



Department of  
**Health, Social Services  
and Public Safety**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

# Improving Stroke Services In Northern Ireland

## Easy Access Version



This document is a shortened version of the full consultation document “**Improving Stroke Services in Northern Ireland.**”

The document gives you some information about stroke and a list explaining some of the terms used.

It also lists each of the **fourteen recommendations** outlined in the consultation document, followed by some background detail to each recommendation. After each recommendation there is then an opportunity for you to give us your comments.

When we say “**we**” in this booklet, we mean the **Northern Ireland Department of Health, Social Services and Public Safety.**

This document was created by Speechmatters - Part of The Stroke Association.

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



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# Background Information

Stroke is a brain attack and should be treated as 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 a 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

TIA is short for **T**ransient **I**schaemic **A**ttack. It is sometimes called a “**mini-stroke**”.

## People who have a TIA need to:

Get a specialist assessment quickly

Have the right scans

Have an operation if they need one

Get advice about healthier lifestyles

# Background Information

**Not many people know about stroke.**

**Very few people know how to prevent a stroke or how to recognise the symptoms.**



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

- **Professionals**, such as doctors, nurses and social workers
- The **general public**.

Many strokes can be prevented by:

- Healthier **lifestyles**
- **Medicines** which control blood pressure and cholesterol.

**People can help themselves by:**

- **Not** smoking
- **Not** drinking too much alcohol
- Seeing their GP or practice nurse for a check-up
- **Not** eating too much salt
- Getting enough exercise
- Controlling blood pressure
- Eating a healthy diet



# About this plan

**We 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 aim to:**

- Reduce the number of strokes
- Raise awareness of the signs of stroke
- Treat stroke as a medical emergency
- Make sure that specialist services are available to everyone across Northern Ireland e.g. in a Stroke Unit
- Improve long term care
- Support carers of stroke survivors.



# Useful Words

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

Aphasia	A communication disability caused by a 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 blockage or by bleeding.
Mini-stroke	A less serious stroke where the effects pass quickly and leave no lasting damage. Also called <b>TIA</b> .
MRI	<b>Magnetic Resonance Imaging</b> – a type of brain scan.
Primary care	Healthcare given outside a hospital, for example by a GP or nurse.
Recommendations	The proposed changes we think we should make to improve stroke services.
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 part of the brain is suddenly reduced because a blood vessel becomes blocked or leaks.
Thrombolysis	Treatment to break up blood clots.
TIA	<b>Transient Ischaemic Attack</b> – a less serious or minor stroke where the effects pass quickly and leave no lasting damage.

## Now let's look at the recommendations:

- There are 14 recommendations.
- Each section is outlined in the following order:
  - The recommendation
  - Information on what the recommendation means
  - Your chance to tell us what you think.
- You do not have to give an opinion but it is helpful to us if you do.

Each recommendation page has the same structure.  
Each section uses the same symbols to help you.

- **Recommendation** =



- **Questions to Answer** =



- **Your comments** =



## Where to get more information:

If you want to know more you can read the full-length consultation  
“Improving Stroke Services in Northern Ireland” at

[http://www.dhsspsni.gov.uk/index/consultations/current\\_consultations.htm](http://www.dhsspsni.gov.uk/index/consultations/current_consultations.htm)



# Recommendation 1

**The Northern Ireland Health Promotion Agency (HPA) should deliver a regional public awareness campaign for the recognition of early signs and symptoms of TIA and stroke, and the prevention of stroke, working in collaboration where appropriate with the Cardiovascular Disease awareness campaign.**



## What this means


- The best way to reduce the impact of a stroke is to prevent it from happening.
- This means treating high blood pressure, high cholesterol etc.
- It also means educating the public about the signs and symptoms of stroke.
- Ways to reduce the chances of a stroke include promoting healthy eating, encouraging people to stop smoking and to take more exercise.



**Do you think we have made the right recommendation?**



Yes  .....

No  .....



**Is there anything you think we have missed?**

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**Is there anything else you would like to say about a public awareness campaign around the symptoms of stroke in Northern Ireland?**

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## Recommendation 2

By April 2011 all acute stroke patients will be appropriately assessed and, if applicable, will receive thrombolysis within 3 hours of stroke onset.



### What this means


- Some stroke patients can benefit from clot-busting treatment, called **thrombolysis**, if given soon after the onset of stroke symptoms.
- In order to receive the clot-busting treatment a person needs to:
  - Get to a hospital that specialises in acute stroke care very quickly
  - Have the right scans very quickly
  - Receive the right treatment very quickly.
- It is vital that those patients who can benefit receive clot-busting treatment within 3 hours.



**Do you think we have made the right recommendation?**



Yes  .....

No  .....



**Is there anything you think we have missed?**

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**Is there anything else you would like to say about the early clot-busting treatment (thrombolysis)?**

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## Recommendation 3

**A working group will be established to bring forward proposals for the implementation of thrombolysis for acute stroke patients, where appropriate, to meet the target date in Recommendation 2.**



### What this means

- To make sure that clot-busting treatment becomes available changes are necessary in how the health service responds to stroke.
- This includes increasing awareness that stroke is a medical emergency and the procedures to ensure medical staff respond correctly and quickly.
- A working group will be needed to ensure these changes are put in place.



**Do you think we have made the right recommendation?**



Yes  .....

No  .....



**Is there anything you think we have missed?**

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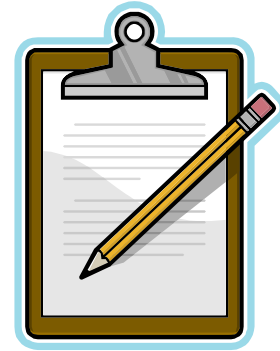
**Is there anything else you would like to say about the availability of clot-busting treatment (thrombolysis)?**

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## Recommendation 4

By 2010, 70%, and by 2011, 90% of all confirmed TIA patients at high risk of early stroke (ABCD2 score 6 or 7), are fully investigated in a specialist neurovascular clinic, and a plan of management put in place within a maximum of 7 days of the event.



### What this means


- A TIA (**T**ransient **I**schemic **A**ttack) is a less serious or minor stroke.
- Its effects pass quickly and leave no lasting damage.
- It is an important warning sign that a stroke may happen.
- It is important that people who have a TIA get a specialist assessment within 7 days.
- They should also have the right scans, have an operation if they need one and get advice about healthier lifestyles.



**Do you think we have made the right recommendation?**



Yes  .....

No  .....



**Is there anything you think we have missed?**

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**Is there anything else you would like to say about the treatment of TIA patients?**

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## Recommendation 5

By 2010 80% of stroke patients should spend the majority of their hospital stay in a specialist stroke unit as defined by The British Association of Stroke Physicians Service Specification (at least Level 2) and with the expectation that by 2012 this should be available to all patients.



### What this means


- The best care for stroke patients is within a Specialist Stroke Unit. Those patients cared for in specialist units have better chances of survival and less disability.
- A stroke specialist should be available at all times.
- Staff in a Specialist Stroke Unit can make a quick assessment and run tests such as a brain scan.
- They can give clot busting treatment if appropriate.
- All people who have had a stroke should be admitted immediately to the stroke unit on arrival to hospital and given high quality specialist care.



**Do you think we have made the right recommendation?**



Yes  .....

No  .....



**Is there anything you think we have missed?**

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**Is there anything else you would like to say about Specialist Stroke Units?**

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## Recommendation 6

**By 2009 all Trusts should have a Specialist Early Supported Discharge service in place. By 2010 50% of all stroke patients discharged from each stroke unit and for whom Specialist Early Supported Discharge is appropriate should have access to it.**



### What this means


- With specialist help, patients can be discharged from hospital earlier and continue to receive treatment in their own home.
- Where this is appropriate, this has helped to reduce dependency on others and has increased patient satisfaction with their care.
- It is important that this service is available across Northern Ireland.



**Do you think we have made the right recommendation?**



Yes  .....

No  .....



**Is there anything you think we have missed?**

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**Is there anything else you would like to say about supported early discharge of stroke patients?**

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# Recommendation 7

**By April 2009 the RCP Transfer of Care (ToC) Document or Northern Ireland equivalent should form the basis for the patients discharge plan. A recognised specialist stroke co-ordinator should be available to support this process, as outlined in the Standard for Discharge Planning.**



## What this means


- It is important that when a patient leaves hospital their care and treatment continues.
- A written plan should be drawn up covering their medical history, including medications, details of follow up appointments and arrangements for care at home.
- All patients and carers will be assigned a coordinator to ensure this is in place.



**Do you think we have made the right recommendation?**



Yes  .....

No  .....



**Is there anything you think we have missed?**

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**Is there anything else you would like to say about planned discharge of stroke patients?**

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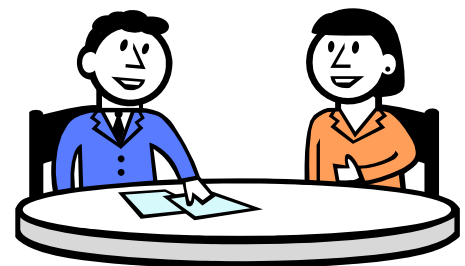
# Recommendation 8



**By 2010 every stroke patient should have access to stroke specialist assessment, advice, support and intervention in community settings in response to individual need.**

## What this means


- The real impact of stroke starts when the stroke survivor goes home.
- It is vital that this care continues after discharge from hospital.
- Community based care should include ongoing assessment and therapy including psychological services.
- This can maintain a patient's abilities and in some cases allow for improvement.
- All carers should have their own individual needs assessed.



**Do you think we have made the right recommendation?**



Yes  .....

No  .....



**Is there anything you think we have missed?**

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**Is there anything else you would like to say about access to services based in the community?**

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## Recommendation 9

**By April 2009, 75%, and by April 2010, 95% of all stroke/TIA patients should have undergone a Primary Care Review at 6 weeks, 6 months, and one year after onset or discharge from a Specialist Stroke Unit (ref QOF Framework for GMS).**



### What this means


- Patients who have survived a stroke or TIA may remain at increased risk of another stroke.
- It is important that medical treatment is available where appropriate.
- Education to help minimise risks should be available to patients and carers.
- Reviews should be held at regular intervals.



**Do you think we have made the right recommendation?**



Yes  .....

No  .....



**Is there anything you think we have missed?**

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**Is there anything else you would like to say about a regular review process?**

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# Recommendation 10



**By April 2010 psychological screening and treatment for both cognitive impairment and mood disorders and promotion of long term psychological adjustment should be available for all stroke survivors and their carers.**

## What this means


- As well as physical problems, some stroke patients will suffer from cognitive problems and depression.
- Cognitive problems can include remembering and understanding information, low concentration levels and not being able to make the correct judgement.
- Psychological support should be available to both patients and their families to support their adjustment to life after stroke.



**Do you think we have made the right recommendation?**



Yes  .....

No  .....



**Is there anything you think we have missed?**

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**Is there anything else you would like to say about psychological treatment for stroke patients and their carers?**

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# Recommendation 11

**By April 2009 each Trust should have established effective means of providing information to stroke patients and carers in a manner tailored to suit individual needs.**



## What this means


- It is known that good communication with patients and carers can reduce anxiety, increase motivation and assist with changes towards a healthier lifestyle.
- Healthcare providers should communicate in ways which assist stroke patients and their carers.
- Particular attention needs to be given to the needs of patients with visual or sensory difficulties and to those with communication problems, including aphasia.



**Do you think we have made the right recommendation?**



Yes  .....

No  .....



**Is there anything you think we have missed?**

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**Is there anything else you would like to say about the effective provision of information?**

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## Recommendation 12

By April 2010 the DHSSPS should put in place a regional managed approach to the integration and delivery of stroke services to ensure equity of access across the region.



### What this means

- Successful implementation of the “Improving Stroke Service in Northern Ireland” recommendations will reduce the number of strokes, the number of deaths and levels of disability caused by stroke.
- It will lead to improved quality of life for stroke survivors and carers. A large amount of change and reorganisation is required.
- A Northern Ireland wide approach will play an important role in ensuring these changes take place.
- Everyone in Northern Ireland should have access to high quality stroke services.



**Do you think we have made the right recommendation?**



Yes  .....

No  .....



**Is there anything you think we have missed?**

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**Is there anything else you would like to say about the integration in the delivery of stroke services?**

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## Recommendation 13

The Department of Health should work with relevant agencies to develop a competency and skills framework for stroke which will inform workforce planning for specialist stroke teams.



### What this means


- Stroke causes a variety of difficulties for people to varying degrees.
- In order to address these difficulties all the healthcare professions involved need to be trained in specialist stroke care to a high standard.
- A framework detailing the training needs of staff to provide the level of service necessary needs to be drawn up.



**Do you think we have made the right recommendation?**



Yes  .....

No  .....



**Is there anything you think we have missed?**

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**Is there anything else you would like to say about a competence and skills framework?**

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# Recommendation 14

**By April 2010 a regionally agreed fundamental hospital based stroke register should be in use across the province.**



## What this means


- At the moment no reliable record is kept of the number of strokes or TIAs which happen in Northern Ireland.
- This makes it difficult to understand the size of the problem and therefore in providing services for stroke patients.
- A register is to be kept allowing comparisons between local services. More information will result in a better service for patients and carers.



**Do you think we have made the right recommendation?**



Yes  .....

No  .....



**Is there anything you think we have missed?**

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**Is there anything else you would like to say about a stroke register?**

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**Is there anything you think we have left out?**



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**Is there anything else you would like to tell us?**

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# 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 

**The consultation finishes on Friday 28 March 2008.**

**So please make sure that you tell us what you think before Friday 28 March 2008**

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**Thank you for answering our questions.**

**Please send your completed forms to:**



Secondary Care Directorate  
Room 1, Annexe 1  
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Or  
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