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Group Clinic Case Study

Supporting people who have stroke with their rehabilitation



"These groups have helped me feel less alone"

The Challenge

The new National Stroke Guidelines (2024) state that stroke patients should receive 3 hours of motor function therapy every day. To help achieve this target, the Stroke Support Team at the Royal Devon designed and tested a hybrid model that combines online group sessions with one-to-one, face-to-face therapy at home. Currently, due to staffing and caseload pressures, patients receive an average of 1–2 hours of face-to-face therapy a day, with a caseload of up to 40 patients at any one time. This pilot marks the first step towards the long-term ambition of meeting the national guideline of 3 hours of motor function therapy daily.

Our Group Clinic Intervention Design

An upper limb therapy group was run online once a week for six weeks. Patients were referred by their therapists. Seven patients were invited; two declined—one due to lack of confidence with technology, and one due to lack of suitable equipment. To overcome these barriers, the team secured funding to purchase iPads with internet access to lend to patients. For those lacking confidence, a therapist attended their home for the first online session. Five participants attended an average of 5.2 sessions. Each group lasted 45–60 minutes (average 50 minutes) and was led by a facilitator and a clinician (physiotherapist or occupational therapist). In each session, patients self-rated their confidence in managing their upper limb. Outcome measures were collected before and after the six sessions.

Results Board Headings

Each session had a focus:

- Week One: Neuroplasticity
- Week Two: Sensory Re-education
- Week Three: CIMT
- Week Four: Group Task
- Week Five: Avoiding compensation strategies
- Week Six: Review and Self-management planning

What Changed & Improved?

Efficiency and access

- Patients received an additional 4 hrs and 45 mins of therapy over the six-week programme. Some continued after the programme ended
- VGC saved 11 home visits, 404 miles of staff travel (£685 fuel costs and reduced carbon footprint) and 17.4 hours of driving time
- Running on VGC a day could save 17,515 miles, 670 hours of travel and 1,040 home visits annually
- VGCs support progress towards net zero targets and National Stroke Rehabilitation Guidelines.

Quality of care

- The team recognises some therapy elements suit group sessions better, and others need tailoring to individual goals and abilities. The team is optimising the mix of group and one-to-one therapy to reflect this and create even more personalised care
- Patients experienced an Increase in confidence in managing their upper limb, which supports function and reduces complications.
- Outcome measures proved difficult to collect. The team is working to improve this future VGC programmes.

Psycho-social impact

- Patients say the VGCs help them feel less alone by connecting with others in similar situations.
- Sessions reinforce what they learn in one-to-one therapy and build confidence in self-managing their upper limb.
- Group members encourage each other, celebrate progress, and sometimes connect outside the sessions for peer support.

Experience of Care

- Patients find the groups useful and appreciate being involved; one offers to be a patient champion for future sessions.
- Staff enjoy leading the groups, valuing the peer support and positive impact on patients' mood.
- The pilot helps staff develop skills in group facilitation and online therapy, supported by thorough training.

"It was so lovely to see the interaction between patients that we don't normally get to see"

