“Give stroke survivors the chance to make their best recovery”

Tremendous progress has been made in acute stroke care. More stroke patients than ever are getting to hospital quickly; they are getting brain scans on admission and the number of patients receiving thrombolysis treatment within four-and-a-half hours has increased substantially. As a result we are seeing more people surviving stroke and walking out of hospital than we ever have before.

Jackie Ashley, columnist for the Guardian and wife of journalist and stroke survivor Andrew Marr recently spoke about the terrific care that Mr Marr received in hospital. However, the support he received was replaced by disjointed services in the community when he returned home. An intense daily therapy regimen in hospital was interchanged with a visit from the community physiotherapy team once a week.

Thanks to research we know that early intensive rehabilitation is important and if we can get patients home quickly using early supported discharge (ESD) services they are more likely to make faster recoveries. We also know that patients like to have greater control over their own recoveries where possible, so implementing rehabilitation regimens that can be carried out safely without supervision is key.

There is still a desperate need to direct more attention to ensuring patients get the right support at the right time from the right services. With continuing cuts to local authority budgets, many are leaning towards introducing more generic rehabilitation services. However, stroke is a complex condition and stroke-specific rehabilitation services are crucial if patients are to make their best individual recovery.

In an ideal world, rehabilitation programmes would start in hospital, patients would then be discharged to an ESD service and the community stroke team would take over and provide long-term support with regular six-month progress reviews. This is what every stroke patient should expect but the reality is that there is still a postcode lottery and some areas are under-resourced and lack specialist skills (see page 18).

The National Institute for Health and Care Excellence recently introduced guidance on stroke rehabilitation. However, the supporting “evidence” it cites fails to acknowledge the strength of existing evidence in areas where stroke rehabilitation research is extensive, of high quality and answers important questions. Many stroke professionals believe there is a risk this guideline will be used to restrict the practices of professionals by enforcing certain treatment protocols or preventing others. We must not allow this to happen when such strong evidence is at our fingertips.

Every stroke survivor deserves the chance to make their best possible recovery and appropriate rehabilitation is essential to achieving this. Our knowledge and evidence base of the most effective rehabilitation techniques is extensive. We now need to ensure that these interventions are delivered seamlessly to every stroke survivor when they leave hospital and put an end to the postcode lottery of post-stroke care.

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