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Your ref MURPH001 061243

Dear Alan.

Thank you so much for your letter of 23 January enclosing a further reply from Rosie Winterton re acute stroke services. I am sorry to be tiresome about this but I have to say that this latest response shows a similar lack of urgency and is as inadequate as her earlier reply.

Page 10 of the NAO report that Rosie Winterton refers to states that a stroke should be treated as a 999 emergency, but she still suggests that NHS Direct should be involved on page 3 of her latest letter. On the same page she tells us that there are 88 new CT Scanners. As every country in the developed world is increasing their number of CT Scanners, this may not even improve our standing. If the department does not collect figures for the number of patients scanned within three hours of onset, surely it is high time that they did. The NAO lists costs to our economy of the order of £ 46 billion due to inadequate stroke care. This means that, far from costing money, improved stroke care would save us a small fortune as well as saving over 500 lives a year.

I have access to the ASSET 2 toolkit she mentions. It shows that the stroke deathrate at WMUH is 30% as compared with 15% at Barts and the Royal London. I have found deathrates ranging from 35% to 15%. The NAO report (page 15) mentions an Australian Hospital that has brought their deathrate down to 13%. I gather that the UK are also signatories to the WHO European Division Helsingborg Declaration (2006), which undertakes to greatly reduce the rate of death and disability caused by strokes.

Professor Boyle in October 2006 published a preliminary report for his working group. He indicates that 85% of strokes fall in the group that would respond well to earlier thrombolytic treatment (ischaemic strokes). In fact my figures show that the deathrate of hospitals that do not adopt this approach is roughly three times greater than those that do. These facts are now so well known that even BBC's casualty this week featured such a case.

All this indicates that the facts about stroke treatment are no longer in doubt. A prompt adoption of the proper guidelines could save over 500 lives a year, hundreds of avoidably severely disabled people and over £ 40 billion a year. Why are we waiting until 2008 or 2010 to act? It may well be time to introduce another EDM along the lines of the one in December 2005.

Would you also be kind enough to raise the following issues with the Secretary of State:

To make it clear to the public that calling NHS Direct if a person suspects a stroke is a serious error. In all such cases a 999 call should be made immediately

To prepare a strategy for the provision of scanners and radiologists that meet the needs of the population in relation to the needs to scan all patients with a potential stroke within 3 hours of symptom onset.

To require data to be collected on the number of patients with a query stroke who are scanned within 3 hours of symptom onset.

To publish, or require to be published, predictions for each PCT area of decrease in deaths from stroke

To publish a report on the action taken by the British Government to comply with the objectives of the WHO European Division Helsingborg Declaration (2006)

Yours sincerely

John Murphy

Previous EDM – December 2005

That this House welcomes the publication of the National Audit Office's (NAO's) report on stroke, *Reducing Brain Damage*; believes that through treating stroke as a medical emergency much more can be done to ensure efficacy in stroke care; is concerned at the shortfalls identified in service provision, despite some recent progress; notes with concern the huge cost to society, the NHS and the wider economy that stroke represents each year; is disturbed at the large disparities in investment and service provision between stroke and coronary heart disease revealed in the report; shares the view of the NAO and the Stroke Association that stroke should be given a much higher priority by the Government and the NHS; and calls on the Government to take urgent action to address the NAO's recommendations, not least to tackle the alarming lack of awareness of stroke.