From the Rt Hon Rosie Winterton MP
Minister of State



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Thank you for your letter of 6 October to Patricia Hewitt enclosing correspondence from your constituent Mr John C Murphy of 13 Camrose Avenue, Feltham TW13 7DA about the treatment of stroke. I am replying as the Minister responsible for this policy area.

The treatment of stroke is an important part of healthcare, and improving the quality of care for stroke patients is one of our priorities.

Mr Murphy may be interested to know that the National Service Framework (NSF) for Older People outlined our programme of action for the NHS to reduce the incidence of stroke and to ensure that stroke patients of all ages have prompt access to integrated care services. Since the NSF was published some five years ago, far more people are treated in specialist stroke units, and specialist stroke services are now in place in all NHS Trusts that treat stroke patients.

In order to make sure that best practice is identified and disseminated so that stroke patients are scanned and treated more quickly, and that the newest and best treatments are delivered, the Government has asked the National Director for Stroke Services, Professor Roger Boyle, to set up an 18-month programme to produce a new national strategy for stroke. We will be working with experts in the field, including the medical Royal Colleges, and will take on board the views of patients, carers and the full range of professionals involved in stroke care. In the meantime, we are not standing still. Intensive work is under way with an expert stroke strategy group to develop a web-based toolkit to drive up standards.

In November 2005, the National Audit Office (NAO) published a report entitled Reducing Brain Damage: Faster Access to Better Stroke Care. We have welcomed the report, and are working to implement its recommendations. We are pleased to see that the NAO acknowledges the recent improvements in stroke services.



- Mr Murphy refers to the recognising of stroke by paramedics. Ambulance service staff and staff working in accident and emergency departments are trained to recognise the signs of stroke. NHS Direct staff are trained to ensure the rapid identification and appropriate referral of all urgent and emergency cases presenting to the NHS Direct telephone service.
- National clinical guidelines cover the assessment and treatment of stroke patients and recommend the use of the Face, Arm, Speech Test (FAST) currently being promoted by The Stroke Association, and rapid transfer to hospital for early scanning.
- Mr Murphy expresses concern about the number of NHS CT scanners. Since April 2000, 217 new and replacement CT scanners have been installed in the NHS, and action is being taken to train more people to read scans for stroke patients. The Picture Archiving and Communication System (PACS) will also help speed up scanning of stroke patients by enabling scans to be interpreted remotely by experts.

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- Mr Murphy refers to stroke units. This year's stroke audit shows that in-patient specialist care has made real progress, with both an increase in the proportion of hospitals with a dedicated stroke unit (96 per cent in England in 2006 compared with 82 per cent in 2004) and an increase in the size of the units.
  - The ambulance review recommended that rapid admission to stroke units be agreed locally. It also recommended greater emphasis on developing local agreements for rapid referral of patients, including stroke patients, where there is evidence of improved outcomes the earlier the treatment takes place. The Healthcare Commission will be checking that ambulance trusts have plans in place to implement the ambulance review.
- One of the project groups developing recommendations for the national stroke strategy is looking at the emergency response to stroke. This group has been tasked with recommending how to overcome cultural and organisational barriers to delivering urgent scanning to stroke patients where appropriate. Agreed protocols for rapid admittance and referral for scanning are a way of achieving this and some stroke services already have these in place.
- In May, the Department of Health published Action on Stroke Services: an Evaluation Toolkit (ASSET), which can be viewed on the Department's website at:

  www.dh.gov.uk/stroke. ASSET is designed to help health providers understand how they can improve stroke services by reviewing performance compared with other providers, and identifying the positive impact on patient outcomes and efficiency from four specific service interventions. It encourages NHS Trusts to scan stroke patients immediately, stressing the benefits for those patients who present within three hours of stroke onset and who may be suitable for thrombolysis.

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I should add that much of the excellent work that has already been done to reduce the incidence of coronary heart disease will also have an effect on reducing the number of strokes. In fact, one of our targets is to reduce mortality rates from heart disease and stroke by at least 40 per cent in people under 75 by 2010. The White Paper Choosing Health set out a range of actions that will help to reduce the incidence of stroke, including smoking cessation, healthy eating, increased exercise and discouraging excessive alcohol consumption.



The Department of Health has led, on behalf of the UK Clinical Research Collaboration, the development of the UK Stroke Research network. We are investing £20million in this initiative over five years. The aim is to establish a world class stroke research network, to facilitate trials and studies and thereby identify leading edge treatments and care for the condition.

Finally, the White Paper Our Health, Our Care, Our Say: a new direction for community services, published earlier this year, sets out how we will drive closer integration between health and social care, improve prevention and early intervention services, and provide more support for people with long term needs and their carers.

I hope this reply helps to reassure Mr Murphy of the importance we attach to the needs of stroke patients.

Ba wins,

**ROSIE WINTERTON**