total of 464 unmet needs identified
- Average of 3 unmet needs (range= 0-14)



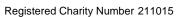






- Unmet needs identified in 36 different areas.
- Needs were identified in 34 of the 35 areas covered by GM-SAT.









	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	

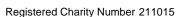






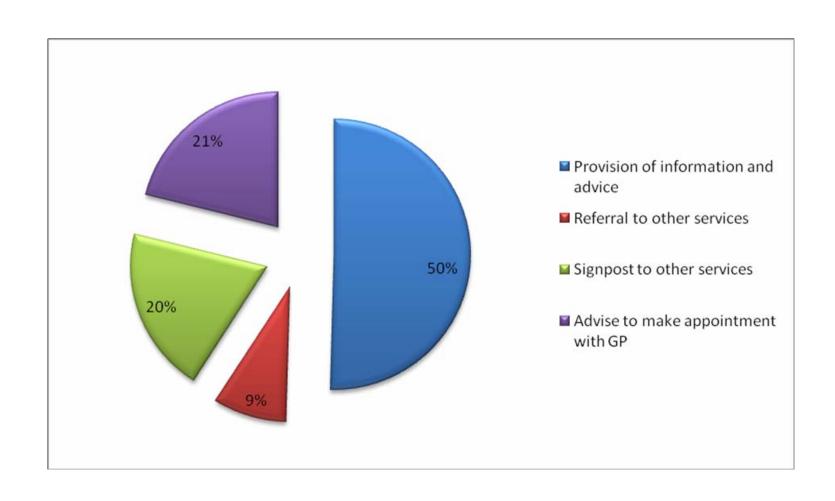
- Actions fell into 4 categories:
  - 1. provision of **information and advice**.
  - 2. **refer** to other services.
  - 3. signpost to other services.
  - 4. advise to make an appointment with primary care team.

















#### **Needs and Actions**

92 (20%) of the unmet needs identified were addressed by signposting.

14% benefits services (e.g. CAB); 7% local exercise opportunities.

 Others: carers' centres, opticians, smoking cessation services, providers of aids and adaptations.



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#### **Needs and Actions**

	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

14% of all referrals were made to each of the following services:

Social services

Speech and language therapy

Continence advisory services

11% of all referrals were made to:

Occupational therapy







#### **Needs and Actions**

 To address 98 (21%) of the unmet needs identified service users were advised to make an appointment with their primary care team.

 Primary reason was that the service user's blood pressure was not being checked on a 'regular basis'.







- Of all service users reviews:
  - 10% directed to discuss side effects from their medication;
  - **9%** to discuss their **pain**;
  - 4% depression; 3% falls; 3% problems with their memory,
    - concentration and attention.

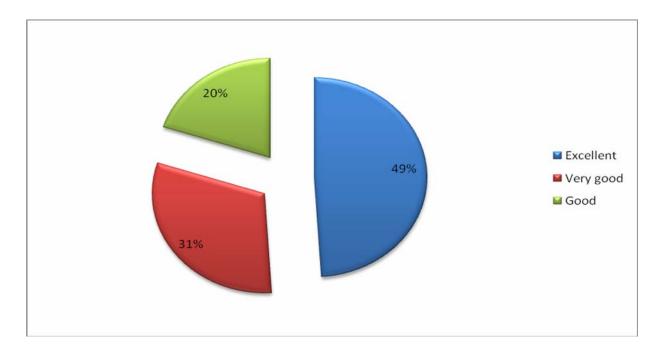






#### **Service User Feedback**

- 74% response rate [101/137 completed questionnaires returned]
- Service user review ratings:









#### **Service User Feedback**

- "All my needs and concerns were addressed (at my review)"
  - o 46% strongly agreed; 49% agreed.
- " My Stroke Association Coordinator knew how to help me"
  - o 59% strongly agreed; 39% agreed.
- " I was given all the information and advice I needed"
  - 98% strongly agreed or agreed.







#### **Service User Feedback**

- Service users indicated that the review made them feel supported.
- They found the reviews useful and said that the comprehensive

nature of the review prompted them to discuss issues they

wouldn't have otherwise discussed (e.g. those relating to sexual

health).







#### **Service User Feedback**

- Service users felt comfortable and at ease during their reviews.
- They appreciated the opportunity to talk to

someone who understood stroke and the

impact that it has on people's lives.









#### **IAS Coordinator Feedback**

- 132 questionnaires completed and returned.
- "I felt comfortable undertaking the review" and "I knew how to address the needs and concerns expressed by the service user"
  - o 66% strongly agreed; 34% agreed.
- "I found the assessment tool easy to use"
  - 96% strongly agreed or agreed.







#### **IAS Coordinator Feedback**

- Direct time with service user= average 74 minutes (range 20-195)
- Indirect time= average 33 minutes
- Additional time needed to undertake review compared to a

routine home visit= 33 minutes (range 0-150 minutes)







# **Key Messages**







## **Key Messages**

- Problems experience by stroke survivors in the long term are diverse and, in some cases, numerous.
- Span health and psychosocial domains.
- Emphasis needs to be placed on identification and helping people access any specialist help or advice they require.







## **Key Messages**

- Coordinators were confident in their skills and abilities.
- GM-SAT provided a structured, standardised framework.
- Service users were had confidence in their coordinators abilities.
- Stroke specialist knowledge and understanding highly valued.
- Service users felt comfortable and at ease. Probably due to the

**continuity of care** offered by the IAS service.







# **Key Messages**

- The review took longer to complete but varied significantly.
- Additional benefits:
  - o actions could be aligned to long term goals.
  - needs could be monitored.
  - o in complex cases, actions could be prioritised.







## **Key Messages**

- IAS Coordinators are well placed to deliver post-stroke reviews, using GM-SAT.
- Several key cross organisational challenges will need to be addressed if the benefits reported here are to be realised.







### **Key Messages**

This project has demonstrated that The Stroke Association's IAS coordinators provide a **practical**, **appropriate**, **acceptable** and **potentially cost-effective** means of delivering the six month review in a way that is **highly valued** by stroke survivors, their carers and families.

