

The Discharge Gap

The short version, for stroke survivors and carers

About 10 minutes to read. You can read one page at a time.

“We both had a stroke. This is the short version of our report. The full report is written for people who make decisions. This one is written for you.”

By Maya Kuzalti and Paul Quinn. October 2026. For England.

Why we wrote this

We both had a stroke. Maya in 2021. Paul in 2023.

Hospital care was good. Then the help got smaller. For many people, it then stopped.

We wanted to know why. So we wrote a report. It is for the people who decide how stroke care works in England.

If you fell through this gap, it was not your fault.

What is the discharge gap?

In the hospital, the help is fast and strong.

At home, the help gets smaller.

Around 6 months, for many people, it stops.

That is the gap.

In our report, “discharge” means leaving NHS stroke support. It does not only mean leaving hospital.

Stroke recovery does not stop at 6 months. For many people, the help does.

The 6-month check-up

You should get a check-up at 6 months. It is called the 6-month review.

It looks at how you are doing. Your body. Your mood. Your daily life.

1 in 3 people who should have had a 6-month review got one

In 2024 to 2025, only about 1 in 3 people who should have had one got one. The exact figure is 35.1%.

The year before, it was 38.8%. It is going down.

After 6 months, the national stroke audit stops counting. The audit is called SSNAP. So nobody can see what happens next.

What 20 survivors told us

12 of 20 never got a discharge plan or care plan

14 of 20 said the help afterwards was “little” or “nothing”

18 of 20 went looking for help themselves. They tried charities, private therapists, family and friends.

Only 20 people answered, and they chose to. So we cannot say this is true for everyone.

But if this is you: you are not imagining it.

“You’ve reached a plateau”

Some people are told: “You’ve reached a plateau. This is as good as it gets.”

That is not what the science says.

The national guideline from 2023 says people should be considered able to benefit from rehabilitation “at any point after their stroke.”

Any point. Not just 6 months.

In many survivors, the brain can keep learning for years, with the right practice.

Recovery can carry on after 6 months.

Why does this happen?

It is not because the people looking after us do not care.

Three decisions, made in different places, built the gap.

- 1 The national stroke audit stops counting at 6 months.
- 2 The national guidance says rehabilitation should carry on while it helps. But it is advice. It is not a rule.
- 3 What happens after 6 months varies from area to area.

Each decision made sense on its own. Together, they left a gap.
And nobody is clearly responsible for it.

The gap was built by the system. You did not cause it.

What could change

Our report suggests four things.

- 1 Count for longer.** The national stroke audit should follow people for 12 months, not 6.
- 2 Set a clear standard.** NICE should publish a standard for rehabilitation in the community, so areas can be compared.
- 3 Try a “second pathway” in two or three areas.**
 - One named person stays with you and your carer.
 - The 6-month review could reopen your rehabilitation.
 - For up to a year after you leave the service, you or your carer could ask to come back, without needing a new stroke.
 - Carers would get support and a review of their own.
 - It would be paid for by moving money already spent on community rehabilitation.
 - It would be measured. If it did not work, it would stop.
- 4 Survivors and carers help design it.** And they are paid for it.

These are our proposals. They are not happening yet.

A named person. A way back in. Carers included.

What you can do

- 1 If you are coming up to 6 months, ask for your 6-month review.
- 2 If you are past 6 months: ask your GP or stroke team if you can be seen again.
- 3 You may have to ask more than once. That does not make you difficult.

Then ask one question. Ask your GP, your MP, or your local Integrated Care Board (called an ICB).

“Who looks after stroke survivors in our area after 6 months?”

Tell us what they say. Email hello@thedischargegap.com

Share this with someone who should read it.

If you fell through this gap, it was not because you did something wrong. The gap was there before you arrived.

About this short version

This is a short version of *The Discharge Gap*, an independent report by Maya Kuzalti and Paul Quinn, October 2026, with a foreword by Professor Nick Ward. The report is at <https://thedischargegap.substack.com>. It covers England only.

Our survey was small and self-selected, so it shows what happened to those 20 people, not to everyone.

We are not doctors, and this is not medical advice. If you need support now, talk to your GP or stroke team, or call the **Stroke Association helpline on 0303 3033 100**.

If you are in crisis, call the **Samaritans on 116 123**.

Sources: SSNAP (2025); National Clinical Guideline for Stroke, Intercollegiate Stroke Working Party (2023); NICE NG236 (2023); Kuzalti (2026).

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