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

1. Summary
The Stroke Association is partnering with NIHR Programme Grants for Applied Research (PGfAR). Co-funding is available in competition 39 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), and the NHS demand signalling report (NHSE 2022) both 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 (see below 3.1 to 3.9). These priorities overlap with NHS England Demand Signalling questions, which identified high-priority areas for research to support the NHS Long Term Plan vision for stroke services. The Demand Signalling report also highlights that there is also a need for a deeper understanding of how the complexity of stroke-induced impairments will influence people’s
response to therapy, and that there is a need for a deeper understanding of how therapies should be adapted in the presence of multiple impairments (NHSE 2022).

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 below 4).

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, and be inclusive and seek to involve underrepresented groups to meet the needs of all groups of stroke survivors. This should include consideration of ethnicity, age, stroke severity, and multiple complex health conditions. NIHR has developed guidance on improving inclusion of under-served groups in clinical research: INCLUDE and INCLUDE website.

Proposed areas of interest

3.1 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?

3.2 Cognition

What approaches will enable better assessment and tracking of the progression of cognitive problems? How can we best support people to overcome and manage difficulties with cognition after stroke, facilitate independence, and reduce the impact of these difficulties on daily life?

3.3 Communication
What are the most effective assessment, support, and rehabilitation approaches for communication difficulties after stroke? How can we best enable people to overcome daily barriers created by communication difficulties?

3.4 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 on participating in rehabilitation, recovery, and quality of life?

3.5 Community Services for Everyday Life
How should community stroke services be resourced and organised to provide effective community-based rehabilitation? What are the best approaches to facilitate the abilities necessary for a healthy everyday life? For example, returning to work, driving, relationships with others, financial wellbeing, and physical fitness.

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 and is holding a workshop prior to the competition opening; please get in contact if you are considering applying at research@stroke.org.uk. Applicants will be expected to complete a pre-submission form, which will be available from the NIHR PGfAR webpage.

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:
