

Developing primary care services for stroke survivors: the Improving Primary Care After Stroke (IPCAS) research programme

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Primary conflicts of interest: Vicki Johnson declares that she is employed by the University Hospitals of Leicester NHS Trust within the Leicester Diabetes Centre (LDC), which receives not-for-profit income for DESMOND, a suite of self-management programmes for which LDC holds the Intellectual Property Rights. UHL also receives various grants to pay staff within LDC to carry out and implement various studies and self-management programmes. The Intellectual Property for MLAS is held by the University of Leicester on behalf of UHL. Jonathan Mant declares that he is a NIHR Senior Investigator, a subpanel chair for NIHR Programmes for Applied Health Research and a member of the NIHR CTU Standing Advisory Committee.

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Plain language summary

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Plain language summary

What was the question?

People tell us that their longer-term problems after a stroke are not always well dealt with. We wanted to develop a new way for general practice to look after their patients who have had a stroke in such a way that these problems are better addressed.

What did we do?

We looked at the evidence that already exists in terms of what problems people face after their stroke. Then we spoke to people with stroke and their carers and to healthcare professionals to understand how general practice might be better able to support people. A multiprofessional group, including patients, met to discuss our findings and propose a new way of working. The approach included:

- review of patient needs by a practice nurse using a checklist adapted for use in general practice
- group-based self-management course
- directory of relevant local services
- direct point of contact for people with stroke to use
- ways to improve communication between primary care and specialist staff
- training for practice nurses.

Over 1 year, we followed up patients with stroke in 23 practices who tried out this new model of care and compared what happened to them and how they felt with patients from 23 practices that had not introduced this new model.

What did we find?

We found that the commonest problems that people reported included fatigue, difficulties in thinking and mood. We found that the new model did not change the impact of stroke on patients who received it. Some participants indicated that the approach might have been more helpful earlier in their stroke journey.

What does this mean?

The services developed in this research are not relevant to all people after stroke in the longer term. Research is needed on how to address the specific poststroke problems that patients report.

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