

Making **stroke** the priority it needs to be in Northern Ireland

Rebuilding lives after stroke

Stroke
Association



A **stroke** happens in the **brain**, the control centre for who we are and what we can do.



Every **three hours**, someone has a stroke in Northern Ireland.



Stroke is one of the **biggest killers** in Northern Ireland and a leading cause of **adult disability**.



There are over **40,000 stroke survivors** living in Northern Ireland.



Northern Ireland has the second highest incidence of **stroke** in the UK and the second highest **mortality rate**.¹

After years of campaigning by the stroke community, the Department of Health launched the **Stroke Action Plan** in June 2022. The long-awaited plan sets out priorities and actions to improve stroke services over the next five years. However, progress with implementing the plan is slow with many stroke patients still not receiving the treatment, rehabilitation and long-term support they need and deserve. To make stroke the priority it needs to be in Northern Ireland, the Stroke Association want to see:

Progress with Reshaping Stroke Care

Discussions on establishing a model of hyperacute stroke care for Northern Ireland have been ongoing for years. Hyperacute stroke units have the best equipment and clinicians under one roof to treat patients during the first critical hours and days following a stroke.

Research shows that caring for every patient on a 24/7, specialist hyperacute stroke unit saves lives and reduces length of hospital stay.^{2,3}

For example, in Northumberland, a mostly rural area, transforming stroke services has reduced the length of hospital stay for patients by nearly five days and shortened the time taken for patients to receive thrombolysis – clot-busting drugs – by 26 minutes.⁴

The Stroke Action Plan committed to identifying a preferred model for hyperacute stroke care in Northern Ireland by summer 2023 but **this has still not happened**.

The Stroke Association is calling for:

The urgent development of a future model of hyperacute stroke care for Northern Ireland.

In particular, we want to see:

- An updated plan and timeline from the Department of Health for undertaking this work.
- The development of a comprehensive engagement plan for seeking the views of the stroke community, public and other stakeholders.
- Progress with updating and enhancing the evidence base that underpins this work.

Access to thrombectomy for everyone who needs it

Thrombectomy is a game-changing treatment for stroke. It saves brains, saves money and changes lives yet **many patients who could benefit are still missing out**.

Northern Ireland has one of the highest thrombectomy rates across the UK at 4.2%.⁵ This is testament to the hard work and dedication of the healthcare professionals involved in delivering the procedure. However, we are still falling short of reaching the 10% of stroke patients who are eligible for this treatment.⁶

“We were very lucky that Kim fell within the treatment window for thrombectomy. It absolutely frightened the life out of us when we discovered that it wasn’t available 24/7. If Kim hadn’t received the procedure, the outcome would have been incredibly different”.

Basil,
Husband of stroke survivor Kim

The Department of Health have committed to making thrombectomy available 24/7 for every patient who needs it by the end of 2024. However, we know that budget challenges and

workforce gaps will make this challenging. Yet each stroke patient who receives a thrombectomy saves the NHS £47,000 on average over five years.⁷

The Stroke Association is calling for:

Access to 24/7 thrombectomy for every patient who needs it.

In particular, we want to see:

- The costed model for a 24/7 service developed by the Belfast Health and Social Care Trust published, implemented and funded.
- The regional roll-out of Rapid AI technology to support speedier diagnosis and identification of all patients who could benefit from thrombectomy.

Life after stroke support for every stroke survivor

Recovery from stroke can be a challenging and long-term process for many stroke survivors. Many receive fantastic care in the immediate aftermath of their stroke, but many stroke survivors tell us they feel abandoned once they leave hospital.⁸ Longer term support is a vital part of the stroke care pathway, providing the information and support that many stroke survivors need to rebuild their lives, regain independence, reduce their risk of a further stroke, and improve their confidence, self-esteem, and physical and mental wellbeing.

The Stroke Action Plan has committed to ensuring that stroke survivors have access to the right support at the right time for as long as they need it and the regional Stroke Network have developed a new specification setting out the optimal support pathway for all patients once discharged from hospital. However, we know that **long-term support services are often not prioritised when it comes to budgets or workforce planning**.

The Stroke Association is calling for:

Every stroke survivor to receive personalised life after stroke support for as long as they need it.

In particular, we want to see:

- The new specification appropriately resourced and rolled-out across Northern Ireland.
- Access to appropriate psychology and emotional support services for every stroke survivor who needs it.
- The life after stroke workforce included in the upcoming stroke workforce review and long-term plan so that the necessary people, skills and knowledge required to support longer-term recovery is available from all relevant providers.

Would you like to find out more?

Please get in touch.
Email: campaigns@stroke.org.uk

When stroke strikes, part of your brain shuts down.

And so does a part of you. That's because a stroke happens in the brain, the control centre for who we are and what we can do. It happens every five minutes in the UK and changes lives instantly. Recovery is tough, but with the right specialist support and a ton of courage and determination, the brain can adapt. Our specialist support, research and campaigning are only possible with the courage and determination of the stroke community. With more donations and support from you, we can rebuild even more lives.

Donate or find out more at stroke.org.uk

Contact us

We're here for you. Contact us for expert information and support by phone, email and online.

Stroke Helpline: **0303 3033 100**

From a textphone: **18001 0303 3033 100**

Email: helpline@stroke.org.uk

Website: stroke.org.uk

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1. Global, regional, and national burden of stroke and its risk factors, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019 ([www.thelancet.com/journals/lanour/article/PIIS1474-4422\(21\)00252-0/fulltext](https://www.thelancet.com/journals/lanour/article/PIIS1474-4422(21)00252-0/fulltext)).
2. Morris, S. et al. (2014). 'Impact of centralising stroke services in English metropolitan areas on mortality & length of hospital stay: difference-in-differences analysis'. *BMJ*.
3. Ramsay, A. et al. (2015). 'Effects of centralizing acute stroke services on stroke care provision in two large metropolitan areas in England'. *Stroke*.
4. Elameer, M. et al. (2018). The impact of acute stroke service centralisation: a time series evaluation. *Future Healthcare Journal*, 5(3), pp. 181-7.
5. This is the most recent data based on SSNAP results for Jan-Mar 2023.
6. The updated Clinical Guidelines for Stroke recommends expanding the time window for delivering thrombectomy which means the number of patients who are eligible could significantly increase over the coming years.
7. Guijarro et al. (2017). 'Budget implications for the UK NHS of implementing mechanical thrombectomy for the treatment of acute ischemic stroke patients: Calculation with the solitaireTM revascularization device'. *Journal of Neurology & Neurophysiology*.
8. Stroke Association. (2019). *Struggling to Recover*.