



Unlocking potential: a bold vision for stroke care in England

Executive summary

Summary introduction



By 2035, the number of stroke survivors in England is **expected to double**. Many will be living with long-term disability and unable to return to work.



Advances in stroke treatment and care have improved outcomes for many stroke survivors over the last two decades. However, **critical gaps and inequities of access continue to jeopardise lives and long-term recoveries**. Your postcode should not impact your quality of life after a stroke.



Without urgent action on stroke, the Government will not meet its 2035 goal to reduce deaths from heart attacks and strokes by 25%.



Over the next decade, we have a powerful mandate to act decisively and ambitiously. Strong government leadership is essential. Policies must prioritise **prevention, leverage digital advancements, and build capacity for community-based care**.

As the Government shapes its 10-Year Health Plan for England, we have a once-in-a-generation opportunity to set stroke care on a trajectory toward equity, innovation, and excellence. Stroke is preventable, treatable, and recoverable. Together, we can unlock this potential and ensure a future where every stroke survivor receives the care and support they need to recover and thrive.

Let's act now to build a stroke pathway that truly transforms lives.



A postcode lottery of care

Up to 20% of stroke patients could benefit from the stroke treatment thrombolysis, however in 2023/24, a national average of 11.6% of stroke patients received this treatment.¹

Approximately 15% of stroke patients are eligible for the acute stroke treatment thrombectomy. However, treatment rates vary significantly, from 10.3% of patients in London to just 1.1% of stroke patients in the East of England.²

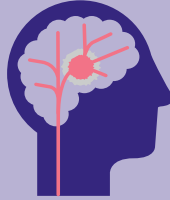
Some stroke units have agreed pathway arrangements so that patients may receive a thrombectomy in a different region. For example, the East of England regularly transfers patients to London. These patients would be included in London's percentage.

Only 17% of community-based services have appropriate access to each core therapy: physiotherapy, speech and language therapy and occupational therapy.³

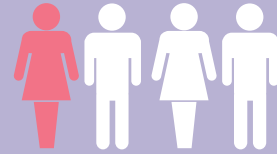
Stroke: a snapshot



Stroke strikes every **five** minutes.



100,000 people have strokes each year.



1 in **4** stroke survivors will have another stroke within five years.



One third

of survivors have **aphasia**, a language and communication disability that can affect someone's ability to speak, read, write and understand language.



1 in **4** strokes occur in people of working age.



Approximately

60%

of stroke patients leave hospital with a **disability**.



1 in **7** stroke patients die in hospital.



42%

of stroke survivors struggle with **day-to-day activities**, significantly impacting their **independence**.



9 in 10

stroke survivors experience at least **one cognitive impact**. **Three quarters** of stroke survivors experience a change in their **mental health**.

Stroke does not affect everyone equally. Research shows that stroke patients from the **lowest socioeconomic groups** have their first stroke a median of **7 years** earlier than those from the highest.



The fastest rising group for stroke incidence is people **under 55**.



In 2035, the societal costs of stroke to the Government will be **£75 billion**, an increase of **194%** over **20 years**.



By 2035, two-thirds of adults **over 65** are expected to live with multiple health conditions, including **stroke**.⁴⁻⁹

'The UK population is ageing – which means that stroke is a demographic time-bomb.'

Professor Martin James, Clinical Director of National Stroke Audit (SSNAP),
Stroke Physician, Royal Devon & Exeter Hospital University

Findings and recommendations

In Autumn 2024, the Stroke Association asked stroke survivors, professionals, researchers, and senior NHS leaders across England to name their top priorities for improving stroke prevention, treatment and care. Our engagement activities consisted of five roundtables, including a stroke survivor focus group, as well as a survey of stroke professionals. In total, we reached around 350 members of the stroke community.

To meet the Government's 2035 commitment to reducing stroke and cardiovascular disease (CVD) deaths by 25%, stroke survivors, healthcare professionals, researchers and leaders within the stroke community want to see stroke care prioritised in the 10-Year Health Plan and beyond.

This means:



Delivering the essentials for high-quality stroke care, including raising standards in urgent and emergency care, acute care and community-based stroke rehabilitation across England.



Developing a clear and actionable road map for stroke, setting out how Government will deliver its health mission goal to cut stroke and CVD deaths by 25% by 2035. This goal should be expanded to include a 25% reduction in disability, which will benefit stroke survivors, the NHS and the wider economy.



Putting in place a dedicated team to lead on stroke within the Department of Health and Social Care.



Continued funding for Integrated Stroke Delivery Networks (ISDNs) to enable them to deliver national stroke guidelines and build the workforce needed to transform stroke care.

The following recommendations from the stroke community are grouped under the Government's three strategic shifts: **from sickness to prevention, from analogue to digital care** and **from hospital to community**. Many of these interventions require upfront investment, but they will generate savings for the NHS and the wider economy while reducing the impact of stroke on individuals.



Shift: from sickness to prevention

Recommendations:

1. As part of the roadmap for stroke, the Department of Health and Social Care (DHSC) should publish a funded prevention plan, covering shared risk factors for stroke, heart attack and dementia, that would:
 - **Optimise the detection and management of conditions which carry a high risk of stroke**, including high blood pressure, atrial fibrillation (AF), cholesterol and support the reduction of other modifiable risk factors, such as smoking, alcohol and obesity.
 - **Expand detection and management of high blood pressure:** The single largest risk factor for stroke, high blood pressure contributes to 50% of strokes.¹⁰
 - **Optimise the management of the heart condition AF** to improve compliance with direct oral anticoagulants (DOACs) to reduce the risk of stroke.
 - **Increase uptake of NHS Health Checks:** Transform NHS Health Checks to improve screening for high-risk individuals and provide lifestyle support.
 - **Targeted support for underserved communities:** Reduce health inequalities and the number of strokes in the most deprived areas of the country through targeted stroke prevention activity.



Impact:

Early management prevents future strokes and related health complications, allowing people to live well. **Every stroke that is prevented saves £46,000 in healthcare costs over five years.**¹¹



Shift: from analogue to digital

Recommendations:

1. The Government must support the delivery of universal 24/7 access to acute stroke treatments, such as thrombectomy and thrombolysis by:
 - **Ensuring pre-hospital video triage is adopted universally:** to speed up diagnosis, access to a stroke unit, alleviate A&E and acute pressures and maximise the benefits of stroke treatments.
 - **Ensuring all stroke patients have access to stroke specialist units and are scanned according to the National Optimal Stroke Imaging Pathway (NOSIP)** to deliver better outcomes.



Impact:

Reduces unnecessary hospital visits and improves access to thrombolysis and thrombectomy. **Thrombectomy saves £47,000 per patient over five years.¹² For every 2,000 eligible patients who do not receive thrombolysis each year, £8.2 million is incurred in avoidable costs to the NHS over five years.¹³**

2. **Expanding the use of virtual rehabilitation**, a proven intervention within the rehabilitation pathway and digitally enhanced life after stroke pathways, where evidence suggests scalability.



Impact:

Programmes like NeuroRehabilitation OnLine (NROL) have demonstrated positive outcomes for stroke survivors. Less than a third of community-based rehabilitation teams meet recommended staffing levels therefore investment in rehabilitation programmes is essential for stroke survivors' recovery and regaining independence.



Shift: from hospital to community

Recommendations:

1. The Government must prioritise and invest in support for survivors after their stroke in line with national guidelines, recognising that the impact of stroke is different for every person. This includes:
 - **Universal adoption of Early Supported Discharge**, through delivery of the Integrated Community Stroke Service (ICSS) model, supporting ongoing needs-based stroke rehabilitation in peoples' own homes.
 - **Every stroke survivor being offered a six-month review and given access to a stroke key worker.** Reviews must provide holistic assessments of stroke survivors' physical, emotional, and social needs. The voluntary sector are well-placed to partner with the NHS to deliver high-quality life after stroke support.



Impact:

Around two-thirds of stroke survivors leave hospital with some form of disability.^{14,15} Not only does good rehabilitation lead to a healthier and a happier population, but it also reduces pressure on the social care system and increases the number of working age stroke survivors and their carers who can re-enter meaningful employment.^{16,17} Good quality rehabilitation and life after stroke support, would help to boost the labour force, at a time when record numbers of people are out of work due to long-term illness.

Sue McAlpine (61) a fitness instructor from Brentford, collapsed after having a stroke, in March 2023. Sue was rushed to Charing Cross Hospital where she spent 10 days unconscious in a coma. With the support of a physiotherapist, Sue was able to regain her strength and learn how to walk again with right-sided weakness.

'It wasn't until after my recovery, when I spoke to other stroke survivors, I realised that rehab like the physiotherapy I had, depends on where you live. I thought all stroke survivors would get the same level of support that I got. I hear so many stories of people struggling with their recoveries. Your recovery takes a positive mindset – it's really tough, but every stroke survivor should get as much as they need to be able to live their life.'



Chloe Hodgkisson (37) had a stroke suddenly when she was away for the Bank holiday with her family and friends in 2024. Chloe was blue-lighted to the John Radcliffe Hospital in Oxford, where she received a thrombectomy. Chloe feels incredibly lucky and has no permanent effects from the stroke.



'I was in the right place at the right time. I had my stroke at 8.00am on a Sunday. I didn't realise, but I was told if I had been in my home town of Cambridge, the treatment wouldn't have been available out of hours.'

Chloe was in her hotel room when she started to experience stroke symptoms. Within just two hours of her husband calling 999, she was transferred to hospital, diagnosed and had received a life-saving thrombectomy.

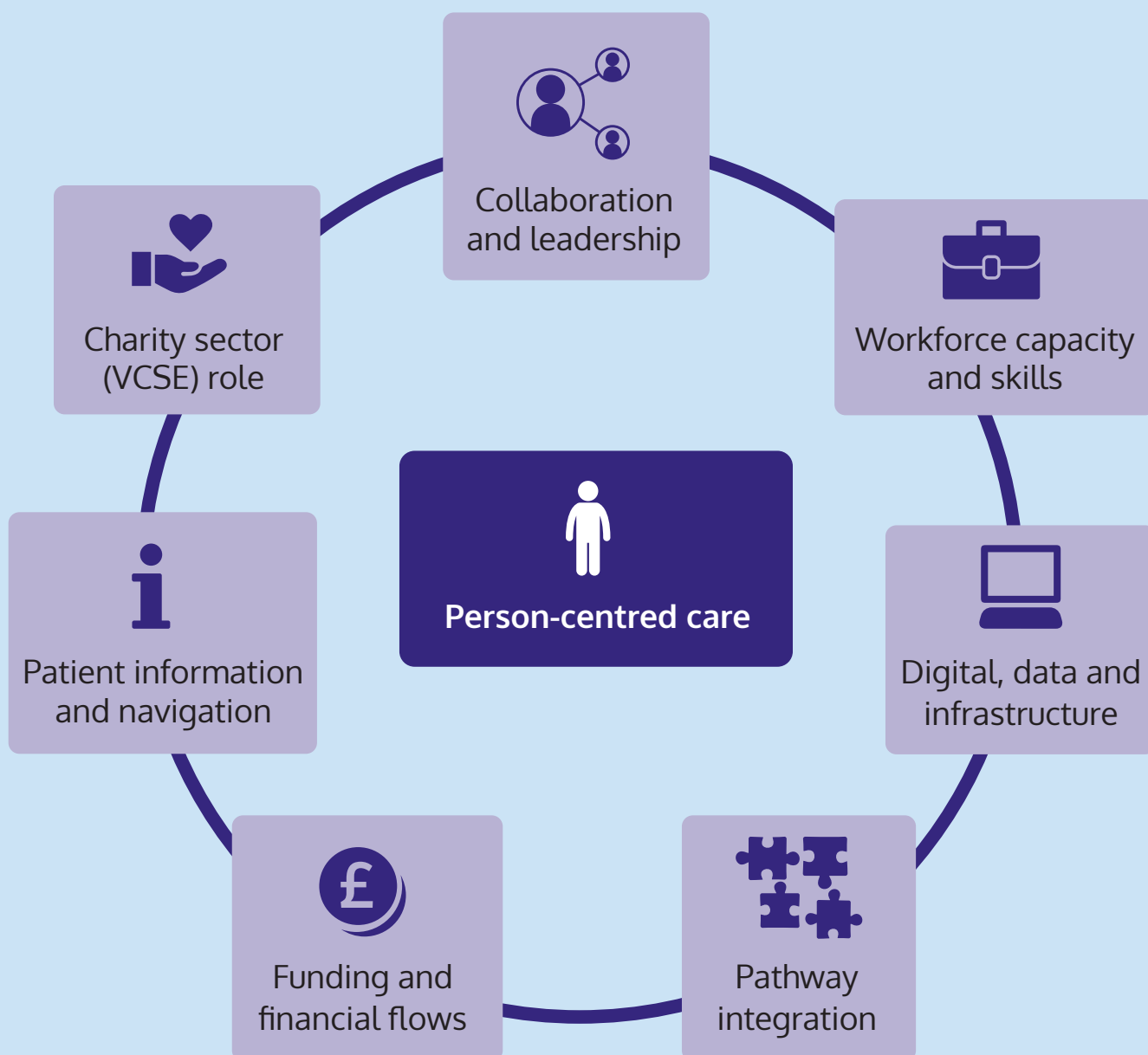
'When I woke up from the surgery, I felt instantly better. I remember thinking they've fixed me. I could speak, I could see, I could move my arms and legs again, and I could think. I was so relieved to have a conversation with my family and parents again.'

Due to the thrombectomy, Chloe is back to her old self. 'I'm back to how I was before my stroke and it hasn't even been a year. I'm a mum of two boys and I'm on the school run and back to family life and work. I'm playing netball, and running again, and in October I completed 100 miles running and walking for the Stroke Association. All of this was only possible because of the success of the thrombectomy and how quickly I got to hospital.'

'A stroke is life-changing. It can happen to anyone and then your life stops. Yet I know so many people are missing out – a thrombectomy is so tremendous and non-invasive. I think everyone should have a fair opportunity to receive one, no matter where they live.'

Key enablers for stroke reform

These recommendations rely on enablers to high quality stroke care that cut across all three shifts. The stroke community repeatedly emphasised the following fundamentals to unlock the potential within the stroke pathway. These enablers not only ensure person-centred care but also capitalise on existing successes in the stroke pathway to improve outcomes for stroke survivors nationwide. The foundations for stroke system reform are in place, but progress hinges on the Government's commitment to addressing these enablers.



Collaboration and leadership

Strong partnership between NHS England, Integrated Care Boards (ICBs), and ISDNs, which connect teams of healthcare professionals and voluntary organisations. Government leadership can ensure consistent funding, expand ISDN capacity and address inequalities.

Workforce capacity and skills

The stroke workforce, including specialised roles in diagnostics, treatment, rehabilitation, and community care, must be expanded and supported to widen access to life-saving stroke treatments and follow-up support.

Digital, data and infrastructure

Expanding technologies like pre-hospital video triage and AI-based imaging in an integrated way across all regions can improve diagnosis and treatment times. Technology that patients use must remain accessible. Stroke's national audit data (SSNAP) is vital to understanding care quality in stroke. It must continue to be funded as a vital tool to improve stroke survivors' experience and outcomes.

Pathway integration

Joining up services across the pathway, in line with national models, is key to delivering person-centred stroke care and achieving universal rollout of innovations, including Early Supported Discharge and six-month post-stroke reviews.

Funding and financial flows

Scaling up stroke innovations such as 24/7 thrombectomy services, and NROL requires sustained, targeted investment but this will generate cost savings and improved patient outcomes. Rethinking financial flows can help incentivise the NHS to engage in more preventative work.

Patient information and health navigation

Empowering stroke survivors and their carers with accessible information and navigation support enhances self-management and recovery outcomes. Community-based staff and volunteers, as well as digital patient portals, can improve engagement and reduce the burden on acute services.

Maximising the use of the VCSE and community organisations

A vibrant and strong voluntary, community and social enterprise (VCSE) sector is a huge asset to the NHS and local communities and must be supported as partners in the commissioning and delivery of stroke care. Community outreach programmes in many areas are successfully targeting underserved populations and need further Government support.



Greater Manchester: Stroke awareness in South Asian and Muslim communities

Farheen Akhtar, an Orthoptist and Network Facilitator in the Greater Manchester Neurorehabilitation and ISDN, has worked collaboratively with multiple community-based organisations, including the Diabetic Network, Manchester Metropolitan University, and the British Muslim Heritage Centre to develop an innovative approach to raising stroke awareness in South Asian and Muslim communities.

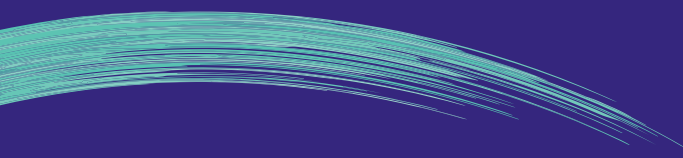
Recognising the cultural importance of faith in health behaviours and the impact of working with religious leaders to reach underserved communities, the project adapted the FAST (Face, Arms, Speech, Time) test and stroke prevention resources, such as leaflets, to align with verses from religious texts and practices including: the Quran, Hadith and Sunnah.

A stroke survivor from the community talked publicly about stroke to help inform people and inspire them to recognise the risks and change their behaviours. Through collaboration with trusted community leaders, including Imams, the team delivered culturally relevant health messages in the native language in mosques and community centres where people regularly gather.

To read our detailed vision for the stroke pathway of 2035, and our roadmap for how we get there, see our full report, **Unlocking potential: a bold vision for stroke care in England**, available at: stroke.org.uk

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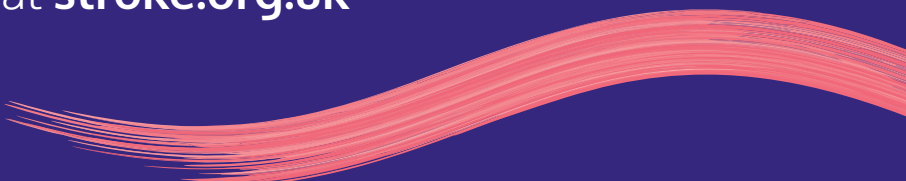
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The Stroke Association is the only charity in the UK providing lifelong support for all stroke survivors and their families. We provide tailored support to tens of thousands of stroke survivors each year, fund vital stroke research, and campaign to secure the best care and support for everyone affected by stroke.

It's only thanks to the generosity of our supporters and donors that we can provide vital support.

Donate or find out more at **stroke.org.uk**



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