

# What factors inhibit and enable English community stroke teams from meeting the needs of longer-term stroke survivors? Findings from a focus group study

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## Introduction

A national survey of community stroke teams has revealed that longer-term support for survivors is variable across England. Most teams provided a service for up to 12 months, yet less than half commissioned an annual review.

Strategies for developing longer-term stroke care should take account of: barriers confronting service providers that may inhibit stroke survivors' needs from being met, as well as enablers that may facilitate survivors' needs being met.

## Methods

A purposive sample of eight English community stroke teams selected from the national survey participated in focus group discussions as part of a wider study concerned with the development and implementation of a longer-term strategy for supporting stroke survivors and their families.

Selected stroke teams offered varying levels of support. Five teams provided support for up to 12 months; two for up to 6 months and one for up to 3 years.

Group discussions were facilitated, audio-recorded, transcribed and subjected to qualitative thematic analysis.

## Results

### Key inhibitors that constrain the achievement of longer-term support:

- A shortage of psychological input within community stroke teams to enable survivors to cope with emotional distress;
- The influence of a target-driven, rather than clinically-driven, culture based upon managing survivor throughput;
- Weak or ineffectual multi-agency partnerships involving NHS, Social Services and Voluntary organisations;
- Shortfalls in staff training provision within primary care and in residential / nursing care home settings;
- A weak culture of promoting self-management among survivors, marked by a tendency for routine tasks to be carried out on survivors' behalf rather than by survivors themselves, within clinical as well as wider social settings;
- Limited provision of community-based stroke-specific and non stroke-specific activities for survivors to engage with;
- Poor information provision for survivors and carers, combined with an absence of an 'open-door' self-referral policy;

- Inadequate public transportation provision (including physical barriers that inhibit access to modes of transport); and
- Limited retraining and paid / voluntary employment opportunities for survivors to become engaged with.

### Key enablers that facilitate the achievement of longer-term support:

- The delivery of regular stroke reviews to identify emergent problems and provide necessary support;
- Inter-disciplinary team learning and practice across professional boundaries within clinical and non-clinical settings;
- Innovative in-house training programmes for community stroke teams (combined with an 'open-door' self-referral policy);
- Survivor-to-survivor peer support schemes to help overcome practical and emotional challenges; and
- The delivery of group self-management programmes focused upon a goal-setting approach to problem-solving.

## Conclusion

Managerial, operational and cultural shifts in practice are required to produce longer-term wraparound support systems for the benefit of survivors and their carers.

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