



The Case for Stroke in Primary Care Education at Level 2:

Worked example for those wishing to undertake education with Education for Health

Education for Health has created this document as part of our response to the *National Survey of the Roles and Training of Respiratory Nurses in the UK* published in October 2007. By freely providing the toolkit and worked examples of the toolkit in practice, we aim to provide as much support as possible to health care professionals wishing to study with Education for Health or other education providers.

Information in this document has been researched and prepared by Clinical Lecturers at Education for Health. It contains evidence based, disease specific information and relates entirely to studying this particular module with Education for Health.

This Business Case has been provided for the use of healthcare professionals working with patients with long term conditions. It is provided freely and in a way which can be personalised to health professionals' unique circumstances. Space has been left for health professionals to insert details from their own local health improvement plans. Indeed this information is vital if the case for education is to be presented strongly, clearly and effectively.

Worked examples similar to this are being prepared for every module offered by Education for Health. The complete list can be viewed and downloaded from www.educationforhealth.org.uk/pages/businesscase.asp

Health professionals will also find that the toolkit can be easily adapted to make their case for education in other disease areas or with other education providers. The toolkits are offered in Word in order to facilitate this.

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How to present and win your case for education

This toolkit is aimed squarely at those health professionals who share our passion for and commitment to continuing professional development which enables them to deliver measurable health improvements for their patients with long term conditions. It has been designed specifically to help your voice be heard in a fast-moving, complex and often 'noisy' healthcare community.

Step 1	Proposition	<ul style="list-style-type: none"> ▪ <i>Clearly and succinctly state your plan and objectives</i> ▪ <i>What are you aiming to achieve?</i> ▪ <i>How are you proposing to achieve it?</i> ▪ <i>Think about the people who will be making the decision - what is their prior knowledge of this clinical area?</i>
Step 2	Context / Strategic fit	<ul style="list-style-type: none"> ▪ <i>Briefly describe the National picture relating to the clinical area</i> ▪ <i>Focus on the size and scale of local need</i> ▪ <i>Relate your proposal to your local health improvement plans and strategic direction of your Practice or PCO</i>
Step 3	Benefit and impact of the education proposed	<ul style="list-style-type: none"> ▪ <i>Who will benefit from your education?</i> ▪ <i>Can you link it to the 10 High Impact Changes?</i> ▪ <i>How will your education have an impact on your Practice's performance in relation to targets?</i> ▪ <i>How will your education show improvements in patient care and patient quality of life?</i>
Step 4	Details of the proposed education	<ul style="list-style-type: none"> ▪ <i>What education have you identified?</i> ▪ <i>How will this education enable you realise these benefits?</i> ▪ <i>Demonstrate your commitment and motivation</i> ▪ <i>What are the timescales in which the benefits will be realised?</i>
Step 5	Evidence	<ul style="list-style-type: none"> ▪ <i>Why will your plan be successful?</i> ▪ <i>What evidence can you present to support your plan?</i> ▪ <i>Could anything jeopardise a successful outcome?</i>
Step 6	Support for the plan	<ul style="list-style-type: none"> ▪ <i>Provide clear evidence of support from some or all of the following: Nursing colleague, GP, Manager, Local nurses or GP's with a special interest in the disease, colleagues in secondary care or others in the relevant care pathway.</i>
Step 7	Cost	<ul style="list-style-type: none"> ▪ <i>Clearly outline the real costs and timings</i> ▪ <i>Quantify estimated savings where possible</i>
Step 8	Next steps	<ul style="list-style-type: none"> ▪ <i>Once your plan has been agreed - What will you do next and when?</i> ▪ <i>Who else needs to know?</i> ▪ <i>Decide and agree how you will feedback the benefits achieved through undertaking this education</i>

Proposal to secure funding and 2 days study leave in order to undertake a 6 months distance learning diploma module in Stroke in Primary Care.

(Insert your name, position, practice details and contact information here)

This education will enable me to directly implement research evidence and guidelines into my clinical practice and consequently lead to improved outcomes for our patients, General Practice, and the wider healthcare community. Opportunities for personal reflection and supported learning over this period of time will additionally ensure that these benefits are sustainable and provide lasting value.

The Department of Health's Discipline of Improvement in Health and Social Care¹ (discussed in more detail in Section 3) describes 4 levels of knowledge and skills. I have used this model to establish my current levels of knowledge, understanding and experience. In this way I have been able to plan development of my competences within the remit of Agenda for Change in a way which is also meaningful within the Knowledge and Skills Framework (KSF) and Skills for Health (National Workforce Competences)²

I am keen extend my knowledge and skills up to an advanced level. This will in turn enhance the Practice's ability to offer greater access to patients, increase our ability to educate patients and their carers and enable more patients to self manage their condition.

CONTENTS:

1. Concise description of the National and Local picture of Stroke in Primary Care, what it is, and the challenge it presents to (Insert name of healthcare community here) and it's health improvement plans
2. Brief discussion on the potential benefit and impact that this education could bring to (insert name of Practice here)
3. Details of the educational module which will bring about this benefit
4. Supporting evidence relating to the likelihood of achieving positive outcomes
5. Local support for the plan and during the learning process
6. Costs
7. Next steps

1. The National and Local picture of Stroke in Primary Care and its relation to the local health economy of *(insert name of your PCO here)*

A stroke or cerebrovascular accident (CVA) is the result of interrupted blood flow to the brain caused by a blockage or bleed within the blood vessels supplying the brain. This results in damage and death of brain cells. Ischaemic stroke (blockage) accounts for 80 – 85% of cases and is the brain equivalent of a heart attack, sharing similar causes and risk factors with heart attack. Haemorrhagic stroke (bleed) accounts for up to 20% of cases and occurs when a blood vessel within the brain or on its surface bursts, leaking blood into the brain.

Stroke is a devastating condition with a major impact on the individual, their family, healthcare services and the economy as a whole. The impact varies, depending on the part of the brain that is affected, how many brain cells die, how many damaged cells can recover, and whether other parts of the brain can take over the functions of the damaged parts (National Audit Office 2005). Approximately a third of people who experience a stroke will die as a consequence, a third will recover fully and a third are left severely disabled as a consequence of their 'brain attack' and suffer the long-term consequences (Stroke Association and Different Strokes, 2006).

As an interested *(insert your role or position here)* I am in a key position to have a positive impact on the burden of stroke to patients and the General Practice economy by concentrating on prevention, early diagnosis and appropriate management strategies. To do this successfully I need to develop an appropriate level of knowledge, skill and experience.

National picture

- There are approximately 110,000 strokes in England each year which is 10,000 more than the number of heart attacks each year (Department of Health, 2007). Every five minutes someone in England will have a stroke and around one in four people can expect to have a stroke if they live to 85 years (National Audit Office, 2005)
- In the UK, stroke is the third most common cause of death and the single most common cause of severe disability. Stroke accounts for 11% of all deaths in England and Wales and in the UK three times more women die from stroke each year than from breast cancer.
- The majority of strokes occur in the elderly but it can also affect younger people with a quarter of the 110,000 strokes each year affecting people under 65 years. There are also significant regional, ethnic and socio-economic variations in stroke prevalence.
- Stroke costs the NHS £2.8 billion per year in direct care costs and each individual case costs an average of £15,000 over five years. Stroke patients account for over £2.6 million bed days per year and at any one time one in five hospital beds and one in four long-term beds are occupied by stroke patients (Department of Health, 2007).
- In addition to healthcare costs, stroke imposes a heavy burden on the economy in terms of informal care, benefits and loss of productivity. Looking ahead, expenditure on stroke is likely to increase due to an ageing population and increased prevalence of other risk factors such as obesity.

Local picture:

Insert details relating to Stroke in Primary Care from your local health improvement plans and / or strategic direction of your Practice or Primary Care Organisation (PCO)

2. The benefits and impact of Stroke in Primary Care education

The Department of Health's '10 High Impact Changes' for service improvement and delivery³ makes an excellent means to assess the benefits of Stroke in Primary Care education:

Benefits to Stakeholders



The impact of gaining Stroke in Primary Care education on performance targets and patient outcomes:

The knowledge and ability to:	Contributes to organisational key performance targets by....	Leads to improvements in patient care and quality of life by....
Analyse the impact of stroke in primary care on a patient's quality of life	<i>High quality care is likely to be reflected in enhanced organisation indicators such as the nGMS Quality and Outcomes Framework</i>	<i>Equipping nurses with the skills and knowledge to offer a high standard of evidence-based care and support to stroke patients and their families</i>
Design holistic care plans for patients with stroke in primary care	<i>By 2010, all stroke patients should have their needs evaluated and be offered a care plan (DoH, 2007)</i>	<i>Benefit of holistic care plan for patients who come in to contact with many members of the multidisciplinary team</i>
Evaluate how the provision of multi-disciplinary services across primary and secondary care influences patient centred services	<i>Increased awareness of multidisciplinary roles will lead to a better interface between primary and secondary care</i>	<i>Increased awareness of the roles of multidisciplinary teams, timely and appropriate referrals</i>
Analyse appropriate health promotional activities to empower patients to manage their condition	<i>Empowering patients to manage their own condition enhancing concordance with evidence-based treatment options and lifestyle modification to reduce their overall cardiovascular risk</i>	<i>Empowering patients to manage their own condition enhancing concordance with evidence-based treatment options and lifestyle modification to reduce their overall cardiovascular risk</i>

3. Details of the educational module which will bring about this benefit

I have identified the **Education for Health Stroke in Primary Care distance learning module at Level 2** as the course which will best enable me to acquire the knowledge and skills to practice at an advanced level in Stroke in Primary Care

This particular course brings the following benefits to our patients, the practice and to me:

1. It is based on the latest research evidence and guidelines, is focussed on, and highly relevant to, delivering exceptional care to Stroke patients in a Primary Care setting.
2. It impacts least on my colleagues in relation to time out of the practice (just 2 days over 6 months). On the other hand it is fully supported at every stage by means of a student help line for clinical and academic enquiries and a dedicated Education Coordinator.
3. It provides clear value for money - Education for Health is a non-profit making, registered medical charity which obtains no core funding. All money raised from student education is reinvested to develop and deliver new and innovative educational programmes for health professionals working with patients with one or more long term conditions
4. It meets my learning needs and style, and fits in with my personal life and situation. The fact it is distance learning means I can study at my own pace at times which suit me, my family and my practice commitments
5. It's national accreditation by the Open University, and fact it is the preferred Stroke in Primary Care education of many PCT's and SHA's demonstrates it's ability contribute effectively to local and national health improvement programmes
6. It is recommended / highly recommended by the vast majority of health professionals who have completed the course: They are highly satisfied with their experience and believe that it was highly relevant to their learning needs and professional situation.
7. It is well established and can form part of a Diploma Programme in Cardiovascular Care or the Management of Long Term Conditions. The module has been running since 2007.

Current Level of knowledge and skills	
0 Knowledge and skills not yet developed	<ul style="list-style-type: none"> ▪ I have had no experience ▪ Even though I know a few general principles, I have not developed any skills
1 Core knowledge and skills	<ul style="list-style-type: none"> ▪ I use this skill in my work but infrequently ▪ I feel capable of applying some aspects, to some situations with appropriate and effective support and direction
2 Advanced knowledge and skills	<ul style="list-style-type: none"> ▪ I use this skill frequently in my work ▪ I feel capable, confident, and with direction, I can apply this skill to most situations ▪ I have a depth of understanding to be able to explain the basic principles to others
3 Expert knowledge and skills	<ul style="list-style-type: none"> ▪ I use this skill regularly in my work ▪ I have the understanding and capability to apply and adapt this skill with confidence in complex work situations ▪ I can act fully independently and provide direction, support and advice to others ▪ I am confident that I could explain the principles, application, advantages and disadvantages to others.

The module realises the benefits of Stroke in Primary Care education for my patients and practice:

The course takes the form of a 6 month learning programme which is timetabled into a series of units which cover different subject areas. These are supported by 2 facilitated study days, self assessment and reflective learning activities, and a recommended reading list. The Study days are highly interactive, include discussion and practical group work and provide opportunities for me to exchange ideas with professional colleagues. Assessment is by examination and coursework.

The units covered include:	Current level of skills....	Skill level after the course
1. Introduction to stroke: <i>Introducing stroke and related conditions; epidemiology of stroke; impact of stroke; reducing the burden of stroke; national stroke strategy</i>	Indicate details here	2
2. Reducing the risk of stroke: <i>Primary prevention of stroke; risk factors for stroke; hypertension; atrial fibrillation and other cardiac conditions; cigarette smoking; raised blood lipids; Type 2 diabetes; obesity; alcohol; who is at risk of stroke?; assisting lifestyle changes; your role</i>		2
3. Transient ischaemic attacks: <i>Pathophysiology of TIA; significance of TIA; recognising TIA; initial management of TIA; determining risk of imminent stroke in patients with TIA; organisation of care; specialist TIA assessment; secondary prevention of stroke; your role</i>		2
4. Acute stroke – emergency response: <i>Pathophysiology of stroke; emergency response; clinical assessment; brain scanning; thrombolysis; use of thrombolysis therapy; other acute treatments; your role</i>		2
5. Hospital care: <i>Stroke units; complications of stroke; secondary prevention; rehabilitation; multidisciplinary teams; stroke coordinator; discharge planning; audit; your role</i>		2
6. Community care: <i>Rehabilitation in the community; transfer of care; organisation of care within the community; early supported discharge; long-term needs; re-enablement; communications; practical help; mental health and emotional well-being; care and support; carers and family; voluntary services and patient associations; your role; looking forward to better delivery of care</i>		2

4. Supporting evidence relating to the likelihood of achieving positive outcomes

A robust evidence base shows measurable improvements in the health of patients with long term conditions when the ability to diagnose, treat and provide follow-on care is underpinned with reflective, evidence based, and practical health professional education which takes place over time. Education of this quality enables change in practice to become embedded and sustainable.

The most significant research evidence relates to a randomised control trial⁴ conducted by Education for Health which showed that patients being cared for by health professionals who had undergone standardised, accredited education showed significant improvements in their health related quality of life and health outcomes.

In addition Education for Health is collating a wealth of case studies which show that nurse education is fundamental to the success of initiatives which aim to improve patients' quality of life and health outcomes and decrease medical encounters.

5. Support for the plan

Provide clear evidence of support from some or all of the following: Nursing colleague, GP, Manager, Local nurses or GP's with a special interest in the disease, colleagues in secondary care or others in the relevant care pathway

6. Costs

Type of cost:	Item:	Actual cost to practice:
One-off costs	I place on Education for Health Stroke in Primary Care (level 2) course. Includes all distance learning materials, attendance on the 2 study days and full access to the Student help line	£595
On-going costs	None	None
		TOTAL:
		£595

7. Next steps

The next Stroke in Primary Care course starts on (insert dates). The 2 study days are in (insert location) on (insert dates). To register I will need to send a completed application form and payment / invoice details by (insert date)

The course completes on (insert date)

References:

1. Discipline of Improvement in Health and Social Care (Penny 2005)
2. For information on Agenda for Change and the KSF visit the DoH website – Policy – Agenda for Change
3. 10 High Impact Changes for Service Improvement and delivery. www.modern.nhs.uk/highimpactchanges
4. Sheikh et al. Clinical and Experimental Allergy 2007;37:90-99