

NIHR PGfAR/ Stroke Association Themed Call: Stroke Rehabilitation and Long Term Care

1. Summary

The Stroke Association is partnering with the NIHR Programme Grants for Applied Research (PGfAR). Co-funding is available in Competition 43 for proposals addressing key themes focussed upon rehabilitation and long-term care for all types of adult stroke.

2. Background

Stroke mortality has halved in the last two decades (NHS Digital 2018). However due to changing demographics, it is predicted that the number of stroke survivors aged 45 and over in the UK will rise from 950,000 in 2015 to 1,425,000 in 2025 and 2,120,000 in 2035. This will lead to the estimated societal cost of stroke in the UK rising from £26 billion in 2015 to £75 billion in 2035 (Patel et al. 2017). As a leading cause of complex disability, identifying what will improve, restore, and support the lives of stroke survivors is paramount (GBD 2019 Diseases and Injuries Collaborators. 2020). Post-hospital support and rehabilitation are central to improving life after stroke. The 2021 JLA Stroke Priority Setting Partnership (PSP) (Stroke Association 2021), the NHS demand signalling report (NHSE 2022), and the recently published National Clinical Guidelines for Stroke (NCG 2023) all highlight the need for high quality evidence in order to improve multi-disciplinary post-hospital rehabilitation and improve health and social care services providing long-term rehabilitation and care.

3. Scope of the funding

Through this partnership, we wish to fund collaborative, multi-disciplinary programmes of applied research across health and social care settings, which aim to address key themes outlined by the PSP, focussed upon rehabilitation and long-term care for all types of adult stroke. These priorities overlap with multiple areas in the NHS England Demand Signalling questions and with gaps in evidence highlighted by the new National Clinical Guideline for stroke (NCG 2023).

Applications should fall [within the remit of the PGfAR programme](#), and clearly identify the research context in terms of recent and currently funded

UK/international research in the theme/area of interest, together with the potential impact of the proposed research for patients/service users, carers, communities, the NHS and social care settings.

Applications should include the consideration of how:

- i) the research integrates/links with other components of the stroke care pathway,
- ii) outputs interact with existing and developing post-hospital services such as community rehabilitation, outpatient services, and long-term care.

The inclusion of clear plans for real world implementation, knowledge mobilisation and dissemination of accrued outcomes and benefits should be considered. Outcomes should be focused on health and wellbeing of stroke survivors, rather than being process specific.

Applications demonstrating collaboration between research groups will be particularly welcomed (see Section 4). We would like to stress that research groups applying must hold the relevant methodological and clinical expertise.

The experiences of both stroke survivors and their carers should be integral to the research: applications should involve people with lived experience of stroke in the development of their proposal.

We will be emphasising the need to consider the Equity, Diversity, and Inclusion issues which relate specifically to the proposed programme of work. This should include plans for adequate enrolment of populations that experience health disparities. Plans could include outreach activities, community engagement activities, and training. The Stroke Association recently produced a report on Health Inequalities in Stroke which will be available on our research webpage. The NIHR has developed guidance on improving inclusion of under-served groups in clinical research: [INCLUDE](#) and [INCLUDE website](#).

Proposed areas of interest

Programmes should address one or more of the following [JLA PSP priorities](#) for Rehabilitation and Long-term care:

1. Psychological and Emotional Well-being

What is the optimal way to prevent and manage psychological difficulties, support adjustment, improve motivation, well-being, and engagement post stroke?

2. Cognition

How can we best assess and support people to overcome and manage difficulties with cognition after stroke?

3. Communication

What are the most effective assessment, support, and rehabilitation approaches for communication difficulties after stroke?

4. Fatigue

How should we assess fatigue in stroke survivors? What are the best approaches to ameliorate and manage fatigue symptoms in order to minimise their impact?

5. Organisation of Community Stroke Services

How can community stroke services best be resourced and organised to meet the needs of all groups of stroke survivors?

6. Abilities for everyday life

What, and how can, interventions be made available to facilitate the abilities required for everyday life?

7. Time, place, amount of therapy

What is the best time, place and amount of therapy to get the best outcomes for stroke survivors?

8. Training and support for carers/ family members

How can people supporting stroke survivors work best with stroke services, and what personalised training and support is available for carers to enable them to support stroke survivors?

9. Strength, recovery, and prevention

What are the best interventions including exercise to improve strength and fitness, promote recovery and prevent further stroke in stroke survivors?

4. Expected collaborative approach for applicants

Our expectation is that research groups will collaborate to develop and submit proposals, and avoid similar competing bids. The Stroke Association will facilitate collaborations where possible and will be holding 'drop-in' sessions whereupon researchers can liaise with the research team in order to discuss and identify collaborators with the necessary expertise. Details for 'drop-in' sessions will be posted on the Stroke Association research webpage. Applications from teams who do not have the full range of relevant multidisciplinary expertise are unlikely to be competitive.

5. About the Stroke Association

The Stroke Association supports people to rebuild their lives after stroke. We believe everyone deserves to live the best life they can after stroke.

We provide specialist support, fund critical research and campaign to make sure people affected by stroke get the very best care and support to rebuild their lives.

References:

GBD 2019 Diseases and Injuries Collaborators. (2020) Global burden of 369 diseases and injuries in 204 countries and territories, 1990-2019: a systematic analysis for the Global Burden of Disease Study 2019, Lancet, Oct 17;396(10258):1204-1222

National Clinical Guideline for Stroke (2023).

NHS Digital (2018). Mortality from stroke. Available at <https://digital.nhs.uk/data-and-information/publications/statistical/compendium-mortality/current/mortality-from-stroke>

NHSE (2022) <https://www.england.nhs.uk/aac/publication/research-demand-signalling-national-stroke-programme/>

Patel, A., Berdunov, V., King, D., Quayyum, Z., Wittenberg, R. & Knapp, M. (2017) Current, future and avoidable costs of stroke in the UK. Available from: https://www.stroke.org.uk/sites/default/files/costs_of_stroke_in_the_uk_report_-_executive_summary_part_2.pdf

Stroke Association 2021 <https://www.stroke.org.uk/research/priority-setting-partnership>