

The Government is still not listening to stroke survivors.



See the Government response to our petition – “[We call on the Government to commit to a new national stroke strategy](#)”.

The Government has responded to our petition and restated that it does not intend to renew the National Stroke Strategy for England, despite nearly 20,000 members of the public adding their name to the petition. This is unacceptable for the following reasons.

1. Following 2017 there will be nothing in place nationally to specifically drive stroke treatment and care forward.

A national plan is needed to continue driving improvements and make sure that stroke care does not go backwards. The current National Stroke Strategy was published nine years ago and has driven huge developments in stroke care, which the Government refers to in their official response to our petition. Notable improvements include; stroke mortality decreasing by 46% from 1990 to 2010¹, and greater awareness of stroke thanks to public health campaigns such as ActFAST. These advances in stroke care have been achieved through the work of the previous strategy, but there is still more work to be done to improve stroke care.

A new way forward is needed to; build on this success, account for the changed commissioning landscape, support new technological advances, such as thrombectomy, and to tackle the **unacceptable variation** in the quality of care **after-stroke**.

- A changed commissioning landscape: Since the establishment of this strategy we have seen dramatic shifts in the health delivery landscape – for example, the abolishment of Strategic Health Authorities and emergence of Clinical Commissioning Groups, which means the current strategy, is out of date. The strategy needs to consider that the commissioning of healthcare is increasingly being driven locally and a national standard needs to be set.
- Quality of care after stroke: Post-acute care needs to be improved. Over 45% of stroke survivors felt abandoned when they left hospital because of the lack of information, care and support they received. Additionally, almost half (47.3%) of stroke survivors were not contacted when they returned home from hospital, to check on their progress, or to identify additional support needed.
- Technological advances: Stroke care and treatment has moved on - we now have new treatments, such as thrombectomy (mechanical clot retrieval), which needs to be rolled out nationally – so that we can prevent more people dying from stroke and reduce the level of disability that it causes.

Before the last National Stroke Strategy was published, stroke was just a small part of the Older Person’s National Service Framework, and stroke outcomes were much poorer than now. We have made such great progress in improving care, and we cannot go back to that.

2. The reorganisation of acute stroke services has stalled.

The reorganisation of acute stroke care, as recommended by the current National Stroke Strategy, has not happened on a national scale. New evidence has confirmed that the move to a hyper-acute model of stroke care can dramatically reduce mortality, saving over 100 lives a year in London alone. While reorganisation has taken place in places such as Manchester and London, it is not occurring nationwide – despite the significant benefits. Without a national push, there is no guarantee or impetus for reconfiguration to continue.

3. The specific needs of stroke patients cannot be wholly addressed through collaborative CVD (Cardiovascular Disease) approaches.

A collaborative approach to Cardiovascular Disease cannot wholly meet the needs of stroke patients. Stroke is different to other cardiovascular diseases, with a wide-range of condition specific impacts ranging from communication problems, to

¹ https://www.stroke.org.uk/sites/default/files/state_of_the_nation_2016_110116_0.pdf
If you have any questions please send them to campaigns@stroke.org.uk

physical disability, to depression and anxiety. This means specific stroke-specific treatment and support is required to provide survivors with the chance to make the best recovery possible.

At the moment not everyone gets the care they need and this is often dependant on where people live, as the quality of care varies from area to area. A national overarching strategy is needed to ensure that all areas of the country meet the set standards.

While we agree that it is important to work together around prevention where there are common risk factors for conditions, a CVD wide approach will not address the specific acute and post-acute needs of stroke survivors. The aim of the CVD Collaborative Group is to 'coordinate reducing premature mortality in both primary and secondary care settings in relation to people with, or at risk of CVD including stroke'. It will not offer strategies for improving the care pathway for stroke.

4. Regional variation means stroke care is a postcode lottery

Currently figures from SSNAP (The Sentinel Stroke National Audit Programme) show extreme rates of regional variation, and a postcode lottery across England, particularly when it comes to getting good post-acute care.

- Nationally, only 30% of eligible stroke survivors are receiving a six month assessment. Despite this being a requirement in all national stroke guidelines
- In a quarter of areas, the average waiting time for psychological support is more than five months – which is unacceptable, given that over a third of stroke survivors experience depression.

Local commissioners need direction and targets to guide stroke care and tackle the existing variation.

5. The NHS Five Year Forward View is complimentary to the national stroke strategy, and both are needed to improve stroke care across the country.

A new National Stroke Strategy for England can help to deliver the Five Year Forward View (5YFV) by providing the operational mechanisms to deliver on the 5YFV's broad strategic vision. Condition specific strategies are needed to sit underneath the 5YFV and help it to deliver its strategic aims. This argument is validated through the recent publication of a national [Cancer Strategy](#), which sits below the 5YFV and helps the NHS to deliver it, and the [Challenge on Dementia 2020](#).

Like the new Cancer Strategy, a new national stroke strategy would tell people what they can expect from stroke services, and illuminate best practice in the stroke care pathway to drive forward reconfiguration, drawing on knowledge gained over the past ten years. It would also play a key role in helping to deliver both primary and secondary prevention of stroke, and addressing the variations in the quality of post-acute care that people experience; which is a priority of the 5YFV.