NICE: REHABILITATION AFTER STROKE GUIDELINE

Sue Thelwell
Stroke Services Co-ordinator
UHCW NHS Trust
Content

- About me!
- NICE Rehabilitation after Stroke to include background, remit and scope, guideline inclusion and development
- The Nurses role in making improvements in Stroke Care
- Some examples of local support available
About Me
The National Institute for Health and Clinical Excellence (NICE) was set up in 1999 to reduce variation in the availability and quality of NHS treatments and care - the so called ‘postcode lottery'.

NICE evidence-based guidance and other products help resolve uncertainty about which medicines, treatments, procedures and devices represent the best quality care and which offer the best value for money for the NHS.

NICE also produce public health guidance recommending best ways to encourage healthy living, promote wellbeing and prevent disease. NICE public health guidance is for local authorities, the NHS and all those with a remit for improving people's health in the public, private, community and voluntary sectors.
Background

- Every piece of NICE guidance and every NICE quality standard is developed by an independent committee of experts including clinicians, patients, carers and health economists.

- All of the guidance is considered and approved by the NICE Guidance Executive, a committee made up of NICE executive directors, guidance centre directors and the communications director, prior to publication.

- A Citizens Council, comprising 30 members of the public, provides NICE with advice that reflects the public's perspective on what are often challenging social and moral issues raised by NICE guidance.
What do clinical guidelines do?

- Describe the care of individuals by healthcare professionals
- They are based on the best practice evidence
- They focus on the core management of diseases/conditions
- Take account of clinical and cost effectiveness
- Take account of patient perspective
What Clinical guidelines do not!

- Replace clinical judgement
- Take the place of a wish list
- Provide a textbook – they do not cover everything
How are they developed?

- Topic selection and referral
- Scope
- Development of the guideline
- Validation
- Publication and dissemination
- Implementation in the NHS
Remit

The Department of Health requested NICE “to produce a joint clinical and social care guideline on the long-term rehabilitation and support of stroke patients”.
Clinical Need for the Guideline

Epidemiology

- Stroke is a major healthcare problem in the UK.
- Approximately 110,000 people in England have a first or recurrent stroke each year, and 25% of strokes occur in people <65 years.
- 900,000 people are living in England who have had a stroke.
- It is the single largest cause of disability in England and 300,000 people are living with moderate to severe disability as a result.
Clinical Need for the Guideline

Current Practice

- Many people have a high burden of disability after stroke and much of post stroke care relies on rehabilitation interventions.

- Stroke rehabilitation is a goal-orientated process aimed at enabling a person with impairment to reach optimal physical, cognitive, emotional, communicative and/or social functioning.
Current Practice continued

- There is no absolute end to recovery after stroke but most improvement occurs within 6 months, when functioning may have returned to pre-stroke levels or stabilised.

- Much of the evidence supporting stroke rehabilitation has been based on evaluating the multidisciplinary approach, or on the effect of a particular discipline.

- There is a need to examine the clinical and cost effectiveness of individual components of treatment in Stroke rehabilitation.
The Guideline

- Adults and young people 16 years and older who have had a stroke
- Primary and secondary care and other settings where NHS Services are provided
- Will focus on particular interventions used within the healthcare setting
Key Clinical Issues to be included

- Exercise therapies to manage gait and balance and upper limb movement
- Orthoses for Upper and lower limb and FES for Upper Limb
- Other therapies to improve physical function
- Cognitive function interventions to improve memory, attention, orientation, spatial awareness and/or neglect
- Speech and Language Therapies
Key Clinical Issues

- Intensity of rehabilitation
- Eye Movement Therapy for visual field loss
- Management of dysphagia
- Support in carrying out activities of daily living, leisure and vocational
- Support and information for patients and carers
- Early Supported Discharge
Guideline will also include

- Key priorities for implementation
- Full list of recommendations
- Key research recommendations
- Cross refer to other NICE publications
Clinical Issues that are not included

- Primary prevention of stroke
- Secondary prevention of stroke
- Assessment and management of Acute Stroke
- Assessment for Rehabilitation
- Related NICE guidance, for example, Depression in adults with a chronic physical health problem, (NICE, clinical guideline 91, 2009), will not be included in the Rehabilitation after Stroke guideline.
Composition of GDG

- Appointed members

- NICE Clinical Guidelines Centre Technical Team – Guideline Lead, Project Manager, Health Services Research Fellow, Information Scientist, Health Economist

- Co-opted members: Orthoptist, Orthotist, Stroke Association, Speech Therapist (Aphasia)
Guideline Development Group
Member Role

- Review and challenge the evidence
- Provide relevant clinical advice during guideline development at the following key stages: preparation of draft guideline scope; attendance at GDG meetings; reviewing and providing comment on the pre-consultation drafts of guidelines; reviewing stakeholder comments.
- Help write the guideline
- Help launch and promote the guideline
Guideline Development Group (GDG)

28/04/10 was the first GDG Meeting:

- The Scope and remit of the guideline
- NICE Guideline development process
- Establish roles and responsibilities of being a GDG member
- Gain an understanding of the methodology of the guideline development process
- Reach a provisional agreement on clinical questions
Guideline Development Timeline

- Stroke Rehabilitation Draft went out for consultation from 30th August to 25th October 2011

- Substantial stakeholder comments were received which raised a number of significant issues in relation to the guideline scope and recommendations developed in the guideline.

- Stakeholders had concerns that because the guideline did not present a complete stroke rehabilitation patient pathway, this may lead to services being reduced or withdrawn.
Consultation (Cont)

- Stakeholders also noted the agreed approach to rehabilitation was a holistic one that reflected individual patient need provided by a multidisciplinary team.

- As a result, additional reviews are being conducted and cover new areas to address the comments received from the stakeholders and where NICE consider additional recommendations need to be made.

- Delphi Survey
New Development Time Lines

- 3 GDG meetings between May and October 2012
- 22nd November 2012 – submit draft for second consultation
- 3rd January to 14th February 2013 – Consultation
- 12th June 2013 – Publishing date
The Nurses Role

24 hour presence – providing unique opportunities for assessment and intervention

- Point of contact
- Bed management- ensuring patient spends 90% of their time on a stroke unit
- Cardiovascular monitoring
- Moving and handling
- Promotion and management of continence and bowel care
- Nutrition and hydration management
- Wound and skin integrity
- Medications management- compliance/self medication
- Monitor and manage pain relief, fatigue, change of mood, anxiety, agitation confusion and for potential complications
- Facilitate rest/sleep
- Support the patient through the learning and adaptation process of rehabilitation
The Nurses Role

- Promote rehabilitation by incorporating the practice gained in therapy into the patient’s daily routine
- Co-ordination – often the communication link to all members of the team, patient and family
- Information, Advice and Education
- Empowerment and advocacy - Support the patient through the learning and adaptation process of rehabilitation
- Advice and counselling – in assisting patients in setting realistic and achievable goals
- Clinical Governance – to tackle inequalities in care, provide risk management
- 6 week, 6 month and annual reviews
- End of Life Care
West Midlands Stroke Interest Group

- The multidisciplinary group meet 4 times a year
- Format of meetings includes guest speakers and opportunity to network and share good practice
- Next Meeting will be on 14 December (venue TBC).
- All most welcome to attend but please email me first at sue.thelwell@uhcw.nhs.uk
Other Snippets of Information

- The RCP Stroke Guidelines 2012
- The Stroke Association Life After Stroke Centre in Bromsgrove
- SHA Review of Stroke Services
- Stroke Research Network
- Research into the patients view of what is rehabilitation
- Healing Arts Project
Thank You