What we think about:

The need for a new national plan for stroke in England
Background

The National Stroke Strategy for England was introduced in 2007 after a report by the National Audit Office found serious problems in health treatment and care, and called on the government to give stroke the attention and status it deserves.¹ A further report in 2010 found that the Strategy led to a major change in the Government’s approach to stroke but highlighted the need for much more to be done, particularly in post-hospital support.² The current Strategy expires in 2017 and the Government has said it has no plans to renew it.
What we think

Stroke survivors have told us they want a new National Stroke Strategy for England to make sure that everyone can expect and access the best treatment and support for a stroke, no matter where they live.

The current Strategy has made significant progress. People who have a stroke now are much more likely than they were ten years ago to receive life-saving treatment and be treated by doctors and nurses who are experts in stroke. More people now know how to spot the signs of a stroke and what to do about it when they do. However, this progress has not been matched in improving access to rehabilitation and long-term support. There is more work to do make sure the improvements we have seen in hospital care are not compromised by insufficient attention to ongoing recovery.

But the Strategy is ending soon. The Government says that we don’t need a strategy for stroke anymore and that improving stroke care can be done by other more general government plans. We disagree. Stroke is a unique condition and it needs its own plan to cover all areas of stroke treatment and care, from preventing avoidable strokes to recovering after a stroke.

Stroke has a devastating effect on people’s lives. It also comes with high economic costs attached. But it is possible to make a good recovery and reduce the costs to health and social care and the UK economy. We want to see a national plan that is specific to stroke to improve treatment and care for stroke survivors. That’s why we are campaigning for a new national plan for stroke in England.
Why do we think this?

National plans and strategies work

The current National Stroke Strategy for England, which was introduced in 2007, has led to big improvements, including a reduction in the stroke death rate and increased public and professional awareness of the condition thanks to public health campaigns such as ActFAST. These improvements would not have happened without the National Stroke Strategy.

There are serious gaps and variations in treatment and care

Despite these improvements, national audits continue to show serious failings in treatment and care, with unacceptable variations in quality and coverage of services. More than half of patients in England wait over the recommended one hour to receive a brain scan to diagnose their stroke and up to 15% are not able to access vital clot-busting drugs.

There are also huge problems when stroke survivors return home from hospital. Our 2016 survey of stroke survivors painted a bleak picture, with 45% telling us that they felt abandoned when they left hospital. Nearly a third (30%) said their care at home was poor or very poor, compared with 78% of survivors who said their care in hospital was good or very good. Two thirds didn’t receive a vital six month review of their care needs. Support for carers is often inadequate, which is a huge issue because stroke is so sudden and life-changing. Over half (53%) of carers we surveyed told us they did not feel prepared when the person they care for was discharged from hospital and sadly, 75% said they find it difficult to cope with their caring responsibilities.
Stroke remains a huge problem so needs national attention

Stroke is still the fourth biggest killer in the UK and still one of the biggest causes of disability in adults. Half of all stroke survivors are left with a disability and a third experience depression or low mood. Despite this, four out of ten who said their disability was severe felt their physiotherapy was poor or very poor and those dealing with the emotional effects of stroke are waiting over five months for mental health support.

Stroke is a unique condition needing its own plan

Stroke is a unique condition with survivors dealing with a massive range of associated disabilities such as communication problems, psychological problems and physical impairments. Stroke therefore needs a national plan to improve treatment and care. If the Government doesn’t renew or replace the current National Stroke Strategy for England, there will be no national plan for stroke, and England will be the only part of the UK without a dedicated national plan.
What do we want to see happen?

We believe it is essential that all stroke survivors get the care and treatment they deserve – no matter where they live. This can only be achieved through a national plan which sets the standard for stroke care and treatment. We want the plan to:

- Improve stroke prevention, specifically driving more action to address the key stroke risk factors of hypertension and atrial fibrillation.
- Drive forward the reorganisation of acute stroke services which has been shown to reduce the length of hospital stays in both Greater Manchester and London, as well as save 100 extra lives a year in London.
- Drive new advances in treatments such as thrombectomy which reduce disability in stroke patients and save money in social care costs.
- Improve support for stroke survivors when they return home from hospital and stop so many of them feeling like they have "fallen off a cliff".
- Address the unacceptable variations in stroke treatment and care which are currently evident.
- Address the current challenges with the stroke workforce, ensuring that we make best use of professionals at all levels to ensure everyone touched by stroke gets the treatment, care and support they need.

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What are we doing?

We have been campaigning for a new National Stroke Strategy for England. We are asking politicians, stroke experts, survivors and their families, to tell the Government why we need it.

Since May 2016, we have:

- highlighted the enormous variation in stroke treatment by producing an interactive map for World Stroke Day
- attended Conservative and Labour Party conferences to gain political support for the campaign
- encouraged 19 separate professional stakeholder organisations to officially support our campaign with their own statement calling for a new national focus on stroke
- submitted a 55,583-signature petition to Parliament to increase the pressure and will continue to work with as many people as possible to make a new strategy a reality and received a response from Government, which the Petitions Committee has asked them to improve by setting out more detail on how they will improve stroke services
- continued to build Parliamentary support for our campaign through one to one engagement with MPs and Peers, and throughout the General Election where we gained 100 pledges from candidates, 25 of whom have now become MPs
- worked with NHS RightCare to develop an optimal pathway for stroke to support commissioners to improve stroke treatment and care
- influenced NHS England Medical Director Bruce Keogh to convene regular meetings with Arm’s Length Bodies to discuss how we can work together to improve stroke services as a priority
- commissioned a piece of health economics work on the costs of stroke to the wider economy, which we will publish in late 2017.

But we’re not worried about the wording of any new ‘plan’ or ‘strategy’. As part of our general election 2017 activity, we are now calling for a new national plan.
Why are we calling for a new national plan?

Can a focus on stroke be delivered another way?

survivors in the UK. Stroke is a major public health issue – it’s the fourth biggest killer and the single biggest cause of complex adult disability. Yes, with the right support, people can recover and benefit both the NHS and the economy. As such, stroke – like other serious and widespread health conditions such as cancer, dementia and obesity – needs a government strategy to focus the efforts of the health and social care system on improving services, reducing regional variation and embracing new technologies.

The government has told us that stroke can be tackled by other tools such as the NHS’s Five Year Forward View and the Cardiovascular Diseases Outcomes Strategy. But these are overarching documents and not specific to stroke, which is a unique very complex condition affecting the brain that needs its own national plan. As things currently stand, there will be no national plan for improving stroke treatment and care after 2017.

We know that because stroke is not a national priority, it is all too easy for local commissioners and providers to deprioritise stroke. We’ve seen several examples of this, and sadly, it’s often rehabilitation and long-terms support services that are cut, leaving stroke survivors without the support they need to recover. Without a national plan, this won’t change. National leadership is needed to ensure the whole stroke pathway delivers for stroke survivors. Without a national plan, and if the Government relies on documents or strategies that are not stroke specific, this won’t happen.

How do we know that stroke survivors aren’t getting the support they are entitled to?

Our survey of 1,424 stroke survivors in England revealed that nearly half felt abandoned when they left hospital. This is backed up by official statistics and guidelines. Guidelines from the National Institute for Health and Care Excellence (NICE) set out the treatment and support stroke survivors should get. Data collected from hospitals and other care providers and published by the Sentinel Stroke National Audit Programme (SSNAP) clearly shows that people are not getting the support they should according to national guidelines.

Despite clear guidance to do so, survivors in almost half of the UK do not get vital six month assessments of their progress and needs. This means that there is no overall picture of outcomes at this crucial stage in a stroke survivor’s recovery and that we have no clear idea of the level of unmet need.

Why is it so important that stroke survivors are given support when they leave hospital?

Over half of stroke survivors have a disability as a result of their stroke. This means that many people are likely to need some sort of support after they leave hospital to help them, for example, to get back to work and adapt to their disability. Someone’s recovery from stroke shouldn’t end when they leave hospital. It is vital that all stroke survivors have the opportunity to make their best possible recovery and that can only be done through good quality rehabilitation.

How much does stroke cost the NHS and wider economy and what can be done to reduce this?

Stroke remains a major burden on the NHS including Continuing Health Care (CHC), and on wider society, with an economic cost estimated at over £9bn/year back in 2005. Stroke ranks third in terms of the burden of years lived with disability in the UK. Across the UK, the number of strokes is predicted to rise by almost half (44%) by 2035.

More action to prevent AF related strokes – which are more severe and more likely to result in institutional care – would help. Once AF is detected, the risk of stroke can be reduced by two-thirds with anticoagulation. If the 1.4 million people with AF in England were diagnosed and appropriately treated, up to 7,000 of the most serious strokes would be prevented, saving over 2,000 lives. Compared to a mean 5-year social care cost for ischaemic stroke of around £9,000 for patients aged 40-64, costs for AF-related stroke rise to around £38,000 for those aged over 85.

Q&A
We also know that if more patients accessed standard treatments such as clot-busting drugs and early supported discharge, significant savings could be made. For every patient thrombolysed, the NHS saves £4,100 and 0.26 QALYs over five years\textsuperscript{i}. Currently, approximately 2,000 eligible patients do not receive thrombolysis each year\textsuperscript{v}. If thrombolysis rates were improved, we would see a significant improvement in patient outcomes, as well as associated NHS and social care savings.

Stroke-specialist Early Supported Discharge, reduces the need for bed-based care and leads to reduced disability and resource use. For every additional patient who receives ESD, the NHS could save £1,600 over 5 years, much of this through reduced demands on primary and community care\textsuperscript{vi}. Currently, only around a third of stroke survivors receive ESD, and integrated care systems need a greater emphasis on the opportunities presented by a shift of specialist stroke care away from bed-based care into the community.

This policy is specific to England. What is the situation in the rest of the UK?
National plans to tackle stroke are in place across all four nations of the UK. However, after 2017, as things stand, England will be the only nation of the UK not to have a dedicated national plan for stroke.

Northern Ireland: A three year Northern Ireland Stroke Strategy was implemented in 2008 and extended in 2011. Its progress was reviewed in 2014 and a need for improvement in, for example, rates of thrombolysis was recommended. A Stroke Network was set up to deliver on those recommendations. As a result of this review, a consultation has been launched on the future of stroke services in Northern Ireland, which we will respond to, highlighting the need for the reorganisation of acute stroke services, as well as the need for significant improvement in the care stroke survivors receive when they leave hospital.

Scotland: The Stroke Improvement Plan, introduced in 2014, was developed in light of updated clinical standards in Scotland. It sets out the priorities for improved stroke prevention, treatment and care and aims to help deliver the 2020 ‘Vision for Health and Social Care’. While this is welcomed, Scotland has higher stroke mortality than elsewhere in the UK, so action is needed to address this. We also do not have good data on the support people receive when they leave hospital, which we need to improve so we can make sure everyone receives the support they need.

Wales: The Stroke Delivery Plan, which began in 2013, focuses on person-centred care and looks to close the health gap between the most and least deprived communities in Wales. We are members of the Stroke Delivery Plan implementation group and continually push for improved post-hospital support. We are also working with the Cross Party Group for Stroke to push forward reconfiguration of acute-service.

When will this policy be reviewed?
August 2018

References

We are the Stroke Association

We believe in life after stroke. That’s why we support stroke survivors to make the best recovery they can. It’s why we campaign for better stroke care. And it’s why we fund research to develop new treatments and ways of preventing stroke.

We’re here for you. Together we can conquer stroke. If you’d like to know more please get in touch.

Stroke Helpline: 0303 3033 100
Website: stroke.org.uk
Email: info@stroke.org.uk
From a textphone: 18001 0303 3033 100

We are a charity and we rely on your support to change the lives of people affected by stroke and reduce the number of people who are struck down by this devastating condition.
Please help us to make a difference today.

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Together we can conquer stroke