

Longer-term health and social care strategies for stroke survivors and their carers: the LoTS2Care research programme including cluster feasibility RCT

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Plain English summary

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Plain English summary

The post-discharge care pathway for people after stroke remains ill-defined beyond the first few weeks; consequently, many stroke survivors experience poor longer-term outcomes and report a range of unmet needs. We sought to develop and evaluate an approach to improve these outcomes through five workstreams.

Through interviews with stroke survivors and their carers, and review of the literature, we identified and then prioritised 23 post-stroke unmet needs.

The variability of current stroke services was captured through a national survey and focus groups with colleagues providing those services. As only a small minority of services saw people beyond 12 months after stroke, we focused on developing an intervention to be delivered at approximately 6 months post stroke.

Using the information obtained in the earlier work, we convened a group of stroke survivors and service providers and, working with the research team, developed an intervention to address unmet needs and enhance participation (i.e. involvement in life situations) for people after stroke.

This intervention was further refined by working with three stroke services to test parts of the intervention. The intervention (called New Start) included identifying needs, problem-solving and self-management.

In the final part of this programme of work, we undertook a feasibility trial in 10 stroke services; five were allocated by randomisation to provide the new intervention and the other five continued providing their usual service to all stroke survivors. A total of 269 stroke survivors were included in the trial; some stroke survivors chose not to accept an offered service. Some stroke survivors and the staff delivering the intervention found it difficult to engage with problem-solving, although stroke survivors receiving the intervention appreciated it.

This work suggested that, with some optimisation of the intervention, a larger trial evaluation is feasible. The intervention could include a screening assessment for those who do not wish to receive or who do not require this approach.

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