



**Stroke Rehabilitation Services.  
Seizing the Future Reconfiguration.  
Comparative Patient Experience Report.  
Phase One and Two**

**October 2010**

**1.0 Purpose**

The purpose of this report is to provide partners with a comparison of phase one and phase two outcomes of the evaluation of patients and carers' experiences of stroke rehabilitation services at County Durham and Darlington NHS Foundation Trust (CDDFT). The results of this report will provide stakeholders with feedback of patient experiences of stroke services pre and post Seizing the Future reconfiguration. This is a qualitative investigation. A thematic approach has been utilised to identify the experiences of patients and carers. Quantitative data has been extrapolated where possible.

**2.0 Patient evaluation process.**

2.1 Eligibility criteria.

All patients and their carers who experienced stroke services across CDDFT were invited to participate.

	<b>Timeframe</b>	<b>Sample size</b>	<b>Response rate</b>
Phase one	April 09 – Sept 09	100	27%
Phase two	October 09 – March 10	126	20.6%.
Total	April 09 – March 10	226	21%

2.2 Format of study.

Patients and carers were offered various methods of engagement in order to maximise participation. Individuals were invited to take part in one of the following:

- Focus group in North of county
- Focus group in South of county
- Discovery interview - home
- Discovery interview - telephone

## 2.3 Participation breakdown.

<b>Participants</b>	<b>Phase one</b>	<b>Phase two</b>	
Patients	15	18	
Carers	9	8	
Patient & Carer	3	0	
<b>Place of care</b>	<b>Phase one</b>	<b>Place of care</b>	<b>Phase two</b>
UHND	12	UHND	9
BAGH	13	UHND/BAGH	2
DMH	2	DMH	4
		DMH/BAGH	3
<b>Method of choice</b>	<b>Phase one</b>	<b>Phase two</b>	
Focus Groups	17	8	
Discovery interview at home	8	18	
Discovery interview telephone	2	0	

## **3.0 Findings of phase one and phase two.**

### 3.1 First 24 hours.

- In phase one there were concerns noted by participants, that professionals did not always act quickly enough when stroke symptoms were reported, leading to delayed admission. Phase two identified an improvement in this area where immediate action was taken by professionals who were contacted by patients improving the timing of admission.
- Phase one identified positive feedback of the skills, knowledge and professionalism of NEAS. Praise of NEAS continued throughout phase two.
- Phase one highlighted lengthy waiting times in emergency departments at UHND and DMH. Phase two feedback varied, with some participants continuing to experience a long wait, however more participants experienced being seen and transferred to the stroke unit quickly or very quickly.
- Phase one identified the timing and delivery of diagnosis to vary, with some participants believing the timing to be right, and others believing it to be too soon. Participants felt that they were unable to fully understand the information provided due to the nature of stroke symptoms. Phase two participants echoed the findings of phase one.
- In phase one, patients felt they were given little or no opportunity to ask questions within the first twenty four hours of admission to hospital. Written information was limited. Phase two responses show that patients who asked questions were happy with the responses provided. There was more satisfaction with verbal information provided, but there was still limited written information available.
- Phase one results show limited pro active information sharing. Phase two results show this is an area that remains problematic throughout all aspects of the patient journey.
- Phase one report highlighted participants anxieties of transferring between wards. Phase two results do not show this as an area of concern, however, the manner and attitude of nursing staff when transferring patients to other beds was raised by participants potentially impacting on their emotional wellbeing.

#### 3.1.1 In summary – First 24 hours.

- Phase two identified an improvement in the speed of action taken by professionals when they were contacted by patients experiencing stroke symptoms, thus improving timing of assessment and treatment.
- More participants experienced faster transfer from ED to the stroke unit.
- Patients who asked questions were happy with the responses provided. There was more satisfaction with verbal information provided.

### 3.2 Therapies.

- Phase one participants reported that no physiotherapy sessions were available at weekends. Phase two identified an increase in participants receiving seven day therapy services at BAGH.
- In phase one, a minority of patients had been made aware of the benefits of therapies. Phase two identifies an increase in the explanation of the benefits of therapies to patients at BAGH and DMH, with further improvement in this area required at UHND.
- Phase one identifies limited choice around timing of physiotherapy sessions with sessions being cancelled.  
Phase two reports, show improved flexibility of times of physiotherapy sessions agreed with the patient and therapist. No cancellations were reported throughout phase two.
- Phase one participants reported dissatisfaction with the amount of physiotherapy received. Phase two participants reported higher levels of satisfaction with the amount of physiotherapy received.
- Phase one results identified minimal involvement with patients and therapists to identify therapy goals.  
Phase two feedback show improved involvement in establishing therapy goals at BAGH and DMH.
- Phase one noted little opportunity for carer or family involvement in therapy sessions with patient consent.  
Phase two feedback identifies no discussion in terms of family and carer involvement.
- Phase one noted little encouragement from nursing staff to support patients with skills identified by therapists.  
Phase two noted more encouragement from nursing staff for patients to carry out skills identified by therapists at BAGH and DMH. This praise however did not extend to nursing colleagues at UHND, where the need for a more pro active responsive approach was requested by patients and carers regarding their care.
- Phase one identified a lack of knowledge and skills in support of emotional needs of families and patients who have suffered a stroke.  
Phase two results show that the level of emotional support continues to be problematic, with participants identifying a lack of skill and knowledge in this area across the Trust.
- Phase one and two show that the Stroke Association continue to provide appropriate support in relation to the emotional needs of participants.

#### 3.2.1 In summary - Therapies

- There is an increase in participants receiving seven day therapy services at BAGH.
- There is an increase in the explanation of the benefits of therapies to patients at BAGH and DMH.
- There is improved flexibility of times of physiotherapy sessions agreed with the patient and therapist. No cancellations were reported throughout phase two.
- There are higher levels of satisfaction with the amount of physiotherapy received.
- There is more involvement in establishing therapy goals with patients at BAGH and DMH.
- Nursing staff encourage patients to carry out skills identified by therapists at BAGH and DMH.

### 3.3 Professionalism.

- Phase one reports positive feedback and praise for the professionalism of staff at DMH. Phase two reinforces this praise.
- Phase one highlighted DMH for praise in all aspects of professionalism ranging from team work, manner, opportunity to ask questions and listening skills. There were some areas of concerns noted at BAGH.  
Phase two feedback reinforced the praise for DMH and extended it to all aspects of care at BAGH.

- Phase one identified concerns regarding the level of dignity and respect experienced by participants at BAGH, with no concerns raised at UHND or DMH.  
Phase two, show some concerns at UHND, highlighting a lack of dignity and respect for patients, from some nursing colleagues. Patients felt that they were not listened to, or given the opportunity to ask question. No concerns were raised at DMH or BAGH.
- Phase one highlighted that participants were unclear about the roles and responsibilities of professionals at UHND.  
Phase two responses highlight no improvement in this area. Clarity of roles is apparent at DMH and BAGH.

#### 3.3.1 In summary - Professionalism

- Praise in team work, professional manner, opportunity to ask questions and use of listening skills were extended to all aspects of care at BAGH.

### 3.4 Involvement in own care.

- In phase one, participants across the county did not have a choice in their treatment plans.
- Phase two participants also recalled having no choice in treatment plans, and provided comments suggesting that there was no dissatisfaction attached to this. Staff are the “experts”.
- Phase one identified a lack of patient participation, in terms of consenting to any aspect of their care.  
Phase two highlights that this remains an issue across the county, with participants believing their consent not to be significant.
- Phase one participants were unaware of their care plans.
- Phase two participants were also unaware of their care plans at UHND and DMH, although were more aware and involved in care planning at BAGH.
- Phase one identified opportunities to ask questions and have their views listened to across the trust.  
Phase two responses reinforced this view in DMH and BAGH. At UHND, doctors were singled out as providing such opportunities but issues were raised regarding the same opportunities from nursing colleagues.

#### 3.4.1 In summary - Involvement in own care.

- More participants were aware of and involved in their care plans at BAGH.

### 3.5 Leaving hospital.

- Phase one recounted positive experiences of the discharge process at BAGH, believing they were discharged at the right time, receiving the most appropriate services. Those discharged from UHND felt it was premature, whereas UHND carers believed more support in preparation for discharge would have been more appropriate.  
Phase two participants reported positively about discharge arrangements and degree of choice available at DMH, believing their stay to be just right. UHND participants were aware of the discharge process, however more than half of UHND participants felt they had no choice in the discharge arrangements.
- Phase one participants felt they had been referred to the most appropriate services.  
Phase two participants also felt this to be the case.
- Phase one highlighted concerns regarding the lack of notice given for discharge.  
Phase two identified no concerns in this area.
- Phase one highlighted issues regarding long delays on the day of discharge, with little or no explanation given for the lengthy wait.  
Phase two feedback also suggested lengthy waiting times. Phase two however noted that explanations for such delays were provided to patients. Waiting for medication was identified as the main reasons for delayed discharge.

- Lack of support or understanding of the emotional aspects of a stroke were highlighted throughout the county in phase one with no information offered to support such needs. Phase two participants also highlighted the same issues in terms of emotional support from hospital staff. Patients accessed support from the Stroke Association prior to discharge in phase two.
- Phase one identified a lack of consistency of information provided at the time of discharge. Phase two participants raised the same concerns. Level of information ranged from no information at all to a full range of information.
- Phase one noted the information and advice re: medication, to be inconsistent ranging from no information, to verbal and written advice. Phase two participants echoed the same findings, leaving patients seeking support from the GP to clarify medication needs.
- Phase one feedback noted no Carers Assessment of Need had been offered throughout the patient's journey. Phase two reiterated these findings.
- Phase one highlighted that no information had been provided to raise awareness of community support programmes or the Carers Association. Phase two noted the same findings throughout the county.

#### 3.5.1 In summary - Leaving hospital.

- Participants reported positively about discharge arrangements and degree of choice available at DMH, believing their stay to be just right.
- UHND participants were aware of the discharge process.
- No concerns were raised regarding short notice for discharge.
- Explanations were provided to participants when delays were experienced at time of discharge.

### 3.6 Information and communication.

- Phase one participants identified inconsistent levels of information identifying the lack of face to face communication opportunities, reinforced with written information. Some recalled information being relevant from the Stroke Association. Phase two noted that most participants were happy with the amount of information they received at DMH, although information and advice varied considerably across the county, ranging from verbal information to limited written information. Patients across the county recounted receiving information packs from the Stroke Association and all found them to be relevant and most helpful. Phase two participants also discussed the limited opportunity for face to face discussion.
- Phase one participants who were supported by the Stroke Association found the service to be supportive, offering timely advice and information. Phase two participants shared the views of phase one participants.
- Phase one reported minimal or no pro active information sharing across the county. Phase two participants also highlighted the need for more pro active information and discussion opportunities.

#### 3.6.1 In summary - Information and communication.

- More patients across the county recounted receiving information packs from the Stroke Association and all found them to be relevant and most helpful.

## **4.0 Conclusion**

This report provides a comparison of the findings of phase one and phase two reports, highlighting areas that have improved, remained consistent or require improvement throughout the Seizing the Future reconfiguration period.

Findings will be available to stakeholders to develop and review actions required in order to maintain current high standards, or concentrate on aspects of care that require attention, in order to improve the patient and carer experience of stroke services.

As a consequence of the findings, action plans should be progressed and reviewed to ensure that services are constantly monitored to meet national and local standards and CDDFT are confident that patients and their carers are receiving a quality service.

### **5.0 Limitations.**

The response rate established within both phase one and two was relatively low (27% and 20.6% respectively) with an overall response rate of 21% (n=53). This report is therefore based on the views of one fifth of participants who experienced stroke services between April 09 and March 10.

Focus groups and discovery interviews allow a framework for discussion, with emerging themes identified through interaction of participants. It is not a rigid process however, which creates a challenge in terms of making comparisons between two phases. The outcomes of this report however, provide a sound foundation for future quantitative investigation.

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October 1<sup>st</sup> 2010.