

Joint statement from clinical leaders in the stroke community calling for a renewed national focus to improve stroke services following the end of the 2007 National Stroke Strategy.

Because of concerted national effort and political leadership, the mortality rate for stroke patients has decreased dramatically by 46% between 1990 and 2010. However, that momentum has slowed and future progress is being put in jeopardy. The [Government response](#) to the online petition calling for a new national stroke strategy assumes that stroke care no longer needs national leadership.

Now is the time for a new era for stroke, so that we can make further strides in reducing disability and enabling many more people with stroke to return to an active and fulfilling life and reducing pressure on health and social care services. This is within our grasp. It is clear how further improvements can be achieved, but there is a need for national political leadership to translate and enable aspirations to be put into practice and improve patient care.

There are three areas for urgent action:

Firstly, the Government needs to provide a national implementation plan for new treatments so that people with stroke have access to them regardless of where they live.

There are recent important developments in acute care that require concerted action to be available throughout England. New treatments such as thrombectomy, a mechanical clot retrieval operation, reduce the after-effects of stroke on the survivor. Currently acute services lack the expertise and infrastructure to deliver this treatment 24/7. This could be improved by a national network of thrombectomy centres.

Secondly, the Government needs a national focus to improve post-acute care to enable people get the rehabilitation which they need quickly and of sufficient intensity and duration to make the best recovery possible.

It is vital that access to post-acute rehabilitation in the community is increased for stroke so that patients with disabilities continue to receive rehabilitation and support to maximise their recovery. Currently the availability of stroke community rehabilitation services is patchy and there can be long waiting times to receive treatment – which means that the valuable progress made by patients in hospital often goes into reverse. NICE guidelines state that stroke patients, where appropriate to their goals, should receive 45 minutes of each therapy that they require for 5 days a week for as long as they need it, but this is not achieved following discharge from hospital. In addition, not enough stroke survivors are receiving the vital six month assessment of their physical, psychological and social care needs – nationally, only 30% of stroke survivors are receiving this. Post-acute care must become a national - as well as local - priority to ensure that everyone receives a good standard of aftercare.

Thirdly, the Government needs a national focus to improve prevention specific to stroke which will not only save lives but reduce the effect of the most severe strokes.

Many strokes can be prevented. A national stroke prevention initiative on issues such as detection and anticoagulation for patients with atrial fibrillation will dramatically reduce the incidence and severity of stroke.

Along the stroke pathway, stroke patients need the right treatment, at the right time; stroke patients and carers need easy access to support, advice, treatment and self-management; and clinicians need the right knowledge and skills along with the resources to offer the best possible outlook for patients.

As clinical leaders from the stroke community, we call on the Government and NHS England to make a commitment to push for improvements in stroke care following the ending of the current National Stroke Strategy in 2017.

This will include:

- Working with commissioners to ensure adherence to the current national guidance, e.g. National Clinical Guideline for Stroke, regarding changes to hyper-acute care in line with new developments e.g. thrombectomy and improving access to rehabilitation (both physical and psychological) in the community regardless of where people live.
- Working with providers and Health Education England to increase the training and development of existing and new health and social care staff across the stroke pathway whether stroke specialist or stroke relevant (e.g. GPs).
- Working with providers and commissioners to build action on the treatment and prevention of stroke into local Sustainability and Transformation Plans.
- Working to establish hyper-acute stroke units (HASUs) across England which is yet to be completed.



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