

Better primary care needed to help young stroke survivors return to work

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The role of primary care needs to be improved to help young stroke survivors return to work, according to a new study from Queen Mary University of London and the University of Cambridge.

Many people of working age who have a stroke want to return to work, but encounter difficulties.

In the study, published in the *British Journal of General Practice (BJGP)*, the researchers describe a number of causes behind this. To do this, they took the results of a previous study looking at issues with returning to work after stroke at UK level to all stakeholders from a local community.

They found there was a mismatch between patient and carer needs and what is provided by [primary care](#). This included lack of GP awareness of invisible impairments, uncertainty how primary care could help in time-limited consultations and complexity of return-to-work issues.

Primary care physicians were also not aware of relevant services they could refer patients to, such as occupational therapy support.

In addition, there was an overall lack of coordination between different stakeholders in the returning to work process. Linking with other services was considered important but challenging due to ongoing changes in service structure and the commissioning model.

A quarter of all strokes happen in working age, with a general practice of around 6,000 patients containing on average 15 stroke survivors aged between 18 and 65 years. Stroke rates are increasing in people aged under 55 while it is known that enabling people with stroke to work has positive effects on health.

Dr. Anna De Simoni, lead author of the study from Queen Mary University of London's Institute of Population Health Sciences said: "Primary care is in a crucial position to support stroke survivors successfully returning to work and address inequalities in access to vocational rehabilitation support.

"Through group discussions with stakeholders from a local community, patients, carers, GPs, occupational therapists, employer representative and clinical commissioners we are able to put forward concrete proposals to address the barriers identified. "

Suggestions for improvement include a central contact in primary care for signposting to available services, a rehabilitation assessment integrated with the electronic record, and a patient-held share-care plan at discharge from stroke wards.

The Equality Act 2010 obliges employers to consider whether 'reasonable adjustments' could help stroke survivors return to work, provided there is an assessment of their impairments/disabilities.

However, the researchers found evidence of employers asking clinicians for sick notes rather than undertaking work adaptations.

Dr. De Simoni added: "This is more straightforward for physical impairments. Primary care might be the only source of help for patients whose invisible impairments have not been highlighted and are exacerbated by return to employment and for self-employed or business

owners."

The researchers say that more work is needed to develop the three suggestions emerged from this study into interventions, addressing potential problems together with their evaluation in terms of cost-benefit.

Georgina Hill, Research Communications Manager at the Stroke Association, said: "Stroke can strike at any age, and about a quarter of stroke survivors are of working age. This study highlights the unique challenges that stroke survivors may face in getting the support they need when returning to work. While this study looked at a small number of people in the UK, it builds on existing evidence that too often, stroke survivors and those close to them, can't get the support they need to rebuild their lives.

"Last year, our largest ever survey of people affected by stroke was published as the Lived Experience of Stroke report, which also showed that many stroke survivors experience fatigue and problems with memory and concentration which need consideration when [stroke](#) survivors return to work.

More information: 'How primary care can help survivors of transient ischaemic attack and stroke return to work: focus groups with stakeholders from a UK community'. Chantal Balasooriya-Smeekens, Andrew Bateman, Jonathan Mant, Anna De Simoni. *British Journal of General Practice*.

Provided by Queen Mary, University of London

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