COPD and Stroke
Local Evaluation and Scoping Research

results presentation produced for:

NHS Hull

September 2009

Presentation Outline

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  - Objectives
  - Methodology
- Results
  - COPD Focus Groups
  - Stroke Focus Groups
  - CATI Semi-structured Interviews with Stakeholders
- Conclusions and Recommendations

Introduction

Background, Objectives & Methodology

Background

- Hull Primary Care Trust (PCT) developed a World Class Commissioning Strategy in 2008, which identified **eight priority areas for NHS Hull**
- NHS Hull embarked on a social marketing exercise and commissioned the **'scoping stage'** of an intervention, to explore two of the eight priority areas - **Chronic Obstructive Pulmonary Disease (COPD) and Stroke**
- Overriding aim of this project was to **better understand public knowledge** and perceptions of COPD and Stroke, to **evaluate current service provision**, and indicate ways in which to **inform the future development of intervention** strategies to nudge and promote behaviour change, for example through marketing communications

Objectives

Research objectives were developed for each strand of fieldwork- key areas of interest are applicable throughout:

- Experience of COPD and Stroke
- Risk factors and causes
- Recognition of and reaction to symptom
- Knowledge of treatment and prognosis
- Awareness levels of service provision
- Understanding of what services are needed
- Impact of social pressures on behaviour
- Preferences for communications strategy
- Key messages for public
- Training and information needs in primary care

Overall, the aim is to identify ways forward **in developing effective strategies** to improve recognition of, and reactions to, symptoms of COPD, Stroke and TIA to ensure appropriate and timely referral into the relevant care pathways in Hull is achieved.

Methodology and Respondent Profiles

Desk Research

- Sign posting
- National / International Campaigns
- Research and Reports

6 Focus Groups

- 3 COPD
  3 Stroke
- General Public
- Aged 35+
  SEG = DE

27 Semi-Structured Interviews

- North
  R = 4
  PN = 5
- East
  R = 3
  PN = 2
  HCA = 4
- West
  R = 3
  PN = 3
  HCA = 3

Results

COPD Focus Groups

Group Profiles - COPD

Group 1 West

6/8/09
9 Attendees
Aged 35-44
D(5) / E(4)
Great Thornton Estate
All smoke 21+ per day
7 smoked 20+ years

Group 2 North

12/8/09
7 Attendees
Aged 55+
D(4) / E(3)
Bransholme Estate
All smoke 21+ per day
All smoked 20+ years

Group 3 East

12/8/09
5 Attendees
Aged 45-54
D(3) / E(2)
Preston Rd / Greatfield
All smoke 21+ per day
All smoked 20+ years

COPD Discussion Topics

- **Perception of healthy lifestyle**
  - Impact of smoking on health
- **Awareness of smoking related diseases**
  - What are they / what are the symptoms
- **Experience of COPD**
  - Friends or relatives diagnosed / what happened / what help was sought
- **Awareness of COPD**
  - Symptoms / causes / long term impact on health
  - Reaction to symptoms of COPD such as breathlessness
- **Barriers to help seeking behaviour**
  - For those suffering the symptoms and for those diagnosed but not accessing smoking cessation services
- **Awareness of smoking cessation services in Hull**
  - Where to get help from / what approach is preferred
  - How smokers can be encouraged to stop
- **Information**
  - Recall of information seen or heard on COPD
  - Communication preferences and key messages to be disseminated

Healthy Lifestyles

Healthy Lifestyle

Diet + Exercise
(Money and No Smoking)

Personal Health

Except / Despite Heavy Smoking

Smoking Related Diseases

Cancer, Heart Disease, Stroke
(COPD, Bronchitis, Emphysema)

Several respondents were experiencing symptoms of COPD...

"When you go down the stairs I find you get out of breath quicker."

"You lose your breath faster."

"I can't run as fast as I used to."

Deflection/ denial....

"Oh massively, yes. It shortens your breath and that, but I put that down to stress."

"You can actually cough your guts up because there's actually something in the cigarette."

"Well you get bad patches because we smoke them cheap cigs."

Awareness of COPD Symptoms

Only 4 respondents knew of COPD:

"Well your breathing for a start, it affects your breathing and makes you breathe really quickly...obviously it's obstructing your lung so it's going to affect your airways."

"It's my dad...it shuts the airways up."

"My mum has got it. She was in a house fire – it was all the inhalation of the smoke."

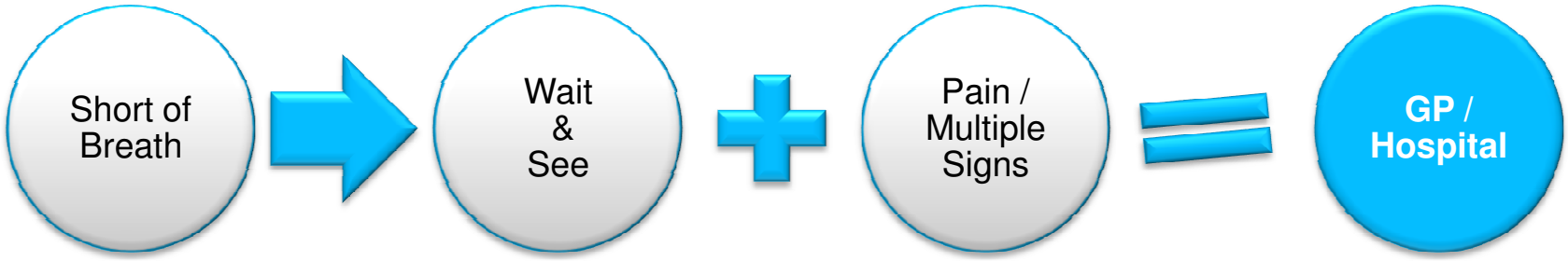
"My wife's aunty, she's got it. It's her breathing that's affected."

Recall was notably higher for Bronchitis and Emphysema:

"You cough **phlegm** up a lot." → "**Tightness** of chest." → "**Shortness of breath**." → "A really bad **cough**." → "You're **wheezing**."

No awareness of a connection between COPD and Bronchitis or Emphysema.

Reaction to Symptoms of COPD



Wait & See - Barriers:

- **Asthma** sufferers self medicate initially
- Fear of **wasting doctors time**
- **See** how 'bad' it gets
- **Waiting time** for GP appointments
- GP is **not a specialist** / preference for A&E or hospital appointment

Triggers (what makes them seek help):

- *"I'm very resilient...if you break the **pain** barrier then obviously you go."*
- *"If it's not that bad you'd just get on with it...only when it **gets worse and worse."***
- *"It would have to be really **painful** before I actually go. I wouldn't go if I had a cough."*

Long Term Effects of COPD

Respondents who knew of someone diagnosed with COPD or Bronchitis, identified **mortality as the ultimate effect of the disease**.

- Whilst for some this was a **surprise**, others believed it to be 'common sense'
- Respondents were also informed that COPD is **incurable**
  - *"You can die from it"*
  - *"I didn't know you could die from it."*
  - *"You can get Bronchitis and Emphysema one morning and then you stuff it."*
  - *"Yes, well anything can lead to death!"*
  - *"It's a shock to me that it's incurable – that I didn't know."*

Overall, **restricted mobility** came top of mind as a long term effect

- *"You would be bed ridden, wouldn't you? You wouldn't be able to move – you wouldn't be able to get about."*
- *"Your lifestyle would slow down because you can't get about and you can't breathe properly – then you're not going anywhere fast, are you?"*

Cause of COPD

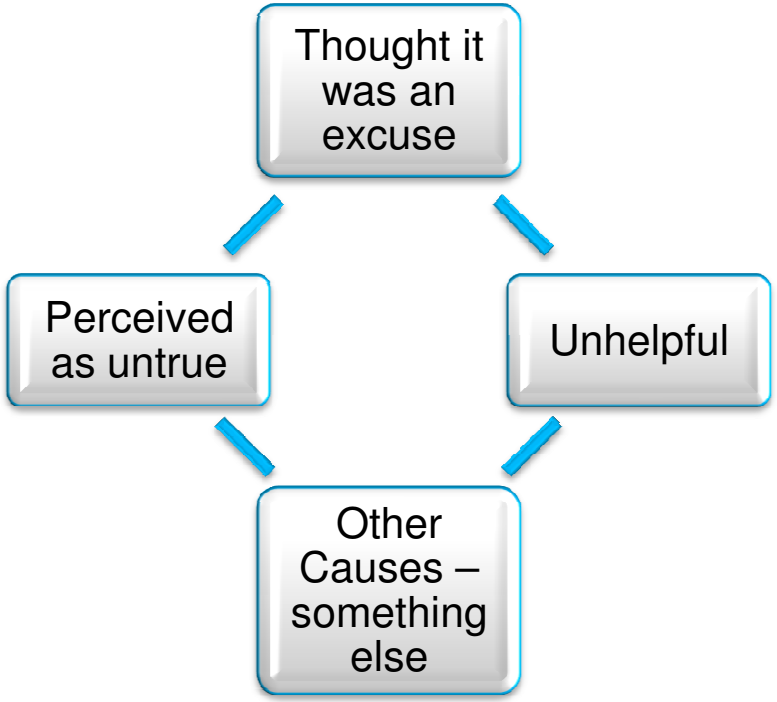
Whilst a minority of respondents were aware that COPD was attributed to smoking, **several did not know and reacted defensively** when informed.

"It's rubbish."

"Says who though?"

"Smoking gets blamed for everything."

"When you get to our age you've heard it all before, and it's no help."



'Real' Causes:

- Traffic / pollution
- Work environment / dust / asbestos
- Cleaning products
- Living conditions / damp / central heating
- Genetic / Inherited

Hypocrisy of health professionals and the Government was also a theme.

Treatment of COPD

As a reflection of the low level of awareness of COPD overall, there was **very little knowledge evident of how COPD is treated**:

- Oxygen
- Nebuliser
- Inhaler
- Antibiotics

Having been informed of COPD, respondents were asked **how they would now react to the symptoms** knowing what they were, what the prognosis was and the likely treatment...

- The **minority** of respondents would act more promptly
  - *"I would be a bit more cautious maybe."*
  - *"I think I would panic a bit more, yes. Now I would leave it less than a week."*
- **Most** respondents would **do the same as before**
  - *"Even now I wouldn't go – even knowing the symptoms I wouldn't go to the doctors."*
  - *"If it's bearable you put up with it, and if it isn't you seek help."*

Barriers to Help Seeking Behaviour Spontaneous

When asked to identify barriers to help-seeking behaviour for people suffering symptoms of COPD, fear and access to GP appointments came top of mind:

"It could be a week!...when you're bad you need to see the doctor there and then, on the same day."

"They get the fear and they think, 'I won't ring today, I'll ring tomorrow.' Tomorrow comes and its the next day and the next day – they keep putting it off."

"They might be scared of having these things, and they don't want to face up to it."

"By the time you've waited for an actual appointment it's had a day to clear up a bit so you think, 'Oh I'll not bother.'"

"A lot of people are frightened of finding out."

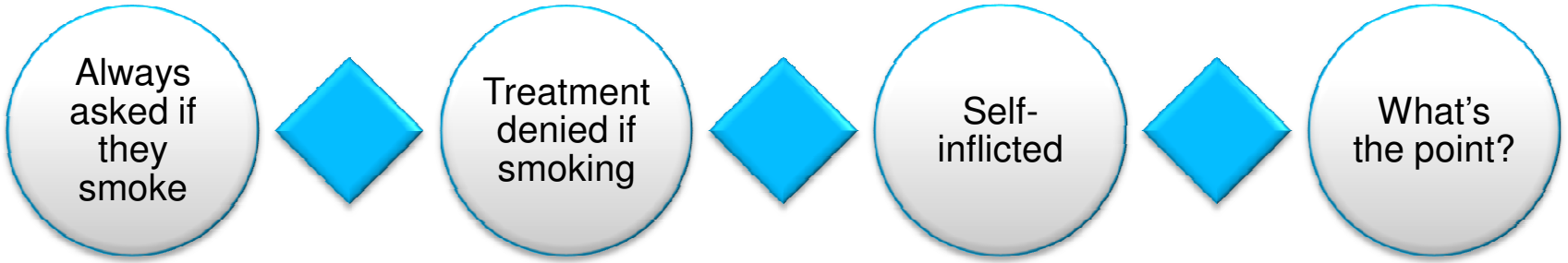
More Barriers to Help Seeking Behaviour

Several other barriers were identified:

- Being perceived as a **hypochondriac**
- **Language** barriers with GPs (West Hull)
- Receptionists as **gatekeepers**

Overall respondents felt **help was easy to access in terms of distance** from where they live, and the symptoms of COPD were not thought to be embarrassing for anyone.

Victimisation of smokers and COPD being **incurable** were big barriers:



How to Overcome Barriers

The **older two groups** were more **defensive** and had a tendency to **deflect attention** away from themselves when asked how to encourage help-seeking behaviour. Having said that, several suggestions were made:

Ways to Encourage Help-Seeking Behaviour

- Empathise with and listen to smokers
- Don't dictate or preach / advise
- Don't be hypocrites
- Explain things clearly
- Ensure privacy in reception area
- No questions asked appointment system

Most relate to how they are treated

Barriers to Smoking Cessation Services

Respondents took this opportunity to explain why they themselves have not been successful in stopping smoking, having **ALL tried previously** (but failed)...

"It's a habit that takes a hell of a lot to get out of."

"Well you've got to be willing to stop smoking."

"From being born to dying, you are told what to do in this country."

"Maybe they don't want to admit they've got a problem."

"They know it's wrong, they know it's bad for them, but they enjoy it so they won't give it up."

"They probably think, 'Hang on I've got it now, so what's the point?'"

"It's like the damage is done, isn't it?"

Awareness of Services and Preferences

Awareness of GP services was highest, and respondents named venues and locations where help could be sought:

- Group sessions / Telephone helpline

Access to smoking cessation services was not perceived to be a difficulty:

- Just ask the GP / They're everywhere

Preference overall for **quitting alone**...group sessions unpopular:

- *"I would try it on my own, because it's an individual thing isn't it?"*
- *"On your own there's no pressure."*
- *"I think you would feel guilty if you gave up and had one cig."*
- *"I can't see the point in sitting around in a group knowing that the minute you walk out of the door, most of them are going outside and lighting a tab up."*
- *"These group therapies and things – it's a lot of money they're wasting."*
- *"I'm strong willed – that's it! I don't need someone to help me – I can do it myself."*

Encouraging People to Stop Smoking

Do Nothing

- Leave smokers alone
- Patronising
- Message overload
- References to past
- Dangerous to stop

Suggestions

- Financial incentives
- Free prescription
- Positive results
- 'Well done'

Dangerous to stop smoking...

- Depression
- Heart disease
- Stroke
- Cancer
- Weight gain

"She snuffed it with lung cancer after she chucked it for three years."

"He stopped, the year after he died."

"I think you can do a lot of harm, you will be dead within six months."

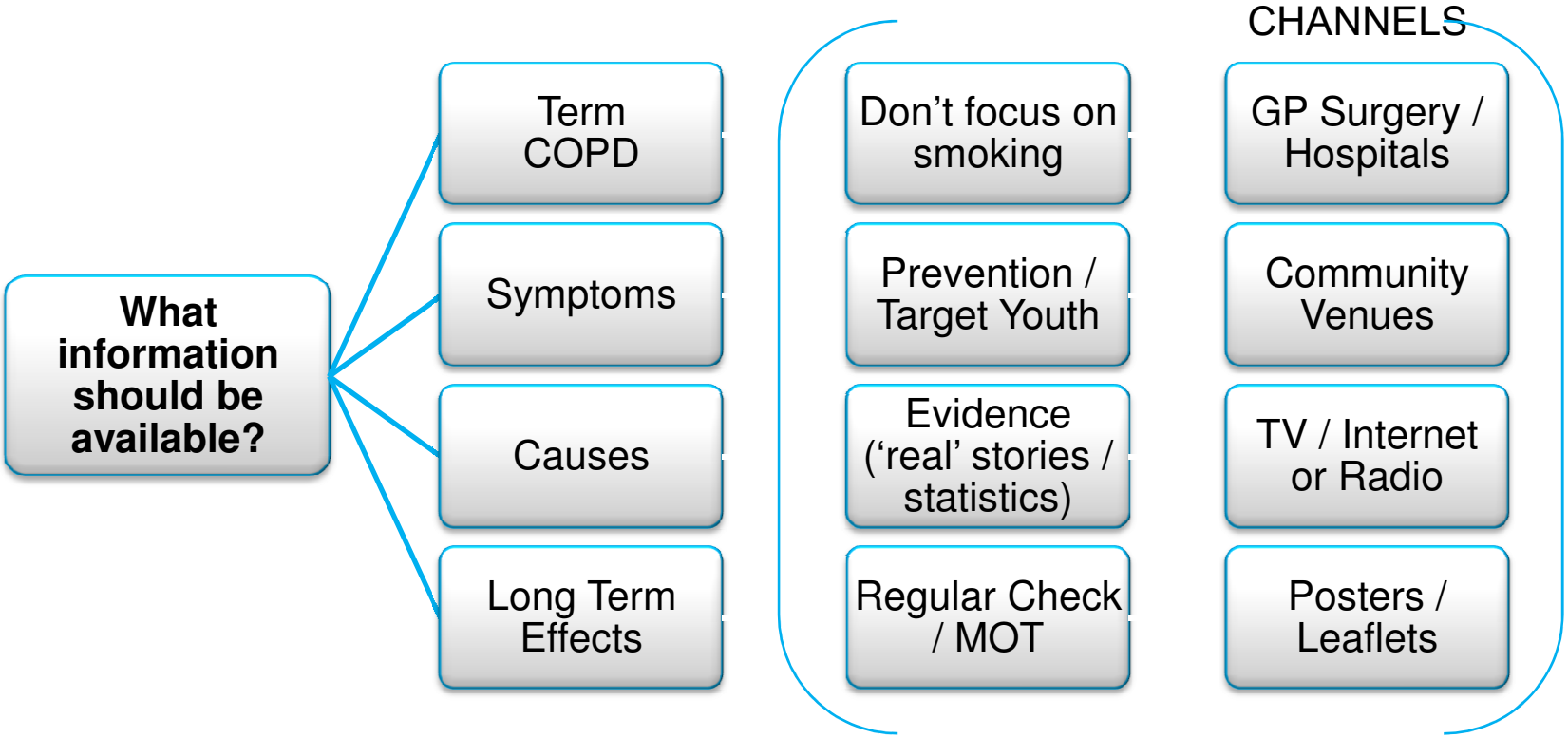
"My wife's mother...she died of cancer but she never had it when she smoked."

"People smoke all these years and then stop, they get a disease or something"

Information Recall

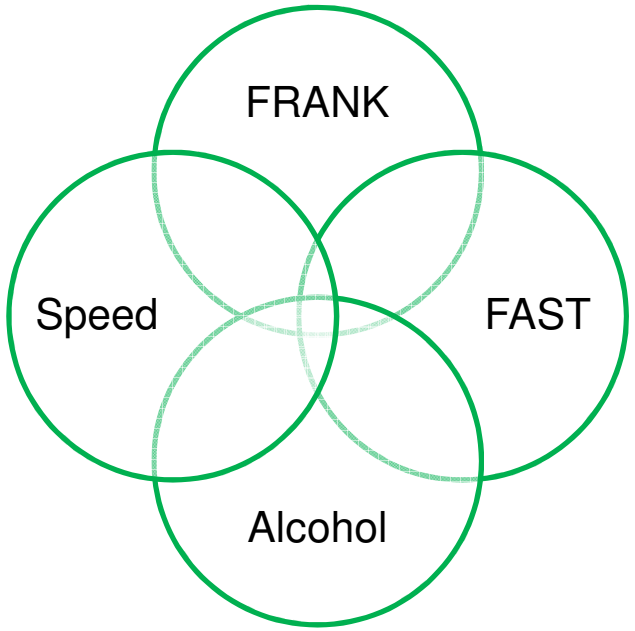
Only 2 respondents recalled information on COPD

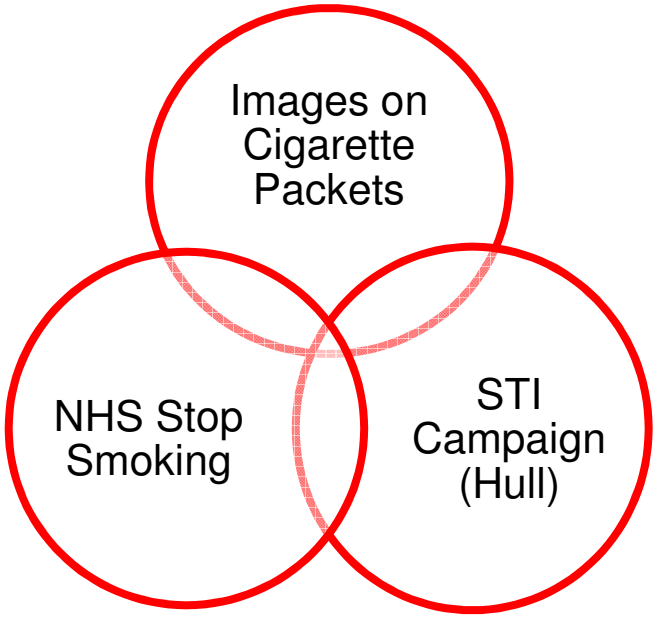
- Jeremy Kyle episode on TV



Campaign Recall and Perception

No health campaigns had prompted behaviour change.





- FRANK – 'chat' approach
- Speed – shocking (girl knocked over)
- Alcohol – thought provoking (would you go out looking like this…)
- FAST – grabs attention, informative, memorable

- Inundated
- Repetitive
- Dictating / Patronising
- Prevention not cure

Results

Stroke Focus Groups

Stroke Discussion Topics

- **Experience of Stroke**
  - Friends or relatives diagnosed / what happened / what help was sought
- **Awareness of causes of Stroke**
  - What lifestyle changes can be made to reduce risk of stroke
- **Awareness of Stroke symptoms**
  - Reaction to symptoms for self and others / what impacts on reaction time
  - Awareness of long term effects of Stroke
- **Awareness of TIA**
  - Friends or relatives diagnosed / what happened / what help was sought
  - Difference between Stroke and TIA (mini-stroke)
  - Reactions to TIA / what impacts on reaction time
- **Barriers to help seeking behaviour**
  - For those suffering the symptoms of a Stroke and TIA
- **Information**
  - Recall of information seen or heard on Stroke and TIA
  - Communication preferences and key messages to be disseminated
- **FAST Campaign**
  - Awareness / perception / ways to improve

Group Profiles – Stroke

Group 1 West

6/8/09

8 Attendees

Aged 35-44

DE

Great Thornton Estate

Group 2 North

12/8/09

8 Attendees

Aged 55+

DE

Bransholme Estate

Group 3 East

12/8/09

9 Attendees

Aged 45-54

DE

Preston Rd / Greatfield

Experience of Stroke

- **Nearly all** respondents in the two oldest groups (45-54 and 55+) had friends or relatives who had suffered a stroke
  - The youngest respondents (35-44) had fewest friends/ relatives

"My sister. She went in for a hip operation and during the operation she had a stroke"

"My brother in law"

"My mother. We were in a shop and she said I can't get up, I can't feel this side of my face"

- Several respondents knew people who had suffered **multiple strokes**
- Majority called 999 when symptoms of a stroke were seen, however some did nothing. Depended on **help available** at the time of the stroke and whether the person lived alone, accepted help

"We told him but he was stubborn, he didn't want to know"

"Its different for people who have family around them"

- **Attitude** to how hard a person was willing to get better was discussed in several groups
- Most experiences of stroke were in Hull area; one or two outside the area

Awareness and Knowledge of Stroke Symptoms

- Awareness of **risk factors** relatively **high**; most commonly named:

- A few questioned whether **family history** would be a cause of stroke but not entirely sure
- Some confusion about which part of the brain was affected by a stroke (left vs. right side) but majority knew the physical effects (those with and without experience)
- Most commonly named **symptoms**:

- Those who knew someone who had a suffered stroke - most aware (although few with someone when they suffered the stroke)

Awareness and Knowledge of Stroke Symptoms

- Several mentioned the **FAST** campaign when remembering the symptoms of a stroke (although did not refer to the campaign as FAST)
- Many respondents initially **surprised** that stroke was main cause of disability the in UK however on reflection felt it was valid

  "I thought it would be a heart attack"

  "I would have thought road accidents would have been above that"

  "I would have thought that was blood pressure or heart attacks"
- Several believed this was linked to the fact that stroke has not been as high profile in the media as other conditions such as cancer and heart disease

  "You don't hear about it that much do you? You hear about cancer and things like that a lot more"

Reaction to Stroke Symptoms

- **Panic** by a few mentioned as initial reaction to someone having a stroke
- Nearly all respondents said they would **call an ambulance** (time top of mind)

  "I would ring an ambulance"

  "Ring an ambulance straight away"
- **Reassuring** the patient was also commonly mentioned
- Some said they would put the person in the **recovery position** whilst ambulance arrived; others questioned if this makes a difference

  "Well you cant really put them in the recovery position can you?"

  "No that's only for other things isn't it?"
- If symptoms went away or lessened most respondents would still call an ambulance irrespective of how long they lasted

  "I would still do the same"

  "We're not medical experts are we? We'd have to phone an ambulance"
- Most respondents said time of day would not change way they would react (e.g. weekend, night) BUT if they were personally suffering symptoms vs. someone they were with, may affect their reaction

Reaction to Stroke Symptoms

- Reaction to a stranger suffering stroke symptoms:
  - Over 55's **would not react differently** to a stranger suffering from a stroke
  - Younger groups said it would depend on **age, gender and time of day** as to how they would react
  - Men expressed issues in attempting to help a female and some females concerned helping men especially if alone or at night

    "I think if it was a woman, I wouldn't feel as threatened but if it was a man I'd think that if he was pissed he might try something"

    "If it was a female people could think you were molesting them"
- Concern across all groups about **distinguishing symptoms** of stroke in a stranger and could mirror those of a drug user/ alcoholic

  "If I was in a pub and it was a younger man I would wonder if the person was drunk"

  "I'm not sure I would recognise if a stranger was having a stroke anyway"
- Some concern over attempting to help then being attacked

  "I would think they were trying to mug me or something. I'd walk on by"

  "I don't think I would be trusting"
- Most respondents would help an older person, irrespective of gender

Awareness and Knowledge of TIA

- **No respondents knew of a TIA** (one or two guesses) and no one knew what the term 'TIA' stood for

  "Is it something with a blood vessels?"
- Nobody knew the difference between a stroke and TIA
- Once explained, some respondents associated friends and relatives experiences to a mini stroke and TIA

  "My wife has that"

  "My neighbours mum had one or two"
- Most respondents had heard of mini stroke (few in youngest group)
- One or two queried whether mini stroke was warning sign to a stroke

  "With the mini stroke can you get the main stroke after?"

  "It seems to be a bit of a warning sign, you know if you don't change what you're doing this will happen"

Reaction to TIA

- Majority of respondents felt they **would react same** to a TIA and stroke (one or two concerned about being able to distinguishing between symptoms of a stroke/ TIA vs. a less severe condition)
- However in 55+ group some said they would **not worry as much** as symptoms similar to less severe illnesses therefore hard to differentiate

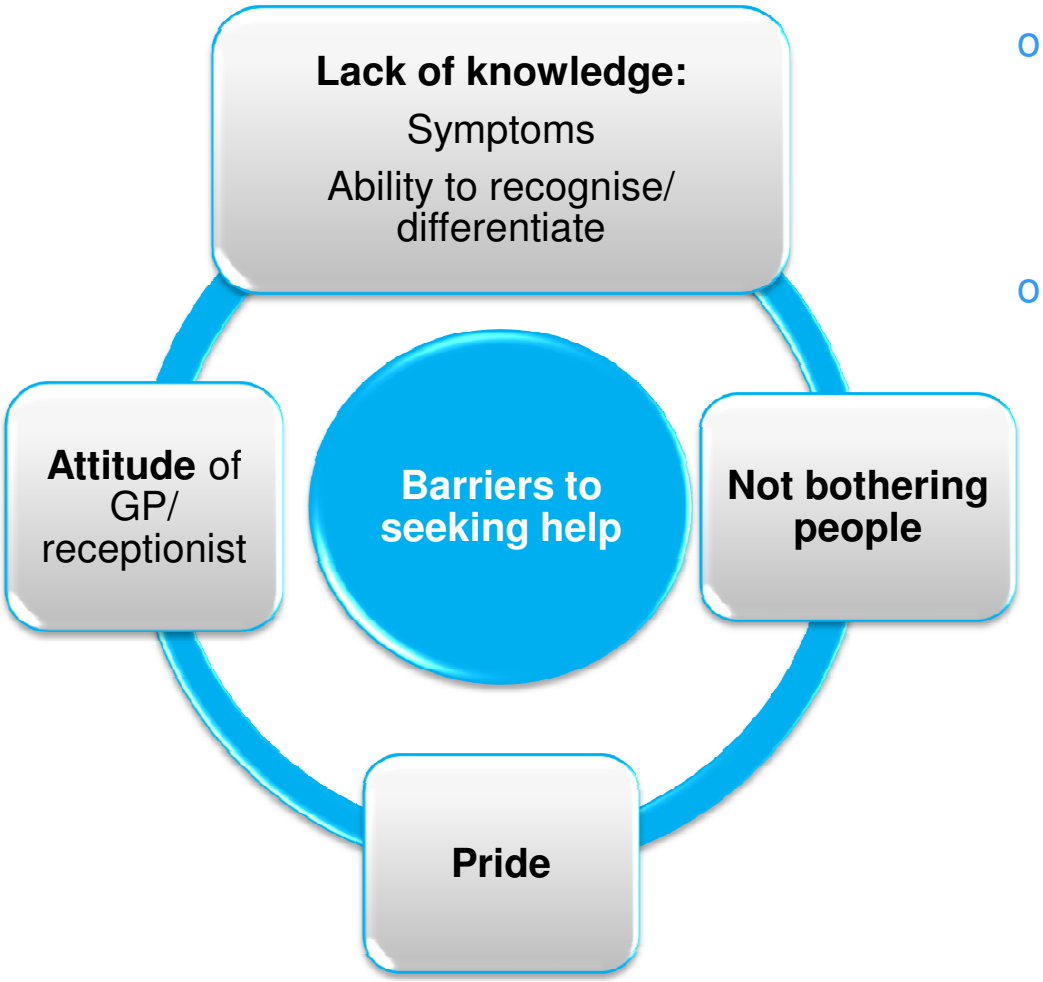
  "I would call the doctor"

  "Maybe the first time you wouldn't do anything but if it happened 2 or 3 times then you would probably go to the doctors"
- Over 55's react **less urgently** to symptoms suffered themselves vs. another person

  "I think I would carry on as normal"

  "I think you treat yourself differently. You get up and carry on"
- All respondents would **react in same way with a stranger** suffering symptoms of TIA/stroke; also same concerns (age, gender, time of day)
- If the person was younger, some felt less concerned and attribute symptoms to something else (perception young less likely to suffer stroke/TIA)
- Many unaware that TIA could be a warning sign to a full stroke

Barriers to Help Seeking Behaviour



- **Secondary barriers:**
  - Fear
  - Denial
- **Overcoming barriers**:
  - Improving awareness
  - Education of symptoms and how to react (several mentioned FAST TV campaign)
  - Improving service levels and relationships between GP and patient (prompted over 55's)
  - Better support for people

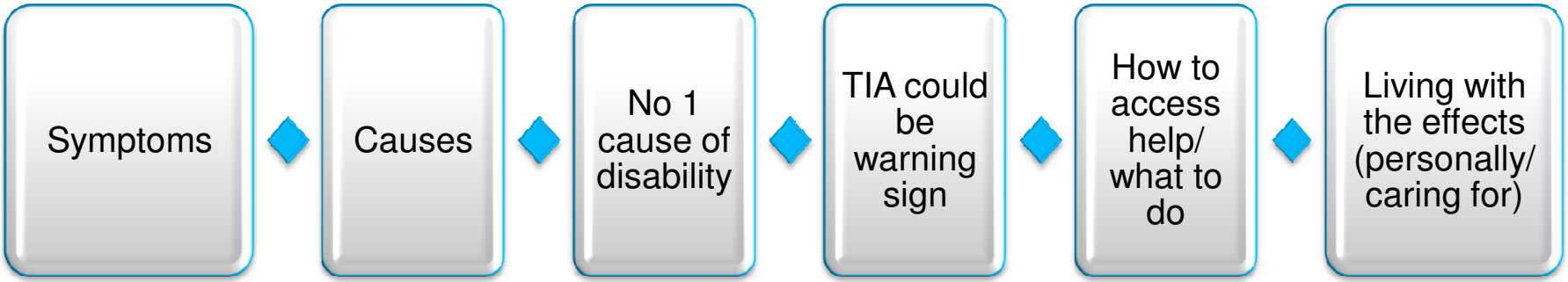
Information Recall

- **High recall** of FAST campaign on TV advert (few recalled name 'FAST)
- FAST campaign raises awareness of symptoms, action to take and educates

"I always thought a stroke was a heart attack until I saw the advert and it tells you that time is an important thing"

- Others seen information in GP surgeries
- **No** respondents had seen information on mini strokes/ TIA

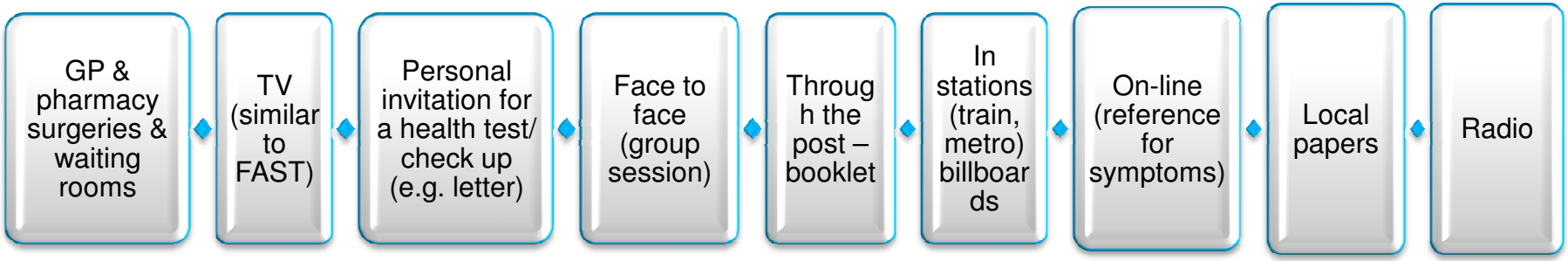
- What information/ messages do people want to see?



- Those who had seen FAST felt it worked (with info on TIA as warning sign)

Suggestions for Communications Strategy

- Where people want to find the information:



"Through the post"
"They've just sent one on Swine Flu. They can just pop it through your letterbox"
"I think they should be in waiting rooms; doctors, chemists, places like that"
"You could put it in the local paper"
"I would have thought your doctors surgery"
"Inviting people along for tests and things. Send them information and invite them"

FAST Campaign

- Recall of the TV advert was quite good across all groups but most were unaware of it being called ‘FAST’ and needed prompting

  “Is that the black and white one with the dogs?”

  “Is that fast as is speed?”

- **High recall of the message** and what to do

  “It got a very clear message of anything like this don’t mess about and get straight to hospital”

- Some saw the advert and turned it off – too **frightening**

  “When you first see the advert it is a bit daunting. I mean that actually happens, it’s quite scary”

  “It’s frightening but its really good information”

- Some able to remember the acronym ‘FAST’ and what that stood for specifically, however most largely knew what to do even if they did not get the exact words (especially focusing on **time**)

  “Face, arms, speech, time that’s the last one”

  “Time to get it sorted out. The longer it is left the more damage it does”

  “Time to call 999”

Results

CATI Semi-structured Interviews with Stakeholders

Receptionists Protocol

Dealing with patient phone call requests to speak to a GP or nurse:

First: Ask what the problem is

Second: Send a task / notify GP or nurse

Third: Recommend patient call back after hours

Elements of booking an appointment:

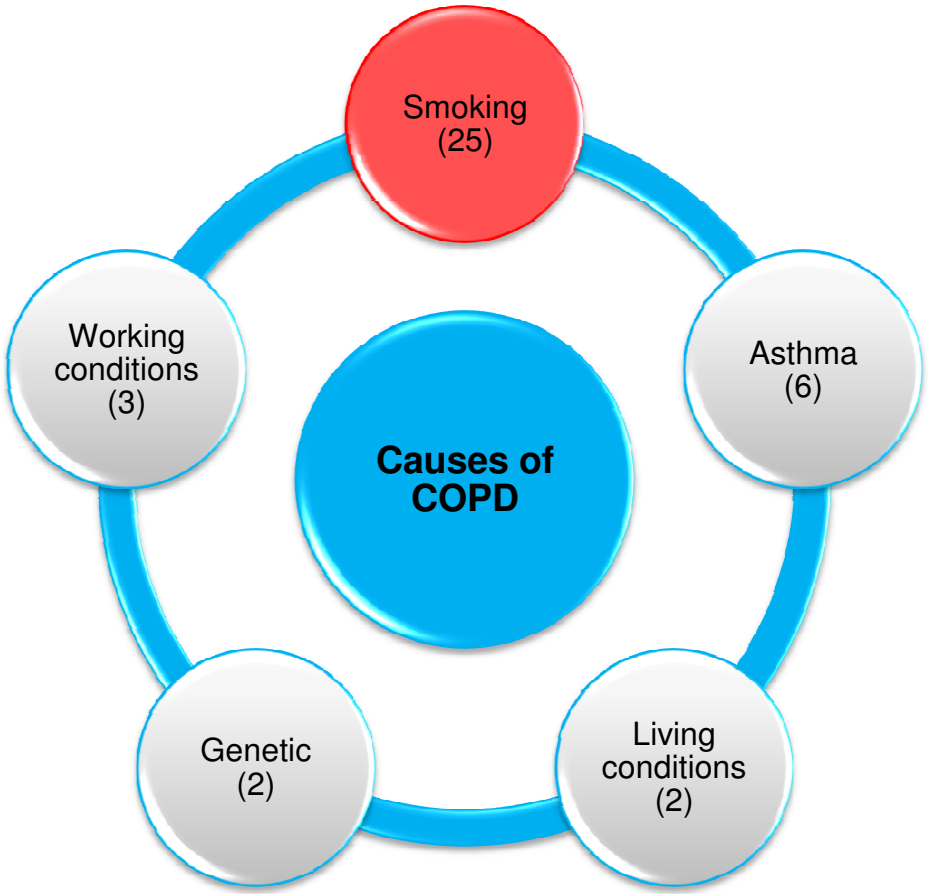
Checklist to determine if routine or urgent?

- 5/10 use checklist
  - 4/5 said chest pains would prompt emergency response
  - 3/5 would ask nurse or GP to advise
  - 2/5 would act if stroke symptoms were evident, e.g. drooping mouth, slurred speech
  - 1/5 mentioned shortness of breath

Awareness of COPD and Cause

COPD was a term recognised by all stakeholder

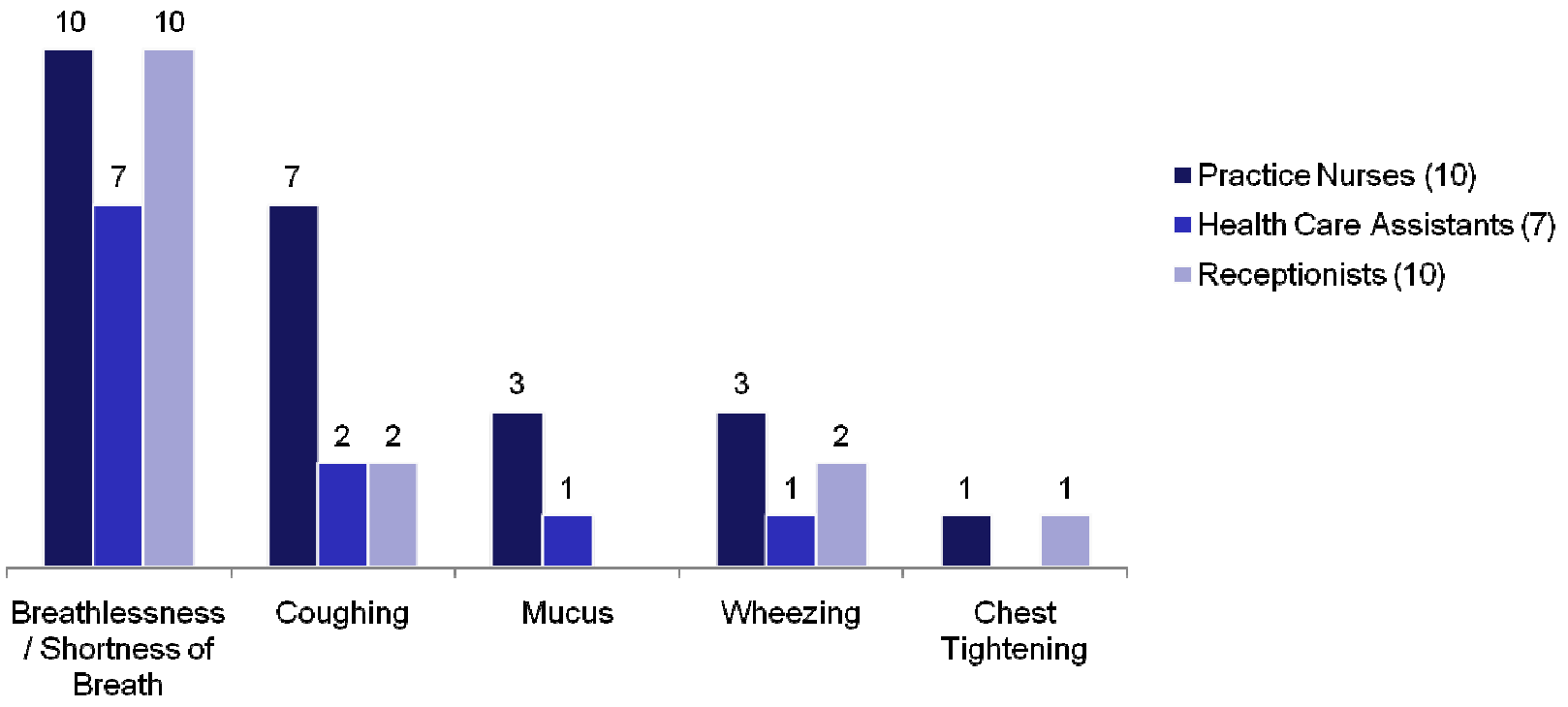
- 19/27 knew full term, 6/27 had partial knowledge



Awareness of COPD Symptoms

All stakeholders identified shortness of breath / breathlessness as a symptom

- In addition to those outlined in the graph, 2 respondents identified being prone to chest infections as a symptom of COPD, and 2 other respondents mentioned asthma



Reaction to COPD Symptoms

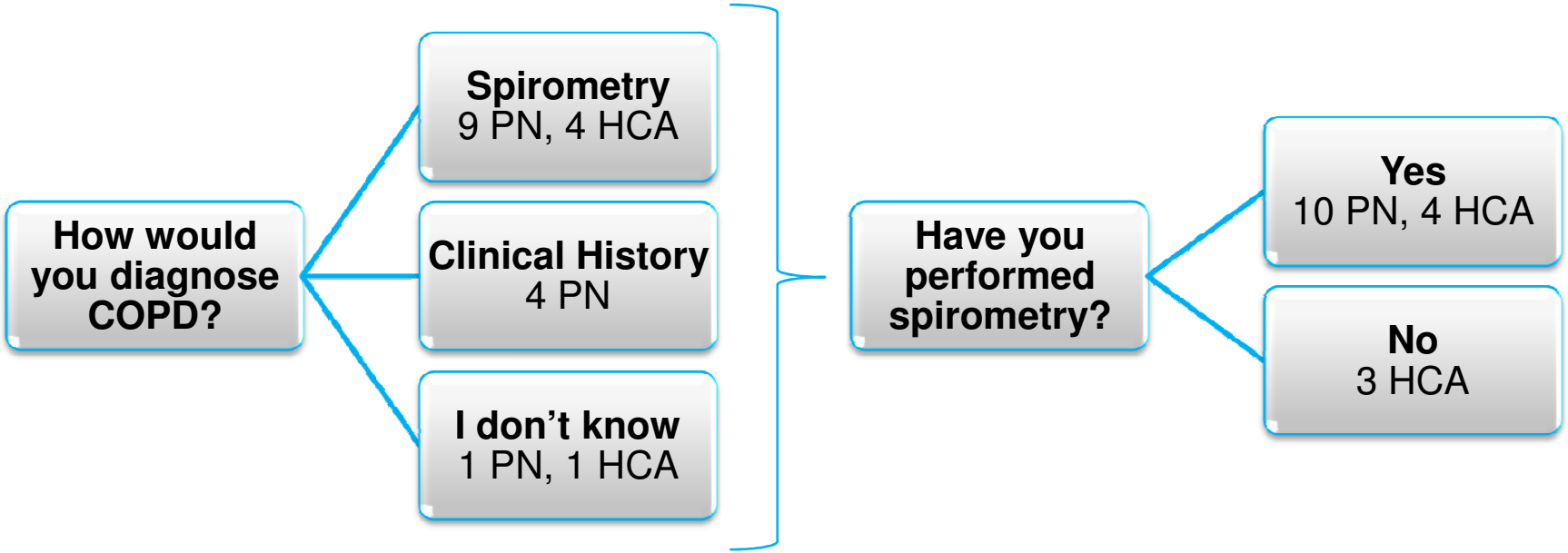
Receptionists response in the waiting room:

- 7/10 Speak to / get the patients GP
- 2/10 Call an ambulance / 999
- 2/10 Make their appointment a priority / move patient to top of the list

Practice Nurse response during an appointment:

- 9/10 Spirometry test
- 4/10 Speak to / get the patients GP
- 3/10 Check patients medical history
- 2/10 Recommend the patient speak to/see their GP
- 1 Practice Nurse mentioned asking the patient about smoking habits and age, and another explained she would look at the patients height and weight

Diagnosis of COPD



What would prompt you to perform spirometry on a patient?

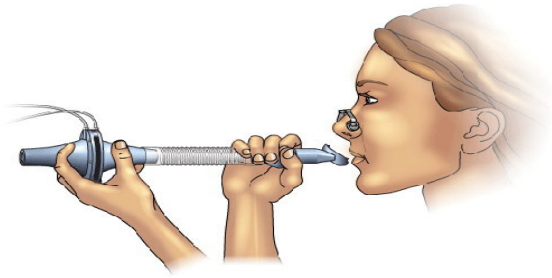
- Current or ex-smoker – 9/10 Practice Nurses, 2/7 Health Care Assistants
- Over 35 years old – 3/10 Practice Nurses
- Chronic cough – 1/10 Practice Nurse

Base: 10 Practice Nurses (PNs), 7 Health Care Assistants (HCAs)

Spirometry

What indicates airflow obstruction?

- Only **4** Practice Nurses would look for 'Forced Expiratory Volume below 0.7 / 70%'
- Only **1** Practice Nurse mentioned 'Forced Vital Capacity below 80%'
- **All other** respondents did not know / indicated confusion
  - *"FEV of less than 80% and an FVC of less than 70%"*

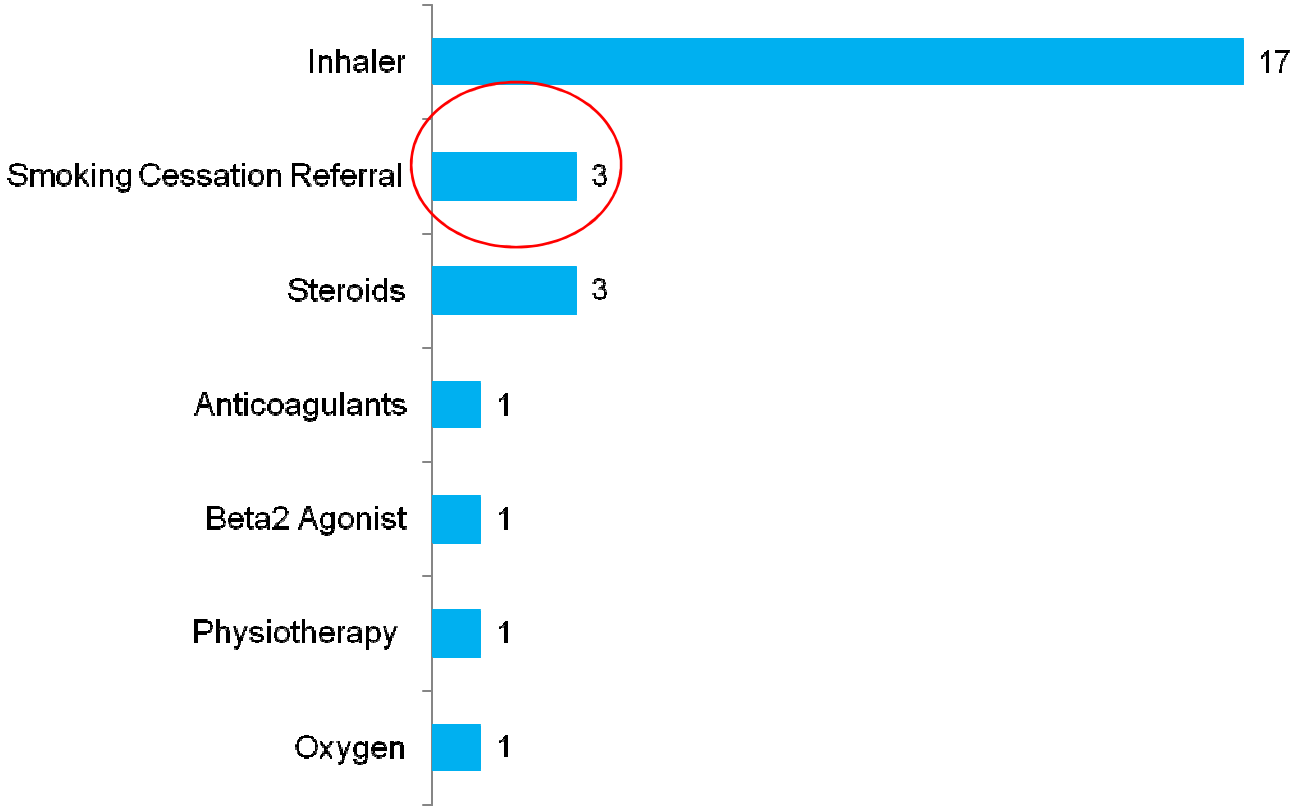


If the spirometry test indicated COPD, respondents would…

- Refer to a GP or chest specialist (7)
- Organise a chest X-ray (4)
- Do blood count (2)
- Reversibility test (2)
- ECG (1)

Treatment of COPD

All (10/10) Practice Nurses and (7/7) Health Care Assistants would use an inhaler



Base: 10 Practice Nurses (PNs), 7 Health Care Assistants (HCAs)

COPD as Part of Job Role

Except for 2 Receptionists, **<u>all</u> stakeholders believe it is important** to know about COPD, because of…

Rising / high levels of COPD

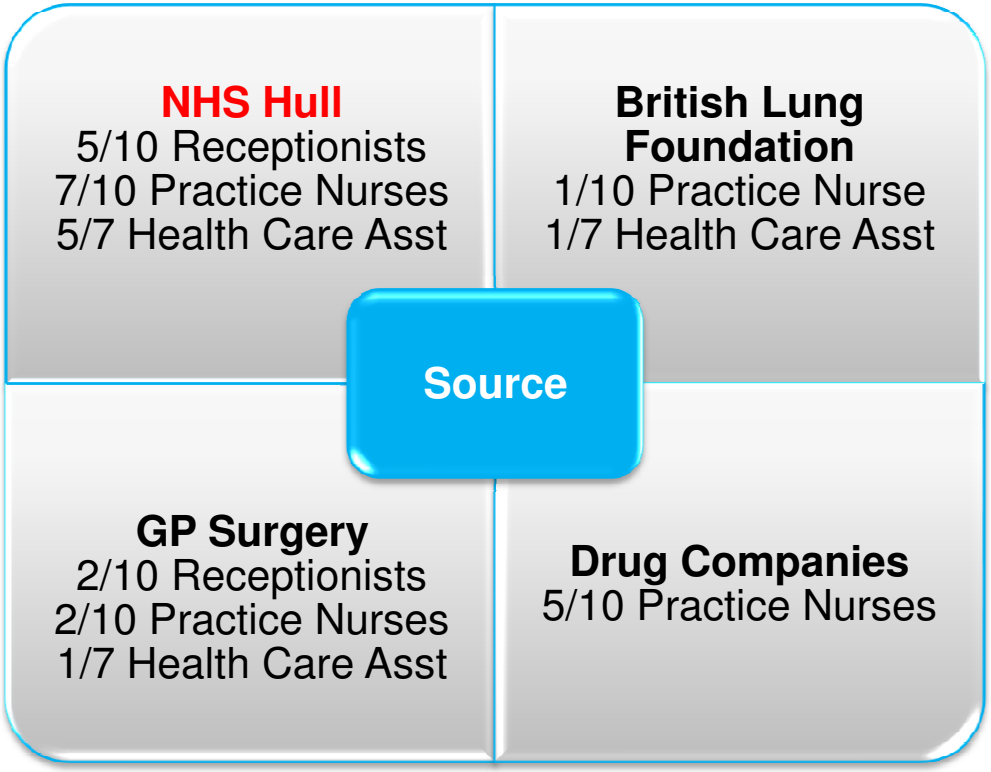
- *"We've got very high prevalence in Hull."* (PN)
- *"Because of the amount of smokers that have been in is on the increase at the moment. They're finding more and more new cases."* (PN)
- *"The prevalence of it appears to be getting greater. We are picking up on it more. I think this is due to smoking levels although it has been mismanaged and undiagnosed in the past."* (PN)

Prevention

- *"Because if the patient has the information early enough, then they can do something about it to stop it progressing."* (PN)
- *"The sooner we get them, the sooner we can control it, help them and help reduce exertion."* (PN)
- *"Prevention rather than cure – trying to improve the mortality rates for anyone who's got the disease."* (PN)

Information Recall

Information recalled was **largely about the symptoms and causes** of COPD.



Method Used:

Leaflet (18)

Poster (9)

Through a colleague (5)

Conference (4)

Email (4)

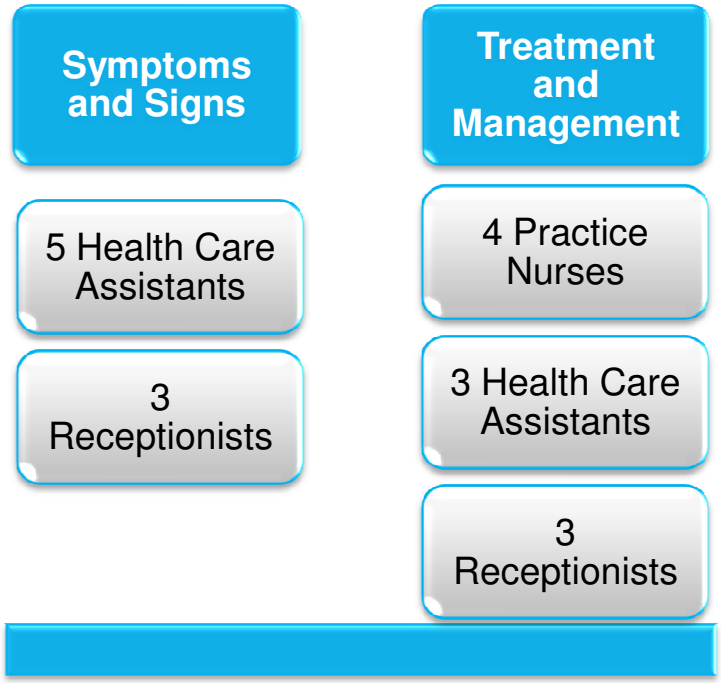
Postal letter (4)

5/10 Practice Nurses also spoke of information disseminated through training and 2/10 described study days

Information Required

Would you like to receive information from NHS Hull about COPD?

- ‘Yes’ = 7 Receptionists, 4 Practice Nurses, 6 Health Care Assistants



“*Basically, an easy treatment guideline to follow would be good – a flow chart to follow.”* (Practice Nurse)

“Mainly the warning signs of what to look out for in patients.” (Health Care Assistant)

“Anything that’s quick. When people come in , if it’s a quick reference we can look at it and see that someone is showing those signs.” (Receptionist)

Preference for **leaflets** from all stakeholders as a means for NHS Hull to communicate with them about COPD.

Training Experienced

Overall, about **half** (13 respondents) had experienced COPD training in their current role:

- All Practice Nurses
- 2 Receptionists
- Only 1 Health Care Assistant (another had trained at a previous job)

The majority of respondents had been trained between **3 and 6 months ago**:

- 2 Receptionists, 2 Practice Nurses and the only Health Care Assistant to be trained
  - The remaining Practice Nurses had been trained within the last 3 months (3), within the last 6 to 12 months (3), and over a year ago (2)

5/10 Practice Nurses indicated they held a diploma in COPD, and received regular updates…

- Spirometry was indicated to be a main aspect of training by 5 Practice Nurses
- COPD symptoms, diagnosis, treatment and management were also indicated

Perception of Training

Good Aspects	Recommendations
Refresher / Updates *"It keeps us up to date with current guidance"* (PN) *"It was a good refresher and it was good to go through the up-to-date treatments."* (PN)	**Would not change it** *"Not really, what I've done is quite adequate for my role."* (HCA) *"No, not really, it's fine as it is."* (PN) *"No, I thought it was quite good at the time."* (PN)
Delivery of Trainer *"She was very thorough and she was really, really good."* (R) *"It was the way she did it that made it enjoyable."* (PN)	**Keep updating staff** *"Just regular updates are fine for me."* (PN) *"Keeping us up to date."* (PN) *"Just more training days and updates really."* (HCA)
Collaboration / Sharing Ideas *"It's been really useful working with other nurses."* (PN) *"Communicating with other Practice Nurses and sharing ideas."* (PN)	**Specific suggestions** - How to manage patients (PN) - In-depth reasons why people have COPD (HCA) - Less reliance on drug companies for training (PN)

Training in the Future

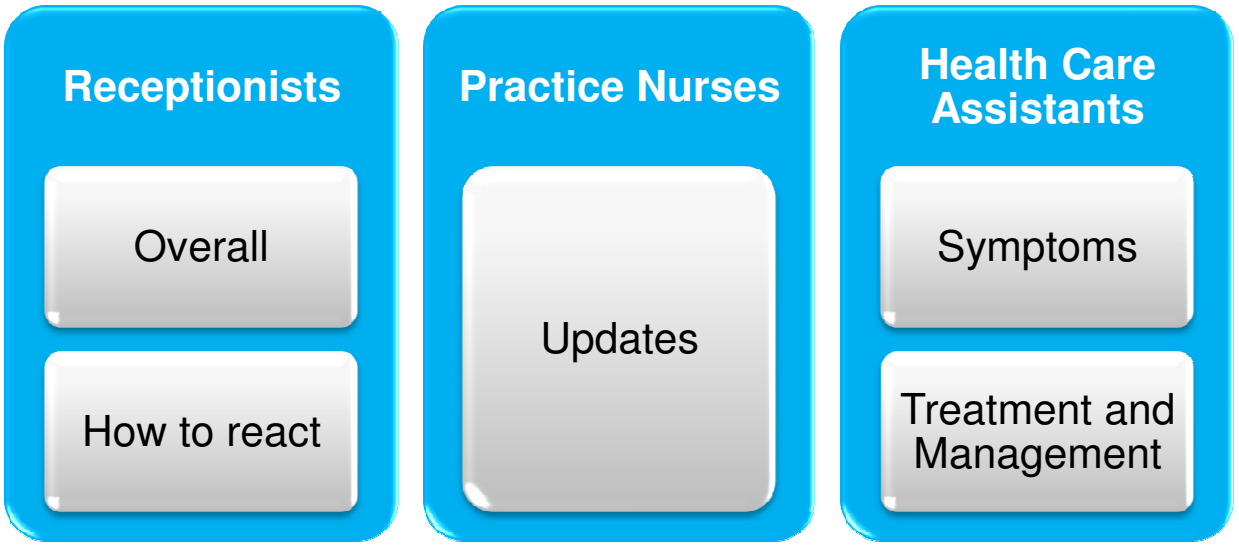
Of the 14 respondents who had been trained, only half (7) would like more training:

- 1 Receptionist, 4 Practice Nurses, and 2 Health Care Assistants

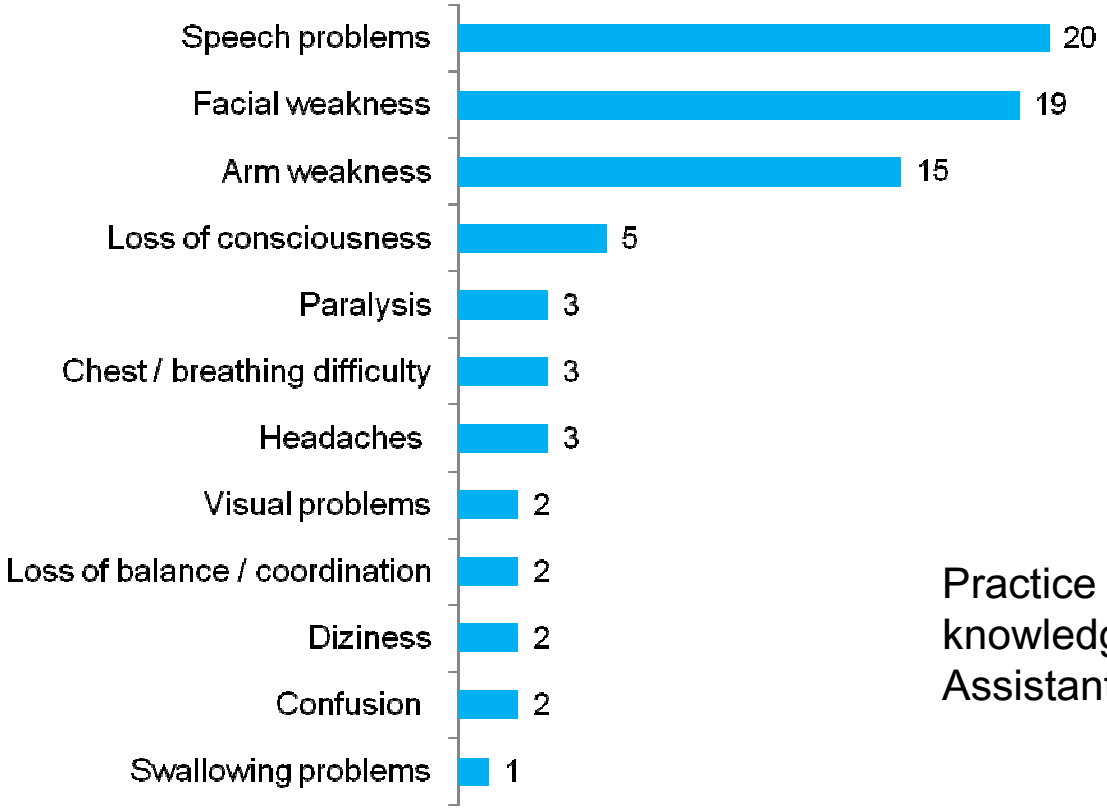
Of the 13 respondents who had NOT been trained, 8 would welcome training:

- 4 Receptionists, 4 Health Care Assistants

It was recommended this training consist of…



Symptoms of a Stroke



Practice Nurses displayed the most knowledge, followed by Health Care Assistants and then Receptionists.

Awareness of Transient Ischaemic Attack

Majority of respondents **had heard of TIA** (except for 4 Health Care Assistants)

- They did, however, know of a 'mini-stroke'

Awareness of the full term, 'Transient Ischaemic Attack'

- All Practice Nurses
- 7 Receptionists
- 3 Health Care Assistants

The difference between a stroke and a TIA…

Notably, 5 Receptionists, 2 Health Care Assistants, and 1 Practice Nurse 'Did not know' or 'Could not remember.'

Reaction of Receptionists

If someone rang reception and described facial or arm weakness:

- Call 999 / ambulance (7)
  - Request GPs / Nurses advice to do so (4)
  - Would initially ask patient to call ambulance (2)

If someone rang reception and described stroke symptoms, but explained they had gone away or lessened:

- Call 999 / ambulance (3)
- Recommend GP appointment (2)
- Advise patient to go to walk-in centre (1)

If patient walked into the surgery and their mouth had visibly drooped or their arm was paralysed:

- Speak to / get patients GP (8)
- Call 999 / ambulance (3)

Reaction of Practice Nurses and Health Care Asst

Overall, if seeing a patient in person**, all stakeholders** are likely to seek GP opinion.

If patient walked into an appointment and their mouth had visibly drooped or their arm was paralysed:

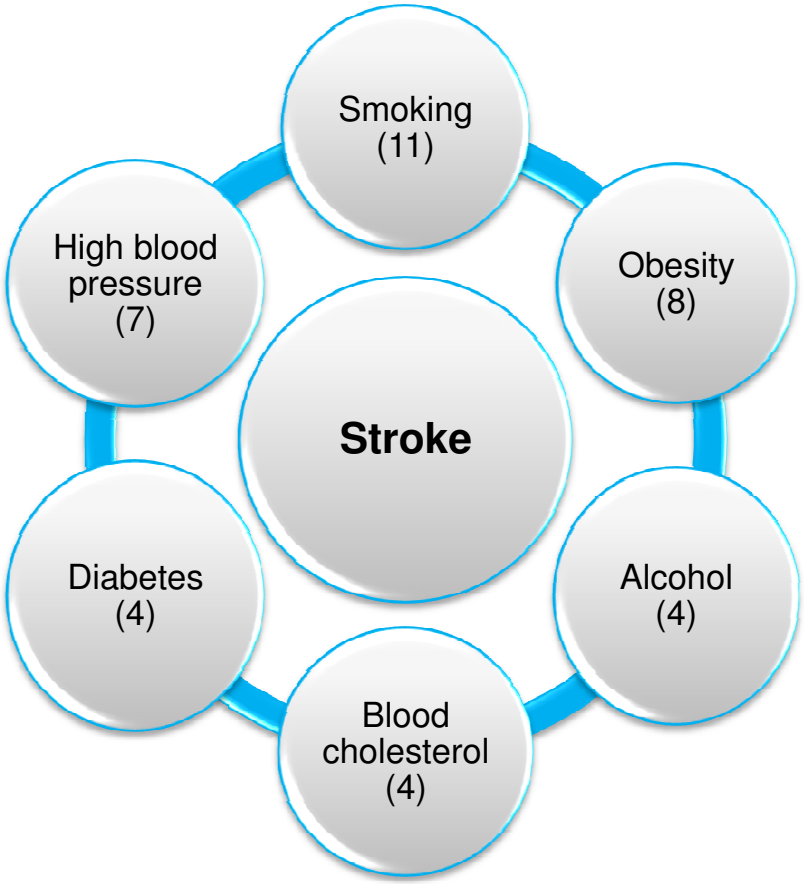
- Speak to / get patients GP (8 PN, 6 HCA)
- Call 999 / ambulance (6 PN, 2 HCA)
- Check blood pressure (3 PN)
- Check medical history (1 PN, 1 HCA)

At an appointment a patient described how they had temporarily lost the use of an arm or leg, but felt back to normal again:

- Speak to / get patients GP (7 PN, 4 HCA)
- Refer to TIA specialist / clinic (4 PN)
- Recommend patient speak to GP (2 PN, 2 HCA)
- Only one nurse would carry out own assessment
    - *"Check all the neurological symptoms – check the blood pressure."*

Awareness of Risk Factors

2 Practice Nurses and 1 Health Care Assistant 'Did not know' the risk factors of stroke, the other clinical professionals did…



Atrial Fibrilation was only mentioned by **2** Practice Nurses.

Atrial Fibrilation

All Practice Nurses and Health Care Assistants knew that AF was a heart rhythm disturbance:

- 4 Practice Nurses knew it was the most common arrhythmia

Having said that, they were **not all opportunistically testing** for AF:

- 6/10 Practice Nurses and 3/7 Health Care Assistants

Those aged **over 65** were thought to be more likely to have AF:

- 5/10 Practice Nurses and 3/7 Health Care Assistants

Practice Nurses and Health Care Assistants were also asked how to test for AF:

- Pulse only (1)
- ECG only (7)
- Both (7)

CHADS2 Scoring System and Warfarin

The majority of clinical professionals had no awareness of the CHADS2 scoring system:

- ‘Yes’ (2 Practice Nurses, 2 Health Care Assistants)
- ‘No’ (8 Practice Nurses, 5 Health Care Assistants)

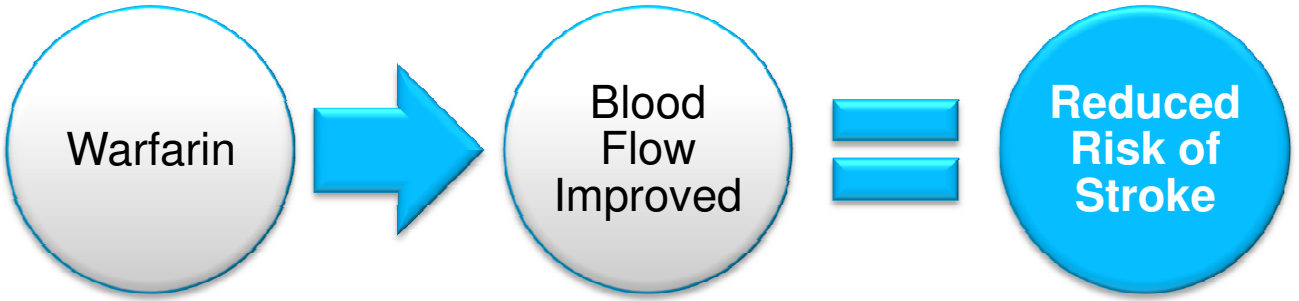
Lack of knowledge evident:

- No one knew what the CHADS2 scoring system is for

  “I’ve read about it somewhere, but I can’t think what it is.” (PN)

  “I’ve just heard of it being mentioned, but I don’t know what it entails.” (HCA)
- No one knew how to respond to a score of 2 or more

Benefits of treating stroke patients with Warfarin…



ABCD2 Scoring System

Even **lower recall** of ABCD2 scoring system:

- ‘Yes’ (1 Practice Nurses, 1 Health Care Assistants)
- ‘No’ (9 Practice Nurses, 6 Health Care Assistants)

Lack of knowledge evident:

- No one knew what the ABCD2 scoring system is for or how to use it
  - *“Again, it’s something I’m aware of, but I can’t pin point what it is.”* (PN)
  - *“I’ve heard of that as well, but I don’t know what it entails.”* (HCA)
- No one knew which patients the ABCD2 scoring system would be used for
- No one knew how to respond to an ABCD2 score of 4 or more

Overall then, **neither scoring systems**, not the CHAD2 nor the ABCD2 tools, were well known amongst respondents, irrespective of job role.

Stroke and TIA as Part of Job Role

Except 2 Receptionists, **all stakeholders** believe it important to know about Stroke and TIA, particularly the symptoms and how to respond, because…

Prevention

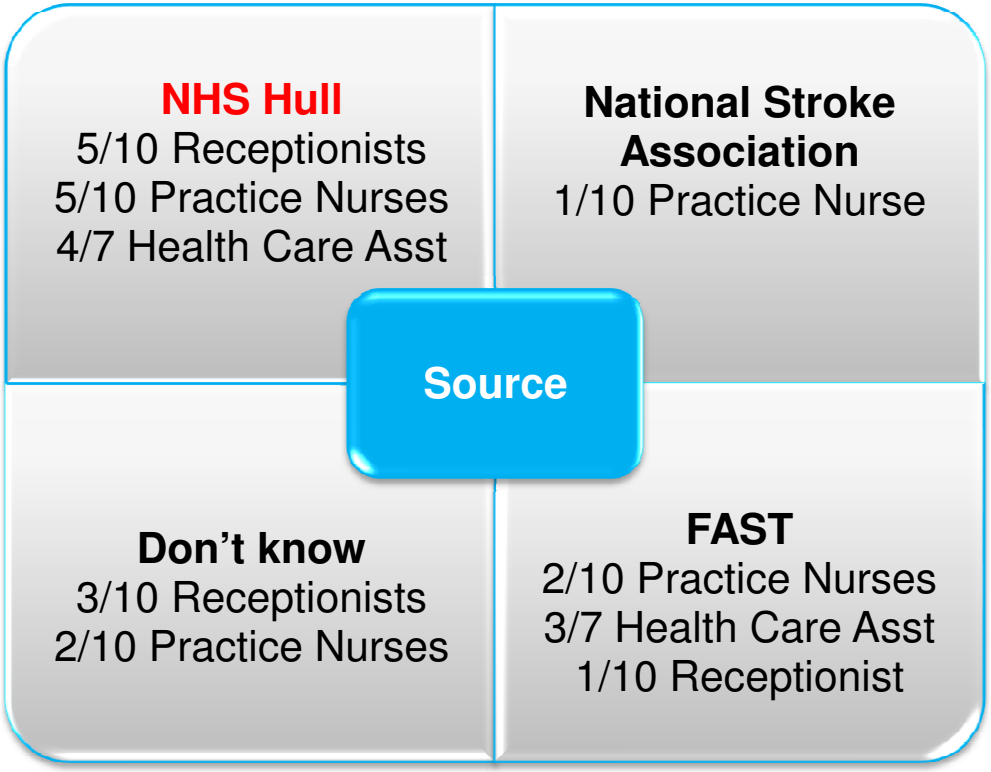
- *"Sometimes we can help prevent it with health education and sometimes we can spot it as well."* (PN)
- *"We want to prevent it."* (PN)
- *"To try and prevent people having strokes and keep them fit and well."* (PN)
- *"Again, prevention rather than cure."* (PN)

Improve outcomes

- *"If we try to reduce the number of patients having a stroke or a TIA, that will make a huge difference to the patients life."* (PN)
- *"It could have a huge impact on care that may be needed afterwards."* (PN)

Information Recall

Information recalled was largely about the **symptoms** of stroke and the importance of **acting quickly**.



Method Used:

Leaflet (14)

Poster (11)

Television (7)

Through a colleague (4)

Training (3)

Conference (2)

Postal letter (2)

Email (1)

Information Required

As with COPD, HCA want information on both. Generally more on symptoms and signs of stroke (less information required on treatment and management than with COPD)

Leaflets preferred communication method (as with COPD)

Symptoms and Signs	Treatment and Management
5 Health Care Assistants	2 Practice Nurses
1 Practice Nurse	2 Health Care Assistants
2 Receptionists	

"I know a few of the symptoms, but it would be nice to know them all, so all of the symptoms and signs." (Receptionist)

"The symptoms and procedures of what you should do." (Health Care Assistant)

"Keeping us updated and informed on current legislations regarding treatment, monitoring, the prevalence and picking it up." (Practice Nurse)

Preference for **leaflets** from all stakeholders as a means for NHS Hull to communicate with them about Stroke.

Training Experienced

Overall, only 8 respondents had experienced stroke training in their current role:

- 5/10 Practice Nurses
- 3/10 Receptionists

The majority of respondents had been trained between **6 and 12 months ago**:

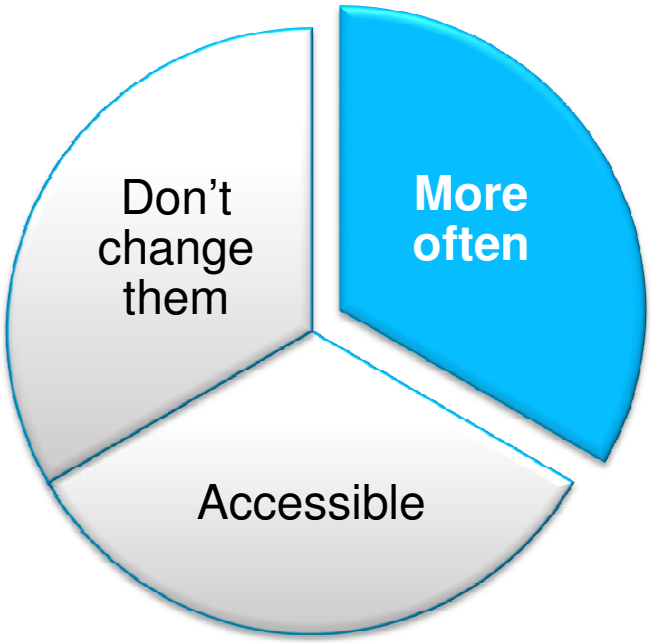
- 1 Receptionist and 2 Practice Nurses
  - 1 Receptionist could not recall how long ago her training was, another was trained within the last 3 months
  - 1 Practice Nurse trained between 3 and 6 months ago, and the remaining 2 were trained over a year ago

4 Practice Nurses described 'Study days' at a Strokes Unit

- Symptoms / treatment / referral

'Basic' and 'General' training was described by 1 Receptionist, 1 Health Care Assistant, and 1 Practice Nurse

Perception of Training

Good Aspects	Recommendations
Informative *"It gave you more of an insight."* (R) *"It was very informative."* (PN)	
Practical and Valuable *"It was practical and it was relevant to our job."* (PN) *"It was practical and real."* (PN)	
Confidence Building *"It gave you more confidence in what to do."* (R) *"It tells you what you are supposed to do so that you don't panic."* (R)	
Updates *"Keeping us up to date really."* (PN) *"It recaps things basically."* (R)	

Training in the Future

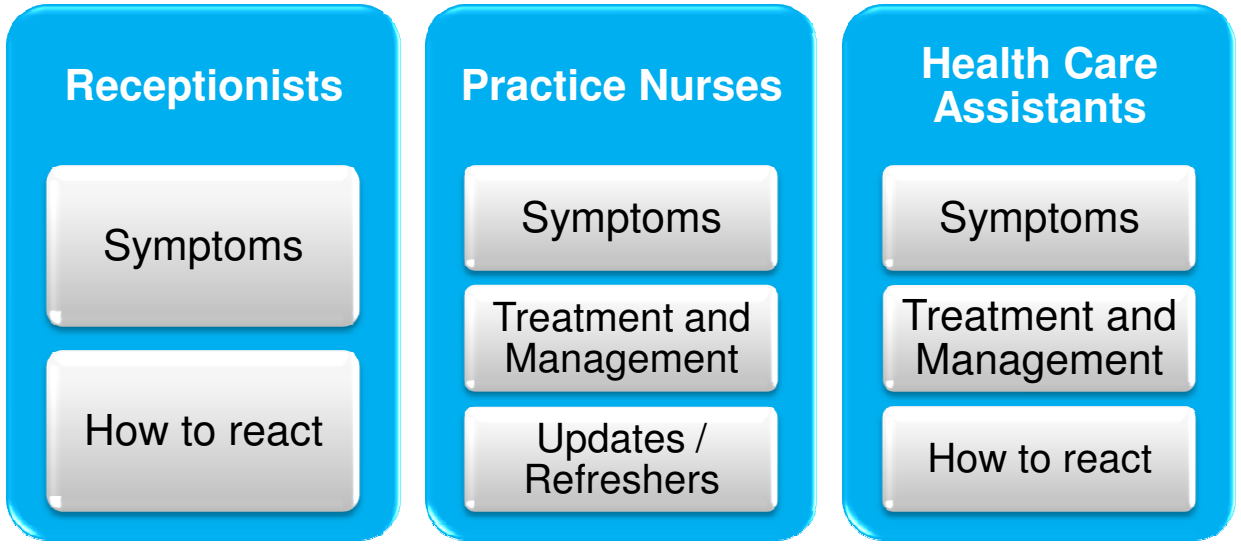
There is equal demand for further training on Stroke and TIA:

- 2 Receptionists, 3 Practice Nurses, 1 Health Care Assistant

15/18 respondents who had NOT been trained welcome training on both Stroke and TIA:

- 4 Receptionists, 5 Practice Nurses, 6 Health Care Assistants

It was recommended this training consist of…



Conclusions and Recommendations

Conclusions – COPD (Public)

- Perceived health danger to quit smoking – '**quit and you'll die!**'
- '**Prove it**' attitude – lack of trust in link between COPD & smoking; respondents want proof of the links to believe it
- **Denial** – 'its not me' attitude
- **Low awareness** of COPD (what it is, causes, symptoms or treatment); greater awareness of Bronchitis and also Emphysema
- **No awareness** of a connection between COPD and Bronchitis or Emphysema
- Communicate: **term** COPD, **causes, symptoms**, long term **effects, proof**
- Main barriers to seeking help were **victimisation** as a smoker and COPD being **incurable**, 'what's the point' attitude
- Overcoming barriers – **listen, don't preach, explain** things clearly
- High awareness of smoking cessation services – all attempted to quit
- How to stop smoking – **financial** incentive, **free** prescriptions, encouragement '**well done**'

Conclusions – Stroke (Public)

- Majority **knew someone** who had suffered a stroke
- **Good awareness** of stroke but no awareness of TIA (some awareness of 'mini stroke'
- **High awareness of causes & symptom**s of stroke (esp. physical signs)
- However, concern over **differentiation** between less sever conditions (with similar symptoms) especially for less obvious symptoms
- Majority **would call 999** if symptoms of a stroke/ TIA recognised
- Some less likely to react urgently to selves (stubborn, not bothering others)
- **Surprise** that stroke is biggest cause of disability in UK; key message for communication
- **FAST campaign high recall** and positive response
- Clarity required around TIA (what to do, the term, warning sign)

Semi-structured CATI telephone interviews Summary

Symptoms Recalled

COPD = Shortness of breath

Stroke = Speech problems, facial and arm weakness

Information

NHS Hull, Leaflets

Symptoms (HCA),

Treatment and Management (PN - COPD only)

Training Experiences

COPD = 10 PN, 1 HCA, 2 R (3-6 months ago)

Stroke = 5 PN, 3 R (6-12 months ago)

Reaction

COPD = Refer (HCA+R) or Spirometry (PN)

Stroke = 999 (R) or Refer (PN+HCA)

Causes / Risk Factors

COPD = Smoking

Stroke = Smoking, obesity, high blood pressure

Training

COPD = Updates (PN), Reaction (R), Symptoms and Treatment (HCA)

Stroke = Symptoms (All), Reaction (R+HCA), Treatment (PN+HCA)

Job Role

COPD = Prevention / Prevalence

Stroke = Prevention / Improve Outcomes

Diagnosis

COPD = Spirometry (13)

Stroke = AF (17), CHADS2 (4), ABCD2 (2)

Any questions?

Explain
market research

One Source for all your market research

Explain
market research