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EXPLORING THE BARRIERS AND FACILITATORS TO DELIVERING AN OUTDOOR REHABILITATION PROGRAMME WITHIN NHS COMMUNITY STROKE SERVICES

Can NHS community stroke services offer new innovative ways to deliver rehabilitation after stroke to meet the needs of young adult (18-65 years) stroke survivors? This research focused on gaining the perspectives of young adult stroke survivors, their carers and community stroke clinicians across the Northern Care Alliance NHS Foundation Trust

AFFILIATIONS

This research was funded by Health Education England / National Institute for Health & Care Research as part of the Integrated Clinical Academic Internship Award Scheme. This project was supervised by Dr Hannah Jarvis, Lecturer and Researcher at Manchester Metropolitan University. Ethical Approval was granted by MMU Research Ethics Committee.

AUTHOR

Katie Eves. Physiotherapist, Bury Community Stroke & Neuro Rehabilitation Team, Northern Care Alliance NHS Foundation Trust.

INTRODUCTION

Stroke is the **leading cause of disability worldwide** , with **21%** of adult **stroke survivors** living in the **UK aged <65 years**. This number has **risen by 44%** in the last decade and is projected to continue to rise. With this in mind, should we be considering **new, innovative ways** to deliver **NHS community-based rehabilitation** to meet the changing needs of the stroke survivors referred to our services?

Stroke has a devastating impact not only on the person but their families too. Young adult (<65 years) stroke survivors often have additional challenges or worries such as **financial, familial and social.** With advances in healthcare, people are living for longer with the consequences of a stroke so we need to ensure they are living a **good quality of life**.

So how can we, as clinicians, make community stroke rehabilitation more **engaging**, **functional** and **restorative**? how can we encourage **high dosage, high intensity, high repetitions** in an **enriched environment** to improve brain **neuro-plasticity** following a stroke? how can we support our stroke survivors to **re-integrate into society, return to employment and leisure activities?**

The **great outdoors** has many well known health benefits for the general population so can we look to utilise this more for our stroke survivors? what **barriers** are there and what do we need to address in the **design and delivery** of such programmes? this project used **patient and public involvement & engagement** (PPIE) to ask the questions to stroke survivors, their relatives and clinicians.

OBJECTIVE

The aim was to explore the barriers and facilitators to delivering an outdoor rehabilitation programme within NHS community stroke services by gaining the perspectives of young adult stroke survivors, their carers and clinicians working in community stroke services.

METHODOLOGY

Study design

Semi-structured interviews and focus groups with stroke survivors living in Greater Manchester, their carers; and clinicians working in community stroke services across the Northern Care Alliance NHS FT

Recruitment

Recruitment for this local study happened through mailing lists and face to face attendance at local charity organisations such as Think Ahead, Speak Easy and Different Strokes. Clinicians were recruited via internal email invite.

Inclusion criteria

- Stroke survivors aged 18-65 years with a clinical diagnosis of either an ischaemic or haemorrhagic stroke
- Carers and relatives of stroke survivors aged 18-65 years
- Clinicians (qualified and non-qualified) working in community stroke services and employed by Northern Care Alliance NHS FT

Semi-structured interviews

Allowed participants to discuss what they considered outdoor activity to be and the barriers and facilitators to outdoor rehabilitation.

All qualitative data underwent thematic analysis

Semi-structured interviews and focus groups were conducted (patient and public involvement and engagement)

Participants

- 5 young adult stroke survivors (4 male, 1 female)
- 4 spouses of young adult stroke survivors (3 female, 1 male)
- 5 clinicians (2 physiotherapists, 1 occupational Therapist, 1 stroke Specialist Nurse, 1 Assistant Practitioner)

Took part in this research

"There should be more funding available to fund programmes like this that are more beneficial" **(stroke survivor)**

"Yeah just something more exciting than moving a cup, even if it is just digging up a bit of soil it's okay because you're outside and you've got the fresh air and you learn things. If there is someone there who is a gardener, who knows, then you suddenly learn how to grow a cauliflower or something silly" **(spouse of stroke survivor)**

"Returning to work was a massive goal for me" **(stroke survivor)**

"It is a good way of just generally boosting your activity levels, being outdoors. I think you can be a bit confined in your home environment but it is a good way of getting your steps in and more of a challenge at boosting your fitness" **(Clinician)**

Quotes from the interviews and focus groups

Barriers

Transport, Fatigue, Finances, Time, Accessibility, Lack of resources

Outdoor activities

Recreational
Walking, swimming, running, cycling, climbing, gardening, gym, family activities

Vocational
Charity/volunteer work, return to employment

Hobbies/leisure
Horse-riding, fishing, shopping, painting, holidays, dining out, sports

Facilitators

Mood/Mental health, Return to Social/Family/Leisure activities, Return to employment, Physical benefits

Themes from semi-structured interviews and focus groups identified using thematic analysis

DISCUSSION

Common themes identified were a **lack of resources** i.e. transport, clinician time and finances. The most common theme was **fatigue** which was often associated with reduced engagement in social activities, activities of daily living and returning to work.

A range of **age-specific needs** were identified such as poor social, financial and quality of life support and feelings that rehabilitation was often a "one-size fits all" approach with no offerings of **hope, peer support** or **engaging programmes**.

Overall, young adult stroke survivors, their relatives and clinicians could see the benefits of an outdoor rehabilitation programme if some of the above barriers were addressed. The potential for **improved mental** & **physical health** and **quality of life outcomes** were identified as facilitators.

CONCLUSION

In conclusion, this work has identified that there is a **need for designing and delivering outdoor rehabilitation programmes within NHS community-stroke rehabilitation services**. Careful consideration of the identified barriers would need to be addressed to ensure engagement and participation as well as feasibility and cost-effectiveness within services.

There is a need for **patient-centred, goal-led outdoor rehabilitation programmes** to be delivered by NHS services to support stroke survivors to re-integrate back into society, return to employment and social/leisure activities. A programme of this nature could ensure a smooth transition out of NHS services and into community-based activities. .

Outdoor rehabilitation programmes could have marked **physical** and **mental health benefits** and support our stroke survivors to **live a better quality of life after stroke**.

REFERENCES

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