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Robin Swann MLA  
Health Minister  
Department for Health  
Castle Buildings  
Stormont  
BT4 3SQ

08 September 2021

Dear Minister Swann,

I am writing to you to request urgent action on progressing the Reshaping Stroke Care process which has been paused indefinitely since the beginning of the Covid-19 pandemic.

30 August 2021 marked two years since the public consultation on Reshaping Stroke Care closed. That is two years without answers for the 19,000 people who responded to the 2019 consultation and two years' operating within a model that 'fails users' (as outlined by your own Department in the 2019 consultation document).

While we appreciate the challenges posed by Covid-19 for your Department and the wider health and social care system, we believe that the lack of progress is unacceptable, particularly given the advancements made by other stroke improvement initiatives across the UK and Republic of Ireland over the past year, *despite* Covid-19 pressures. For example:

- In England, 20 new local Integrated Stroke Delivery Networks (ISDNs) have been established under the National Stroke Programme as the key vehicle for future stroke transformation.
- In Wales, a Quality Statement on Stroke has been developed collaboratively over the past year with input from clinicians, the third sector and Welsh Government – it is due to be launched in Autumn 2021.
- A draft definition of a new 'progressive stroke service' was presented to the Scottish Government in May 2021 - a final report is due by the end of the year.
- The first ever national stroke strategy and accompanying implementation and funding plan is currently being developed in the Republic of Ireland.

Within Northern Ireland, there has also been welcome progress with other conditions, such as the recent publication of a new Cancer Strategy for consultation as well as the Cancer Recovery Plan in June 2021. However, Reshaping Stroke Care has been noticeably absent from Trust Rebuilding plans and from the recent consolidated Covid-19 Recovery plan published by the Executive. This is despite evidence showing that the prevalence of stroke in Northern Ireland is projected to increase by over 50% over the next decade, reaching a total of just over 57,000 stroke survivors by 2035.<sup>i</sup> The cost of stroke in Northern Ireland is also subsequently projected to increase by 81% over the next ten years, reaching a projected cost of £1.5 billion by 2035.<sup>ii</sup> Given that many of the targets in the Reshaping Stroke Care consultation document only go as far as 2022, we urgently need a revised plan and timeline for how the stroke community of Northern Ireland can work together over the next decade to meet this increased demand.

Access to a stroke unit remains a worrying issue in Northern Ireland with the latest SSNAP statistics for January – March 2021 showing the vast majority of stroke units here scoring 'E' in this indicator. And while performance on other SSNAP indicators is improving, there is still unacceptable variation between stroke units creating a postcode lottery of care that we believe reconfiguration would help address.

We acknowledge that the creation of fewer, hyperacute stroke units is a controversial issue and a decision about the future configuration of acute stroke care in Northern Ireland is not an easy one to make. However, research from other parts of the UK like London, Manchester and mixed urban/rural areas like Northumbria shows that arranging stroke services in this way saves lives and saves money for the health service in the long-run.<sup>iii iv</sup>

We are aware that the Chief Medical Officer is due to speak on Reshaping Stroke Care at the upcoming NI Chest, Heart and Stroke event on 'Stroke Reform in Northern Ireland' that is scheduled for 20<sup>th</sup> September. The Stroke Association and others in the stroke community are hopeful that you will view this event as an opportunity to resume progress on this vital transformation project and outline an updated road map for the way ahead.

The Stroke Association stand ready to work with you, your Department and the wider stroke community to improve stroke services for everyone affected by stroke in Northern Ireland.

Yours sincerely,

Barry Macaulay

**Barry Macaulay**

Associate Director, Northern Ireland

Stroke Association

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<sup>i</sup> [https://www.stroke.org.uk/sites/default/files/economic\\_impact\\_of\\_stroke\\_report\\_final\\_feb\\_2020\\_0.pdf](https://www.stroke.org.uk/sites/default/files/economic_impact_of_stroke_report_final_feb_2020_0.pdf)

<sup>ii</sup> [https://www.stroke.org.uk/sites/default/files/costs\\_of\\_stroke\\_in\\_the\\_uk\\_report\\_-\\_executive\\_summary\\_part\\_2.pdf](https://www.stroke.org.uk/sites/default/files/costs_of_stroke_in_the_uk_report_-_executive_summary_part_2.pdf)

<sup>iii</sup> Ramsay, A. et al (2015). Effects of centralising acute stroke services on stroke care provision in two large metropolitan areas in England. *Stroke*, 46(8), pp. 2244-51.

<sup>iv</sup> Elameer, M. et al. (2018). The impact of acute stroke service centralisation: a time series evaluation. *Future Healthcare Journal*, 5(3), pp. 181-7.