



Department  
of Health &  
Social Care

*From Lord Markham  
Parliamentary Under-Secretary of State*

*39 Victoria Street  
London  
SW1H 0EU*

By email

24 August 2023

Dear Lord Allan of Hallam,

On 24 July 2023, my Lords took part in a Lords Oral question asked by Baroness Wheeler on how they are ensuring that integrated care systems across England implement recommended best practice in stroke care in line with the updated 'National Clinical Guidelines for Stroke', published in April.

You referred to the NHS Sentinel Stroke National Audit Programme—SSNAP data showing that three out of five stroke patients are not taken to a stroke unit immediately and you asked what are the Government doing to make sure that stroke patients are immediately admitted to stroke units in line with that guideline?

The SSNAP data provides for performance measurement of different metrics, covering the whole stroke pathway. Acute care typically covers the first 72 hours after admission. Every patient with acute stroke should gain rapid access to a stroke unit (<4 hours) and receive an early multidisciplinary assessment. I mentioned in the House that the latest data I saw suggested that 92% of patients are sent to a stroke ward on arrival at hospital. I was mistaken in this recollection, with the statistic actually being that between January to March 2023 96.8% or 14,759 patients arrived at a stroke ward within 72 hours of onset of symptoms of stroke. As you have correctly identified SSNAP shows that 42.9% of patients are directly admitted to a stroke unit within 4 hours of clock start, so the difference is due to the different time periods measured.

A faster emergency response to stroke reduces mortality and disability. The accurate identification of potential stroke patients and their timely assessment and treatment is a critical stage of the care pathway. The Governments Act FAST Stroke information campaigns provide public awareness around common stroke symptoms and can drive earlier and better-informed 999 calls.

Most patients will receive a category 2 999 response and meet category 2 ambulance service standards. National work is ongoing to examine the evidence base for recommending any changes to 999 call categorisations.

To ensure patients are assessed as soon as NHS ambulance staff suspect a person might be experiencing a stroke, NHS England are funding pilots in England to implement pre-hospital video triage for people with a suspected stroke. This means that patients will have a video consultation, from their home or onboard an ambulance, with a hospital-based stroke clinician, who will importantly advise the paramedics on the most suitable hospital setting and the best course of action for the patient, such as whether thrombectomy is required.

Patients with suspected acute stroke must be screened using a validated tool, and transferred if appropriate (including patients whose ambulance service staff suspected

to have had a stroke despite a negative screening result) to a Comprehensive Stroke Centre (CSC) or Acute Stroke Centre (ASC).

Hyper-acute stroke services provide expert specialist clinical assessment and rapid multimodal brain imaging, and the ability to deliver intravenous thrombolysis 24/7 transfer or treatment for thrombectomy. These services must be delivered in an ASC or CSC that provides hyper-acute and acute care 24/7, and each centre must care for a volume of patients that make the service clinically sustainable, maintains workforce expertise and ensures good clinical outcomes.

The NHS has a robust audit process to monitor and improve acute stroke care within the Sentinel Stroke National Audit Programme. This data is regularly reviewed and informs the programmes priorities and plays a pivotal role in supporting quality improvement.

I will deposit a copy of this letter in the libraries of both Houses.

With my very best wishes,

A handwritten signature in blue ink, appearing to be 'M. Markham', written in a cursive style.

**LORD MARKHAM CBE**