

The **value** of our services

Rebuilding lives after stroke

Stroke
Association



The value of our services

Introduction

There are over 1.2 million stroke survivors in the UK and almost two thirds will have left hospital with a disability.¹

This can be devastating for both the individual and their family and friends. But with the right support, it is possible to make a recovery, adjust to the new normal and move on with life.

We know the social and economic cost of stroke is high. But with the right care and support, some of the cost is avoidable. Our Stroke Recovery Service can reduce costs to the NHS and Local Authorities by improving outcomes for stroke survivors and their families.

The Stroke Association has over 30 years of experience and works with over 50,000 stroke survivors and carers a year.

This gives us a good understanding of an individual's needs and what a good quality of life means for them.

Our **Stroke Recovery Service** offers a needs-led, holistic model for supporting stroke recovery. We identify the practical, emotional and physical needs of stroke survivors, their families and carers, and coordinate the appropriate recovery support as they move from hospital to home and into the longer term. This enables clients to achieve their recovery goals and live their best possible life after stroke.



Almost **two thirds** of stroke survivors leave hospital with a disability.



The avoidable costs of stroke

Reducing delayed discharge through better care planning

It costs the NHS £400 for every extra night a stroke patient stays in hospital. Delayed discharge may be costing the NHS as much as £820m a year².

Patient or family choice represents one of the top causes of delayed discharge, accounting for nearly a quarter of a million bed days³. Many of our stroke coordinators make their initial contact with stroke survivors and their families during their hospital stay. By providing reassurance and an offer of ongoing practical and emotional support, they can help stroke survivors and their families manage the anxiety of returning home.

An analysis of our casework revealed that **42%** of carers reported increased confidence and ability to cope⁴.

The Stroke Recovery Service facilitates the transition out of hospital by helping people feel comfortable returning home, reducing the number of bed-days in the acute sector.



42% increase in confidence

1. The Stroke Association (2018), State of the Nation Stroke Statistics https://www.stroke.org.uk/system/files/sotn_2018.pdf, last accessed 04/07/2018 cause, 2015. <http://bit.ly/29ffuON> Last accessed 20 December 2016.
2. National Audit Office (2016), Discharging older patients from hospital.
3. Bate A, (2017). Delayed transfers of care in the NHS. Briefing Paper Number 7415^{*}, 20 June 2017. House of Commons Library.
4. Analysis of service casework files and outcomes data [n=792 carers] January-September 2016.

Reducing unplanned hospital admissions for stroke survivors

Every non-elective inpatient stay avoided represents an average saving of between **£616** and **£3,000**⁵.

The most common reasons for unplanned hospital admissions in the first year after a stroke are infections, cardiac/coronary heart conditions and recurrent stroke⁶.

Three in ten stroke survivors are at risk of further stroke⁷ and stroke survivors are at greatest risk of having **another stroke** in the first

 **30 days** following a stroke⁸.

The **Stroke Recovery Service** reduces the risk of emergency readmission by talking stroke survivors through their experience, the treatment they received and what they can do to minimise the risk of another stroke. This includes discussing medications and rehabilitation programmes, supporting lifestyle changes through coaching and motivational interviewing and co-creating a personalised self-management plan, which connects stroke survivors to relevant community-based support.

A review of casework revealed that **69%** of stroke survivors reported better understanding of stroke and **31%** feel more assured⁹. Of those who go on to join a local stroke group, **89%** say they understand stroke and its effects better while **81%** report being more active¹⁰.

Reducing the need for community-based health and social care services

If a stroke survivor needs residential care, this could cost the local authority between **£600** and **£1,000** each week. Each case of depression avoided could save the NHS up to **£2,528**, each case of anxiety **£1,104**. Every visit to the GP avoided saves **£43**, and the nurse **£3611**.

Having a stroke is a life-changing event.

Over half of stroke survivors experience **symptoms of anxiety** at some point within

 **10 years** of their stroke¹².

Those who have communication problems are especially at risk. A recent study found that **44%** of stroke survivors experience severe anxiety as a result of their aphasia¹³. Unable to express themselves at home and in their communities, they can become isolated. This is often compounded by physical disability. In a survey of over **1,000** stroke survivors conducted in 2015, four in 10 people told us the physical impact of stroke was the hardest to deal with¹⁴.

Carers are especially hit hard. **41%** of stroke survivors discharged from hospital in England, Wales and Northern Ireland need help with everyday tasks like washing, dressing and eating¹⁵. Nearly a fifth of those (**18%**) are cared for by informal carers who often struggle to cope and visit the GP with their own resulting mental and physical health problems¹⁶.

"The coordinator was excellent, when John had his stroke. I went over to see him because I had no-one to talk to and I was really upset. He said to give him a ring when he came out of hospital to see him. So he did and he spent an hour or so talking to us."

Jane - Carer¹⁷

The **Stroke Recovery Service** helps stroke survivors and their families manage some of these risk factors at home before they become critical and need statutory support.

Stroke Association Support Coordinators are experts in communicating with people, including those with aphasia. They help people understand and come to terms with the future. They can reassure people that what they are feeling is normal. They can help people access our evidence-based information in a way that is meaningful to them. And they connect people with our digital and telephone-based support.

Stroke Association Support Coordinators work to rebuild confidence by helping people develop social and communication strategies. In 2016, **80%** of people with communication support needs reported improved communication skills¹⁸. They also introduce people affected by stroke to others who are or have been in similar situations. These connections are made through volunteers, groups and via the **My Stroke Guide** online community.

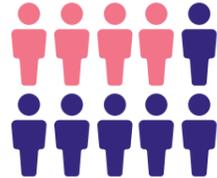
These actions help stroke survivors engage actively in their recovery.

Although the biggest steps in recovery are usually in the first few weeks after a stroke, it's possible to continue to improve for months or years¹⁹.

By setting meaningful goals with their coordinator and by accessing peer support as needed, people affected by stroke are encouraged, empowered and able to draw on their own courage and determination to complete vital rehabilitation exercises.

By facilitating recovery, combatting isolation and helping to manage the strain felt by carers, the Stroke Recovery Service reduces the need for statutory support.

 **80%** reported improved communication skills

 **4 in 10** stroke survivors find the physical impact of stroke hardest to deal with.

5 Gov.UK. NHS reference costs 2015 to 2016.

6Prevalence, causes and risk factors of hospital readmissions after acute stroke and transient ischaemic attack: a systematic review and meta-analysis. Neurological Sciences. August 2016, Volume 37, Issue 8, pp 1195-1202. This review identified the most common causes of readmission are infection, coronary artery disease and recurrent strokes.

7The risk of recurrent stroke is 11% at 1 year, 26% at 5 years and 39% at 10 years. 18% of recurrent strokes are fatal. The first 12 weeks are important ... up to 25% of further vascular events occur within 3 months of an initial event and half of these occur within four days. (Mohan, 2011)

8 Mohan KM, Wolfe CD, Rudd AG, Heuschmann PU, Kolominsky-Rabas PL, Grieve AP (2011). Risk and Cumulative Risk of Stroke Recurrence: A Systematic Review and Meta-Analysis. Stroke 42:1489-1494.

9Analysis of service casework files and outcomes data [n=8,686 individuals] Jan-Sept 2016.

10 Survey of Stroke Association voluntary groups, 2018.

11PSSRU, Unit Costs of Health and Social Care 2016.

12Ayerbe L, et al (2014). Natural history, predictors and associated outcomes of anxiety up to 10 years after stroke:the South London Stroke Register. Age Ageing 43:542-547.

13Reg Morris, Alicia Eccles, Brooke Ryan & Ian I. Kneebone (2017) Prevalence of anxiety in people with aphasia after stroke, Aphasiology, 31:12,1410-1415, DOI:10.1080/02687038.2017.1304633

14Stroke Association: A New Era for Stroke, our campaign for a new national stroke strategy. (2016). 15SSNAP, 2017.

16 SSNAP, 2017.

17Stroke Association (2016), Beneficiaries Research.

18Analysis of service casework files and outcomes data [n=1,219 individuals with communication support needs] Jan-Sept 2016.

19Wolf SL, et al (2008). The EXCITE Trial: Retention of Improved Upper Extremity Function Among Stroke Survivors Receiving CI Movement Therapy. Lancet Neurol. 7: 33-40.

How our services save £'s

Rob's story



Rob had a stroke at work, aged 43. He was a joiner. Following his stroke he was left with right sided weakness and balance problems meaning he was unable to return to work as his job required him to climb ladders.

Rob was visited at home to establish his goals and support needs. He was feeling very anxious and distressed. He needed support to manage his finances and urgently needed help to provide food and heating for himself.

How we helped

- Signposting to provide reassurance that his claim for loss of earnings was being dealt with correctly
- Applying for an emergency hardship grant from the Stroke Association for gas and electricity provided warmth and the ability to cook
- Emotional support through home visits and regular telephone contact eased emotional distress
- Food parcels were arranged from the local food bank.

Client outcomes

- **Reduced anxiety** and emotional distress
- More access to **financial support**
- Increased feelings of **reassurance**
- **Improved physical wellbeing**



Sue's story



Sue was a pharmacist and had a stroke whilst walking her dog, aged 64. She was left with some mobility issues, emotional difficulties, suffers from anxiety and has diabetes.

The coordinator visited Sue at home. Sue wanted to be able to walk her dog again, without the feelings of anxiety she was experiencing.

- Information around stroke and the emotional impact was provided. Sue was referred to the Stroke Association Emotional Support service offering professional counselling
- Support to access a local exercise group to aid mobility
- Made arrangements to introduce Sue to other stroke survivors in the area to provide peer support
- Set up quarterly appointments with a practitioner nurse to ensure her diabetes remains under control.

- **Increased confidence** to engage in activities
- Increased feelings of **reassurance**
- Increased **understanding** of stroke
- **Reduced isolation**
- Increased **independence**
- Increased **physical wellbeing**



Amir's story



Amir had a stroke at home, aged 55. He is a lawyer. Following his stroke he had weakness in one side of his body, suffered from depression and anxiety and had communication difficulties. Amir was told he could have avoided his stroke.

Amir was feeling very isolated and was keen to get back to work. He had lost a lot of confidence when talking to his family, and he and his wife were struggling to manage their relationship. Amir also needed support to manage a number of risk factors which may have contributed to his stroke.

- Information and support around stroke and communication disability was provided
- Amir was given a communication aid and supported to use it and understand how to cope with the impacts on relationships
- Discussed with him stroke risks and how to minimise them
- Support to access local peer support groups and networks
- Support to manage the relationship issues he was experiencing.

- **Increased awareness** of steps he can take to minimise the risk of further strokes through diet and medication adherence
- **Reduced anxiety**
- **Increased confidence** through support and information provided
- **Reassurance** that he is not alone
- **Increased use** of communication strategies
- **Reduced carer stress**



£ Savings to Health and Social care



Residential care could cost the local authority between **£600** and **£1,000** each week

Every non-elective inpatient stay avoided represents an average saving of between **£616**

Every visit to the GP avoided saves **£43** and the nurse **£36**

Each case of depression avoided could save the NHS up to **£2,528**

Each case of anxiety avoided could save the NHS up to **£1,104**

Every stroke avoided could save on average **£22,175** a year.

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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