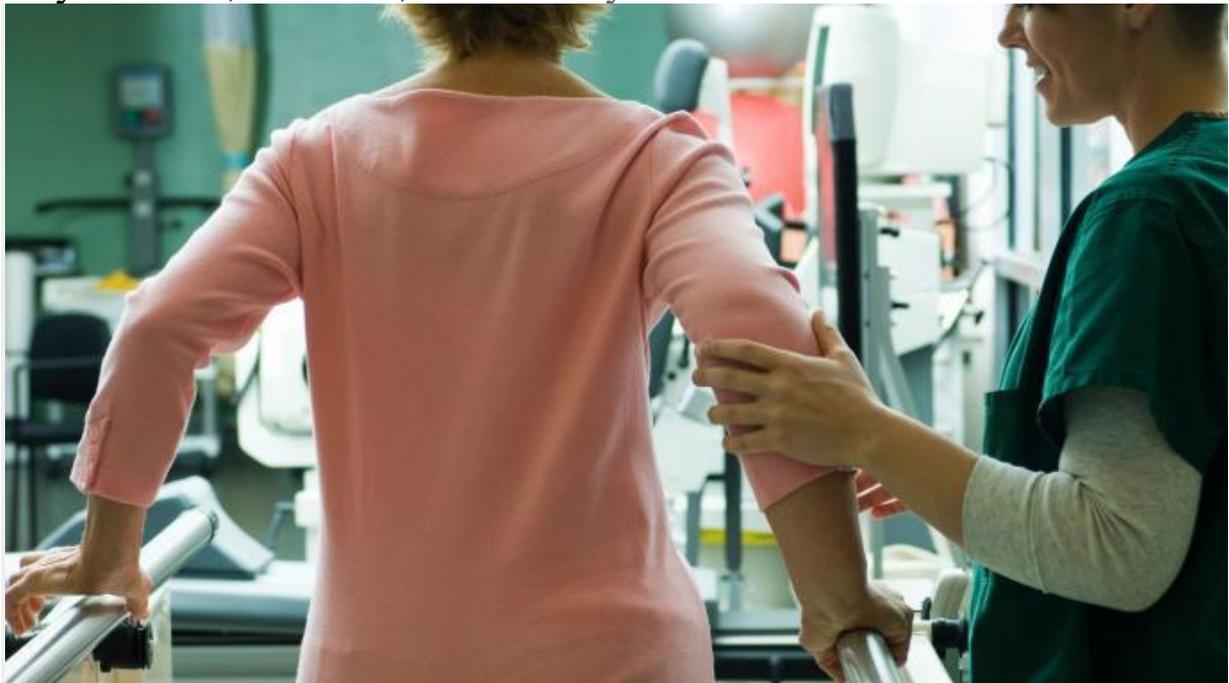


# Stroke survivors ‘are dumped by the NHS’

Sufferers feel abandoned after leaving hospital and face waiting up to a year for the right treatment — or paying for it themselves

**Jon Ungoed-Thomas**

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A new national plan could help 1.2m British stroke survivors  
ALAMY

Stroke survivors are being left to languish at home with a “shocking” lack of support. Many say they feel abandoned by the NHS.

Juliet Bouverie, chief executive of the Stroke Association, said a new national plan was required to help the 1.2m stroke survivors in the UK. Some have to wait up to 12 months for psychological help.

“As a stroke survivor, your life and the life of your family is turned upside down,” she said. “Many stroke survivors say they feel abandoned, as if they have dropped off a cliff. The provision in some areas is shocking.”

About 100,000 people suffer a stroke every year in the UK; it is one of the country’s leading causes of death.

Andrew Marr, the broadcaster and journalist, who suffered a stroke in January 2013, said better support for stroke survivors — many of whom are of working age — could help them return more quickly to employment. He was back at work within six months, but largely because he paid for additional physiotherapy.

Stroke survivors can wait up to four months for speech therapy and up to a year for psychological support, according to data from the Royal College of Physicians. Stroke survivors say there is insufficient physiotherapy, a treatment which would ensure the best recovery.



Andrew Marr, who had a stroke in 2013, paid for physiotherapy to help him get back to work sooner DAVID CHESKIN/PA

A stroke strategy, launched in 2007, outlined a 10-year plan to overhaul stroke services and has seen significant improvement in acute treatment. The Stroke Association is calling for a new action plan to build on improvements and outline a new strategy for the rehabilitation of stroke victims.

Nathan Ridgard, 40, a self-employed businessman and a father-of-two from Harrogate, North Yorkshire, suffered a stroke on New Year's

Eve 2012. After being discharged from hospital, he said he was given some leaflets by the NHS on coping with a stroke, but struggled to read them because of his poor vision.

“I just felt I had been dumped out in the world,” he said. He received some NHS physiotherapy, but also paid for private sessions to supplement them. He has since made a good recovery.

Professor Tony Rudd, National Clinical Director for stroke at NHS England, said: “The quality of care and survival rates for stroke are now at record highs. We are working with the Royal College of Physicians and others local health service leaders to improve rehabilitation care for everyone who suffers a stroke.”

27 comments

Tony Sutton

We must be lucky here in our corner of the Black Country as I haven't noticed any of the poor standards reported here.

My Uncle suffered multiple strokes a few months ago and has has excellent service since discharging himself from hospital against medical advice.

He has been supported by the physio's, speech therapists, dietitians, cardiac team, social services and several other healthcare professionals who always deal with him in a cheerful, efficient way in spite of his surly, ungrateful manner.

I have been amazed at how much they have managed to do for him and also get him to do for himself as we doubted that he would ever be fit enough to return home on his own. I just wish that he would accept the help more graciously and improve his poor attitude.

Nicholas Moore

OK a bit off-topic I know but I had a stroke 4 years ago at the age of 60.

What amazed me when I went for four weeks rehab in hospital was the number of young men (and it was mostly men) in their 20s and 30s who had had a stroke and were far more gravely afflicted than me.

I still don't understand why that should be.

Bernadette Bowles

@Nicholas Moore Usually there are different causes. Certain kind of infections if unrecognised can lead to strokes, some genetic disorders, especially where the heart is involved, carry a higher risk of early stroke, including sickle cell disease and both types of diabetes, pregnancy carries an increased risk (though not usually in men!) obesity, long-distance travel and drug use are all risk factors.

In older people, the cause is most usually a clot due to hardening of the arteries.

Nicholas Moore

@Bernadette Bowles @Nicholas Moore Thank you for the info, I was curious.

I've been let-off relatively lightly but to recycle the cliché, it certainly is life changing.

On balance

Partial privatisation of NHS - the way forward.

Poor standards of care. It is about inadequate funding, the lack of capacity, trained personnel and manpower, the lack of money for

equipment (talking about stroke as a whole , not just physiotherapy) all affecting the attitude to treatment of stroke. And a single state funded healthcare model. NHS will down the line have to rope in the private sector to handle routine, standard, less complex diagnostics and treatment allowing complex and advanced care in the NHS. But this will be political suicide for anyone who pioneers this change. Although they may get recognised posthumously for changing the face of healthcare in Britain.

Bernadette Bowles

@On balance We already do much of that. Round our way outpatient non-urgent MRIs, physio and a number of minor ops are done by private companies under contract to the NHS, and services are better. But we need to bring in more money, too; we need a mixed funding system like the ones in the rest of the EU, Australia and so on.

MargaretL

@Bernadette Bowles @On balance I agree, but to be successful it will need a strong government and preferably cross-party action. I don't see that happening in the near future, especially with the resurgence of the aggressive left.

michael lea

as someone with a rare form of MS, spinal MS so I am told, I too have long felt abandoned by the NHS.

Physios these days do not do physio, instead they do "assessments". Assessments require a complicated and inappropriate form to be filled out. Real physio is hard to access.

Bernadette Bowles

@michael lea True. As someone with RA for more than 45 years (and with a daughter with MS) I have found it's gone from visiting a physio weekly for treatment when things play up to being assessed, given exercises to do, and told to come back in a couple of months to see if things have improved. It does help - but sometimes I pay for private sessions as I find having hands-on help to ensure I do things properly is helpful. And part of our large dining room is full of gym equipment to help keep me vaguely mobile.

Stephen Thomas

As one who survived a brain haemorrhage, itself a stroke, I wholly concur with this article. If I've heard it once, I've heard it a dozen times from others, "you fell through the net". Nonsense, the simple reality is that "after care" and support is pitiful. It's not about funding, it's about attitude.

On balance

Professor Tony Rudd, National Clinical Director for stroke at NHS England, said: "The quality of care and survival rates for stroke are now at record highs."

Agree. This means treatment of stroke in the NHS even 5 years back was pitiful. The care has improved. The fact however remains that treatment of stroke in the NHS is still appalling and well behind the rest of Western Europe for one.

NHS in its present form does not hold out much hope for the future.

CM

The NHS spends about £1 billion a year on mostly African AIDS patients who get treated for life for free courtesy of our virtue signalling idiot politicians. I read that just the on patent medicine costs about £25k per patient annually. My husband's cancer drugs

would have cost the NHS about the same for a single year, but they said they couldn't afford them. And he worked and paid in a lot for 25 years. Farage got demonised for pointing this out. The NHS is the worst healthcare system in the developed world. Let's get rid of it, bring in an insurance system like France. I'd rather have the best healthcare in the world like France than the richest GPs in Europe and a big incentive for all the foreign freeloaders we don't want or need and can't afford.

On balance

@CM The latter part of your statement is true. But I am not sure whether the initial statement about African AIDS patients isn't just you.

Bernadette Bowles

@On balance @CM Don't know if those figures exist, but someone, maybe Farage, was called racist for wanting to test potential immigrants for serious health problems, including AIDs. To me it seems perfectly reasonable, and I think he was wanting to check people wherever they came from; but apparently it was racist because more of those who'd be expected to fail were from Africa. It is endemic in some countries there.

Tony Sutton

@On balance @CM A quick check of the ethnicity of UK aids sufferers reveals that 55% are white, 32% black African, and 13% other,

That is of course ethnicity and many of the 45% non white sufferers will have been born here and some of the whites will have been born outside of the UK.

<http://www.nat.org.uk/we-inform/HIV-statistics/UK-statistics>

Nick Tilley

Our local stroke rehabilitation unit is scheduled for closure, along with the attached community hospital, with services to be provided at home. Quite how it can be more efficient to provide 24/7 therapy and care in individual ill equipped homes, is not explained.

Rupert Leach

Same with the Wolfson in Wimbledon, a 'Outstanding' rehabilitation unit, for 40 patients, a unique combination of physio, speech therapists and neuropsychology. Close down; declared 'not fit for purpose' in 2013.

Barnsleybitter

@Rupert Leach Id guess it was fit for purpose ok it was fit to be made into luxury flats I bet?

Bernadette Bowles

@Nick Tilley If the homes are unsuitable, the patients will be forced to remain in hospital until either their homes are improved or their condition has. Then they are called bed-blockers.....

Robert Holmes

the dilemma is: spend lots on the Gard child but less on strokes and prostate cancer

Mike TC

@Robert Holmes People either overlook or forget the opportunity cost, both in terms of resources and funding, within a healthcare system that has to provide services and support for everyone. Furthermore, attacks upon GOH staff, who are only motivated by best interest, are utterly disgraceful.

CM

Doctors and nurses aren't saints, they're people going a job using my and other people's money.

Mike TC

@CM Who said they were saints - I didn't - so don't illogically impute such an inference from my original comment !

Nicholas Moore

@CM Yes they are doing jobs paid for by the state, ie your taxes. Do you think that's a 'bad thing'?

Bernadette Bowles

@Robert Holmes I don't think that's the same part of the budget - but that is preventing other children with a real hope of recovery from accessing the best treatment.

Barnsleybitter

@Robert Holmes I think you will find the family of this child have the money to pay for their care they just cant get the NHS to loosen its grip

RPS

Easy pickings for bean counters looking to make cuts whilst everyone is looking the other way...