

Assessing and Addressing the Long-Term Needs of Stroke Survivors and their Carers

Katy Rothwell¹, Professor Pippa J Tyrrell²

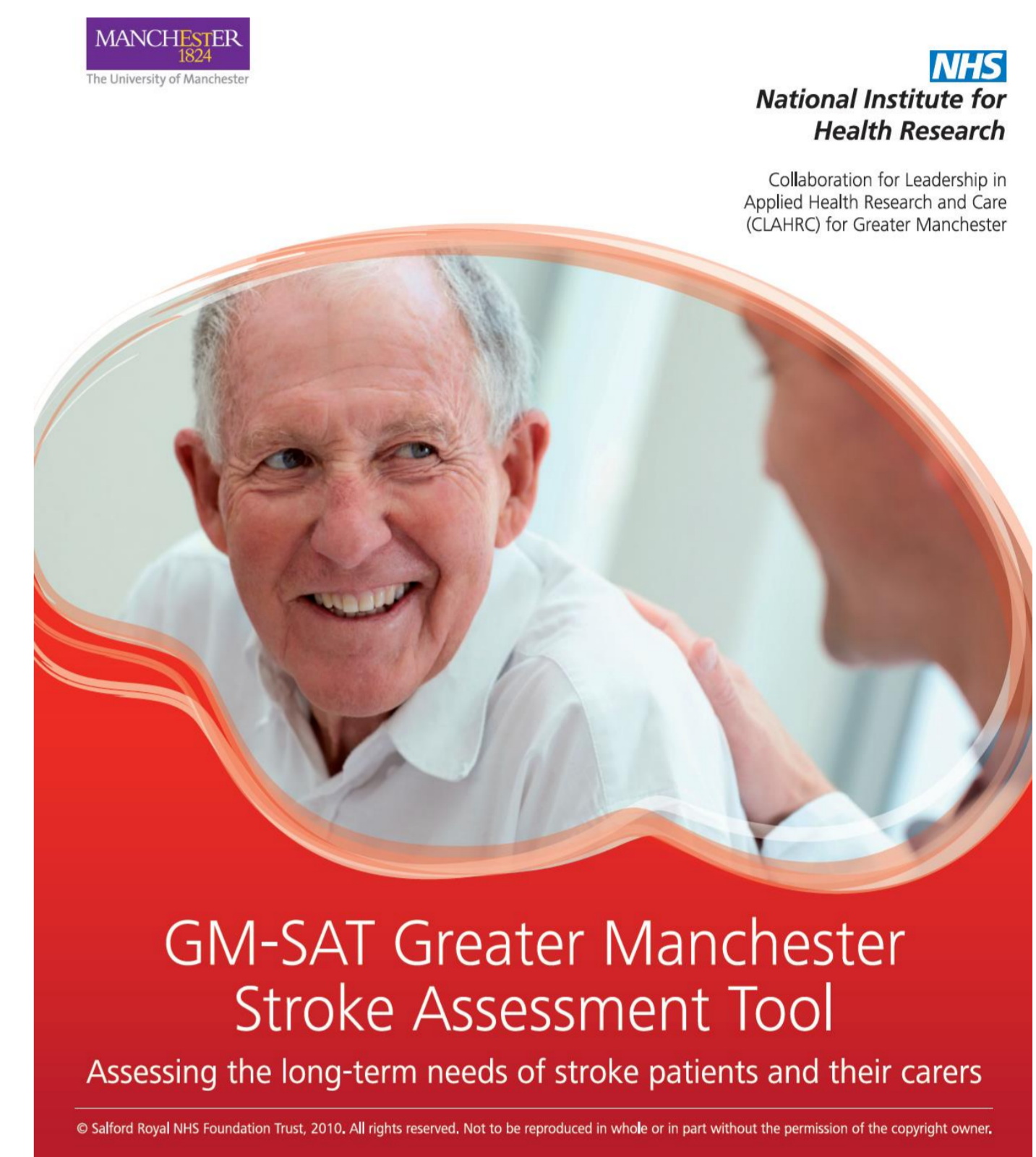
¹ NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester, Salford Royal NHS Foundation Trust, Salford, United Kingdom; ² Manchester Academic Health Science Centre, University of Manchester, Salford Royal NHS Foundation Trust, Salford, United Kingdom.

INTRODUCTION

People recovering from acute stroke in hospital are inevitably focused on getting home. Following discharge, they may receive treatment from community therapy and nursing teams, but this is often only provided in the short term, and being 'discharged' from therapy can be difficult, with many stroke survivors and their carers reporting a sense of 'abandonment'. In 2007, the six month post-stroke review was laid out as a quality marker in the Department of Health's National Stroke Strategy. The Strategy said that people who have had a stroke should receive a review of their health and social care needs six weeks, six months and then annually after their stroke to ensure that they have access to further specialist review, advice, information, support and rehabilitation where required. The need for regular reviews for people following stroke continues to be a high priority within the health service, with the 2014/15 CCG Commissioning Indicator Set stating that all people who have had a stroke should receive a follow up assessment between 4-8 months after their initial admission.

Six week post-stroke reviews are often routinely carried out by hospital-based stroke teams, with annual reviews being undertaken in primary care. However, in 2007, the National Stroke Strategy offered little detail regarding:

- *Who* should carry out the six month review
- *What* such a review should consist of
- *Where* the review should be delivered.



METHODS

This project aimed to:

- Develop an evidence-based assessment tool for the six month post-stroke review
- Pilot and evaluate use of the assessment tool in practice, supporting its eventual implementation.

Developing the Greater Manchester Stroke Assessment Tool

To support development of an evidence-based assessment tool for the six month review, the CLAHRC GM team worked with patients, carers and professionals from across the stroke pathway, through a series of workshops and focus groups, to identify the common long-term problems experienced by people after stroke. A critical synthesis of the existing literature concerning this topic was also undertaken. Based on the findings of these activities, the Greater Manchester Stroke Assessment Tool (GM-SAT) was developed, providing everything required to undertake a six month review, from the questions to ask and algorithms to guide care, through to reporting templates to enable the findings of the review to be documented and fed back to others involved in the stroke survivor's care.

Piloting and evaluating GM-SAT: A National Pilot Project

A National Pilot Project was conducted in collaboration with the Stroke Association and their Information, Advice and Support (IAS) coordinators, to evaluate the feasibility and acceptability of using the GM-SAT to deliver six month post-stroke reviews. This included investigation of the number and nature of unmet needs identified at the six month review and the resulting impact on the services required to address these needs.

RESULTS

Over a five week period, 137 reviews were completed by 15 IAS coordinators using GM-SAT. Service users presented with an average of three unmet needs (range, 0-14), covering 34 of the 35 areas covered by GM-SAT.

Over one third of service users presented with unmet need in relation to fatigue ($n=47$; 34%), while around a quarter had unmet needs in the areas of memory, concentration and attention ($n=35$; 26%), secondary prevention ($n=35$; 26%) and low mood ($n=26$; 19%). 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 unmet needs (9%) required referral to other services.

All respondents to the service user questionnaire ($n=101$; 74%) rated the review they had received as good ($n=21$; 31%) or excellent ($n=49$). One service user stated: "[It was good to be] able to discuss things with someone who understands how the stroke affects and changes a person and could help and advise on all these points". IAS coordinators stated: "I think [GM-SAT] is an excellent tool for covering all areas as it is so comprehensive. It brought up issues that the service user may have otherwise dismissed."



CONCLUSIONS AND IMPACT

- GM-SAT is feasible to administer in the community and is acceptable to stroke survivors and carers, as well as staff undertaking the reviews
- The needs experienced by stroke survivors in the long-term are diverse, and in some cases numerous, spanning health, social and emotional domains
- The vast majority of needs identified at six month reviews can be addressed 'on the spot' through the provision of verbal or written information and advice. The impact of the review on other services is minimal.

A recent national survey of post-stroke review provision found that GM-SAT was the most frequently used post-stroke assessment tool in England (Fletcher-Smith et al., 2014)

The GM-SAT has been widely implemented in routine practice, supporting commissioners and providers in meeting national policy requirements, and potentially improving quality of life and outcomes for patients by identifying unmet needs and enabling access to relevant support in the longer-term after stroke.

However, while the six month review is presently a national 'must do', further research is needed to determine whether the use of the GM-SAT at six months ultimately improves outcomes for stroke survivors.