

# 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*

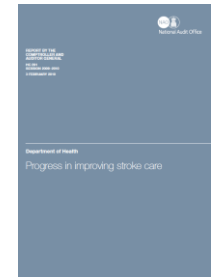
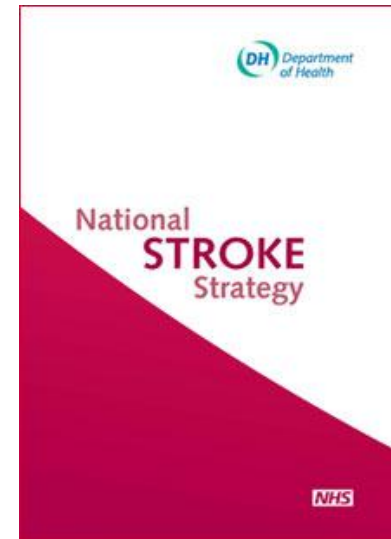
## COST

- 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

© GM-SAT - Easy Access Version

© Salford Royal NHS Foundation Trust, 2008

Has the problem got better or worse recently?

Better

Worse

How long ago did the problem start?

1 hour

1 day

1 month

1 week

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.



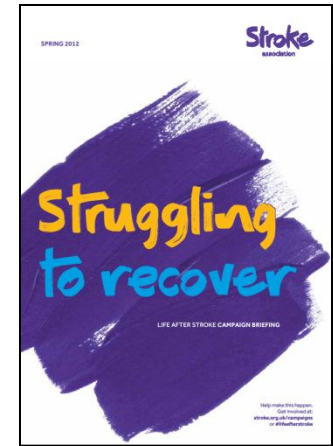
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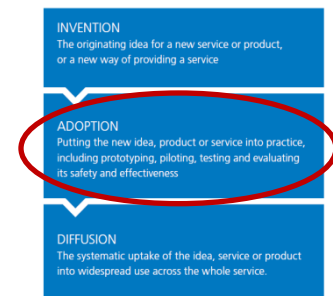
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# Life after Stroke



## 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%)



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# 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.

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



# (Attempt at) Cost-Benefit Data

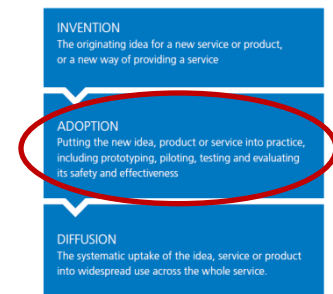
## COSTS

- £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
<b>Cumulative</b>	<b>-£12</b>	<b>£76</b>	<b>£144</b>



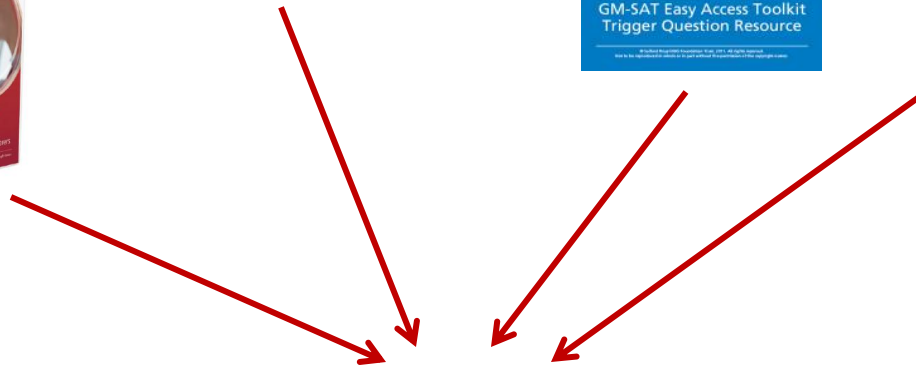
# Adoption & Diffusion



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 

- 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 Birmingham, Leicestershire and Southall 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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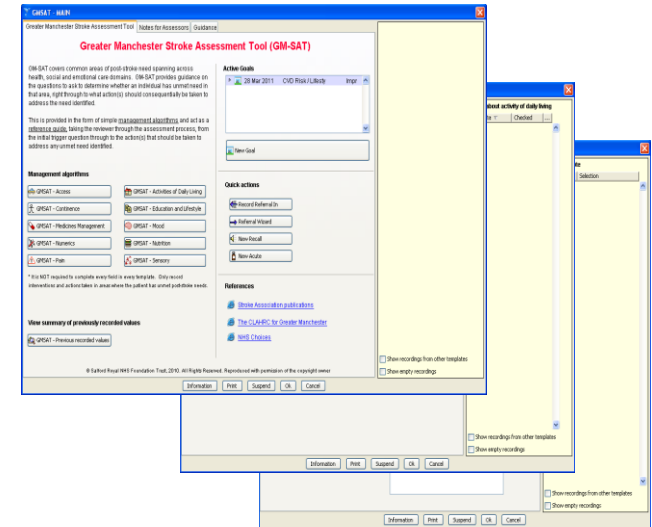
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# Where are we now?

- 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”

”