

# Using co-production to increase activity in acute stroke units: the CREATE mixed-methods study

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## Plain English summary

The CREATE mixed-methods study

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## Plain English summary

Stroke, a type of 'brain attack', is the most common form of neurological disability in the UK. Receiving early specialist care, including rehabilitation, is important, but we know that patients on a stroke ward spend much of their time without anything to do.

Getting patients and their family members to tell their stories in filmed interviews can help trigger staff to think about improvements in how services are run and the experiences for patients. An approach called experience-based co-design (co-design), which has been used to improve quality in other health-care settings, uses patient films (trigger films) in a powerful way.

We tested whether or not co-design could be used in stroke units, two in London and two in Yorkshire, to improve patients' activity opportunities. In the first two sites, we used a long process of co-design, which took 9 months and involved undertaking observations of the stroke unit, carrying out interviews with staff, patients and families, creating a trigger film, holding events with staff and patient/families and coming together in a joint meeting to prioritise the improvements. After deciding the changes they wanted to make, staff, patients and families met in small groups and made changes to the environment and introduced activity opportunities and ideas about how staff could interact with patients. In the next two stroke units, we used the same trigger films and the co-design took less time, completing in 6 months.

The results showed that it was possible to make many changes that increased activity. Spaces were made on the ward for patients to meet, activities with community and voluntary groups were introduced, and changes were made to the space around people's beds to make it feel more homely. Changes to encourage staff to communicate more with patients were harder to achieve. But, overall, staff, patients and families found taking part in experience-based co-design a positive experience.

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