

Factsheet: Extending provision of Early Supported Discharge (ESD) schemes following a stroke

All figures per year	England	Per 100,000	Comments
Potential lives saved from intervention	170	0.32	Calculation based on CVD strategy, raising ESD from 20% where it is offered to 40% nationally
Potential lives saved U75	75	0.14	
Reduction in potential years of life lost (u75?)	1,400	2.57	Definition of deaths used in the calculation: Deaths with a primary cause of stroke (ICD10 codes, I61, I63 and I64)
Cost (£)	-	0	Calculation based on CVD strategy
Cost-saving (£)	-	15,100	
Net cost (£)	-	-15,100	
Strength of evidence	1		

Currently, 66 percent of hospitals have an early supported discharge team¹. The intervention would aim to increase uptake of community rehab and early supported discharge for stroke patients.

Early supported discharge teams, can provide better (and potentially more cost-effective) outcomes than exclusively hospital-based rehabilitation for stroke patients with moderate disabilities. Modelling from the 2010 National Audit Office report suggests that “increasing the availability of early supported discharge from its current level – equating to around 20 percent of patients – to a more optimal level of 43 percent of patients, with all stroke units providing early supported discharge, would be cost-effective over a ten-year timeframe”². [NICE Guidance on Stroke Rehabilitation](#) covers early supported discharge.

¹ Royal College of Physicians. (2012) *Sentinel Stroke National Audit Programme (SSNAP)* [pdf]. Available from: http://www.rcplondon.ac.uk/sites/default/files/ssnap_acute_organisational_audit_2012_-_easy_access_version_0.pdf [Accessed on October 2013]

² National Audit Office (2010) *Progress in improving Stroke Care* [pdf] available from: http://www.nao.org.uk/wp-content/uploads/2010/02/0910291_modelling.pdf [Accessed on November 2013]

Impact on inequalities

Public Health England reports that the incidence of first-time stroke is twice as high among African Caribbean people as it is amongst Europeans. African and South Asian people are also at higher risk of stroke and the mortality rate from stroke is almost three times higher for men born in Bangladesh than those born in England and Wales³;

Smoking is a risk factor for stroke and smoking rates are higher amongst Bangladeshi Men (40 percent) and Pakistani men (29 percent) and white Irish men (30 percent compared to the whole population (20 percent)⁴.

Premature deaths from stroke are around three times higher in the most deprived areas of the UK than the least deprived.

³ British Heart Foundation (2009) *Stroke Statistics* [pdf]. Available from: <http://www.bhf.org.uk/publications/view-publication.aspx?ps=1001548> [Accessed September 2013]

⁴ British Heart Foundation (2009) *Stroke Statistics* [pdf] available from: <http://www.bhf.org.uk/publications/view-publication.aspx?ps=1001548> [Accessed September 2013]