Fresh focus on stroke care

A decade-long national stroke strategy ends this year. Clinical leaders say a new strategy is essential if we are to build on achievements and improve after-care

By Catharine Sadler
When 36-year-old company director Nathan Ridgard went to the emergency department with an excruciating headache and neck pain he was told he had a severe migraine and was admitted for tests.

‘Unfortunately it was New Year’s Eve, the hospital was shockingly understaffed, no stroke consultant was on duty and, although nurses were extremely caring, I’m certain none were stroke specialists,’ he recalls.

Mr Ridgard waited three days for a scan, which led to a diagnosis of stroke affecting his eyesight, movement and energy levels.

‘After a week I was sent home, scared and unable to believe what had happened to me. With a wife, young daughter, mortgage to pay and unable to work, I felt angry I’d been given no support or information on how to recover and just left to work things out for myself.’

Five years on, Mr Ridgard says the disabling after-effects of his stroke have greatly improved. He is back at work and campaigns to raise awareness of the devastating effects stroke can have.

Ten-year strategy
Fortunately, stories like his are less common than they were. The ten-year National Stroke Strategy in England, introduced in 2007, has led to improved diagnosis and more effective, rapidly administered treatments and care in specialist stroke units. It has also raised public awareness of stroke symptoms through public health campaigns and contributed to the 46% reduction in stroke mortality between 1990 and 2010.

Improved outcomes saved the NHS an estimated £456 million between 2007 and 2014, National Audit Office data suggest.

However, the Stroke Association says improvement in hospital care has been patchy, with much of the country lagging behind London and Manchester, where services have been centralised around hyper-acute stroke units.

Clinical audit continues to show that up to 15% of patients nationally are still not receiving thrombolysis and that 52% wait for more than the hour recommended in clinical guidelines for a brain scan to diagnose their stroke.

Access to the important new treatment thrombectomy, a mechanical clot retrieval operation that reduces the after-effects of stroke, is limited to a few hundred people a year when thousands could benefit.

Fall in care quality
The Stroke Association’s 2016 survey of stroke survivors also found a sharp fall in the quality of care people receive once they leave hospital, with more than 30% describing their care at home as poor or very poor. There is also evidence that almost half of stroke survivors do not receive the recommended six-month assessment.

Worryingly, a report by the Stroke Alliance for Europe and King’s College London suggests the UK’s ageing population means stroke incidence will increase by 44% by 2035.

It is in this context that stroke survivors, clinical leaders including the National Stroke Nursing Forum, and the Stroke Association are calling on the government to devise a fresh national stroke strategy to build on the progress achieved by the existing one.

The government says it has no plans to renew the strategy and insists other initiatives such as the cardiovascular disease outcomes strategy and the NHS Five Year Forward...
View will continue to make progress on stroke.

Many clinical leaders argue there is no substitute for the unique focus on stroke provided by a national strategy.

RCN professional lead for long-term conditions Amanda Cheesley believes the ‘phenomenal’ progress achieved in stroke outcomes must be attributed to the strategy. ‘The current stroke strategy’s specific guidelines have kept stroke professionals’ minds focused. Without this its messages will become diluted and progress in stroke diagnosis, treatment and after-care lost,’ she says.

Imperial College Healthcare NHS Trust clinical nurse specialist in stroke Ismaila de Souza, a member of the RCN’s neuroscience forum, emphasises the strategy’s positive impact: ‘Over the past ten years there has been a major emphasis on stroke recognition, such as the public health FAST campaign. Acute stroke treatment has improved, with increasing numbers of patients receiving thrombolysis and being directly admitted to specialist stroke units,’ she says.

Lack of support
Stroke is a leading cause of disability but stroke professionals and charities are concerned survivors are not getting the crucial after-care and support they need.

National clinical guidelines recommend stroke survivors receive health and social care reviews six and 12 months following their stroke, but only 30% receive even a six-monthly review. And despite the recommendation that those with mild to moderate stroke disability be offered early supported discharge (ESD), only a third are discharged to such care.

Stroke Association chief executive Juliet Bouverie highlights what she calls NHS neglect. ‘More than 46% of stroke patients, many of whom have serious physical disability, depression and psychological needs, told our recent survey that when they are discharged from hospital they feel isolated and abandoned,’ she says.

The association is campaigning for a new stroke strategy that would include improved support for stroke survivors (see box).

Clinical leaders from 19 stroke care bodies, including the National Stroke Nursing Forum, have also called on the government to give a ‘renewed national focus’ to improve stroke services. Rehabilitation is one of the three areas the joint statement says requires urgent action. The other two are implementation of new treatments and prevention.

Ms de Souza says: ‘We know that after patients leave hospital, their care is much worse. So we need a national strategy that puts the emphasis on long-term stroke after-care, self-management and rehabilitation.

‘We must stop working in silos, and for example, establish more nurse-led follow-up clinics. Stroke nurses with advanced diagnostic and clinical skills must work more closely with community nurses and GPs.’

The national strategy’s successful promotion of specialist units and its recognition of the crucial role and training needs of nurses working across the stroke pathway has raised the profile of stroke nursing.

Specialists
The Stroke Association says specialist stroke staff have been at the heart of the transformation in hospital care that has saved lives. ‘With a growing ageing population, we urgently need more specialist stroke nurses who can provide every stroke patient with a chance to make the best possible recovery,’ a spokesperson says.

Stroke nurse specialist Stephanie Tempest of Pinderfields Hospital in Wakefield, West Yorkshire, established and leads a team of five specialist nurses providing 24-hour emergency nursing cover to a wide catchment.

She says: ‘Our team always carry phones to take calls from ambulance crews, assess patients’ stroke symptoms and onset times and meet them at our hospital entrance. Then, bypassing A&E, we accompany them for immediate diagnostic scan, to ensure they meet a 4.5-hour treatment deadline.’

The fundamentals of a new strategy
The Stroke Association is calling for a new government stroke strategy to:

» Drive advances in stroke treatment to save lives and reduce post-stroke disability and social care costs.
» Address stroke service reorganisation.
» Improve support and rehabilitation for stroke survivors returning home, enabling them to achieve a fuller recovery and better quality of life.
» Address the unacceptable national variations in stroke treatment and after-care.
Once patients have been further assessed by a doctor, stroke nurses assist in intravenous thrombolytic infusion, monitoring their patient’s condition at 15-minute intervals. ‘This can be very rewarding if stroke symptoms, such as facial droop, disappear within an hour,’ she says.

The Pinderfields stroke unit ward staff liaise closely with community services.

Ms Tempest runs TIA – transient ischaemic attack – clinics, where she assesses patients’ progress and wellbeing and offers health education. ‘My clinic provides a perfect opportunity to ensure patients have experienced no further TIA symptoms, reassure those who are anxious about their recovery and advise on stroke prevention strategies, such as blood pressure reduction.’

Consultant stroke nurse Paula Beech has been involved in stroke nursing for 17 years, has a master’s degree in TIA and a doctorate in stroke patient information provision. She works at England’s largest stroke-admitting hospital, Salford Royal NHS Foundation Trust, dividing her time between running the stroke unit’s 16-bed rehabilitation ward, a nurse-led stroke follow-up clinic every two weeks, multidisciplinary discharge planning meetings and community liaison, plus staff education and management. ‘I’m passionate about stroke rehabilitation,’ says Dr Beech, ‘because it helps patients manage their lives as independently as possible.’

Follow-up clinics
Dr Beech liaises with a multidisciplinary early supported discharge team, which includes two nurses, using her follow-up clinics to iron out rehabilitation problems and help patients reduce stroke risk factors. ‘A stroke can affect every aspect of people’s lives and is quite difficult for some to make sense of. Not only may it affect sight, movement, appetite, speech and continence, but also emotions and thinking processes. Nurses, with their holistic skills and accessibility to patients, are ideally placed to help patients find solutions to living with such disabilities.’

Under sustainability and transformation plans in England, acute stroke care is likely to be concentrated in more specialist stroke units staffed by stroke nurses with advanced clinical skills. ‘There is a buzz around thrombectomy treatment, and its increased use should reduce stroke disability,’ says Dr Beech. ‘And hopefully, the current drive to centralise stroke care won’t risk leaving some areas too far from services.’

‘But patients’ greatest current need is good-quality rehabilitation and support through multidisciplinary community teams that include nurses, to support stroke patients for at least six weeks after leaving hospital.’ Dr Beech has no doubt a national strategy is required. ‘Over the past decade our current stroke strategy has shone a light on stroke care by driving change and development in acute services. But there is still so much more to do to ensure patients gain equal access to stroke care and rehabilitation nationwide. A new strategy is a must if we are to get this job finished satisfactorily.’

Ismalia de Souza, RCN neuroscience forum

‘After patients leave hospital, their care is much worse. We need a national strategy that emphasises long-term stroke after-care’

Catharine Sadler is a freelance health journalist