
Factsheet: Establishment of hyper-acute stroke services

All figures per year	England	Per 100,000	Comments
Potential lives saved from intervention	1,200	1.22	Estimate assuming similar results from London network could be achieved elsewhere (20 percent lower death rate)
Potential lives saved U75	-	-	
Reduction in potential years of life lost (u75)	-	-	
Cost (£)	High set up costs associated with this. Recoupment estimate for the London network, 6 years		
Cost-saving (£)			
Net cost (£)			
Strength of evidence	4		

We should seek to optimise acute stroke services to ensure 24/7 access to specialist care (including thrombolysis) and prompt admission to acute stroke units, reconfiguring services where necessary to ensure high-quality, safe and effective care for all those experiencing stroke.

Evidence from implementation of the London model for hyper acute stroke services is that mortality from stroke in London is currently 28 percent ^{Error! Bookmark not defined.} lower than the rest of England. If the model could be applied to the urban population of England - around 18 million people could benefit from roll out. Future reconfigurations could achieve a 20 percent reduction in mortality, amounting to 1,200 deaths avoided (pa).

NHS Improvement published a collection of case studies from stroke networks around the country in 2010. 'Going up a Gear' resources from the Stroke Improvement Programme can be accessed [here](#).