

Progressing Stroke Reform in Northern Ireland

Rebuilding lives after stroke

Stroke
Association



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The Stroke Association are calling on the Department of Health and Northern Ireland Executive to stand by commitments made before the Covid-19 pandemic and urgently:

- Progress with the planned reform of stroke services to create a sustainable and high-quality service for everyone affected by stroke in Northern Ireland.
- Roll-out a new, regional long-term support pathway, which is appropriately funded to meet the needs of people affected by stroke.



About stroke in Northern Ireland

There are currently over **38,000** stroke survivors living in Northern Ireland. Stroke continues to be one of the leading causes of death here, with approximately 800 stroke deaths in 2018.

In Northern Ireland, our population is ageing and more people are living longer, often with multiple complex long-term conditions. The number of strokes across the UK is likely to rise by almost half (44%) in the next 20 years.¹

The need for reform of stroke services in Northern Ireland has long been recognised. Unfortunately, progress has been slow and it has been further halted by the Covid-19 pandemic. While we appreciate the challenges posed by Covid-19 for the health and social care sector, the Stroke Association believe that this crisis should be seen as an opportunity to reform our health system. Change is long overdue and we must do better to improve outcomes for stroke survivors and their families, both now and in the future.



What do we want to see happen?

The Stroke Association are calling on the Department of Health and the Northern Ireland Executive to:

1. Progress with the planned reform of stroke services to create a sustainable and high-quality service for everyone affected by stroke in Northern Ireland.

There is no doubt that there have been advances in some stroke services in Northern Ireland over the past decade, such as improved access to thrombolysis and the introduction of thrombectomy. However, there is still much to do to ensure that every stroke patient consistently receives the recommended standards of care.

Hospital stroke services in Northern Ireland are currently spread too thin with too many stroke units struggling to maintain quality care and staffing levels. Evidence from other parts of the UK shows that the best way to deliver quality care for stroke patients is through the development of hyperacute stroke units or HASUs. These units have expert staff, the latest equipment and are open 24 hours a day so patients are more likely to get the treatment they need. Being cared for on a HASU has been shown to save lives and reduce length of hospital stay for stroke patients.^{2,3,4}

Following a 2017 pre-consultation on the subject, in 2019 the Department of Health held a public consultation on plans to reshape how stroke services were delivered in Northern Ireland in order to save lives and reduce disability. In the consultation document, the Department highlighted how 'our current model fails users' and that 'maintaining the status quo is simply not good enough'.⁵

They made seven commitments to improve stroke prevention, treatment and care, including a proposal to reshape hospital stroke care and create a number of HASUs.

The Stroke Association were very encouraged that 'New Decade, New Approach' made a commitment to reconfigure hospital provision to deliver better patient outcomes and that improvements would be made in stroke by the end of 2020. It was therefore very disappointing that the only reference to stroke in the recent 'Rebuilding Health and Social Care Services Strategic Framework' was to say that it was 'unlikely that stroke reforms will progress by end of 2020'.

The Stroke Association believe that the Covid-19 crisis has highlighted the urgent need for transformation in health and social care. Now is the time to progress with stroke reform in Northern Ireland and to move forward with reshaping stroke services and improving the whole pathway, from prevention to long-term support, in partnership with the stroke community. As the Department has said themselves, staying as we are is not an option and a lack of progress puts lives and recoveries at risk.

2. Roll-out a new, regional long-term support pathway, which is appropriately funded to meet the needs of people affected by stroke.

Rehabilitation services and post-hospital support have long been identified as the 'Cinderella' services of stroke services. More than a decade has passed since the 2008 Stroke Strategy which recommended that every stroke patient should have access to appropriate community rehabilitation services and psychological and emotional support. Unfortunately, there hasn't been adequate investment in these important services and our highly skilled and dedicated stroke workforce say they don't have the resources and time they need to help people make the best recovery they can.

In the Stroke Association's 2019 '**Struggling to Recover**' report, stroke survivors told us how they struggle to access the rehabilitation they need to recover and rebuild their lives. They told us how their emotional and psychological needs after a stroke were often not met. Carers highlighted how difficult they sometimes find it to cope with their caring role. And our recent '**Stroke Recoveries at Risk**' report shows that the Covid-19 pandemic has exacerbated these issues.

In the 2019 '**Reshaping Stroke Care - Saving Lives, Reducing Disability**' consultation document, the Department of Health made a commitment to use our Struggling to Recover analysis and recommendations as a blueprint to drive improvements in rehabilitation and long-term support for people affected by stroke. Unfortunately, progress with this work has been delayed due to the Covid-19 pandemic.

The Stroke Association are calling for a new, regional stroke support pathway to be finalised and implemented as soon as possible. It's vital that this pathway is appropriately funded to meet the needs of people affected by stroke as identified in Struggling to Recover and Stroke Recoveries at Risk.

The Stroke Association is committed to working with decision-makers, system partners and the stroke community in Northern Ireland to implement these calls-to-action.

References

1. Stroke Alliance for Europe. (2017). The Burden of Stroke in Europe. Available at: <https://www.stroke.org.uk/sites/default/files/theburdenofstrokeineuropereport.pdf>
2. Morris, S. et al. (2014). Impact of centralising acute stroke services in English metropolitan areas on mortality and length of hospital stay: difference-in-differences analysis. *BMJ*, 349: g4757.
3. Ramsay, A. et al (2015). Effects of centralising acute stroke services on stroke care provision in two large metropolitan areas in England. *Stroke*, 46(8), pp. 2244-51.
4. Elameer, M. et al. (2018). The impact of acute stroke service centralisation: a time series evaluation. *Future Healthcare Journal*, 5(3), pp. 181-7.
5. Department of Health. (2019). Reshaping Stroke Care: Saving Lives, Reducing Disability. Available at: <https://www.health-ni.gov.uk/sites/default/files/consultations/health/rscs-consultation-document.pdf> (pp. 4-5).



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

For further information please contact
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Contact us

We're here for you. Contact us for expert information and support by phone, email and online.

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