

Northamptonshire Community Stroke Team

Six month reviews

The six month review process is a whole team approach which is underpinned by a strong administrative team which is vital to the smooth running of this service. All stroke patients in the Northamptonshire area are offered a six month review whether they have been seen previously by our community stroke team (CST) or not. One administrator co-ordinates the six month process which includes; offering the review, arranging for it to happen, sending out the relevant pre-assessment paperwork and finally sending out the outcome letter following completion of the review, with copies to GP and Stroke Consultant.

The process used by the CST staff carrying out the reviews starts by them introducing themselves and explaining the reasons for the review to ensure the patient understands the purpose and what to expect. The Greater Manchester Tool (GMSAT) is used to guide the review as well as a further form created by the CST to ensure all essential information is gained for a quality contact. The GMSAT asks questions related to secondary prevention, new stroke symptoms, functional ability, mood and emotional impact, return to work, driving, financial concerns and any carer needs. The documentation form devised by CST captures all these areas of unmet need and includes questions on current medication list, whether they have had any further hospital admissions, whether they are maintaining their goals and whether they consent to SSNAP. It also collects a Modified Rankin score.

During the time that the CST have been carrying out 6 month reviews we have extended the options available for people to make it easier for these to be carried out at a time and place that suits them. This includes home visits, clinics and telephone reviews. Northamptonshire is a large rural area and we have found that by offering a variety of options for the reviews to be carried out this has proved to be cost effective in terms of both money and time. Clinic appointments have benefitted both staff and patients particularly for patients who have not been seen by the team. These patients may not have required input of our service at the time of discharge and are not known to the therapists, therefore having a face to face contact allows for on the spot assessments of need which would be difficult to establish over the phone. It also allows the therapist to build a rapport with that patient, which is especially important when they are trying to discuss personal issues. Lastly for those with speech deficits clinic appointments allows every opportunity for the patient to communicate their needs. Offering a variety of settings for 6 month reviews to take place ensures access to the service for all. Telephone assessments provide ease for patients with limited time and home visits are especially useful for the more dependent or cognitive patients.

We have recently carried out a 6 month review patient satisfaction survey and 66 people responded. This has shown that the majority of 6 month reviews are carried out in the patient's home. We are noticing a decrease in telephone reviews and an increase in clinic uptake but this is dependent on the individual patient with regards to their level of ability, capacity and their individual circumstances. The GMSAT has a self-assessment questionnaire attached which helps the patient prepare for the review and 62/66 reported that this was useful. 74% of people felt that any outstanding concerns were resolved during the review. The outstanding concerns seem related to difficulty to acceptance of incomplete recovery. As a result of the 6 month review most unmet needs were resolved by advice and those that needed it were offered further CST referrals or referral to other services.

During the review every patient has their mood and cognition screened. Advice on secondary prevention of Stroke is also provided as standard and patients reported that they were given good quality information about these areas and felt supported.

We have used the identified unmet needs to guide our service development. In 2013 statistics were collected and analysed on the most common unmet needs which were – mood, exercise and mobility. As a result of this the team now run four stroke specific exercise groups a year in local gyms across the County to encourage long term participation and exercise plus improve overall physical ability and mood.

CASE STUDY

Mr B – 57 years old

Middle Cerebral Artery infarct

Head of Health and Safety and Emergency Planning at Bedford Council.

Returned to work after 5 months. Adjustments made to the role to compensate.

Retired several months later.

Hobbies = gardening, walking.

Very supportive wife and two grown up children.

What were you told what to expect about your six month review?

“I was told that a six month review would take place and that its purpose was to establish where I had got to during the six months and look at what I still needed help with, and identify some ways of helping with any issues.”

How were you supported to prepare for the review?

“Before the review I spoke to our Occupational Health team at work, particularly about the issues of returning to work. And I discussed with my wife how things had been going for her because she had a lot of support from the stroke team as well.”

How long did the review take?

“The review lasted about 15-20 minutes.”

Where was your review done?

“I was offered the choice of the review for a face-to-face meeting or doing it by telephone. And at the time I was happy to do it by telephone because I do a lot of negotiation over the phone anyway. But on reflection for something like that, that sensitive, it would have been better face-to-face. That would also have given the opportunity for my wife to be involved and for her to sort of gain benefit from the review.”

How did you feel during the review?

“During the review I felt quite happy with the process, I felt that I was getting something from it, and I also felt pleased that we were identifying issues. I did feel that it was a useful wind up following the discharge from the CST.”

What did you talk about during your review?

“During the review we spent a lot of time discussing outstanding issues that I’d got, particularly with RTW, which had happened recently, and I’d found very difficult and very tiring. So, even at that stage I think I gained some additional insight into the problem I was having going back to work. And we talked about outstanding physical issues such as ongoing problems with my left hand side, where I still hadn’t quite got feeling, particularly in my left hand, especially for hot and cold, all I could feel was pain. And I wasn’t always aware of quite where my left arm was. But we talked about that and the general consensus was that that would start to improve, which I felt happy about.”

How did you feel after the review?

“I thought the review was useful and a benefit in terms of just rounding up on what the current position was and what could be expected in the future and what help could be available in the future. I’d just been through the challenge of going back to work and loss of confidence was a big issue for me and that had got a bit worse on returning to work. Without the review, all the work that the CST had done might have started to struggle a bit at that time.”

How did the review help you?

I think the six month review really sort of gave me a bit more confidence in terms of where I was and that I could still go forwards and that it hadn’t stopped. And that if I needed more support, it was there.