

Supplementary Table 2 – Statements where consensus was not reached

Concept	Delphi round	Statement	Result	Reason removed
1. The effect of social Issues in the community	1	A Stroke survivor may not receive 45 minutes of therapy due to social issues (such as lack of social support, addiction or social complexity)	Disagree – 70.6% Ambiguous – 14.7% Agree – 14.7%	Unable to gain consensus
	2	In a community setting, a Stroke survivor may not receive 45 minutes of therapy due to social issues (such as lack of social support, addiction or social complexity)	Disagree – 50% Ambiguous – 25% Agree – 25%	
2. Dependence on care prior to stroke	1	If a stroke survivor was dependent on care before they had a stroke, they are less likely to continue to receive 45 minutes of therapy daily	Disagree – 55.9% Ambiguous – 32.4% Agree – 11.8%	Unable to gain consensus
	2	If a stroke survivor was <i>fully</i> dependent on care before they had a stroke, they are less likely to continue to receive 45 minutes of therapy daily	Disagree – 37.9% Ambiguous – 27.6% Agree – 34.5%	
3. Engagement in therapy	2	If a stroke survivor is not engaging with therapy (possibly because they lack insight into their impairments and/or are not accepting of their need for therapy) then they may not receive 45 minutes of therapy.	Disagree – 37.9% Ambiguous – 41.4% Agree – 20.7%	Considered too like statement about participation
4. Effect of low mood	1	A Stroke survivor may not receive the recommended amount of therapy if they are low in mood.	Disagree – 23.5% Ambiguous – 47.1% Agree – 29.4%	Unable to gain consensus
	2	If a stroke survivor's low mood is limiting their therapy engagement, despite efforts and intervention to address it, then they may not receive 45 minutes of daily therapy	Disagree – 10.3% Ambiguous – 31% Agree – 58.6%	

Concept	Delphi round	Statement	Result	Reason removed
	3	A stroke survivor may not receive a full 45 minutes of daily therapy if their low mood limits their engagement, despite amendments to their therapy	Disagree – 3.9% Ambiguous – 26.9% Agree – 69.2%	
5. Presence of visitors	1	A Stroke survivor may not receive the recommended amount of therapy if they have visitors	Disagree – 41.2% Ambiguous – 44.1% Agree – 14.7%	Unable to gain consensus
	2	A stroke survivor who declines therapy in preference to spending time with their visitors may not receive 45 minutes of daily therapy	Disagree – 13.8% Ambiguous – 31% Agree – 55.2%	
	3	A stroke survivor who declines therapy in preference to spending time with their visitors (despite the importance being explained to them) may not receive 45 minutes of daily therapy	Disagree – 3.9% Ambiguous – 23.1% Agree – 73.1%	
6. Person with stroke having other priorities	1	A Stroke survivor may not receive 45 minutes of therapy if they have other priorities (such as an appointment or a wish to do something else at the time they are offered therapy).	Disagree – 8.8% Ambiguous – 29.4% Agree – 61.8%	Unable to gain consensus
	2	A Stroke survivor may not receive 45 minutes of therapy if they express a lack of interest in therapy in preference to other activities (such as a non-medical appointment or a wish to do something else)	Disagree – 20.7% Ambiguous – 31% Agree – 48.3%	
	3	A Stroke survivor may not receive 45 minutes of therapy if they prioritise other activities, such as non-medical appointments or simply wish to do something else (despite the importance of therapy being explained to them)	Disagree – 7.7% Ambiguous – 23.1% Agree – 69.2%	
7. The person with stroke's anxiety	2	Their own anxiety is a reason why a stroke survivor may not tolerate 45 minutes of therapy	Disagree – 10.3% Ambiguous – 44.8% Agree – 44.8%	Unable to gain consensus

Concept	Delphi round	Statement	Result	Reason removed
	3	If a stroke survivor is anxious and strategies to manage their anxiety are not effective, then they may not receive 45 minutes of therapy	Disagree – 3.9% Ambiguous – 61.5% Agree – 34.6%	
8. Behavioural issues	2	If a stroke survivor has behavioural issues that impact engagement then they may not receive 45 minutes of therapy	Disagree – 10.3% Ambiguous – 31% Agree – 58.6%	Unable to gain consensus
	3	If a stroke survivor has behavioural issues that impact engagement, which cannot effectively be managed, then they may not receive 45 minutes of therapy	Disagree - 0% Ambiguous – 38.5% Agree – 61.5%	
9. Cognitive impairment	2	If a stroke survivor has cognitive impairment (either new or pre-stroke) that that impacts engagement then they may not receive 45 minutes of therapy	Disagree – 24.1% Ambiguous – 41.4% Agree – 34.5%	Unable to gain consensus
	3	If a stroke survivor has <i>severe</i> cognitive impairment (either new or pre-stroke) which impacts their engagement then they may not receive the full 45 minutes of therapy	Disagree - 11.5% Ambiguous – 38.5% Agree – 50%	
10. The person identifying goals	2	If the stroke survivor cannot identify achievable, meaningful goals, then they will not receive 45 minutes of therapy	Disagree – 65.6% Ambiguous – 10.3% Agree – 24.1%	Unable to gain consensus
	3	If the stroke survivor does not independently identify any goals they will not receive 45 minutes of therapy	Disagree - 73.1% Ambiguous – 15.4% Agree – 11.5%	
11. Therapist due to leave work	1	A stroke survivor may not receive 45 minutes of therapy because I am due to leave work and there isn't time	Disagree – 40% Ambiguous – 25.7% Agree – 34.3%	Too similar to caseload issue
12. Therapists is unwell	1	A stroke survivor may not receive 45 minutes of therapy because I don't feel well, either mentally or physically	Disagree – 71.4% Ambiguous – 25.7% Agree – 2.9%	Considered to be an organisational issue

Concept	Delphi round	Statement	Result	Reason removed
13. Therapist's non-clinical commitments	2	Non-clinical commitments (such as managerial responsibility or the education/supervision of others) impact the ability of therapists to deliver 45 minutes of therapy to their caseload.	Disagree – 7.1% Ambiguous – 35.7% Agree – 57.1%	Unable to gain consensus
	3	Non-clinical commitments (such as managerial responsibility or the education/supervision of others) sometimes impact the ability of therapists to deliver 45 minutes of therapy to their caseload	Disagree - 0% Ambiguous – 30.8% Agree – 69.2%	
14. Therapist identifying goals	2	If I, as the therapist, cannot identify achievable, meaningful goals, then the stroke survivor will not receive 45 minutes of therapy	Disagree – 42.9% Ambiguous – 39.3% Agree – 17.9%	Unable to gain consensus
	3	If I am unable to identify any goals for the stroke survivor, they may not receive 45 minutes of therapy	Disagree - 23.1% Ambiguous – 26.9% Agree – 50%	
15. Meaningful/achievable Goals	3	If neither I, as the therapist, nor the stroke survivor can identify any meaningful, achievable goals, then they will not receive 45 minutes of therapy	Disagree - 7.7% Ambiguous – 23.1% Agree – 69.2%	Unable to gain consensus
16. The person receiving other healthcare input	1	A stroke survivor may not receive 45 minutes of therapy if they are receiving other healthcare input, such as medication or artificial feeding	Disagree – 51.4% Ambiguous – 34.3% Agree – 14.3%	Unable to gain consensus
	2	A stroke survivor may not receive 45 minutes of therapy if they are not ready for therapy (e.g. not dressed, eating a meal, in the toilet, receiving medication, receiving artificial feeding)	Disagree – 17.9% Ambiguous – 57.1% Agree – 25%	
17. Decision-making with other therapists (1)	1	Other members of the MDT (including other therapists of a different profession to me) influence the decisions I make regarding amount of therapy I provide to stroke survivors	Disagree – 31.4% Ambiguous – 45.7% Agree – 22.9%	Combined with statement below, as considered similar

Concept	Delphi round	Statement	Result	Reason removed
18. Decision-making with other therapists (2)	1	Therapists of the same profession to me influence the decisions I make regarding amount of therapy I provide to stroke survivors	Disagree – 11.4% Ambiguous – 48.6% Agree – 40%	Unable to gain consensus
	2	Decisions about the amount of therapy that a stroke survivor receives are discussed amongst the therapy team and are sometimes made jointly	Disagree – 10.7% Ambiguous – 17.9% Agree – 71.4%	
19. If another HCP is seeing the person at the time of the therapy session	1	A stroke survivor may not receive 45 minutes of therapy if they are seeing another healthcare professional at the time of their therapy session	Disagree – 17.1% Ambiguous – 42.9% Agree – 40%	Unable to gain consensus
	2	In the hyperacute/acute setting, a stroke survivor may not receive 45 minutes of therapy if they are seeing another healthcare professional at the time of their therapy session	Disagree – 10% Ambiguous – 40% Agree – 50%	
	3	In the hyperacute/acute setting, a stroke survivor may not receive 45 minutes of therapy if they are seeing another healthcare professional at the time of their therapy session and I am unable to reschedule	Disagree – 0% Ambiguous – 26.3% Agree – 73.7%	
20. Inexperienced/newly qualified staff	2	Inexperienced or newly qualified staff find it more challenging to deliver the recommended minimum of 45 minutes, 5 days-a-week	Disagree – 18.5% Ambiguous – 37% Agree – 44.5%	Unable to gain consensus
	3	A stroke survivor may not receive 45 minutes of daily therapy if their therapist is newly qualified and/or inexperienced	Disagree - 46.2% Ambiguous – 30.8% Agree – 23.1%	
21. MDT communication in the community	2	In the community (including ESD), lack of effective communication amongst the wider MDT can make delivery of 45 minutes of therapy a challenge	Disagree – 18.8% Ambiguous – 43.8% Agree – 37.5%	Unable to gain consensus
	3	In ESD/Community Services lack of effective co-ordination between community services (e.g. carers, GP, District Nurse, any	Disagree - 28.6% Ambiguous – 21.4% Agree – 50%	

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		other services involved) may mean stroke survivors do not receive 45 minutes of therapy		
22. Pressure to achieve the guideline	1	I feel pressure to achieve a minimum of 45 minutes of therapy for all stroke survivors on my caseload	Disagree – 20% Ambiguous – 45.7% Agree – 34.3%	Unable to gain consensus
23. Not wanting more than one ESD visit per-day	1	Stroke survivors receiving ESD input don't want more than one session of therapy-a-day when they are at home	Disagree – 39.1% Ambiguous – 34.8% Agree – 26.1%	Unable to gain consensus
24. Likelihood of receiving more than one session per-day in ESD	1	Stroke survivors receiving Early Supported Discharge (ESD) input are unlikely to receive more than one session of therapy-a-day when they are at home	Disagree – 29.2% Ambiguous – 12.5% Agree – 58.3%	Unable to gain consensus
	2	Stroke survivors receiving ESD support are unlikely to receive more than one therapy session per day at home (i.e. only one visit per-day from the ESD service)	Disagree – 37.5% Ambiguous – 18.8% Agree – 43.8%	
25. Appropriateness of the guideline for ESD	1	The guideline for 45 minutes of therapy is not appropriate for stroke survivors receiving ESD (please consider justifying your answer in the comments below)	Disagree – 58.3% Ambiguous – 25% Agree – 16.7%	Unable to gain consensus
	2	The guideline for 45 minutes of therapy is appropriate for most stroke survivors receiving ESD	Disagree – 16.7% Ambiguous – 11.1% Agree – 72.2%	
26. Difficult to return to people in the inpatient setting (if they don't receive 45 mins in a 'block')	1	Logistically, it is difficult to return to a stroke survivor for a second time in a day, if they are unable to tolerate 45 minutes of therapy in one session	Disagree – 14.3% Ambiguous – 48.6% Agree – 37.1%	Unable to gain consensus
	2	In an inpatient setting, it is difficult to return to a stroke survivor for a second time in a day, if they are unable to tolerate 45 minutes of therapy in one session	Disagree – 36% Ambiguous – 12% Agree – 52%	

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27. Effect of therapy space/equipment	2	My ability to provide 45 minutes of therapy can be limited by inadequate therapy space and/or equipment	Disagree – 35.7% Ambiguous – 28.6% Agree – 35.7%	Unable to gain consensus
28. The influence of the guidance on therapy delivery (organisational level)	1	The achievement of a good SSNAP score for my organisation influences how therapy is provided to stroke survivors	Disagree – 15.6% Ambiguous – 25% Agree – 59.4%	Unable to gain consensus
	2	The delivery of therapy within my organisation has changed in order to increase the achievement of the 45 minute guideline	Disagree – 28.6% Ambiguous – 21.4% Agree – 50%	
	3	Since the publication of the guideline, my organisation has changed to improve achievement of 45 minutes therapy	Disagree - 19.2% Ambiguous – 15.4% Agree – 65.4%	
29. Sufficient funding to provide the recommended amount	2	The service I work in is not appropriately funded to provide therapy for at least 45 minutes per day, five days per week	Disagree – 35.7% Ambiguous – 14.3% Agree – 50%	Unable to gain consensus
	3	The service I work in is not sufficiently well-funded to provide therapy for at least 45 minutes per day, seven days per week	Disagree - 23.1% Ambiguous – 15.4% Agree – 61.5%	
30. Effect of being discharged on SSNAP	1	If a stroke survivor is discharged from therapy on SSNAP, then they won't receive 45 minutes of daily therapy	Disagree – 28.1% Ambiguous – 28.1% Agree – 43.8%	Unable to gain consensus
31. Alternative if unable to provide 45 minutes (1)	1	When I am unable to provide a minimum of 45 minutes of daily therapy, the best alternative is to provide daily therapy at a lesser number of minutes	Disagree – 14.3% Ambiguous – 34.3% Agree – 51.4%	Unable to gain consensus

Concept	Delphi round	Statement	Result	Reason removed
32. Alternative if unable to provide 45 minutes (2)	1	When I am unable to provide a minimum of 45 minutes of daily therapy, the best alternative is to provide 45 minutes of therapy on fewer days	Disagree – 20.6% Ambiguous – 44.1% Agree – 35.3%	Unable to gain consensus
33. The influence of the guidance on therapy delivery (therapist level)	1	The presence of the 45 minute guideline influences the amount of therapy I provide to stroke survivors	Disagree – 17.1% Ambiguous – 25.7% Agree – 57.1%	Unable to gain consensus
	2	I provide 45 minutes of therapy because the guideline says I should	Disagree – 28.6% Ambiguous – 42.9% Agree – 28.6%	
	3	The existence of the 45 minute guideline increases the amount of therapy I provide to stroke survivors	Disagree - 15.4% Ambiguous – 34.6% Agree – 50%	
34. Providing 45 minutes of therapy 7 days-a-week	1	Providing 45 minutes of therapy seven days a week is not appropriate for the majority of stroke survivors	Disagree – 40% Ambiguous – 48.6% Agree – 11.4%	Unable to gain consensus
	2	Most stroke survivors would not want, tolerate or need 45 minutes of therapy, 7 days a week	Disagree – 46.4% Ambiguous – 21.4% Agree – 32.1%	
	3	Most stroke survivors do not want, tolerate or need 45 minutes of therapy, 7 days a week	Disagree - 53.9% Ambiguous – 26.9% Agree – 19.2%	
35. Delivering 45 minutes of therapy post-ESD	2	It is unrealistic to deliver 45 minutes of therapy, 5 days a week in a community service (post-ESD)	Disagree – 27.8% Ambiguous – 16.7% Agree – 55.6%	Unable to gain consensus
	3	It is unrealistic to deliver 45 minutes of therapy, 7 days a week in a community service (post-ESD)	Disagree - 31.3% Ambiguous – 18.8% Agree – 50%	

Concept	Delphi round	Statement	Result	Reason removed
36. People who would benefit from 45 minutes receive it.	1	Stroke survivors who would benefit from more than 45 minutes of therapy-per-day, generally receive it	Disagree – 48.6% Ambiguous – 14.3% Agree – 37.1%	Unable to gain consensus
	3	Stroke survivors who would benefit from more than 45 minutes of therapy-per-day, will receive it	Disagree - 26.9% Ambiguous – 46.2% Agree – 26.9%	
37. Pressure to achieve the guideline, if not clinically indicated	1	I feel pressure to provide all stroke survivors with a minimum of 45 minutes of therapy, even if it is not clinically indicated.	Disagree – 67.6% Ambiguous – 32.4% Agree – 0%	Similar to statement about influence of the guideline on therapy delivery

Please note: Some percentages do not add up to 100, due to rounding

