

HD 01

Rôl awdurdodau lleol o ran cefnogi'r broses o ryddhau cleifion o'r Ysbyty

The role of local authorities in supporting hospital discharges

Ymateb gan: Cymdeithas Strôc

Response from: Stroke Association

Cwestiynau am strôc? Questions about stroke?
Ffoniwch ein llinell gymorth neu ewch at y wefan:
Phone our helpline or visit our website:
0303 3033 100 / stroke.org.uk
(Ffôn testun / Textphone 18001 0303 3033 100)



Stroke Association Consultation response

Local Government and Housing Committee's Inquiry into 'The role of local authorities in supporting hospital discharges'

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 thousands of stroke survivors in Wales each year. This support includes one-to-one and group support, funding vital scientific research into stroke prevention, acute treatment, recovery and long-term care, and campaigning to secure the best care for everyone affected by stroke. We're here for stroke survivors and their loved ones, from the moment they enter the new and frightening post-stroke world, supporting them every step of the way as they find their strength and their way back to life.

There are currently around 70,000 stroke survivors living in Wales, and a further 7,400 are expected to have a stroke this year. A recent survey revealed that 45% of stroke survivors feel abandoned when they leave hospital, because they don't get the help and support they need.

Nearly half of stroke survivors told us they weren't contacted at all after leaving the hospital and 30% of those surveyed rated the care they received at home as poor or very poor.

The Stroke Association's Stroke Recovery Service provides a lifeline for survivors and their loved ones trying to make sense of the new and terrifying post-stroke world, one in which they might otherwise feel isolated and alone. Our coordinators work with stroke survivors and their families to provide vital, one-to-one support after discharge from hospital.

In Wales we have 34 dedicated staff, and 93 active volunteers. In 2023/2024, this team supported 3,446 stroke survivors and their loved ones.

Stroke is estimated to cost NHS Wales £220 million annually, and for all sectors of the Welsh economy this is a combined £1.63 billion (£45,409 per patient in the first year). The latter cost is forecast to rise to £2.8bn by 2035 if no action is taken to

Cwestiynau am strôc? Questions about stroke?
Ffoniwch ein llinell gymorth neu ewch at y wefan:
Phone our helpline or visit our website:
0303 3033 100 / stroke.org.uk
(Ffôn testun / Textphone 18001 0303 3033 100)



mitigate against this. Giving thrombectomy treatment to eligible patients represents a saving of £47,000 per patient, over a 5-year period. If Welsh targets are met this would equate to a saving of £350 million over a 10-year period.

Local Authorities' Role in Stroke Patient Discharge

Local authorities in Wales play a crucial role in ensuring safe, timely, and efficient discharges for people who experience a stroke. The integration of health and social care services is vital for effective discharge planning.

The Welsh Government's "Quality Statement for Stroke" outlines commitments to improve stroke care, which emphasises the importance of coordinated discharge processes. Delays to people in their transfers of care remain a significant issue in Wales, particularly for people who experience a stroke. They can lead to longer hospital stays and increased pressure on healthcare services. Mums, dads, grandparents, young people, even children – anyone can have a stroke, and its impact is traumatic. Stroke is a leading cause of disability and can leave survivors unable to move, see, speak or even swallow. Stroke can also lead to personality changes and depression.

Impact on Patient Flow and Hospital Discharge

The Health and Social Care Committee published a paper on hospital discharge and its impact on patient flow through hospitals in 2022. The document highlights that stroke patients often face significant delays in hospital discharge due to the need for comprehensive rehabilitation services. These delays can impact patient flow through hospitals, leading to bed shortages and increased pressure on healthcare services. The report emphasises the importance of timely discharge planning and the availability of community-based rehabilitation services to ensure smooth transitions for people who experience a stroke.

In addition, the Healthcare Inspectorate Wales (HIW) report on patient flow through the stroke pathway provides a comprehensive analysis of the current challenges and inefficiencies in managing people who experience a stroke. It highlights critical areas such as timely access to care, quality and safety, and the complexities of patient discharge, offering valuable insights for improving the overall stroke care pathway. The report emphasises the importance of ensuring that people who experience a stroke receive timely access to acute care. Delays in accessing care can significantly impact outcomes for people who experience a stroke. It highlights

the need for maintaining high-quality and safe care throughout the stroke pathway from initial assessment to discharge, which includes having the right skills and resources at each stage. The report shows many significant challenges in patient flow, such as high demand for inpatient beds and issues discharging medically fit patients, which can lead to delays and negatively impact the quality of care.

There can be serious repercussions for outcomes for people affected by stroke due to inefficiencies in the whole system. These include increased risk of complications and longer hospital stays. Various initiatives and models of care are being implemented to address patient flow issues, but the report notes that these efforts have not fully resolved the problems, indicating a need for continued improvement. Despite this, we have yet to see what health boards are doing to implement the recommendations of this report. IMTPs do not reflect a commitment to addressing this.

The Healthcare Inspectorate Wales (HIW) Annual Report for 2023-2024

HIW's latest annual report highlights ongoing challenges and some improvements in stroke care. Despite sustained pressure on healthcare services, there have been positive initiatives aimed at improving patient flow and reducing delays in discharge. While there have been some initiatives and improvements in stroke care in Wales, significant challenges remain. The recent rollout of AI technology, such as the Brainomix 360 Stroke platform aims to support real-time analysis of brain scans and improve diagnostic accuracy. However, the overall impact on outcomes for people who experience a stroke and discharge processes has yet to demonstrate real improvement reflected in Stroke Sentinel National Audit Programme (SSNAP) scores. Continued efforts and further investments across the whole stroke pathway are necessary to address these ongoing issues effectively.

Specific parts of the stroke pathway critical for stroke patient discharge.

We have highlighted the need to look at the whole pathway to look at improving efficiency in hospital discharge, because while the role of local authorities is crucial in supporting hospital discharges for people who experience a stroke, other parts of the stroke pathway are equally critical to making this work well. This is because effective stroke recovery requires a comprehensive, multidisciplinary approach involving healthcare professionals such as neurologists, rehabilitation nurses, occupational therapists, physical therapists, speech therapists and step-down

Cwestiynau am strôc? Questions about stroke?
Ffoniwch ein llinell gymorth neu ewch at y wefan:
Phone our helpline or visit our website:
0303 3033 100 / stroke.org.uk
(Ffôn testun / Textphone 18001 0303 3033 100)



professionals, such as those who provide life after stroke services post rehabilitation to support people in their recovery journey. Each of these specialists play a vital role in addressing the diverse needs of stroke survivors, from acute care and early rehabilitation to long-term support. A joined-up approach ensures that all aspects of a patient's recovery are coordinated, reducing the risk of delayed transfers of care and improving overall outcomes and experiences. By integrating services across the entire stroke pathway, from emergency response to community rehabilitation, people can receive seamless care that is centred around them and improves recovery. This holistic approach is essential for achieving meaningful improvements in stroke care and ensuring that people affected by stroke receive the right support at the right time.

Acute part of the pathway

Timely Ambulance Response

Timely ambulance response is critical for people affected by stroke, as their rapid access to treatment can significantly improve their outcomes and experiences. Delays in ambulance arrival can reduce the chances of people having a stroke having lifesaving treatments such as thrombolysis or thrombectomy. Several factors can influence ambulance response times, including traffic conditions, geographic location, and the availability of ambulances. A whole system approach is needed to ensure timely care for people who experience a stroke. This should include paramedics being well-trained in stroke recognition. This can lead to quicker identification and treatment of someone experiencing a stroke. The rollout of pre-hospital video triage across Wales can also shorten the time to first medical assessment upon arrival. Effective communication between ambulance services and hospital staff is crucial for seamless patient handover and rapid initiation of treatment. Implementing coordinated care pathways that include pre-hospital video triage with other in-hospital initiatives, such as the ringfencing of stroke beds, has so far proven to ensure that people affected by stroke get the support and care more quickly and effectively.

Thrombectomy

Thrombectomy is a highly effective treatment that can drastically reduce disability and hospital stay for people who experience a stroke, thereby supporting early

Cwestiynau am strôc? Questions about stroke?
Ffoniwch ein llinell gymorth neu ewch at y wefan:
Phone our helpline or visit our website:
0303 3033 100 / stroke.org.uk
(Ffôn testun / Textphone 18001 0303 3033 100)



discharge. People can be up and walking and talking again the next day. However, access to thrombectomy in Wales is limited. In 2020/21, only 33 patients in Wales received thrombectomy, which is significantly lower than the estimated 500 patients who could benefit from it annually.

Case Study

'Around 6.00am on a Sunday morning in June 2020, I was opening the door to let the dogs out into the garden. I suddenly had an overwhelming sense of vertigo, and fell out of the door after the dogs, ending up in a heap on the lawn. I recall spending ages trying to get up but being unable to do so because my left arm and leg refused to work. I tried calling for help, but I couldn't speak. Fortunately, whatever noise I was able to make alarmed the dogs enough that they started barking and it was this which woke my wife up. As soon as she saw me, she knew immediately I had had a stroke - I had the classic Face, Arm, Speech symptoms so she knew Fast was crucial. The ambulance arrived in about 30 minutes, which given we lived in a rural hamlet on the Cheshire/Shropshire border and were mid-pandemic, was a minor miracle in itself. Our house was just in Cheshire (the Northwest) and the nearest hospital was Leighton Hospital near Crewe. Roughly the same distance away was the Royal Stoke Hospital in Stoke-on-Trent (in the West Midlands) and my wife, who worked at Keele Medical School, asked if I could be taken there. The ambulance crew agreed: had they taken me to Leighton for emergency treatment and assessment I would almost certainly have needed to be transferred to the Royal Stoke for more specialist care, potentially adding hours to my journey. So I was blue-lighted to Stoke-on-Trent. What neither my wife or I knew at the time was that there were only 24 hospitals in England which could offer the sort of stroke treatment I urgently needed; and worse, only 8 of those offered a 24/7 emergency service. It being early on a Sunday - Mid-Summer's Day as it happens - I was incredibly lucky to be within half an hour of a world-class stroke centre and to be wheeled into an operating theatre just a few hours after my stroke.

In a way I was fortunate that I had had such a major stroke. Mine was an ischaemic stroke, caused by a blood clot blocking a large artery supplying blood to one side of my brain, so its impact was immediate and obvious. And potentially catastrophic. Without very prompt specialist surgery, I was either going to die or face major and life-changing disability.

Cwestiynau am strôc? Questions about stroke?
Ffoniwch ein llinell gymorth neu ewch at y wefan:
Phone our helpline or visit our website:
0303 3033 100 / stroke.org.uk
(Ffôn testun / Textphone 18001 0303 3033 100)



That specialist surgery was a minimally invasive technique called thrombectomy, which is truly a miracle intervention. It enables the surgeon to insert a tube into the affected artery and 'grab' the blood clot to remove it. This immediately restores the flow of blood to the brain and is akin to turning a light switch on - the patient visibly and quickly switches on again. So instead of weeks or months of intensive care and rehabilitation, and likely permanent disability, I walked unaided off the ward the day after my stroke. The following day (the Tuesday) at 6.00am I opened the door again and took the dogs out for their walk as normal.

Post-thrombectomy I was fortunate to get excellent therapy support from the local health team - although mostly they were able to sign me off pretty quickly. I had minor problems with swallowing and needed minimal physiotherapy on my affected left hand side. The Occupational Therapist packed me off to work almost immediately. Psychologically, I'm not sure any stroke survivor gets off scot-free - I had a delayed reaction to the stroke about six months in and have needed support from the North Wales Brain Injury Service (we live in North Wales now) to manage issues like anxiety. Fatigue is a problem too, and I don't quite have the physical stamina I used to. Then again, I'm 63 now, so shouldn't beat myself up too much. I still wild-swim year-round, I run on the local hills, cycle up and down the local hills and so far this year I've completed two half-marathons, proudly sporting my Stroke Association running vest. Being able to drive still, I'm as independent now as I was pre-stroke.'

The barriers to improving access to thrombectomy in Wales include a shortage of specialists trained to perform the procedure and limited availability of service. Currently in Wales, this procedure is only offered to patients at the University Hospital of Wales in Cardiff. Those outside of this area must travel to England and even then, access is limited as services are not accessible to people 24/7. To ensure this procedure is available to all in Wales, the Welsh Government must ensure that stroke is a priority going into the next Senedd term and work to transform stroke services receives the funding and resource it needs to remove these barriers and to ensure equal access and provision for everyone who experiences a stroke across Wales.

Post-stroke support

Rehabilitation Services

Rehabilitation services for stroke survivors are crucial for their recovery and reintegration into the community.

In 2024, the Stroke Association held roundtables with people affected by stroke and professionals who work in stroke to help shape its influencing work and manifesto ahead of the 2026 Senedd election. During discussions, professionals told us that demand for rehabilitation had seen a huge increase. We heard that there is a lack of consistent and accessible rehabilitation services across different regions, which can lead to disparities in outcomes for people affected by stroke. We would like to see a standardised approach to rehabilitation services to ensure everyone affected by stroke receives the support they need, regardless of their location.

In Wales, Early Supported Discharge (ESD) services for stroke patients are provided by various health boards, each offering tailored support to facilitate recovery at home. The health boards commit to the following on their websites:

- Cardiff and Vale University Health Board has a multidisciplinary team delivering specialist stroke care for up to six weeks.
- Aneurin Bevan University Health Board offers up to 12 weeks of community-based rehabilitation, starting within 24 hours of discharge.
- Betsi Cadwaladr University Health Board has introduced the first ESD service in North Wales as part of the Stroke Improvement Programme.
- Hywel Dda University Health Board provides intensive home-based rehabilitation, while Swansea Bay University Health Board focuses on high-quality, home-based care starting soon after discharge.
- Cwm Taf Morgannwg University Health Board offers comprehensive home rehabilitation with personalised care plans and regular follow-ups.
- In Powys Teaching Health Board, ESD services are designed to help patients transition smoothly from hospital to home. The Powys Home First team plays a crucial role in this process, providing short-term support (up to 10 days) to promote independence and help patients regain the skills and confidence needed for everyday tasks. This service is part of the broader Discharge to Recover and Assess Model, which is led by occupational therapists and aims to ensure patients return home promptly and safely. The Reablement Team works alongside the Powys Teaching Health Board Therapy teams, including

Cwestiynau am strôc? Questions about stroke?
Ffoniwch ein llinell gymorth neu ewch at y wefan:
Phone our helpline or visit our website:
0303 3033 100 / stroke.org.uk
(Ffôn testun / Textphone 18001 0303 3033 100)



occupational therapists and physiotherapists, to support patients' recovery at home. These services are part of a coordinated effort to provide consistent and high-quality care for stroke survivors in Powys, ensuring they receive the necessary support to achieve full independence.

Despite these services, there is variability in resources and accessibility, highlighting the need for standardised ESD services across Wales to ensure consistent, high-quality care for all stroke survivors.

Life After Stroke Services by the Stroke Association

In terms of post-discharge support, Stroke Association services, such as the Stroke Recovery Service, can be integrated into the discharge planning process to ensure stroke survivors receive continuous support after leaving the hospital. Stroke is life changing. Besides physical health, it affects a person's emotional wellbeing, family and finances. For most survivors, recovery is not about going back to how they were before the stroke. People tell us that, for them, recovery means being supported to get on with their lives and achieve the best possible, individual, quality of life.

Our Stroke Support Coordinators provide a lifeline for survivors and their loved ones trying to make sense of the new and terrifying post-stroke world, one in which they might otherwise feel isolated and alone.

They provide vital, one-to-one support that stroke survivors and their families need along their recovery journey. They work to understand each stroke survivor's individual needs, so they can tailor support to what matters most. They help survivors to make sense of the advice of medical staff and understand their diagnosis and medication. They support and encourage survivors to commit to their rehab therapy and provide the crucial emotional support that is so often needed after the trauma of a stroke. With the wider family in mind, our Stroke Support Coordinators help to address worries about money and getting around and provide guidance on issues such as rights at work and carer support.

Stroke Support Coordinators also have extensive experience and knowledge of the health and social care service. That means they can navigate complex systems and advocate on behalf of stroke survivors and their families. They can also connect them with local services that provide additional support to

Cwestiynau am strôc? Questions about stroke?
Ffoniwch ein llinell gymorth neu ewch at y wefan:
Phone our helpline or visit our website:
0303 3033 100 / stroke.org.uk
(Ffôn testun / Textphone 18001 0303 3033 100)



help survivors and their families through the long and emotional journey to recovery.

The Stroke Association also provides a Community Connect Stroke Support Service in Carmarthenshire, commissioned by Carmarthenshire County Council. This service supports stroke survivors, their families, and carers by offering information, advice, and support to help them regain skills, confidence, and independence. The service focuses on sustainable social integration and strong community relationships. It includes activities like health and wellbeing walking groups, woodworking classes, and peer support groups. These initiatives aim to help stroke survivors stay active, engaged, and connected with their communities

This service has helped to identify and support people who slip through the gaps in the health and social care system. For example, the Community Connector supported someone who received physiotherapy for a limited amount of time. They were then discharged and sent back to their GP for further support, but unfortunately, they struggled to access appointments to explore their needs further. Accessing a Stroke Association Community Connector helps reduce demand and pressure on primary care by connecting stroke survivors with the right support at the right time. This service assists those with communication difficulties, such as aphasia, by providing strategies to improve communication, rebuild confidence, and enhance independence. By improving patient flow, the Community Connect Service allows Coordinators on the Stroke Recovery Service to focus on providing more intensive support. This enables them to help stroke survivors regain independence and rebuild their lives through personalised support plans, home visits, and phone calls tailored to individual needs and priorities.

The Stroke Association's Stroke Recovery Service also supports to reduce the risk of secondary strokes by helping to manage risk factors like high blood pressure, diabetes, and cholesterol levels, encouraging lifestyle modifications such as regular physical activity, a healthy diet, smoking cessation, and encouraging medication adherence with prescribed treatments, such as statins. Peer support groups are also offered to help survivors understand their condition and the importance of secondary prevention, all aimed at improving long-term outcomes and quality of life for stroke survivors and their carers and families.

Long-term support is essential for stroke survivors, as recovery and adaptation continue well beyond the initial 12 months post-discharge. Peer support and

Cwestiynau am strôc? Questions about stroke?
Ffoniwch ein llinell gymorth neu ewch at y wefan:
Phone our helpline or visit our website:
0303 3033 100 / stroke.org.uk
(Ffôn testun / Textphone 18001 0303 3033 100)



community groups, such as clubs, cafes, and various activities, are vital in reducing social isolation, boosting confidence, and fostering independence among stroke survivors. Peer groups can provide a sense of belonging and shared experience, which can support improved mental health and emotional well-being.

By providing tailored support, the Stroke Association also helps to reduce hospital readmissions and shorten hospital stays, thereby improving discharge processes. The Stroke Association also offers emotional and communication support services, which support a holistic approach to care and are critical for stroke survivors adjusting to life after a stroke.

However, the end of projects like the Stroke Association's Next Steps initiative due to funding constraints highlights a critical issue: short-term or project-based funding can severely disrupt the continuity of care. This often leaves stroke survivors without essential support, placing additional strain on statutory services.

It is imperative to recognise that long-term support should be genuinely long-term, extending beyond arbitrary funding cycles. Support services driven by funding availability rather than actual needs are not cost-effective in the long run. Although the Duty of Quality mandates that service decisions should not be driven solely by financial considerations, we continue to witness financial factors dominating these decisions. Investing in sustained, support that is led by need can prevent recurrent hospital admissions and reduce the overall burden on healthcare systems.

Therefore, a shift towards more stable and needs-based funding models is necessary to ensure that stroke survivors receive the continuous support they require for a better quality of life.

These services do all need long term funding to ensure their success. Currently funding is very short-term. Despite the work being very successful, the project is held back because of this. A year of funding is not long to get a project up and running and build the best connections.

Welsh public sector procurement processes, which allow third sector organisations to bid, create uncertainty and affect employment security for individuals. As a result, trained and experienced staff often seek alternative opportunities, leading to a cycle of staff turnover and gaps in service due to ongoing recruitment and training needs. Additionally, the lengthy wait for a tender is not ideal for charities, as it hampers their ability to deliver timely and effective services and often there is not the opportunity to showcase the wider benefits of what they could provide.

Conclusion

There is no single input that will improve efficiency of hospital discharge. A whole system approach is needed. For people affected by stroke to get the best experiences and outcomes, a total transformation of stroke services across the pathway needs to happen to see significant improvements. It is essential to build on the Quality Statement for Stroke by focusing on several key areas.

Continued efforts should include:

- Increasing investment in specialist stroke units and ensuring timely access to advanced treatments like thrombectomy and thrombolysis.
- Improving rehabilitation services and integrating them seamlessly into the stroke pathway.
- Improving coordination between health and social care services, including the third sector who are often commissioned to deliver services on their behalf is vital.
- Procurement processes that ensure long-term funding for support to be delivered effectively and to see the results of this. The funding needs to reflect the value of the work needed to be completed and allow for the wider benefit that third sector organisations could bring by providing their services.

The Welsh Government must not underestimate the importance of third sector and community-based services in discharge from hospital and improving patient flow. It must recognise and advocate for the third sector as an essential part of the health and social care pathway in order to improve patient flow and the outcomes and experiences for both the people who use these services and for those who work in them.

Moreover, engaging and involving with those who have lived experience from the outset is fundamental to ensure services are designed to meet what is needed and ensure value for money in times of financial restraint. This includes carers and families as well as stroke survivors themselves. Carers often take on significant responsibilities, which can be overwhelming without adequate support. More resources should be allocated to support carers to help them be involved to shape these services and to manage their caregiving duties effectively.

Despite the Stroke Association's efforts to break down barriers and work in collaboration with health boards and local authorities to ensure lived experience

shapes services, this often does not happen. The third sector often directly support, engage and involve these people. Public bodies providing health and social care to them should ensure that they work collaboratively with the diverse range of the third sector. This would help to create more responsive and effective provision that truly meets the needs of people affected by stroke and other conditions across Wales.

Policy Recommendations (in progress)

1. Welsh Government committing to the transformation of stroke services now and including it in its next Programme for Government to ensure that the transformation work has the necessary resources to implement a whole pathway approach, from acute provision such as thrombectomy to consistent rehabilitation processes. This will help to ensure equal access and provision across Wales.
2. Ensure the implementations of the HIW report, including those specific to stroke, are implemented to make improvements to patient flow throughout the whole system.
3. Ensure national and regional stroke transformation work looks at the whole pathway rather than focus on getting the acute part of the pathway right first.
4. Investment in community-based rehabilitation services to reduce hospital discharge delays.

As we approach the 2026 Senedd Cymru election, it is crucial to prioritise stroke care and support in Wales. When it comes to stroke outcomes, Wales currently ranks 21 out of 26 countries in Europe. England is positioned at 12.

Addressing the stroke pathway could be used as an example to get the whole pathway right for other conditions. By transforming stroke services, we can drive improvements in prevention, treatment and recovery across all health conditions.

For more information, please contact:

Angela Contestabile, Policy and Influencing Lead, Stroke Association