

Stroke

Physiotherapy is clinically effective and cost effective in the treatment of people who have had a stroke

Physiotherapy

There is wide consensus based on the National Clinical Guidelines for Stroke⁽¹⁾ about the beneficial impact of physiotherapy on the physical effects of stroke. Physiotherapists have a critical role to play in supporting stroke survivors during their hospital stay and when they leave hospital.

Early supported discharge (ESD) -

Where stroke survivors receive rehabilitation at home or in the community rather than in hospital, has been shown to be a cost effective service when combined with stroke unit care. Early supported discharge can reduce long term dependency and admission to institutional care as well as releasing hospital beds by reducing length of stay. ESD has been shown to be most successful where there is a co-ordinated stroke multi-disciplinary, multi-agency team delivering the service.^(2,3) Many stroke survivors report a very real sense of both personal and physical loss. Physiotherapists and other allied health professionals are ideally placed to support individuals in working towards re-enablement and recovery. ►►

Cost of stroke⁽⁴⁾



- The total economic costs of stroke to the UK in 2006/07 were **£4.5 billion**
- The total economic cost of mini strokes (TIAs) in 2006/07 were **£440 million**
- Over half (56 per cent) of the total costs for stroke and **83 per cent** of the total costs for TIAs were health and social care costs.

Size of the problem⁽⁴⁾

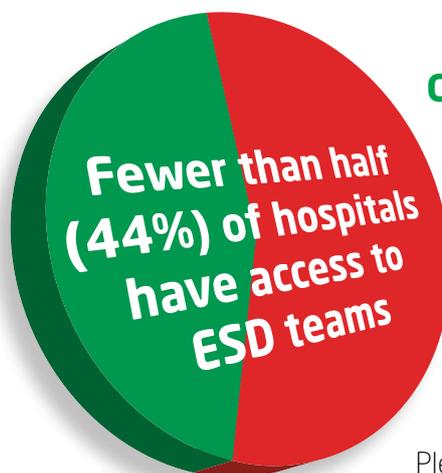


- **110,000** people have a first stroke and **20,000** have mini strokes (TIAs) each year in England. **25 per cent** of these are within the working age population (under 65 years)
- Approximately **one third** of stroke survivors are left with disabilities and rehabilitation needs
- Stroke is a **long term condition**, not a fixed pathology illness
- Stroke is a major cause of mortality in the UK with around **53,000** deaths each year.



The 2010 Sentinel Audit on stroke⁽⁵⁾ shows that great advances have been made, however, there are still areas across the care pathway that could be improved.

- ▶ Fewer than half (44 per cent) of hospitals have access to ESD teams
- ▶ 28 per cent of ESD teams' response times are over 48 hours for physiotherapy, occupational therapy or speech and language therapy
- ▶ 45 per cent of stroke services do not have access to specialist community rehabilitation teams
- ▶ Over half of hospitals do not have the capacity to admit patients to specialist stroke units due to bed shortages and 36 per cent are still being treated on a general ward 24 hours after being admitted to hospital.



Conclusion

With an ageing population and increased life expectancy, the number of stroke survivors in our society is likely to increase. Investment in physiotherapy services that support survivors, and indirectly their families and carers, is vital.

Further Reading

Please see the documents below for the CSP's comprehensive discussion of physiotherapy and stroke services, including guidance for commissioners.

Case study

Northumbria Healthcare NHS Foundation Trust established ESD, offering a service seven days a week with up to three visits a day. This has resulted in the average length of stay in hospital being reduced to half the national average and some £500k has been saved by replacing inpatient beds with ESD and a more efficient model of care.

Moving on: a vision for community based physiotherapy after stroke in England. The Stroke Association; 2010.

Aspiring to excellence: services for the long term support of stroke survivors: guidance for commissioners and a resource for providers. The Stroke Association and The Chartered Society of Physiotherapy; 2010

www.csp.org.uk/publications

Economic modelling by the National Audit Office suggests that increasing the availability of ESD from the current 20 per cent to around 43 per cent of stroke survivors would be cost effective over the year period, costing about £5,800 per QALY* gained.⁽⁶⁾

FURTHER INFORMATION

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References

1. Royal College of Physicians Intercollegiate Stroke Working Party. National Clinical Guidelines for Stroke. 3rd ed. London: Royal College of Physicians 2008 URL: <http://bookshop.rcplondon.ac.uk/details.aspx?e=250>
2. Stroke Association, The Chartered Society of Physiotherapy. *Aspiring to excellence: services for the long term support of stroke survivors: guidance for commissioners and a resource for providers.* London: The Stroke Association and The Chartered Society of Physiotherapy; 2010 URL: www.csp.org.uk/publications
3. Saka O, Serra V, Samyshkin Y, McGuire A, Wolfe CCDA. Cost-effectiveness of stroke unit care followed by early supported discharge. *Stroke* 2009; 40(1): 24-29.
4. British Heart Foundation Stroke statistics 2009. London: British Heart Foundation; 2009 URL: www.heartstats.org.uk/datapage.asp?id=8615
5. Royal College of Physicians Clinical Effectiveness and Evaluation Unit. National sentinel stroke audit organisational audit 2010: public report for England, Wales and Northern Ireland: Prepared on behalf of The Intercollegiate Stroke Working Party. London: Royal College of Physicians Clinical Effectiveness and Evaluation Unit; 2010. URL: www.rcplondon.ac.uk/resources/national-sentinel-stroke-audit
6. National Audit Office. Progress in improving stroke care. Report by the Comptroller and Auditor General HC 291 Session 2009-2010. London: TSO (The Stationery Office); 2010

*QALY = quality adjusted life year – meaning an extra year of healthy life expectancy