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Title of innovation / initiative

‘Stop, think and listen’ – Three key steps to achieving transformative care across our younger stroke population in the North Midlands footprint.

Problem

- “Young stroke” is commonly referred to individuals under 45 years of age.
- Approximately 25% of strokes occur at 65 years of age or below.
- Young stroke survivors have unique unmet needs that are related to their age, vocation, social position, and life aspirations.
- Patient feedback from this sub-group highlights frustrations and misconceptions about younger strokes. Feedback shows a lack of personalised care, lack of understanding amongst health care professionals about young stroke and a surplus of unmet care needs.
- Poor prognosis is seen in that 1 in 8 young stroke survivors are not returning to full independent lives even after 10 years post stroke. The stroke occurs in the time period of life which traditionally would be a focus on study, career identification & progression, starting & building relationships and active social lives.
- Uncertainty around health / risk factor management, physical, psychological and social factors post stroke can be seen to impact negatively on positive functional outcomes adversely affecting this cohort of patients with reduced functional and quality of life impacting further on NHS / health resources.
- For our young strokes to be able to return to these life aspirations / tasks & activities our stroke population needs to have both the support & service framework in place not only immediately after stroke but more importantly for years to come & / potentially life long.

Aims

Primary Objective:

- The aim of this quality improvement project was to listen to the patients voice and design an individualised, patient centred young stroke pathway that meets the individual needs of the younger stroke population, ensuring patient and carer involvement throughout.

Our Secondary outcomes for this project are:

- Improved Younger Stroke patient experience
- Improved staff satisfaction
- Reduction in re-admission rates for younger stroke population
- Younger stroke patients being managed within home / community and or clinic environment
- Reduced acute demand
- Reduction in referrals for non-specialist services
- Positive impact on health / social demand
- Reduction in physical dependency pre/post? (i.e. dependent on help for transfers, mobility, washing, dressing or toileting)
- Improved scores within designate outcome measures.

Plan

- Listening and understanding the patients voice was at the centre of this project and assured throughout by completing two focus groups involving patients with lived experience and carers and a service user questionnaire across the acute, sub-acute and community stroke pathway.
- The patient feedback helped inform the service design of an innovative, younger stroke pathway and younger stroke MDT clinic.
- Our aim was to design a Young Stroke Survivors pathway / service model, which specifically addresses the holistic needs of patients who suffer a stroke at a relatively young age. Recognising that a 'village' incorporating an established, experienced, and skilled workforce is required with experts from a variety of areas providing expertise along the entire continuum of clinical stroke care including diagnosis, acute treatment, ongoing management, prevention, and recovery longer term.
- Through close collaboration between UHNM and MPFT, a tremendous number of resources could be brought together with the option to develop and be innovative in our approach. The approach plans to be both patient centred and personalised in line with current NHS guidance and aspirations. The admission point for the service could be in either the acute or rehab inpatient settings, outpatient clinics and / or community services.
- The clinic is proposed to be a multi-disciplinary review (Medic, Nurse, Therapy & Clinical Psychology model) with a direct route into the Acute Trust for diagnostic and medical management and the existing Community Stroke Rehab / Neuro Outpatient Team based at Haywood Hospital for active rehabilitation treatment and / or signposting

Benefits

By listening to our younger stroke survivors and responding their feedback, the new younger stroke pathway and MDT clinic has achieved:

- Correct diagnosis, treatments & prevention programme within a streamlined age appropriate pathway to recovery.
- Established a younger stroke peer support group
- Appropriate diagnosis including referrals to medical specialists
- Evidence-based medical treatment
- Direct route to rehabilitation focusing on physical & functional outcomes
- Focus on psychological changes such as post-stroke depression, fatigue, anxiety, and personality changes commonly seen in younger stroke population
- Improved access to Health / social care providers to support adaption to life post stroke
- Admission to local and national stroke / brain injury support groups (Headway / Stroke Association)
- Vocational guidance

Measures

- Patient feedback
- *Outcome measures* (NEADL, Therapy Outcome Measure Impairment Scale (TOMS), Barthel Index (BI), Modified Rankin Score (mRS), Nottingham extended activities of daily living (NEADL), Goal attainment measured by the East Kent Outcome System (EKOS)

and Yale Question Mood Screen were measured at the same time points.

- Re-admissions to stroke services.
- Complaints / Quality performance indicators.
- Audit.

Resources / team

- Partnership working across acute, sub-acute and long term community services.
- Robust MDT project group – Service lead, stroke coordinator, stroke consultant, physiotherapist, occupational therapist, psychologist.
- Third sector organisations involved in project – including Stroke Association, Different Strokes and Headway. This ensures whole system approach.

Key learning

- Listening to the patient's voice is a prerequisite to successful service delivery and high patient satisfaction.
- Consider gaining feedback from sub-group population within patient groups – eg. Younger stroke population had very different feedback from wider population.
- Service leads must prioritise time spent embedding a supportive environment to listen to patients and respond to feedback.

Tips for others

- Stop, think and listen to the patient's voice – Three key steps to achieve transformative care.
- Listening can support reduction in health inequalities / within patient sub-groups.
- Supports gaining insights from/working in partnership with health service users and supporting people through change.

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Do you have any attachments?

- Able to share patient forum feedback, service specification, model design for staff interested.