

Snapshot report on stroke services

January 2026



Purpose

We were hearing an increased amount of feedback relating to stroke, so we looked more closely at people's experiences to identify whether common themes were emerging.

This snapshot summarises what local people told us about their experiences of stroke services in 2025, the emerging themes and our recommendations.

How to read this snapshot report

This snapshot report reflects experiences shared directly with Healthwatch Wakefield. It does not show how common these issues are across all stroke services, but it highlights where people have experienced problems or recognised good practice.

Repeated themes may indicate areas where services would benefit from further review or improvement.

Who we heard from

53 experiences were shared with us in 2025.

This feedback was received through our usual communication and engagement channels, events, and visits to local stroke support groups in Outwood, Ossett, and Wakefield City Centre.

Key themes

What's working well

High quality GP care

Fast and effective hospital and emergency treatment

Strong rehabilitation and community support

Carer support and assistive technology



High quality GP care

Multiple people praised the compassionate and proactive GP care that they had received, including follow up checks and accessible appointments. Several people shared that their GP follow-ups and regular contact had made them feel cared for.

“They have been checking up on him during his recovery. It makes you feel you aren’t just a number.”

Fast and effective hospital and emergency treatment

Pinderfields Hospital and its stroke, A&E and neuro-rehab teams were frequently commended for their rapid response, efficient clot-busting treatment and attentive aftercare.

“I was seen very quickly and treated within the four hour window. I was amazed by how good and fast the service was.”

Strong rehabilitation and community support

We heard how physiotherapy and neuro-rehabilitation services helped many patients to regain mobility and confidence. Support groups, for example Outwood Stroke Support, Wakefield Aphasia Support, Headway, and Live Well Wakefield, were described as “invaluable”.

“Without the community occupational therapist, I don’t think I would be able to walk again.”

Carer support and assistive technology

Carers valued services like hospice day care and safety alarm bracelets for respite and reassurance.

“Knowing someone will care for my husband safely for the day has been a huge relief.”

What’s not working as well

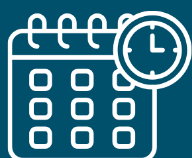
Long waits and delays in care

Poor communication

Gaps in post discharge support and rehabilitation

Quality of care

Emotional impact



Long waits and delays in care

Some people felt that prioritisation in A&E for suspected stroke was poor. There was also feedback from people who had waited in A&E for many hours before being seen or transferred. Others were left in the corridors for long periods of time.

“It took 30 hours before he was transferred to a ward after being left in a corridor and forgotten.”

Poor communication

Some felt that there was inadequate communication between hospital staff, patients and families. This included people feeling that there was a lack of information about care plans, test results, discharge and follow up.

“They said she was coming home six times, but nothing actually happened.”

Gaps in post discharge support and rehabilitation

We were told by some people that they had long waits to access speech and language therapy, physiotherapy and occupational therapy.

“I waited nine months after discharge before being seen by the speech and language team.”

Quality of care

We heard some reports from people who felt that staff had been dismissive or insensitive and lacking in compassion. Others felt that high use of agency staff could cause inconsistencies and result in a lack of personalised care.

“The consultant told him his brain injury would never get better. It was extremely upsetting and demoralising.”

Emotional impact

We heard from people who felt worried about having another stroke and the treatment and care that they might receive.

“He feels scared and on edge that he is going to have another stroke because of the delays.”

Recommendations

1. Review of A&E stroke pathways to ensure suspected stroke patients are prioritised and transferred to appropriate wards promptly.
2. Improve access to early rehabilitation, particularly speech and language therapy, starting in hospital where clinically appropriate.
3. Review post discharge stroke support pathways to reduce gaps between hospital and community services.
4. Reinforce learning and awareness in primary care to support timely stroke recognition and referral.

From feedback to action and impact

1. We will share this feedback with local hospital and community stroke pathway leads as well as with the Wakefield Place Quality Intelligence Group.

We have already shared these themes with the HealthPathways Programme Board.

The Programme Manager for Planned Care Redesign told us that stroke is on the list to be included as one of the conditions on the Hospital HealthPathways. These are pathways designed to promote consistent practice and a lack of inconsistency. <https://www.midyorks.nhs.uk/health-pathways-community/>.

The Programme Manager told us:

"I will request it is prioritised with my team as your feedback is vital to let us know areas we can improve upon."

A further update in January 2026 confirmed that a named clinical lead is now in place to start to develop this pathway. We will continue these discussions with the Planned Care Alliance.

2. We have produced a short guide including signposting and support relating to stroke, which can be found on our website or provided on request.
3. We will continue to monitor experiences of stroke services and use this to inform future engagement and system discussions.

If you have any questions, need advice, or would like to share an experience of health or care services with us, please get in touch.



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