



Modernisation Agency
Clinical Governance Support Team

Eureka

How can we make sense of all this?

Improving information for patients and carers from the Stroke
Service at the Bedford Hospital NHS Trust

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How it was

- Stroke services in the hospital had not been a major priority. Although a 'stroke unit' had been created in response to guidelines produced by the Royal College of Physicians in 1998 it was in effect, simply a physical entity. There was no cohesive stroke team.
- Communication between staff, patients, carers, and relatives was not systematic: a large amount of 'paper-based' information was given to patients.
- Some of this information was produced by the hospital, but most was provided by the local branch of the Stroke Association by the Association's Family Support Worker. Other material from a variety of sources was also available.
- A group of colleagues from the stroke unit decided to join the CGST's programme 'Supporting Stroke Services' in March 2001 as they looked for ways to improve their service and raise its profile locally.

How they did it

- The work undertaken by the review team helped them get a new perspective on their service by asking patients and carers about the care they received.
- One of the issues commented on by many patients and carers was the excessive volume of information leaflets that they were given. It was overwhelming.
- Both patients and carers stressed that they needed *relevant* information – the right information at the right time.
- The review team spoke to all those involved in providing information and decided that a new, more selective, approach was needed.

How it's improved

- A list of all Stroke Association leaflets is given to each patient to act as a menu for patients and carers. They can now see what is available and order or ask for what they want, when they want it.
- The new approach to paper based information complements a new initiative to provide better information about 'care planned for the day'.
- Staff are now better aware of the need to provide information that is timely and relevant – and not to overload patients and their carers.
- An important lesson from this aspect of the work in Bedford was recognition that:
- *'You don't necessarily need resources to introduce improvements'*.

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