

A new ambition for **STROKE**

Easy access version



This booklet is a shorter version of the full consultation "**A new ambition for stroke: a consultation on a national strategy**".

It tells you about most of our plans for a new strategy for preventing and treating **stroke**. But it leaves out some of the more technical details.

When we say "**we**" in this booklet, we mean the **Department of Health**.

We are grateful to Connect, the disability communication network, for their help in making this booklet accessible.




You might like to have someone to support you when you look at this booklet



Contents

Useful words	2
About this consultation	4
How to tell us what you think	5
Where to get more information	5
Chapter 1: Time is brain	6
Background information	6
What the working groups told us	7
Questions on Chapter 1: Time is brain	9
Chapter 2: Life after stroke	10
Background information	10
What the working groups told us	11
Questions on Chapter 2: Life after stroke	13
Chapter 3: Working together	14
Background information	14
What the working groups told us	14
Questions on Chapter 3: Working together	15
Chapter 4: Raising awareness, informing and involving people	16
Background information	16
What the working groups told us	17
Questions on Chapter 4: Raising awareness	18
About you	19

In this booklet, we use symbols to help you find information:

- Background information = 
- What the working groups said = 
- Questions to answer = 

Useful words

This list tells you the meanings of some of the words as we use them in this booklet. It also has some words that are often used when talking about strokes.

The words in this list are in **bold type** in the booklet.

Some other words are also in **bold**. These are not in this list, but are there to help you see quickly what the information on the page is about.

advocacy	When someone helps a person with stroke to have their say
aphasia	A condition caused by stroke which makes it difficult to communicate with other people
consultation	Asking people what they think about our ideas
CT scan	A picture of the brain that shows whether a stroke has been caused by a blood clot or by bleeding
mini-stroke	A less serious stroke where the effects pass quickly and leave no lasting damage. Also called TIA
MRI	Magnetic Resonance Imaging – a sort of brain scan
networks	A group of health and care professionals (doctors, nurses, social workers etc) who work together
primary care	Healthcare given outside a hospital, for example by a GP or nurse
recommendations	What the working groups told us they think we should do to make stroke services better
rehabilitation	Help with mobility and communication to support people to lead as full a life as possible

scan	A test to look at a problem in someone's brain or body
stroke	When the blood supply to parts of the brain is suddenly reduced because a blood vessel becomes blocked or leaks
thrombolysis	Treatment to break up blood clots
TIA	Transient Ischaemic Attack – a less serious or minor stroke where the effects pass quickly and leave no lasting damage
working groups	Groups of experts who looked at the stroke services we have now, and told us how they think we can make the services better in the future. The groups included doctors, nurses, therapists, people from social care and emergency services, people with stroke and carers.

About this consultation

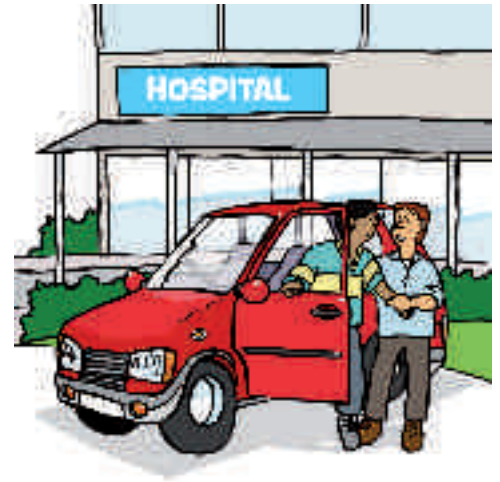
The Department of Health know that **strokes** have a huge effect on people's lives.

We want to make services better for people who:

- Have had a stroke
- Are in danger of having a stroke
- Look after someone who has had a stroke.

We want to:

- Reduce the number of strokes
- Make sure people are treated quickly
- Provide the best possible medical care when strokes happen, so more people get better
- Provide the best possible support to help people live independent lives
- Provide better information about strokes and how to prevent them.



We asked **6 working groups** to look at the stroke services we have now. The working groups included people with stroke and carers as well as doctors, people from social care and the emergency services. There is a list of the names of all the people who were in the working groups in the full-length version of the **consultation**.

This booklet tells you what the **groups** told us we should do to make stroke services better.

Now we would like you to tell us what you think about what the groups told us.




**The consultation began on 9 July 2007
and finishes on Friday 12 October 2007**

**So please make sure that you tell us what
you think before Friday 12 October 2007**



How to tell us what you think

Each of the 4 chapters has the same structure:

- **Background** information 
- **What the working groups told us** 
- **Questions** for you to answer 

1. **Read** the background information and what the working groups told us.
2. **Answer** some or all of the 3 questions at the end of each chapter.
3. At the end of the booklet there are some more questions and some space for you to tell us about yourself. You do not have to do this if you do not want to, but it would help us to understand your answers better if you do.

You can **type** your answers on a separate piece of paper if you prefer.

Please post your answers to:



Bipasha Mondal
Stroke Team
Department of Health
Wellington House
133–155 Waterloo Road
London SE1 8UG

Email: stroke@dh.gsi.gov.uk

Where to get more information

If you want to know more you can read the full-length **consultation** “A new ambition for stroke” at

www.dh.gov.uk/stroke

You can also get this consultation in alternative formats.

Please see the back page of this booklet for more information.



Chapter 1: Time is brain

Background information

Stroke is a kind of brain attack and a medical emergency. It is vital that someone who has had a stroke gets the right treatment as quickly as possible.



This can make all the difference as to whether they get better, and how quickly they can get back to leading as full a life as possible.

People who have a stroke need to:

Get to **hospital** very quickly

See a stroke **specialist** very quickly

Have the right **scans** very quickly

Get the right **treatment** very quickly

Get the care they need in a **specialist** stroke unit

People who have **TIA** need to:

Get a specialist **assessment** quickly

Have the right **scans**

Have an **operation** if they need one

Get advice about healthier **lifestyles**

(**TIA** is short for **Transient Ischaemic Attack**. It is sometimes called a "mini-stroke".)



What the working groups told us

The **working groups** made **recommendations** about dealing with **stroke** and about dealing with **TIA** and minor stroke. TIA is an important warning sign that someone may be going to have a more serious stroke. So it is important to treat people with TIA quickly, to help stop this happening



Stroke

The working groups told us:

- Ambulance crews should treat people who may have had a stroke as **emergencies**.
- All people who may have had a stroke should be moved immediately to a **hospital** with specialist stroke services.
- Specialist stroke services should be able to make a quick assessment and run tests such as a brain **scan** (eg **CT scan** or **MRI**).
- Specialist stroke services should also be able to give **thrombolysis** treatment if needed. (Thrombolysis is treatment using drugs which break up blood clots.)
- Specialist stroke services should have access to a stroke **specialist** at all times.
- There should be a **minimum** time limit for assessment and scans.
- All people with stroke should be given high quality specialist care and, ideally, should go straight into a **stroke unit** on their admission to hospital.



TIA and minor stroke

The working groups told us:

- All people with suspected **TIA** who are not taking regular **aspirin** should be given aspirin immediately.
- Everyone should be **assessed** quickly to see if they need urgent specialist assessment and tests.
- People who are assessed away from a hospital as an emergency should go by **ambulance** to a specialist stroke service.
- People who go to hospital **Accident and Emergency** departments or other out-of-hours medical centres must get the treatment they need. They must **not** just be told “to see their GP in due course”.
- People with TIA and minor stroke should have all the tests necessary to establish their condition within 24 hours if they are at **high risk** of having a stroke. Some other **tests**, for example heart tests, should happen within **48 hours**.
- If they are at **low risk** of a stroke, they should have all the tests within seven days.
- Everyone should get the advice and medicines they need. They should be seen again **one month** after their TIA or minor stroke.
- Some TIAs happen because of blockages in the blood vessels in the neck. Some people can have an **operation** to treat this. This operation should happen within a few days.





Questions on Chapter 1: Time is brain

Do you think the working groups have made the right recommendations?

Yes 

No 



Is there anything you think we have missed?

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Is there anything else you would like to say about treating strokes and TIAs quickly?

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Chapter 2: Life after stroke

Background information

We know that care from a specialist **stroke unit** is the most important way to help improve the beginning of someone's life after their **stroke**.



That's why we want everyone to get treatment in a stroke unit if it would help them. And we want people who are able to go home earlier, with extra support, to go quickly. But they may still need the same level of support as they got in hospital.

We know it's important to make sure people get support for their whole life if they need it.

That's why we want to improve the help and support people get after they leave hospital. This means things like:

Clear **information** to help people to understand health and social care services

Prompt access to **practical help** to manage at home, for as long as they need it

Getting help from people who **understand** what it means to have a stroke, especially from people who have had strokes



People who have had strokes need help:

- whether they are living at home or in a care home
- whatever their age
- whatever types of difficulty they have.

You can read more about our plans for improving health services in "Our health, our care, our say". You can find this on our website at www.dh.gov.uk/ourhealthourcareoursay

What the working groups told us

The working groups made **recommendations** about:



Going home
after a stroke

Getting help and
support for life

Leading a full
life

Going home

The working groups told us:

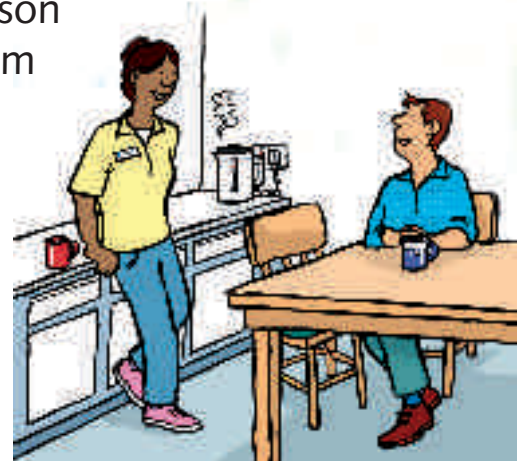
- People who have had **strokes** and their carers should have access to:
 - **rehabilitation** in stroke units and services at home from **stroke specialists** to help them leave hospital as soon as possible
 - the right **housing, equipment** and **practical help** at the right time
 - ongoing **psychological** and **emotional** support.
- People who have had strokes and their carers should have rehabilitation and support from well-trained specialists:

immediately after
they leave hospital

and

for as long as they
need it.

- People who have had strokes and their carers should get **information** about the effects of stroke and **training** in how to manage those effects.
- All the people and organisations that look after health and social care should **work together** to give the best possible care to people after they leave hospital.
- Within **6 weeks** of leaving hospital the person should have a check-up on their health from **primary care** services. They should have another check within **6 months**.



Getting help and support

The working groups told us:

- People who have had strokes and their carers will have a better life if they:

get the right support at the right time to help **look after themselves**

get the right social, emotional and psychological support, for their **whole lives** if they need it

can get support from **other people** who have had strokes

have the chance to take **short breaks**

have **check-ups** of their health and social care every year

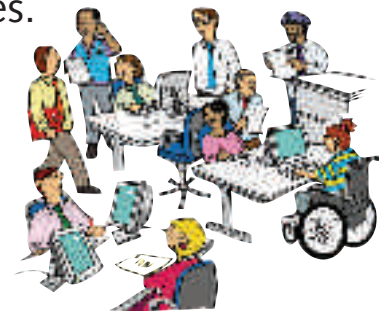
- We should help people who have had strokes to take up opportunities which have been **adapted to meet their needs**. These could be opportunities for leisure or education, being an active citizen, or social activities.



Leading a full life

The working groups told us:


- We should help people to join in life again, especially people who find it hard to communicate.
- We should help people who have had strokes and their carers to go **back to work**. This work could be paid or voluntary.
- We should help employers and voluntary organisations to **adapt working conditions** to help people who have had strokes.
- People who are living with stroke should know what money may be available to them to give them more **choice, control** and **opportunities**.
- We should help people to access **transport** so that they can take part in the opportunities available.
- We should make sure we look after people who may die after their stroke. It is important to make the end of their lives as **comfortable** and **dignified** as possible, especially for people who can't communicate.





Questions on Chapter 2: Life after stroke

Do you think the working groups have made the right recommendations?

Yes 

No 



Is there anything you think we have missed?

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Is there anything else you would like to say about improving support after a stroke?

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Chapter 3: Working together

Background information

We think that services need to work well together to give the best possible care, and to make the best use of available **resources**.

This means that hospitals that provide different kinds of specialist **stroke** services need to **work together** to give the patient the right sort of care, at the right time, and quickly.



What the working groups told us

The working groups made **recommendations** about:

Setting up clinical **networks**

The **workforce** who provide care and services



Networks

The working groups told us:

- NHS and social care services should set up **networks** to cover every 500,000 to 2,000,000 people. Networks would provide 24-hour specialist care to everyone with acute stroke. They would make sure people are admitted to specialist stroke units quickly and arrange **rehabilitation**.
- The networks should include **all** health services for people who have a stroke, including ambulance services and primary and social care.

Workforce

The working groups told us:

- Everyone who works in stroke care should have the right **skills** and **experience** to provide the best possible care.
- There should be minimum **standards** that all staff need to meet, including non-specialist staff.





- People who organise stroke services should look at **local** needs in order to design and provide the most effective services.
- Staff should have **training** to help them provide good services.
- There should be nationally recognised **education** and training programmes in **stroke**.
- There should be more **research** into strokes.



Questions on Chapter 3: Working together

Do you think the working groups have made the right recommendations?

- Yes 
- No 



Is there anything you think we have missed?

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Is there anything else you would like to say about working together?

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Chapter 4: Raising awareness, informing and involving people

Background information

Not many people know much about **stroke**.

Very few people know how to prevent strokes or how to recognise the symptoms.

We think that it is very important to improve **understanding** of stroke among both:

- **professionals**, such as doctors, nurses and social workers, and
- the **public**.

Many strokes can be prevented by:

- healthier **lifestyles**
- **medicines** which control blood pressure and cholesterol.

People can help themselves by:

- **not** smoking
- **not** eating too much salt
- **not** drinking too much alcohol
- getting enough exercise
- seeing their GP or practice nurse for a check-up.

We want to include information about stroke in other health awareness programmes that we already run.

We also want to help people who are most at risk, including African, Caribbean and South Asian people.

We want to provide better **information** so that people can:

- understand stroke
- get information and advice when they've had a stroke, and
- find out how to prevent stroke.

We are working with organisations like the Stroke Association to **raise awareness** of stroke and how to deal with it.





What the working groups told us

- The Government and local services should run **campaigns** to tell people about **stroke** and how to prevent it. Campaigns should be both local and national.
- People who have had a stroke, or are at risk of a stroke, should be given **information** to help them reduce the risk of stroke.
- People with **high risk** factors like high blood pressure, high cholesterol and diabetes should have treatment to reduce the risk of stroke.
- People who have had strokes, and their relatives and carers, should be given help for as long as they need it including:

Information

Advice

**Emotional
support**

**Access to
advocacy**

- People with stroke and their families should have access to information and independent advice and support during care and to help them when they are back home. People should be able to get this information even years after their stroke.
- Services should make sure that all people with stroke and their carers have a **big say** in their treatment.





Questions on Chapter 4: Raising awareness

Do you think the working groups have made the right recommendations?

Yes 

No 



Is there anything you think we have missed?

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Is there anything else you would like to say about raising awareness, informing and involving people?

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(Please use another piece of paper if you need more space)

About you ?

It would help us if you would answer some questions about yourself. You do not have to do this if you do not want to.

Please answer as many, or as few questions as you want.



Title: Mr Mrs Ms Miss Dr Other

First name:

Surname:



Address:

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email:

1. Are you happy for us to contact you?

Yes

No

2. Have you had a **stroke**?

Yes

No

3. Are you a family member or a carer of someone who has had a stroke?

Yes

No

Other: Please tell us what



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281866 1p 21k Jul 07 Gateway Ref: 8407

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