An in-depth exploration of an aphasia care pathway

Lynn DANGERFIELD  Solent NHs Trust
Dr Chris  MARKHAM  University of Portsmouth

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* Professional doctorate 2010 =>
* Professionally / clinically focused research
* Implementation of care pathways within adult SLT
* Minimal evidence to support the use of aphasia care pathways
42% patients suffering a first stroke have aphasia [Code & Petheram 2011]. 250,000 people in the UK have aphasia [Stroke Association 2015],

Aphasia has significant impact upon the individual, family, rehabilitation ...

NHS aspires to put patients at heart of treatment, establishing a partnership among practitioners, patients, and families [NHS constitution 2013]. Listening to patients’ wants, needs, and preferences is paramount [Bamm, Rosenbaum et al 2015].

Clinical care pathways promote organised and efficient patient care, based on the best available evidence and guidelines [De Blesser et al 2006].
Method

- Qualitative research - aiming to explore the aphasia care pathway from the perspective of the service user
- Focus groups and 1:1 interviews [2014/5] to collect data from people with aphasia [PWA], carers and Health Care Professionals [HCPs]
- Framework analysis of data using MAX QDA software
- Survey to SLTs [2015] regarding aphasia care pathways giving quantitative element to research => mixed methods approach
## Findings

### Themes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Contributory code</th>
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<tbody>
<tr>
<td>Care pathways in the NHS</td>
<td>Accountability, advantages, awareness, communicating the pathway, disadvantages, format, specific vs generic care pathways.</td>
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<tr>
<td>Aphasia care pathways</td>
<td>Family involvement, intensity, managing expectations, stages of intervention [assessment, goal setting], outcomes, who does what when.</td>
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<tr>
<td>Information giving</td>
<td>Expectations, Format ie.1:1 or group, face to face or electronic, verbal or written, timescales</td>
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<tr>
<td>Psychosocial issues</td>
<td>Acceptance, adaption, empowering, family response, motivation,</td>
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Findings

- PWA and family members unaware of planned / mapped process of care
  - “need something more structured than just finding out as we went along”
- Timing of SLT
  - “A few months down the road, six months, because my perspective.. was angry and next thing was acceptance and next thing was to practice my speech but not much speech therapy then.. all over”
- Information giving is still not right
  - I would argue you should always talk to somebody first... then give a paper copy, if they have a computer at home, send it to them electronically, so they can browse it or forward it on to other people”
Response to aphasia care pathway survey

- 42% using an aphasia care pathway – across banding
- Core components of effective care pathway identified
- 87% agree an AI version is needed
- Advantages of aphasia care pathway identified;
  - Clarifies patient journey, equitable, consistent service, identifies resource limitations, audit, tool to present to commissioners
- Disadvantages/challenges discussed;
  - Prescriptive, constraining, complicated for non HCPs
Results cannot be generalised but can be transferred to a range of clinical settings.
Participants were recruited from one health trust => one aphasia care pathway explored.
No participants with a severe aphasia due to the difficulty of obtaining informed consent.
Views obtained were retrospective and relied upon individual’s memories.
Future research should explore the content and process of an alternative aphasia care pathway to compare the findings of this study.
What next??

* Detailed analysis of quantitative element to research
* Synthesise qualitative and quantitative data, complete writing up
* Accessible version of aphasia care pathway informed by service users?
THANK YOU

Lynn.dangerfield@nhs.net