

Large-scale implementation of stroke early supported discharge: the WISE realist mixed-methods study

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Plain English summary

The WISE realist mixed-methods study

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Plain English summary

Early supported discharge includes the co-ordinated transfer of care from hospital to the patient's home and the provision of specialist stroke rehabilitation in the patient's home. Clinical trials have shown that patients who receive early supported discharge spend less time in hospital and recover better than those who do not.

Following recommendations from the NHS, a variety of early supported discharge services have been set up across England. This research study investigated whether or not these services offer the same benefits to patients as those identified in clinical trials.

We defined criteria that early supported discharge services were required to meet based on clinical trial evidence and guidelines. We found that early supported discharge services that met these criteria were able to provide rehabilitation more quickly and more frequently to stroke survivors than those that did not meet these criteria. However, stroke patients receiving early supported discharge spent, on average, an extra day in hospital before being transferred, and we were unable to adequately measure the impact of this on stroke recovery.

Early supported discharge teams worked flexibly and organised themselves to manage their local circumstances. Issues that affected teams included how large their catchment area was, whether they were located in an urban or a rural setting and what other stroke services were available to discharge patients to. Services in rural settings required more funding per patient to meet evidence-based criteria.

Staff shortages and the time that the team spent travelling to patients meant that some teams struggled to offer a responsive or intensive service. Patients and staff were also concerned that early supported discharge was time limited.

Good leadership, team work, and collaborative working with hospitals, social care and other community teams helped to maximise the resources available. The importance of providing tailored information to both patients and carers was highlighted. Overall, patient experience of early supported discharge was very positive.

Recommendations include the need for integrated community stroke services that can provide rehabilitation to patients who cannot access early supported discharge or have ongoing needs after early supported discharge, as well as improved routine measurement of patient recovery over time.

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