

For everyone concerned with stroke rehabilitation

## The next 'Bridges – Life after Stroke Symposium': advance notice

We held our 1st Bridges symposium in April this year. Over 150 stroke survivors, carers, professionals, commissioners and academics working in stroke attended an event which helped to launch our new name, finally saying good bye to 'Stepping Out', and introducing our new stroke workbook.

Right:  
A packed audience  
at the first Bridges  
Symposium,  
April 2010



Speakers included Carole Pound – Former Director of Innovations, Connect; Eileen Collins – Stroke Survivor; Dr Damian Jenkinson – Head of the Stroke Improvement Plan and Fiona Jones – Reader in Rehabilitation and Director of Bridges. A short film presented by Eileen about her experiences after her stroke and her top tips for health professionals was amongst the topics which stimulated much discussion. Eileen questioned whether professionals automatically have the skills to support people develop successful self-management and emphasised that professionals all need to 'learn to be more open to patient's hopes and aspirations'. All the presentations are available on our website <http://www.bridges-stroke.org.uk/launch.php>

The date for the 2nd Bridges Life after Stroke symposium will be **Tuesday 26th April 2011** at St George's University of London, 4.30-6.30. Please contact [bridges-stroke@sgul.kingston.ac.uk](mailto:bridges-stroke@sgul.kingston.ac.uk) or call 0208 725 2445 if you would like to reserve a place. The symposium is being supported by the South London Higher Education and Innovation Cluster (HEIC). Further details including quest speakers will be announced on our website [www.bridges-stroke.org.uk](http://www.bridges-stroke.org.uk) in January 2011.

*See overleaf for more images from the night and to read Eileen's top tips for health professionals.*

## Preliminary findings from a Pilot Randomised Controlled Trial of Bridges in Belfast

A pilot randomised controlled trial of the Bridges programme has now been completed within the South Eastern Health and Social Care Trust in Northern Ireland

The aim of the trial was to explore the feasibility of using the Bridges programme to enhance self management skills for stroke survivors in conjunction with ongoing rehabilitation delivered by a community stroke team.

Twenty five participants were enrolled on the study, twelve of whom were randomly allocated to receiving the Bridges programme. As part of a process evaluation, exit interviews were conducted with eleven of the participants in the intervention group in order to explore their views and experiences of using the programme.

An interim analysis of the exit interviews suggests an overall positive response to the programme, with the goal-setting element of the stroke workbook being repeatedly emphasised as an important aspect encouraging behaviour change, and a key tool in promoting self-management. Participants appeared to value the way in which the Bridges programme was delivered by members of the multidisciplinary team – which included an OT, Nurse and Social worker, who helped to facilitate the participant in engaging in self-management behaviours. Of those participants who reported that the programme had impacted their rehabilitation positively, all reported that they would continue to use aspects of the workbook and self-management strategies in the future.

The information obtained from this study adds to the current limited evidence base on stroke and self-management interventions and will inform further research.

*"It's basically I'm setting targets that I can reasonably achieve... which is good in a way because with the stroke I am always sort of forgetting what I'm doing, I've got this now where I write down what I have to do, again to I get it done."*

*"... it's a tool to help you manage and see your progress because I think if left on your own without the stroke team and the workbook that you wouldn't be able to monitor your progress and see the changes that you do make over that period of weeks and by seeing the changes, the motivation then gets better so that you can get on with life quicker and put the effects of the stroke and see that things can change and improve."*

*"Well I read the book and it was interesting to see how people were affected and how they've overcome it and what they have actually gone on to do later."*

*"... it was positive in such that if I hadn't have had it as I said I wouldn't have set such good defined goals and I wouldn't have had such an incentive to meet them. So it's positive in such that I set goals that I met and since the goals were an improvement or were improving each week they were very positive."*

*"... I know that several areas that we chatted about and set as goals were met and therefore there was an improvement because the goals were setting different standards in behaviour and things like that. So the fact that they are met clearly was a statement that I was getting better, getting more active, getting more positive, so from that point of view it was very useful."*

*"... I keep it in front of me and I keep referring to it to see what I have to do and how far I have got with my goals."*

## Bridges Workshops

**Q. How you feel that the workshop will enhance your practice?**

*To be there for the patients as support and guidance, rather than someone who instructs them what to do.*

*Not being so prescriptive – allowing more time for exploration and trial and error*

*Helped me to be more aware of how to support behaviour change.*

*Think more about patient-oriented goals and getting them more involved, influencing less and taking more time*

*Focus more on the patient setting, verbalising and writing their goals*

*To empower patients who feel like they are left hanging at the end of community team input*



If you would like to host a Bridges workshop please call us on 020 8725 2445.

## The Life Thread Model and rehabilitation following a stroke



Dr Caroline Ellis-Hill

Recovery following a stroke can be seen in terms of visible aspects such as physical improvement, and recovery of self-care and other practical skills. These aspects are very important, however people who have experienced a stroke have highlighted that for them that recovery is wider than this and includes getting back to the sense of 'normality' they experienced before their stroke.

Dr Caroline Ellis-Hill has been working with colleagues over the last ten years to develop a model which begins to address this aspect of life following a stroke. The Life Thread Model is based on the invisible psychological processes which we all use to maintain a sense of coherence and predictability in our lives. Life narratives, or life threads, can be seen as forming the basis for our sense of self and perception of the world, linking our past and our future in a coherent way.

The model highlights that usually we have taken-for-granted assumptions about how our bodies work, how people relate to us, how the world appears. Following a stroke these assumptions can be shattered and people have to explore their new world with its new 'rules' and work out how to pick up the pieces to rebuild a new sense of self and normality again. In this model the role of health

care professionals is to support somebody on their own journey of exploration rather than taking the lead in the rehabilitation process. The focus for intervention is forming relationships within rehabilitation which enable the person and their families to develop positive future life narratives and to help them work out how they can incorporate stroke successfully in their lives.

Further information about the Life Thread Model can be found in the publication *Ellis-Hill C, Payne S, Ward C (2008) Using stroke to explore the Life Thread Model: an alternative approach to rehabilitation. Disability and Rehabilitation 30(2) 150-159*. If you would like to find out about the model Dr Ellis-Hill is very happy to receive enquiries and can be contacted at [cehill@bournemouth.ac.uk](mailto:cehill@bournemouth.ac.uk).

## The Bridges Workbook



### "A unique Workbook."

The stroke workbook includes individual stories and strategies suggested by stroke survivors, together with a diary section to record personal targets and successes. Call 020 8725 2445 for more information.



These are some of the ways practitioners have used the workbook to support self-management

- Kim introduced the workbook as a diary "to record your journey so far". Encouraging reflection on progress helped the patient to focus on realistic goals and anticipated progress rate for the future. His goals now focus on QoL rather than a "back to normal" future.
- Sue described a patient who was socially isolated and very attached to his dog. He had become depressed since his son had taken his dog away to care for it. They set some small goals around opening the back door (to let dog in and out) with a longer term goal of having the dog back for a short stay.
- Dawn found that involvement of her patient's wife was key. He had a long term goal to take part in a tandem parachute jump. As an interim step, he has become involved in going back to his parachute club socially.



## Images from the first Bridges symposium

In April 2009 attendees of the Bridges symposium heard four very different perspectives on how stroke survivors can be best supported to self-manage after therapy finishes. Here are some images from the night.

Images:  
Lynne (far right)  
who appears in  
the new Bridges  
workbook joined  
participants  
at the workshop  
held at  
St George's  
University of  
London



## Thoughts of a stroke-survivor: Eileen Collins

Left:  
Eileen Collins  
at the Bridges  
symposium

Eileen Collins presented her reflections of having to work with many different professionals at the Bridges symposium last April. Eileen is a member of the Bridges steering group, and considers herself a 'stroke activist'. She has been very involved in the research and development of Bridges.

*Not everyone comes with the skills to support people after stroke, professionals can all learn to be more open to patients goals and aspirations.*

*I can understand why the care systems are in place, but they can inhibit independence, choice and control. They can have a negative effect and are sometimes too much for the benefit of professionals.*

*We are people before the stroke, people during the stroke, and people afterwards, we are not just patients.*

*Professionals can learn by listening to their patients, recognising their skills and harnessing their previous experiences, and help people adapt to their new situation.*

*Finally... it's important for people to not feel disabled by their situation. When I think about my experiences, where I have come from and what I have achieved – I have learnt a lot – professionals can also learn.*



# Stroke Improvement Plan – priority project. Experience in the Croydon stroke pathway

**We worked with colleagues from South West London Cardiac and Stroke network to evaluate the delivery of the Bridges programme across the stroke pathway in Croydon. This was one of the Stroke Improvement Plan's Priority Projects, with results presented at a stakeholder event in June.**

Bridges workshops involving teams from the inpatient stroke unit, intermediate care and community neurorehabilitation were held in July and November 2009. Training was evaluated using case reflections, a summary of patient outcomes and a questionnaire surveying clinicians' beliefs and attitudes to self-management.

72% of respondents stated that their practice had changed since the workshop, particularly in their approach to goal setting. There was a shift towards a more patient-centred approach, encouraging hope in goal-setting and promoting self-efficacy.

We also evaluated if the consistency of the Bridges approach could improve continuity and transfer of care. Overall, participants felt that Bridges helped put clients in charge of their own pathway, which improved continuity of

care as all clinicians involved were then aiming for the same goals. It also helped clients to focus on what they want to achieve at difficult stages of their journey and enabled a more seamless transfer of goals.

Our experience is that it requires commitment and belief from the whole team in order for the programme to be sustainable. One suggestion following this project was that staff should be identified in each team to maintain momentum of the programme after workshops have been delivered.

For more information: see <http://www.improvement.nhs.uk/stroke/StrokeHome/NationalProjectCaseStudies200910/tabid/132/Default.aspx Stepping Out /South West London Cardiac and Stroke network>.

## Kingston/Bridges Project

**Bridges is branching out to include social care teams, in a new project aiming to engage practitioners working along the whole stroke pathway in Kingston.**

Plans are being made to introduce the Bridges programme to different teams involved in stroke care in Kingston, beginning in January 2011. For the first time, practitioners working in social care services will be joining their health care colleagues in participating in Bridges training workshops. In line with the Bridges long-term approach, and the focus on ensuring continuity, the Kingston project aims to identify and engage all health and social care teams working at different points along the stroke pathway – from practitioners specialising in acute care at Kingston hospital, to social care reablement teams working with stroke survivors in the community.

As well as involving social care professionals, this will be one of the first times Bridges training has included representatives from different teams in the same workshop. It is hoped that by holding workshops with groups of professionals working at different stages on the stroke pathway this will also facilitate knowledge-sharing

between teams involved in stroke care, and improve communication and cross-team working in the future.

The Kingston project, which is being sponsored by the South-West London Academic Health and Social Care Network (AHSN), will include a comprehensive evaluation, which will involve both participating staff and stroke survivors living in Kingston. The evaluation will aim to determine any differences in staff attitude and practice as a result of participation in the Bridges training programme, and any changes experienced by the service users. It will also attempt to understand the impact of mixed-team training on stroke care in the borough.

The following link will take you to more information about the South West London Academic Health and Social Care Network, where more information can be found about the Kingston stroke project and other projects funded by the network. <http://www.swlondonahsn.org/News>

## Research and policy update

The Scottish Intercollegiate Guidelines Network (SIGN) published "Management of patients with stroke 2010" in June. This guideline concentrates on the first 12 months after stroke, and covers, rehabilitation, prevention, management of complications and discharge planning. It mentions the effectiveness of self-management programmes for dealing with fatigue and emotional problems.

The 4th Sentinel Stroke Audit report was published by the Royal College of Physicians in August. Although many improvements to stroke services were observed, a number of areas for development were found. More vocational training is needed for stroke survivors who wish to return to work. There is a shortage of specialist community rehabilitation teams, which means that access to ongoing therapy is often delayed, if available at all. The audit also found that 10% of stroke services currently do not fund external training for nurses and therapists.

In London, the recently-published "Life after stroke commissioning guide" focuses on services which support stroke survivors long-term. The guide emphasises the importance of regular reviews and person-centred goal setting. It talks about 3 core principles: returning to "active citizenship" via work or support groups, improving quality of life and working towards self-management. It suggests that stroke survivors should be offered training in self-management, goal-setting and problem solving. We are pleased to say that it features the Bridges programme as a case study!

### Training

The launch of the Stroke Specific Education Framework (SSEF) is good news for all those involved in delivering stroke education. It provides UK-recognised, quality assured and transferable standards for stroke training. It divides the stroke care pathway into 16 elements, and identifies essential requirements, knowledge and skills for each one for health, social, voluntary and independent care staff.

The Stroke Continuous Professional Development Project was launched in February to explore the training needs of nurses and allied health professionals working in London. The project's final report concludes that a more co-ordinated approach is needed to ensure consistent clinical standards. It recommends that staff who are new to working in stroke attend an induction programme within the first 6 months. Dr Tony Rudd (Clinical Director for Stroke, Healthcare for London) advocates that all professionals working in stroke have one day per month dedicated to stroke-specific continuous professional development.

## Useful publications

Royal College of Physicians (2010) *Sentinel Stroke Audit 2010* [online] Available at: <http://www.rcplondon.ac.uk/clinical-standards/ceeu/Current-work/stroke/Documents/2010-Stroke-Public-Report.pdf> (Accessed 25/08/10)

Scottish Intercollegiate Guidelines Network (2010) *Management of patients with stroke* [online]. Available at: <http://www.sign.ac.uk/pdf/sign118.pdf> (Accessed 25/08/10)

Healthcare for London (2010) *Life after Stroke Commissioning Guide* [online]. Available at: [http://www.csl.nhs.uk/Publications/Documents/Life\\_after\\_stroke.pdf](http://www.csl.nhs.uk/Publications/Documents/Life_after_stroke.pdf)

Great Britain. Department of Health (2010) *Stroke Specific Education Framework* [online]. Available at: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_098352](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098352) (Accessed: 31/08/2010).

Healthcare for London (2010) *Stroke Continuous Professional Development Project – Final report* [online]. Available at: [http://www.healthcareforlondon.nhs.uk/assets/Stroke/StrokeCPD\\_report.pdf](http://www.healthcareforlondon.nhs.uk/assets/Stroke/StrokeCPD_report.pdf) (Accessed 31/08/10)

AHSN review: <http://www.swlondonahsn.org/News/Documents/AHSN%20REPORT%202010-11.pdf>

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### The Advisory Group:

**Dr Fiona Jones** Project leader  
**Dr Ajay Bhalla** Consultant Stroke Physician  
**David Borer** Stroke survivor  
**Eileen Collins** Stroke survivor  
**Thérèse Jackson** Consultant Occupational Therapist in Stroke, NHS Grampian  
**Dr Cecily Partridge** Reader in Physiotherapy  
**Carole Pound** Former Director of Innovation, UK Connect  
**Dr Jane Williams** Stroke Nurse Consultant

### Register your interest:

For further information, including a copy of our 'frequently asked questions' and a booking form, or to join our mailing list and receive regular updates on the progress of Bridges and a copy of future editions of Bridges News, please contact:

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This programme encourages self-management, focuses on the successes, and decreases dependence on therapists.