

Case study name: Getting to Hospital in a Single Stroke

Start and end dates of work covered by case study: April 2014 - present

Overview summary

Studies show more than 20% of people with stroke symptoms call their GP first. The RECEPTS study was designed to understand how GP reception staff recognise and respond to these patients and suggests staff training could help stroke patients get to hospital quicker.

The WMAHSN-commissioned programme 'Getting to Hospital at a Single Stroke' aims to deliver a training package for general practice reception staff in the West Midlands, designed to:

- improve recognition of acute stroke
- develop skills in communication and handling of emergency calls
- prompt practices to consider and develop policy in this area
- provide training for practices in two forms to maximise flexibility: eight training sessions available across the West Midlands and an online e-learning module.

The project website, the hub for information, registration, the e-learning module and project evaluation, is being launched in spring 2016. In addition, a face to face training package has been designed and trialled and is currently being fine-tuned for roll-out later in the year. The programme is based at the University of Birmingham in partnership with the NIHR CLAHRC West Midlands.

CCGs across the wider West Midlands are already engaged in the project and are lined up for face to face and online training.

Challenge identified and actions taken

A stroke happens when blood supply to part of the brain is cut off and brain cells are damaged or die. It is important because patients who suffer from a stroke can experience significant and lasting disability if they are not treated by a specialist in hospital immediately. Early diagnosis and treatment in a specialist hospital unit can improve a patient's chances of survival and their quality of life post-stroke. National awareness campaigns such as the NHS's Act FAST initiative are designed to help the public recognise symptoms and call an ambulance, but studies show more than 20% call their GP first.

The RECEPTS study was designed to understand how GP reception staff recognise and respond to patients with stroke symptoms. Conducted by researchers at the Universities of Birmingham and Oxford, the study suggests more specialist training for reception staff - as

well as clearly defined policies on how to deal with potential emergencies - could help stroke patients get to hospital quicker. This in turn could save lives and minimise the impact of stroke. The study was published in the *British Journal of General Practice* in June 2015.

RECEPTS involved 52 family practices across the West Midlands, using questionnaires, focus groups and 'mystery shopper' telephone calls. Each practice received ten calls from actors mimicking between one and three symptoms of stroke. The receptionist was not aware the situation was simulated until the end of the call. If taking a call from a suspected stroke patient, receptionists should ask the caller to dial 999 immediately or immediately transfer the call to a GP.

The study found that:

- 69% of simulated calls were judged to be correctly referred for immediate care - receptionists told the caller to contact 999 or transferred the caller directly to the GP
- Difficult to recognise calls (where symptoms were not obvious) were 85% less likely to be immediately referred than easy to recognise calls
- Calls with fewer or no symptoms used in the Act FAST campaign - Has their face fallen? Can they raise both arms? Is their speech slurred? - were less likely to be immediately referred than calls with all three FAST symptoms
- Almost all receptionists (96%) were able to name at least one stroke symptom but 40% reported one or more incorrect symptoms.

The WMAHSN commissioned programme is based at the University of Birmingham in partnership with the NIHR CLAHRC West Midlands. Educational value, trainee experience, patterns of uptake and usage and impact on policy and practice will be evaluated.

Impacts / outcomes

- The project website, the hub for information, registration, the e-learning module and project evaluation is being launched in Spring 2016 with the following planned outcomes:
 - improved recognition of acute stroke
 - development of skills in communication and handling of emergency calls
 - efficient practices to consider and develop policy in this area
 - training that will be accessible to practices in two forms to maximise flexibility: online and face to face. The live training sessions will be available across the wider West Midlands and places will be available for up to 800 staff, in the first instance and an online e-learning module available in the longer term
- Relevant contacts have been engaged at the majority of the 22 CCGs in the West Midlands and registration invitations disseminated to all practices. The programme has been publicised in the national and regional medical press
- Contact has been made with a variety of organisations with an interest in stroke, including liaison with a team who have developed a similar programme for ambulance dispatchers
- Practice recruitment is underway
- The programme material has been developed and the online training module is nearing completion. A case-based approach has been taken to the learning material and the training is interactive
- Ethical approval has been granted for the project evaluation by the University of Birmingham

- Developed understanding of how to build engagement and deliver a regional programme of training within the recently restructured NHS primary care environment.

Supporting quote for stakeholder / programme lead

Dr Liz Bates, GP in Birmingham, NIHR Clinical Lecturer at the University of Birmingham and Project Lead for the programme: “From the second the symptoms appear the clock is ticking: to save lives and minimise long-term damage, stroke patients must be diagnosed and treated in just four-and-a-half hours. GP reception staff are on the front line, and we aim to give these staff the confidence to recognise stroke and TIA symptoms as emergencies, and the skills to act quickly and effectively to improve clinical outcomes.”

Professor Ruth Chambers, Clinical Lead for long term conditions at the WMAHSN, said: “We are delighted to be backing the Getting to Hospital in a Single Stroke initiative. The programme reflects the ethos of the WMAHSN, joining academic research uncovering hitherto little-known statistics to putting that research into practice by supporting practical measures that will have a positive impact on patients, and the health economy as a whole.”

Which national clinical or policy priorities does this example address?

Increase proportion of patients with Transient Ischaemic Attack (TIA) treated within 24 hours.

Plans for the future

- Plans are in development for the launch of training dates at venues around the West Midlands and the e-learning programme
- Evaluation will measure the preferred mode of training delivery and patterns of uptake
- Educational benefit will be assessed by a pre- and post-course questionnaire and also a participant evaluation of the value to the training to their day to day practice. The evaluation will be repeated three to six months post-delivery to measure long term impact
- Practices will also be invited to participate in an evaluation of their experience of releasing staff for training and preferred mode of delivery and impact on practice policy.

Contact for further information

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