

IMPROVING COMMUNICATION BETWEEN GENERALISTS AND SPECIALISTS FOR PATIENT BENEFIT: INSIGHTS FROM FOCUS GROUPS ON LONG-TERM CARE AFTER STROKE

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Background

- In the UK 78% of stroke survivors are discharged home with long-term care assumed by primary care (Intercollegiate Stroke Working Party, 2016).
- Stroke survivors report multiple long-term unmet needs (McKevitt et al., 2011; Pindus et al., submitted).
- Cooperation between generalist and specialist healthcare professionals (HCPs) improves patient satisfaction (Mitchell et al., 2002).
- However, little is known about how communication between specialist and generalist HCPs affects long-term care after stroke.
- Efficient communication between primary care and specialist services could aid in addressing some of these needs.

Aim

- To explore how such communication facilitates and/or impedes post-stroke care and how it could be improved.

Methods

- A qualitative study design was adopted.
- Six focus groups with generalists (GPs, practice nurses, PNs; n=15) and specialists (stroke consultants, nurses and allied HCPs, n=33) involved in stroke care were conducted across East of England and East Midlands.
- Sampling criteria included roles (specialist versus generalists), practice setting (acute and community) and years of professional experience.
- Data were audio recorded, transcribed verbatim and analysed using a Framework method.



Figure 1. Key aspects of communication between generalist and specialist healthcare professionals and how they could be improved.

Results

- Key barriers to communication occurred on organisational (service landscape, incompatibility in IT systems) and inter-personal level (lack of direct contact between specialist and generalist HCPs, sub-optimal discharge information).
- These barriers contributed to delays in care provision and duplication of effort.
- Long term care and communication could be improved with direct (telephone or electronic) and timely contact between a GP and a stroke consultant.
- Attendance of community based neurorehabilitation team members at multidisciplinary team meetings at the hospital helped establish personal professional relationships across teams.

- Such personal professional relationships between specialist and general practice HCPs could further improve continuity of care, facilitate care transition and long-term care planning.

Conclusions

- Developing personal professional relationships between generalist and specialist HCPs could enhance the quality and efficiency of long-term care after stroke.
- Such improved relationships may facilitate integration across primary and secondary care and thus more effective use of healthcare resources.

References

Mitchell G, Del Mar C, Francis D. *Br J Gen Pract* 2002;52(484):934-9.