A Stroke Outcomes Model
Improvement and Evaluation of Stroke Recovery Services

Chris Larkin, Stroke Association
Katy Rothwell, NIHR CLAHRC Greater Manchester
Overview

• Case for change

• Components of the service redesign process

• Outcome Frameworks

• Service user consultation:
  • Theory of change
  • Consultation aims and process
  • Findings

• Operationalising and evaluating the new service
Why?

• To reach everyone affected by stroke

• To be responsive to the needs of people affected by stroke

• To deliver consistent, high quality care across the UK

• To be results led and outcomes focused
Service Design

- Views of Service Users
- Evidence & Best Practice
- 30 Years Experience
- Commissioner Priorities & Frameworks
- Stroke Recovery Service
Our services are mainly commissioned by 3 organisations

- NHS – Clinical Commissioning Groups
- Adult Social Care
- Public Health

Each organisation has a set of outcomes they have to demonstrate they meet – national outcomes framework
<table>
<thead>
<tr>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting stroke survivors &amp; carers in a safe environment &amp; protecting them from avoidable harm</td>
</tr>
<tr>
<td>Enhancing quality of life for stroke survivors and carers</td>
</tr>
<tr>
<td>Helping stroke survivors &amp; carers to recover from episodes of ill health or following injury</td>
</tr>
<tr>
<td>Delaying &amp; reducing the need for care and support</td>
</tr>
<tr>
<td>Health improvement &amp; preventing people from dying prematurely</td>
</tr>
<tr>
<td>Ensuring stroke survivors &amp; carers have a positive experience of care</td>
</tr>
</tbody>
</table>
Consultation Aims & Objectives

• To examine what stroke survivors, their carers and families considered a good quality of life after stroke to look like (OUTCOMES).

• To identify how they (the service users) thought the Stroke Association could support, or had supported, them to achieve this (ACTIVITIES; OUTPUTS).
The Engagement Cycle

1. **Analysis & Plan**
   - Community engagement to identify needs and aspirations
   - Public engagement to develop priorities, strategies and plans

2. **Design Pathways**
   - Patient and carer engagement to improve services

3. **Specify & Procure**
   - Patient, carer and public engagement to procure services

4. **Deliver & Improve**
   - Patient and carer engagement to monitor services
Theory of Change

• Also sometimes known as a ‘logic model’

• If [inputs] and [activities] produce [outputs], this should lead to [outcomes] which would ultimately contribute to [goals]

• Leads to better planning

• and... better evaluation!
The Consultation Process
Outcomes

- 13 features of a good QoL after stroke.
- Span the areas of health, physical, social, emotional and economic wellbeing.
Activities and Outputs

- **Provide ongoing support & encouragement**
  - Feeling confident around the home and having the self-esteem and courage to get out and do things, including returning to previous activities and also trying new activities and meeting new people. Feeling good about yourself.

- **Provide opportunities for peer support**
  - Practical tools, techniques and strategies
  - Provide opportunities to ‘take on a role’
  - Support to be safe at home
  - Use of buddy systems

- **Getting better at home**
  - Providing opportunities for peer support

- **Being able to understand and manage emotions**
  - Signposting to appropriate and tailored support options
  - Being able to recognise, understand, manage and cope with emotions after stroke (e.g. feeling low, anger, frustration)
  - Access to someone trusted who knows what’s ‘normal’ after stroke, and can listen and provide advice and support
The Core Recovery Model Theory of Change

**Activities**

- Provision of timely, tailored advice, support, reassurance, representation & advocacy related to stroke, its impacts & how to navigate & access necessary services & support.
- Provision of timely, tailored advice, support, and reassurance related to stroke risk factors, and how to reduce the risk of further stroke.
- Goal-focused intervention planning, needs assessments & review of goals (conducted with stroke survivors/carers at 6 wks, 6/12/24 months) to support stroke survivors/carers to self-manage their stroke-related health issues and stroke-specific disabilities.
- Support for stroke survivors/carers to engage in social activities (stroke-specific and non-specific).

**Intermediate outputs/outcomes**

- Increased knowledge for stroke survivors/carers of stroke & its impacts.
- Increased access to support entitled to, to support recovery for stroke survivors/carers.
- Increased knowledge for stroke survivors/carers of stroke risk factors and of how to reduce the risk of further strokes.
- Increased knowledge of how to self-manage their stroke.
- Increased motivation for stroke survivors to adopt healthier lifestyle choices.
- Increased strategies to support setting, monitoring & meeting of goals for stroke survivors/carers.
- Increased confidence to engage in meaningful activities for stroke survivors.
- Increased access to support networks for stroke survivors/carers.
- Increased opportunities for stroke survivors and carers to build reciprocal supportive relationships with peers to support them in their recovery/caring role.

**Goals**

- Reduced hospital admissions
- Improved quality of life
- Improve economic well-being

The Toc is based on the following assumptions:

- The information and support provided to stroke survivors/carers is relevant and of a consistently high quality.
- Stroke survivors/carers needs are appropriately identified & prioritised and the support provided around self-management is tailored to address these specific needs.
- A standardised approach to service competence & delivery is in place to ensure equity of access to support.
- Coordinator has up-to-date local contextual knowledge of the processes, services and access arrangements in place within the local area.
- Stroke survivor/carer enjoys involvement in social activities and is motivated to continue to be involved in these activities.
The Stroke Recovery Service

**Our Core**

- **Hospital**
  - Risk stratify

- **Community**
  - Holistic Assessment & Triage

**Levels:**
- **High**
- **Medium**
- **Low**

**Contact as required with reviews at 6 Weeks, 6 Months, and 12 Months:**
- Comprehensive holistic assessment and goal setting
- Intensive support to prevent hospital re-admission
- Coordination and navigation activity
- Addressing social isolation through community integration
- Support to self-manage
- Supported conversation to express needs
- Active listening and problem solving
- Secondary prevention advice
- Representation and advocacy

**Peer and social support for the longer term**

**As a guide**
- **Low:** 0-1 home visits and other contacts including hospital visits and telephone as required (everyone will be offered at least 1 home visit and a minimum of 4 contacts).
- **Medium:** 2-3 home visits and the above but not less than 4 contacts in total.
- **High:** 4+ home visits but no less than 8 contacts in total.

*actual time spent will depend on the needs of the individual.*
Initial assessment

• How are you feeling?
• How are you managing the effects of your stroke?
• Carers quality of life

4-8 month review

• How are you feeling?
• How are you managing the effects of your stroke?
• Carers quality of life

Reviews are all from the initial assessment point, e.g. 4-8 weeks after the initial assessment
Example:
How are you feeling?

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I've been feeling optimistic about the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling interested in other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've had energy to spare</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been dealing with problems well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been thinking clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling good about myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>I've been feeling close to other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling confident</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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<tr>
<td>I've been able to make up my own mind about things</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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<tr>
<td>I've been feeling loved</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been interested in new things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling cheerful</td>
<td>1</td>
<td>2</td>
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</tbody>
</table>
**My Recovery Plan**

<table>
<thead>
<tr>
<th>I would like help with</th>
<th>What I would like to happen</th>
<th>What we are going to do</th>
<th>What happened</th>
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Implementation Process

CRM development
Learning
Workforce
Pricing
Evaluation
Conclusions

The importance of....

Co-production
Important to understand the full range of outcomes

Piloting
Things won’t always go the way you expected

Continuous evaluation
To fully inform the development and spread of the intervention