

Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	22 July 2008	Unrestricted		4
Report of:		Title: Stroke Developments Paper for Health Overview and Scrutiny Committees of Local Authorities within the NEL Stroke Network		
North East London Cardiac and Stroke Unit		Ward(s) affected: All		
Originating Officer(s): Jane Davis, Network Manager				

4 July 08

Stroke Developments Paper for Health Overview and Scrutiny Committees of Local Authorities within the NEL Stroke Network :- City of London, Hackney, Tower Hamlets, Newham, Barking and Dagenham, Redbridge, Waltham Forest and Havering.

North East London Cardiac and Stroke Network

The role of the Network is to work with the 7 PCTs and 5 acute trusts in NEL to enhance and improve the delivery of care pathways. By bringing together clinicians, managers, patients, commissioners and social care we are able to see the pathway as a whole and provide a powerful voice in the local health economy to ensure cost effective and clinically robust services.

The Network is funded through NHS Improvement at the Department of Health

During 2007 the Cardiac Network was tasked to expand its remit to cover stroke to ensure that NEL would be in a position to respond to the expected challenges the impending National Stroke Strategy would pose. In addition it is a sensible development as the wider CVD agenda has many areas which are co-terminus, including, prevention, treatment of hypertension, Atrial Fibrillation and End of Life Care.

Background

Stroke is the third largest cause of death in the UK, responsible for 11% of deaths in England and Wales, with 20–30% of people who have a stroke dying within a month. Stroke also contributes to the gap in life expectancy between the most deprived

areas and the population as a whole, with people from ethnic minorities at higher risk than the white population: incidence rates, adjusted for age and gender, are twice as high in black people as for white people (DH June 2007)

The age-adjusted prevalence of stroke in NEL is estimated to be approximately 1% (peaking at 1.3% in Tower Hamlets). The majority of deaths attributed to stroke occur in those aged 75 and over. However, due to the high incidence of risk factors (e.g. diabetes, hypertension, deprivation) there is a significant number of younger people having a stroke: Mortality rates for hypertensive disease and stroke in the younger population in NEL exceed that in England, particularly for men aged 35-64 years of age.

NEL has traditionally scored poorly overall against all the key indicators and standards for stroke and PSA targets.

In addition there are currently very wide variations in levels of access and quality outcomes across the sector between services provided by both acute trusts and PCTs and there is currently only one service offering thrombolysis. We will require those at the forefront to continue to move forward, while supporting the remainder to reach interim minimum standards before going forward to embrace the new strategy and models of care.

Stroke is a local, pan London and national priority, with an emerging evidence base against which we score poorly. Failure to address the issues will result in avoidable mortality and morbidity. Current investment is high, but services are ineffective in meeting the needs of the patients.

Stroke is treatable. There is now a robust evidence base that organised stroke services are associated with lower mortality, less disability in survivors and at lower cost when compared with services delivered within a traditional general medical framework.

Stroke is also preventable. Medical treatment for patients who have had a stroke or TIA can reduce the risk of recurrent stroke by 80%.

National Stroke Strategy

While stroke services in England have improved significantly over the last decade, there is clear evidence that further improvements are still required. There is now a consensus in favour of:

- Specialist stroke units
- Regarding acute stroke as an emergency
- Rapid access to services for people who have had a TIA
- Immediate access to diagnostic scans and to thrombolysis for patients whose stroke was caused by a clot
- Early supported discharge for people with moderate disability as a result of stroke

- More emphasis on prevention and public awareness
- Better support for all people living with stroke in the long term

NEL 'Hyper Acute' Stroke Pathway Pilot

In Sept 08 we will begin a pilot for a 'Hyper Acute' Stroke Pathway for those patients in NEL who are FAST + (The Face-Arm-Speech-Test) and within 3 hours of onset of their symptoms. This pilot will be in place until the NHS London process to designate hyper acute stroke centres comes into effect, this will be after June 2009.

Currently any patient who has had a stroke is taken to their local A&E. Only Barts and The London in NEL is delivering thrombolysis. During the pilot, those patients who are FAST + and within 3 hours of onset of their symptoms will be taken to the pilot centre rather than their local A&E.

The pilot centre will provide an enhanced service to facilitate the giving of thrombolysis and immediate after care. Patients on average will remain at the pilot centre for 72 hours before either being discharged home, repatriated to their local acute stroke unit or local in patient rehabilitation services as appropriate for each patient.

A specification has been produced based on national guidance and quality markers. Each acute trust within NEL has been asked if they wish to undertake the pilot, those trusts that respond will be reviewed by a panel that will assign the centre. The panel includes a patient representative and clinicians from outside of NEL.

The Network has instigated public and patient involvement, currently we have a partnership with the Stroke Association who sit on the Stroke Board and also a patient representation on the Board. The Network is currently engaging with varied stroke clubs and organisations with NEL to further ensure that stroke survivors and carers have a voice in the future developments of the stroke pathways