What we think about:
The stroke workforce

Rebuilding lives after stroke

Stroke Association
Background

A wide range of professionals are involved in caring for patients across the stroke pathway. These include:

- GPs.
- Paramedics.
- Hospital doctors and stroke specialist doctors.
- Nurses.
- Psychologists.
- Physiotherapists.
- Speech and language therapists.
- Occupational therapists.
- Social workers.

Some only treat stroke patients and others will deal with a wider range of conditions.

National clinical guidelines are clear that an appropriately staffed and skilled stroke workforce is essential to ensure the best possible care of people with stroke.¹

The number of strokes in the UK is forecast to increase over the next few decades.²

This will mean more demand for health and social care services and the professionals who provide care for those affected by stroke

However, a shortage of appropriately trained staff is leading to shortfalls in care for many stroke patients and stroke survivors.
What we think

Every person who has had a stroke should be cared for by people with the right skills and knowledge to meet their needs across the whole stroke pathway.

But we know that this doesn’t always happen. Many stroke units have vacancies in key posts. This can mean patients don’t always receive life-saving treatments such as thrombectomy (an operation to remove a blood clot) or access as much hospital-based rehab as they’re supposed to.

Nearly half of stroke survivors report feeling abandoned when they leave hospital. Many tell us that the lack of trained staff to help them negatively impacts on their long-term recovery. Social care staff such as those who work in care homes are not required to complete training in how to care for and support a stroke survivor. Progress in improving stroke treatment and care is therefore at risk due to a lack of stroke-trained professionals to deliver it.

In order to meet both current and future demand for stroke care, it’s vital that employers recruit newly qualified staff and also retain their current staff. This means graduates would increase overall workforce numbers instead of simply replacing those who have left. Current staff must also be able to make the best use of their time. For example, therapy assistants could help reduce the amount of time qualified therapists have to spend doing admin.

There are also big challenges facing the health and social care system that are not just related to stroke, such as an ageing and growing population. Brexit will also have implications for the health and care workforce.

We need a stroke workforce of sufficient numbers and skills to ensure that every stroke patient and survivor, regardless of where they live, gets the best quality treatment, care and support. That is why we’re calling on health leaders across the UK to address the challenges of recruiting, training and retaining stroke specialist staff. We also want them to put in place plans to address any potential impacts of Brexit, the ageing population and increasing stroke incidence rate on the stroke workforce.
Why do we think this?

An appropriately staffed and skilled workforce saves lives and improves outcomes

We know that having the right number of appropriately trained staff is critical to good quality health care and for achieving good patient outcomes and recoveries. This is supported by research which shows that:

• Patients who are cared for on a stroke unit by a team of doctors, nurses and therapists who specialise in looking after stroke patients are more likely to survive and be living independently one year after their stroke.\(^3\)

• Stroke patients are 35% more likely to die on wards with fewer nurses on duty at the weekend.\(^4\)

Stroke survivors tell us they want more doctors and nurses who are trained in stroke care

Stroke survivors have told us that a lack of nursing staff in hospital has meant that they often had to wait a long time to receive help with dressing, washing or eating or rely on their families and visitors to help them.\(^5\) Some also feel that they get less time with a nurse or doctor than is needed.

“I often felt like I was just left to get on with it. For three months I had to ask the people who delivered meals to cut up my food so I could eat it. Rarely was there anyone to help me get in the shower. I had to rely a lot of the times on friends rather than hospital staff.”\(^6\) (Lyndon, Stroke survivor)
"One of my main memories of my treatment in hospital was the unavailability of nursing staff, which had a huge impact on my time on the stroke unit. Due to the shortage of staff, I often had to wait hours for dressing and washing and I only received one shower in the three weeks that I was in hospital. I feel that more staffing is needed in the NHS, as staff shortages had a huge impact on my stroke care". (Gloria, Stroke survivor)

What is most important to the stroke survivors that we work with is appropriately trained staff and support that is available 24/7.

Pressure on the health and social care workforce is growing

The UK’s health and social care workforce is under considerable strain to provide services for an ageing population with increasingly complex needs. However, the number of vacancies across the NHS in England is at a record high, with over 100,000 unfilled posts, including over 11,000 vacant doctor posts. These vacancies mean lots of NHS money is being spent on employing recruitment agencies, locum doctors or staff ‘banks’ – money which could be spent on treatment and care.
All Hyper Acute Stroke Units (HASUs) and stroke rehabilitation units should have access to a specific number and range of specialists to properly care for stroke patients.\textsuperscript{9,10} However, a recent audit of the stroke workforce shows that recommended workforce guidelines are not being met.\textsuperscript{11} In England, Wales and Northern Ireland:

- 40% of hospitals have at least one unfilled stroke consultant post
- Only 51% of hospitals have enough senior nurses on the stroke unit
- Only 6% of hospitals have access to the required number of clinical psychologists for stroke patients.
- Only 83 consultants – or Interventional Neuro-Radiologists (INRs) - are qualified to undertake the clot removal procedure thrombectomy. This is far fewer than the 150 Interventional Neuro-Radiologists we estimate are needed to provide full UK coverage

There is also a major shortage of trained doctors who can provide thrombectomy in Scotland. As of 2018, thrombectomy is not available at all in Scotland.\textsuperscript{12}

Like most sections of the health and social care workforce, many ambulance trusts in England are struggling to recruit and retain staff.\textsuperscript{13} GPs (general practitioners) are also facing pressures such as increasing and more complex workloads and difficulties in recruiting and retaining staff.\textsuperscript{14} As these pressures grow, patient experience deteriorates.\textsuperscript{15}

There are also gaps in the teams that support stroke survivors once they leave hospital, such as Early Supported Discharge (ESD) and community rehabilitation teams. For example, in 2015 only 11% of ESD teams and 14% of community rehabilitation teams in England, Wales and Northern Ireland had access to a social worker.\textsuperscript{16}
Health and social care staff don’t get enough training on how to best support stroke survivors

Stroke survivors have told us that there is a need to improve health professionals’ knowledge and awareness of the signs of stroke and its’ impact on survivors:

“Doctors know very little about post-stroke symptoms apart from the obvious physical ones” (Pamela, Stroke survivor)

“I was served an orange for dessert – I had no use in my right hand so how was I meant to peel it?” (Alan, Stroke survivor)

An audit of stroke care in England, Wales and Northern Ireland found that very few nurses in hospital rehabilitation services had been trained to swallow-screen their stroke patients, with some hospitals having no swallow-screen trained nurses on duty.17

Delays in assessing stroke patients for problems with swallowing following their stroke is associated with higher risk of stroke-associated pneumonia.18

Around 10% of stroke survivors go to a care home when they leave hospital and around 80% of these stroke survivors will become permanent residents.19 Many stroke survivors will rely on care home staff to meet their needs. However, around half of the social care workforce in England hold no formal adult social care qualification.20 Social care staff who support stroke survivors when they leave hospital are also not required to complete training in stroke care.

Not enough medical students are considering a career in stroke medicine

According to a recent survey, only 8% of final year medical students across England, Scotland and Wales were considering a career
in stroke medicine. Students who completed less than a week of stroke training were less likely to consider a career in stroke medicine than those who received more training in stroke. Students say they like the idea of improving stroke patients’ quality of life and the opportunities for research in stroke medicine. However, some feel that the emotional toll, lack of variety and unsociable hours associated with the role are off-putting.

It’s not just about recruiting new staff

Health and social care workers in Northern Ireland have said that increasing workloads is a major challenge that they face. Many frontline workers such as nurses and doctors spend large amounts of time doing administrative tasks and paperwork – time that could be better spent treating patients. One study found that, on average, a therapist can spend between one and 6.5 hours a week on non-patient contact activity, such as administrative tasks. This significantly reduces the amount of time therapists spend providing therapy to stroke survivors to help with their recovery.

High staff turnover, where staff leave and are replaced by new employees, is also a major challenge affecting the NHS today, particularly in nursing and social care.

These high turnover rates could be due to the pressures of the work, a lack of flexibility, poor pay or a lack of career development.

Our population is growing and ageing, meaning extra pressure on services and staff

The UK population is ageing. By 2040, nearly one in seven people will be aged over 75. The number of people having and surviving a stroke will also increase. Over the next 20 years in the UK, the number of first-time strokes among people
aged 45 and over will increase by 59% while the number of stroke survivors will increase by 123%.29 30 People living longer and with chronic conditions means that there will be increased demand for care and support and the individuals who are trained to provide this.

**Brexit could have an impact on the workforce**

Ongoing Brexit negotiations add to the uncertainty around the future of the health and care workforce. Around 200,000 EU nationals currently work in the UK health and social care sectors – that’s about 5% of the total NHS workforce.31 Changes to our immigration system could make it more difficult for EU nationals to work here, meaning that gaps in staffing may further increase. Evidence shows that Brexit is already impacting workforce numbers. For example, the number of EU nationals registering as nurses in the UK has fallen by 96% since the referendum.32 Research has suggested that by 2021 the UK may have a shortfall of around 5,000 – 10,000 nurses in addition to current vacancies. 33
What do we want to see happen?

We want a stroke workforce of sufficient numbers and skills to deliver the highest standard of care to all stroke patients and survivors, both in hospital and in the community.

Workforce challenges must be addressed at a national level in each country. That’s why we’re calling on the NHS and local governments in the four nations to:

- Continue the roll-out of reconfiguration of acute services across the UK to drive more efficient use of the existing hospital workforce.
- Publish detailed plans on how they’ll fill current vacant posts and meet future demand for the workforce.
- Address the lack of INRs and support the roll-out of thrombectomy across the UK by training other appropriate staff to perform the procedure and funding more INR training.
- Develop and deliver quality training for the stroke workforce and for the social care workforce so that they have the required knowledge and skills to best care for stroke patients and survivors in hospital and in the community.
- Promote stroke as a more attractive specialism to medical students by making sure they get longer training in stroke medicine and that this training covers all aspects of the stroke pathway – this will ensure they get a more realistic idea of what a career in stroke care would look like.
- Identify and address the reasons for high staff turnover, particularly in nursing and social care, which often results in stroke care losing good and ambitious staff.
• Ensure that frontline workers can spend most of their time caring for patients by recruiting more administrative support staff where required.

• For those negotiating our exit from the EU, to develop a fair immigration system that supports our health and social care workforces and allows for the continued recruitment of international workers.
What are we doing?

The Stroke Association is working with NHS England to implement the action on stroke set out in the 2019 Long Term Plan. The Plan commits to modernising the stroke workforce by, amongst other things, working with the medical Royal Colleges to develop a new credentialing programme to increase the number of specialists able to provide thrombectomy. We’ll also continue to work with BASP (British Association of Stroke Physicians) on workforce issues.

We’ll continue to work with the local health authorities in Scotland, Wales and Northern Ireland and provide them with information and advice on stroke workforce requirements, particularly in areas where the reconfiguration of acute stroke services is taking place.

We host two UK Stroke Forum conferences every year. These are the largest stroke conferences for healthcare professionals across the whole of the UK. These events provide opportunities for stroke professionals and researchers to come together so that they can learn from each other, share ideas and improve standards of care for stroke survivors across the UK.

The Stroke Association was involved in the development of the Stroke-Specific Education Framework (SSEF), which sets out the knowledge and skills needed by staff working in stroke care, and we’ve promoted the tool ever since.
Q&A

Q. What is a stroke specialist?
A. According to the National Clinical Guideline for Stroke, a stroke specialist is a healthcare professional with the necessary knowledge and skills in managing people with stroke and conditions that mimic stroke. This usually means that they have a relevant qualification and keep their knowledge and skills in stroke care up-to-date through continuing professional development. A stroke specialist does not only treat people with stroke, but they must have specific knowledge and practical experience of stroke.

Q. Wouldn’t it fix things if more stroke services were provided by general doctors?
A. Not really. All consultants are already under pressure and stroke is a unique condition which requires specialist training and skills.

Q. Is the lack of consultants a bigger issue than the lack of nurses?
A. No. Both consultants and nurses play a very important role in the care of a stroke patient while they are in hospital. Efforts must be made to increase the numbers of both stroke consultants and stroke-trained nurses.

Q. Would it help if other professionals could be trained to deliver thrombectomy?
A. Yes. NHS England has recognised this and just introduced a new national goal around upskilling and training other stroke consultants to perform the procedure. If this is implemented in local areas across England, it will enhance the number of places where stroke patients can receive a thrombectomy.

Q. What’s the difference between Early Supported Discharge and community rehabilitation teams?
A. In England, Wales and Northern Ireland we know that over a third of stroke survivors are discharged from hospital to an Early Supported Discharge or community rehabilitation team.
Early Supported Discharge (ESD) teams enable stroke survivors with mild to moderate disability to leave hospital more quickly and return home following their stroke. They provide specialist and intensive rehabilitation and social support to help stroke survivors with their recovery and regaining their independence.

Community rehabilitation teams also provide rehabilitation to people within their own homes to help maintain independence and prevent premature admission to long-term care.

**Q. What is the Stroke-Specific Education Framework?**

**A.** This Framework was developed in response to the National Stroke Strategy (2007) and sets out the key knowledge, understanding, skills and abilities a member of staff should have if they work in stroke care delivery. The Framework applies to those working across the whole stroke pathway, from GPs to stroke consultants and nurses to care home staff, and is relevant to the four UK nations. You can read more about the Framework [here](#).

**Q. What do we know about the stroke workforce in Scotland?**

**A.** The quality of stroke care in England, Wales and Northern Ireland is measured by the Sentinel Stroke National Audit Programme (SSNAP). SSNAP also measures the structure of stroke services in these nations, which includes workforce numbers.

Unfortunately, we don’t have as comprehensive data about stroke workforce numbers in Scotland. Each Health Board’s performance is assessed against eight priority areas in the Stroke Improvement Programme every year in the Scottish Stroke Care Audit. Priority four in the Programme relates to ‘developing a skilled and knowledgeable workforce’ with the associated action that ‘health and social care staff in hospital and community settings are trained to an appropriate level’. ⁵⁷
Q. Do each of the four nations have a strategy or plan for addressing the workforce issues outlined above?

A. Yes, all four nations have strategies or plans in place for the future development of the health and social care workforce. All four strategies outline the plans of the government and health authorities in that nation to recruit more health and social care staff, retain existing staff and ensure the workforce has the right skills and knowledge to provide safe and effective care.

As mentioned above, plans to modernise the stroke workforce in England are included in the 2019 NHS England Long Term Plan. In June 2019, NHS England published their interim People Plan which sets out their vision for how they will enable the workforce to deliver the Long Term Plan.

Everyone Matters is the current workforce policy for Scotland. It was published in 2013 and sets out a vision of what the health workforce will look like by 2020. Its’ priorities include developing a sustainable and capable workforce, so that all patients are treated by the right people with the right skills in the right place at the right time. Last year the Scottish Government published a final two-year Everyone Matters implementation plan for 2018-2020.

In Wales, Working Differently, Working Together is the most recent framework for the development of NHS staff. However, this is a bit out of date, having been published in 2012. In June 2018, the Welsh Government set out their long-term plan for health and social care services in A Healthier Wales. To support this work, they have commissioned Health Education and Improvement Wales and Social Care Wales to develop a new long-term workforce strategy that will address the issues of recruitment and retention.
In Northern Ireland, the Department of Health launched a long-term strategy for their health and social care workforce in May 2018. Delivering for our People will run until 2026 and addresses the need to tackle the serious challenges with the supply, recruitment and retention of staff. The Reshaping Stroke Care in Northern Ireland consultation document, which was launched in March 2019, also sets out a commitment that Health and Social Care will undertake a workforce review as part of plans to reorganise stroke care. The review will aim to identify the staffing and skill mix that is required to deliver effective stroke services.

Unfortunately, as most of these plans were developed before the 2016-Brexit referendum, they do not include plans for a post-Brexit NHS. Apart from the white paper on the future relationship between the UK and the EU and guidance on how to prepare for a no-deal situation, the UK Government have not yet published a post-Brexit strategy or plan for the health and social care workforce.

Q. Does this policy position apply to the whole of the UK?
A. Yes.

Q. When will this policy be reviewed?
A. This policy will be reviewed in August 2020.
References

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When stroke strikes, part of your brain shuts down. And so does a part of you. Life changes instantly and recovery is tough. But 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.
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