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#400WORDS: CHIEF NURSING OFFICER'S RESEARCH FELLOWS EVIDENCE IMPLEMENTATION PROJECTS

Transient Ischaemic Attacks and personalised care plans: evaluating adoption and improving impact across Cornwall

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Background

According to national incidence figures, approximately 275 people in Cornwall, experienced a Transient Ischaemic Attack (TIA) in 2022 (UK Population Data, 2023 and NICE, 2023). TIA is a strong predictor of subsequent stroke and the risk within three months after stroke or TIA may be as high as 25% (Johnson et al., 2000). Identification and modification of all risk factors, including lifestyle issues is key to enabling effective secondary prevention of further events (National Clinical Guideline for Stroke, 2023). NICE (2021) recommend that clinicians enable shared decision-making and the National Clinical Guideline for Stroke (2023) advocate that clinicians support patients to develop their own personalised care plan based on their individual needs, preferences and circumstances; this is also a core aim within the NHSE long term plan (NHS England, 2023).

Review of the evidence

A systematic search of CINAHL, Medline and Cochrane databases was undertaken using the terms 'TIA', 'Mini stroke', 'modifiable risk factors', 'secondary prevention' and 'care plan'. Boolean logic was applied, and titles and abstracts were screened for relevance. Lawrence et al. (2011) sought to establish the effectiveness of secondary prevention behavioural interventions for modifiable risk factors for stroke and TIA. It concluded that secondary prevention lifestyle interventions are effective in terms of affecting positive change and consider that clinicians should consider effective health promotion strategies and interventions to address modifiable lifestyle risk factors. In contrast, a randomised control trial of Stroke/TIA survivors involving specialist review of care plans and nurse education in addition to usual care highlighted the need for new or better approaches to achieve meaningful behavioural change (Olaiya et al, 2017). Turner et al (2019) reported that clinicians prioritised medical interventions whereas patients wanted greater understanding of their diagnosis and individualised support regarding secondary prevention. Moreover, Vadas et al (2021) advise personalising programmes to the

individual's health beliefs, situation, preferences, and needs is important for facilitating adherence to self-practice.

Project plan

The projects aim is to co-create and implement a pre-secondary prevention consultation conversation tool into stroke services across Cornwall. The JBI Evidence Implementation Model (Porritt et al., 2020) will shape a four-phase project. The first phase will collect baseline data from records and include surveys of patients and stroke nurses. The second phase will be the co-creation of the conversation tool with a patient and public involvement and engagement group and external stakeholders. The consultation tool will be implemented into practice in phase three and evaluated in phase four using the pre-intervention measures again. Acknowledging this is another short-term measure of impact, this is a recognised need for such developments to have robust longitudinal outcome evaluation developed to measure sustainable impact.

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