

Supporting implementation of the ICSS using telerehabilitation in community stroke services:

Progress report on an evaluation

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Session Aims: we will

1

Discuss the evolution of telerehabilitation/remote working in community stroke services via the existing evidence base

2

Understand the mixed-methods, pragmatic approach taken to fulfil the aims of a service evaluation in community stroke practice

3

Gain insight into current use of telerehabilitation/remote working in East of England Community stroke services

Telerehabilitation: evidence and policy- what do we know?

“the pandemic has demonstrated NHS stroke services’ ability to adapt to using digital solutions and to explore the use of telerehabilitation¹”.

- Evidence is scarce²
- Current reviews do suggest outcomes are not *inferior*³
- Examples of services using a blended approach to care delivery across both remote and face-to-face options
- Recognition that telerehabilitation can be an appropriate method in some cases
- Complex challenges to embedding telerehabilitation into services and generating useful transferable knowledge

1= National Stroke Service model, Integrated Stroke Delivery networks;
available at <https://www.england.nhs.uk/publication/national-stroke-service-model-integrated-stroke-delivery-networks/>

2= Laver et al. 2022 DOI: <https://journals.sagepub.com/doi/10.1177/15459683221100492>

3= Stephenson et al 2022 DOI: <https://doi.org/10.1371/journal>

Telerehabilitation:
evidence and
policy-
what is not clear?

- People's ability to **access** and **use** remote services- potential for **digital exclusion**
- How **interactions might be altered** when remote and how we can optimize them
- The **impact on staff/teams**- adopting the good and acknowledging the not so good?
- **ICSS model** highlights the need for **further evaluation** of these approaches alongside patient outcomes and experience.
- Anecdotally, pre-evaluation, stroke rehabilitation staff have described **varying use** of delivery methods; **many returning to face-to-face** input as a preferred option



Harnessing technology for a 'living well after stroke' toolkit?

Promise and opportunity: e.g. 4,5

- Enhancing patient interest and motivation; reducing feelings of 'abandonment?'
- Providing opportunities for self-management
- Widening participation in rehabilitation activity in home & community settings

Some parallels with supported self-management:

- Shared decision making and goal setting
- Identifying barriers, problem solving
- Tailored support
- Education about the effects of practice and feedback

4= Demain S, Burrige J, Ellis-Hill C, Hughes A-M, Yardley L, Tedesco-Tricas L, Swain I. Assistive technologies after stroke: self-management or fending for yourself? A focus group study. *BMC Health Services Research* 2013; 13:334. DOI: [10.1186/1472-6963-13-334](https://doi.org/10.1186/1472-6963-13-334)

5= Clark, D., Dean, G., Bolton, S., Beeson, B. Bench to Bedside: The technology adoption pathway in healthcare. *Health and Technology* 2020; 10(537-545)

Questions driving the evaluation:

Where, when, and how does remote working and telerehabilitation work best to:

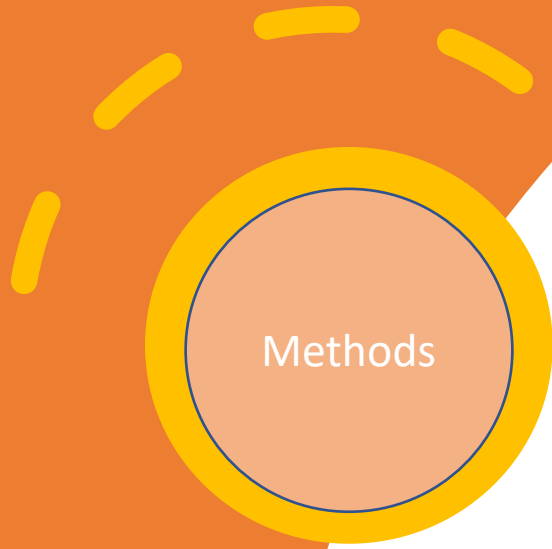
- a) support the delivery of needs-based stroke rehabilitation for people with stroke and their unpaid carers?
- b) enhance the ability of stroke rehabilitation staff to deliver interventions with optimal efficacy and efficiency?



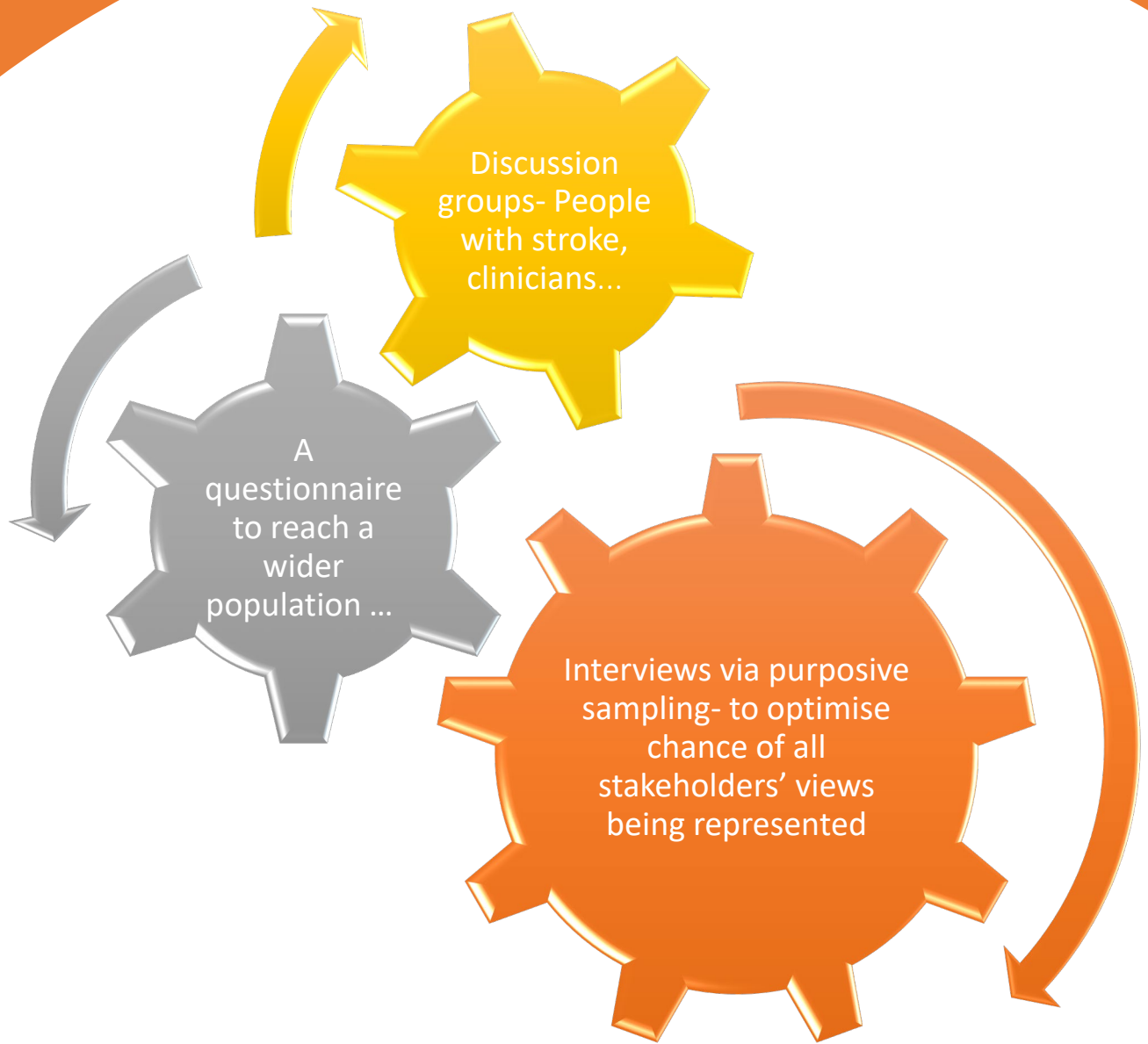
What is a 'good' evaluation? - a few reminders

- Evaluation is essential part of Quality Improvement⁶
- Service evaluation in the NHS assesses how well a *current* service is achieving its intended aims (in this case, telerehabilitation.) It is different to audit, where reference to a standard occurs.
- Excellent evaluation minimizes any disruption to services but ensures enough views/voices are heard. Multiple methodologies can (should) contribute. This can depend on scale.
- Robust evaluation tells us not only **whether** an initiative worked, but also **why** and **how** – allowing us to learn lessons for **spreading successful** activities and interventions

6. The Health Foundation. Evaluation: What to consider. Available at: <https://www.health.org.uk/sites/default/files/EvaluationWhatToConsider.pdf>



Methods



Preliminary findings

Detailed processing and analysis of qualitative data generated in discussion groups, according to recognized methods⁷

Data interrogated from 4 discussion groups (n=20) participants

Generated three initial themes, to understand -
'Telerehabilitation for community stroke rehabilitation works well to support the ICSS when..'



⁷= Virginia Braun & Victoria Clarke (2021) One size fits all? What counts as quality practice in (reflexive) thematic analysis?, *Qualitative Research in Psychology*, 18:3, 328-352, DOI: 10.1080/14780887.2020.1769238

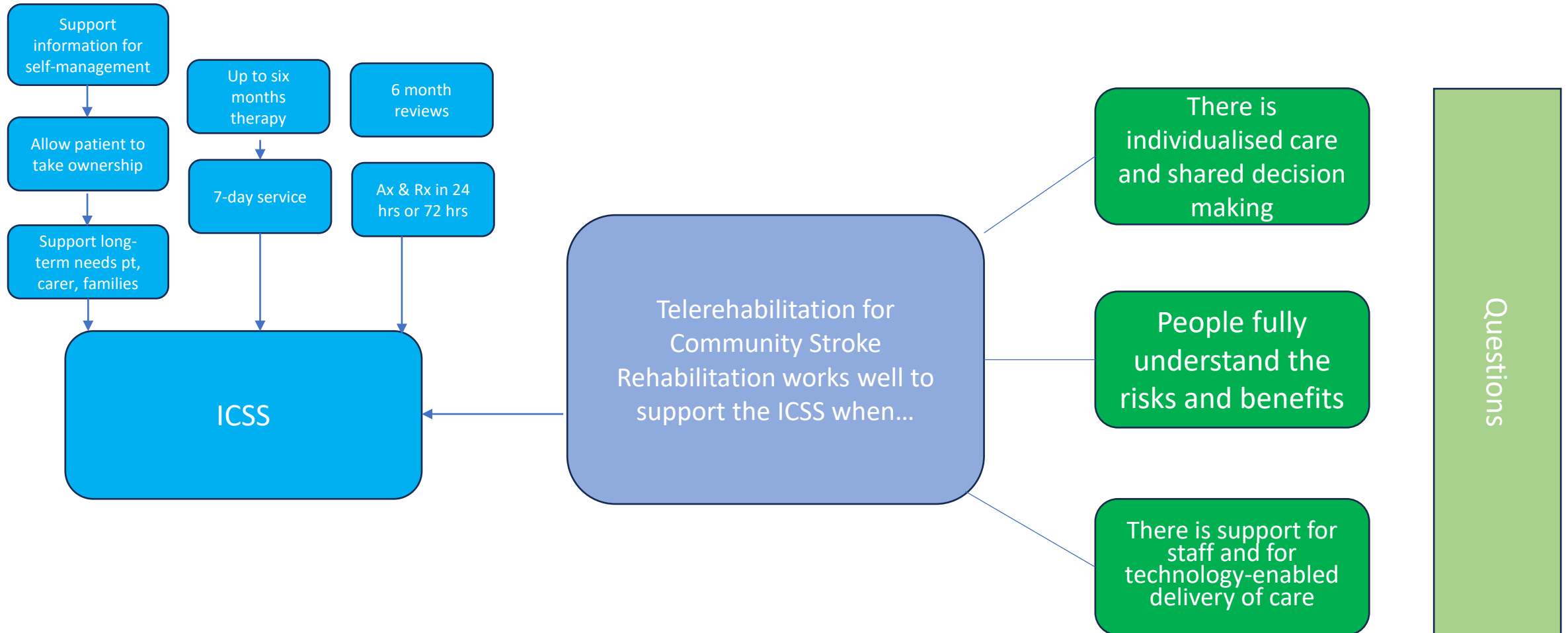
Illustrative quotes

"Some people find it less anxious if they're doing something online to compared to face to face. Other people really prefer face to face, so I think it's about the individual and about choice "

" The impression that you get on through the through video or phone is very one-dimensional. You only get the presentation of that person within that square and you don't get those environmental clues"

"It was just ...endless. We just kept getting issues and I felt like even as somebody that used it quite frequently, I was never felt fully confident with all the troubleshooting"

Conceptual framework -the questionnaire



The Future

- This service evaluation still ongoing
- Nottingham University - Stroke Association funded research study
- UKSF
- Disseminate via PPV
- Publication



Telerehabilitation in East of England Stroke services: your views



THE QUESTIONNAIRE

Check your emails or scan the
QR code

Acknowledging

- NHS East of England- for funding and clinical leadership of this work
- All PPV and Clinical teams involved

