



Delivering stroke as a priority

Royal College of Occupational Therapists, Royal College of Speech and Language Therapists, Royal College of Physicians of Edinburgh, Royal College of Physicians and Surgeons of Glasgow, British and Irish Association of Stroke Physicians, Stroke Association, Chest Heart & Stroke Scotland, Scottish Stroke Nurses Forum, all endorse ***Delivering stroke as a priority***.

Delivering stroke as a priority was developed by clinicians and health professionals in Scotland. It outlines five actions which would not only improve stroke patient outcomes but are likely to save money, improve throughflow in wider health and social care systems, and offer improved treatments for non-stroke patients. This is about improving the whole system.

The statement is rooted in the reality that health and social care is under huge resource pressure. We cannot simply ask for more money and staff, so what can we reasonably ask politicians and Health Board senior leaders to do? We posed the question to clinicians and allied health professionals. We collected views, summarized them thematically (what did we keep hearing?) and held two roundtables with a brief that the answers needed to be:

- Affordable - likely to save money rather than cost money
- Deliverable - be practically achievable and likely to make significant improvements to stroke care
- Supportable - able to achieve broad support from across the stroke community (in other words, everyone will agree they are a good thing)
- Uncontentious – there are no major barriers, or expected opposition, to implementation

All political Parties tell us they want solutions and practical ideas from health professionals on how to improve things. This is the Prevention agenda in action. Please consider the statement for your election manifesto.



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As part of our drive for NHS recovery, prevention of avoidable illness, and to improve outcomes across health and social care, we will implement these actions developed by the stroke community in Scotland.

- **Deliver an equitable 24/7 national thrombectomy service.** Thrombectomy saves brains and money. It is a standard medical procedure in many countries and should no longer be a postcode lottery in Scotland.
- **Increase inpatient and outpatient rehabilitation capacity.** Front-loading spending on inpatient and outpatient rehabilitation will save money and promote recovery from stroke by reducing the need for ongoing support.
- **Give acute stroke care the same hospital status as other specialist units.** Stroke is designated a clinical priority and needs the same protection for beds, staff and other resources that is afforded to coronary care or trauma units.
- **Develop an innovative long-term stroke specific workforce recruitment and retention plan.** Measures to address the shortfall in stroke staff will include a bigger profile for stroke in education syllabuses and increased opportunities for career progression.
- **Ongoing failure to meet stroke standards to be escalated to Health Improvement Scotland.** This will make the auditing process more robust and ensure NHS Boards place greater emphasis on meeting the needs of stroke patients.