

Increasing intensity of therapy and promoting the importance of physical activity after stroke in the Mid Nottinghamshire area

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Why?

In line with the National Clinical Guidelines for Stroke, we realised we needed to be able to provide a more intensive therapy service with no further resources and promote further exercise outside of therapy sessions like never before. In addition to this, we recognised we needed to improve our promotion of physical activity for secondary prevention as well as work towards incorporating specific cardiorespiratory training into our service and we have tried to embed this into our project.

How?

Like all therapists reviewing the new guidance – we had to sit down and scratch our heads!

Without any further funding / staffing we had to think about how do we treat multiple patients at once in the community setting for longer periods to give them further clinician directed therapy? Our answer was exercise groups.

Barriers:

- Funding (we had none available!)
- Being able to hire / book consistent space anywhere within our trust sites
- Equipment - where do you store this and how to get to / from venue?
- Time - to set up the backbone of the group (record sheets, exercise cards, System 1 Care Plans, Outcome Measures, Audit)
- Patient Transport to / from group

Outcome:

- All patients can now attend exercise groups Tuesday for 90 mins, Thursday for two hours and Friday for 90 mins across our area (they can come to all or just one of them depending on if they want to / can get there)
- Patient Attendance Kirkby Leisure Centre Group: 5-9 patients
- Patient Attendance Newark Leisure Centre Group: 2-5 patients
- Completed exercise referrals for 50% of patients
- All outcome measures have improved or stayed the same for the following: Barthel, MRS, FIMFAM, BERG, Gross-Grip / Pinch-Grip Test and Timed-Up-and-Go for all patients who have regularly attended the group.

What did we do?

1. We exhausted all in-house options for room availability and we were unable to source any on site and sought other solutions in the wider community
2. Contacted all our local leisure centres in area and asked if they could help us or what they could offer - ultimately we had two leisure centre groups trying to help us acquire space and this meant we could bargain with them on a deal!
3. Found a local leisure centre (Kirkby Leisure Centre) that would allow us to hire out their community room on a regular basis for FREE and would also provide equipment, including room set up / pack up and also have their staff doing drop-ins to promote the GP exercise referral scheme and what this can include on site.
4. Paperwork - signing contracts, providing trust indemnity insurance and getting the full go ahead!
5. Telling patients and starting off 'small' with a couple of patients whilst we developed paperwork / exercise station cards / system 1 care plans and a preset SOAP notes template to make things as efficient as possible.
6. Group Programme: approx. 30 mins chair based exercise (upper and lower limb which can be passive exercises up to with resistance depending on each individuals ability), followed by a specific care plan for each patient to complete independently or with some support from staff as needed.
7. Encourage all patients while attending and on completion of group about exercise referral scheme

Developments:

- Our stroke specialist nurse attends each group and can help with any queries/questions that arise along with discussing stroke prevention, blood pressure management, helping to support carers, completion of 6 month reviews on last session. Our nurses are now working on a project to have regular carer support sessions from this project along with stroke prevention sessions.
- Started off as 3-6 weeks maximum unless clinician agreed for further length of time to achieve goals – now we have a rolling group where it is entirely goal based with no time limit (except when they finish with our service after six months as this is all we are commissioned for)
- Clinician drop ins – for further assessment or support while in the group e.g. completion of cognitive screen, communication assessment / support in group
- Trying to integrate speech therapy station into exercise group
- Previously we would assess the patient at home first – now we will triage and invite straight to group and ask them to come 30 mins earlier for assessment, outcome measures completion, goal setting and introduction to the exercise group.
- Involvement of carers either within the group so they feel empowered to assist with exercises at home, along with allowing them time to go for a coffee by themselves or with other carers for peer support.
- Now we have further 2 exercise groups – one in Newark Hospital (managed to get a room space albeit not consistently but only about 10 weeks in year it wasn't available) and the other in Newark Leisure Centre for a small fee after we had shown the demand for the Kirkby Leisure Centre Group.

Conclusion:

This is a project we will be continuing with and hopefully developing further as the patient benefits have been exceptional with peer support, socialisation and integration into the wider community. We have also received excellent feedback from the trust and from our patients who don't want to leave at the end! Thank you to all the Integrated Community Stroke Service Staff, Newark Hospital, Kirkby Leisure Centre and Newark Fitness and Leisure Centre.