

Prevention and Awareness Baseline Report for Stroke Services in South East London



Baseline from: 2009/ 2010

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1. Introduction

The aim of this baseline assessment is to establish the current level of activity (during 2009/2010) and future plans relating to stroke prevention and awareness across South East London (SEL).

It is hoped that the findings and subsequent recommendations will assist the SEL stroke workstreams in their action planning to achieve key stroke prevention recommendations and to meet performance indicators aimed at increasing awareness of stroke and Transient Ischaemic Attack (TIA).

2. Information sources

This baseline assessment has been compiled with information from:

- The National Sentinel Audit and QOF data (2007-2008 and 2008-2009).
- PCT Operating plans and Commissioning Strategy Plans

3. Background

3.1. National Context

Stroke is the leading cause of severe disability and third biggest killer in the UK. An estimated 150,000¹ people have a stroke in the UK each year. In 2005 the British Heart Foundation published the Coronary Heart Disease Statistics which attributed 67,000 deaths to stroke.

The National Audit Office 2005 report Reducing Brain damage: Faster access to better stroke care accredited 20% of all occupied acute hospital beds and 25% of long term beds to stroke patients.

More than 900,000 people in England are living with the effects of stroke; half of these are dependent on other people for help with everyday activities. Stroke is a preventable and treatable disease. Prevention is the only part of the stroke pathway where it is possible to bring about a reduction in the overall number of patients having strokes.

A survey conducted and published by the Stroke Association² in October 2007 found that people in the UK lack awareness about stroke and Great Britain trails behind other countries in its ability to recognise the signs and symptoms of a stroke. This survey also noted that fewer Britons called the emergency services when confronted with stroke symptoms than in any other European country. Failure to recognise stroke symptoms as a medical emergency, including by NHS Direct and GPs, can mean urgent medical treatment for stroke is delayed.

In December 2007 the Department of Health (DH) published the *National Stroke Strategy*³, in which the government recognised stroke as a priority and set out a national framework of quality markers (QM) for raising awareness about stroke. The first chapter of the *National Stroke Strategy* focuses on the importance of the prevention and public awareness agenda.

Refer to *Appendix 1 (pg19)* for further details.

¹ Office of National Statistics Health Statistics Quarterly (12) Winter 2001 "Stroke incidence and risk factors in a population based cohort study".

² www.stroke.org.uk

³ National Stroke Strategy. London: Department of Health, December 2007

3.2. The Department of Health (DH) and Stroke Association – F.A.S.T campaign

The F.A.S.T campaign⁴ launched in February 2009 is a three-year national campaign which aims to increase public awareness of stroke, by encouraging people to act F.A.S.T (*Face. Arms. Speech. Time*) when stroke strikes. The campaign aims to highlight that a stroke is a medical emergency that requires immediate medical attention and that being able to recognise the signs of stroke and calling 999 for an ambulance is crucial as the sooner somebody who is having a stroke gets urgent medical attention, the better their chances of a good recovery.

The campaign has a phased approach; the second phase of the campaign launched in November 2009 and concluded at the end of 2009. The focus is primarily on repeating the early TV advertisement for the campaign.

The evaluation of the first phase of the campaign is underway; however a brief summary of the expected report is in *Appendix 2 (pg 20)* along with additional information from South West Essex assessment report.

3.3. Regional Context (London)

When measured against a variety of stroke prevention indicators, London underperforms compared to the national average. Whilst London's diverse population creates particular challenges, such as the presence of language and social barriers, there is great potential to improve stroke prevention.

In 2007 strokes accounted for well over 4,400 deaths in London: it is estimated that nearly 25% of these deaths may have been prevented. This is equivalent to around 1,100 lives a year that could be positively affected through primary prevention in the general public and secondary prevention in those who have suffered from a previous stroke or Transient Ischaemic Attack (TIA).

3.4. NHS London and Healthcare for London (HfL)

In November 2008 HfL published the *Stroke Strategy for London*⁵ which reviewed the pan-London stroke pathways. The strategy commissioned by NHS London aimed to help address London's underperformance in stroke services.

HfL's strategy recognised that a significant amount of prevention and public awareness work had already been carried out as part of the National Stroke Strategy and the NHS Health Check programme, but highlighted that work still needed to be done and that any pan-London awareness initiatives should be consistent with the national campaigns, including the F.A.S.T campaign. The strategy promoted the use of standards for stroke prevention across London, developed from existing Quality and Outcomes Framework (QOF) metrics, these standards were considered the best and most comprehensive source of standardised prevention measures available. However, the high level of data exception reporting does create limitations. With the help of patient organisations and their representatives from across London, HfL assessed what patient expectations and experiences of stroke prevention services were, by asking stakeholders to review the existing services and outline areas for future developments.

An executive summary of the *Stroke Strategy for London* can be found in *Appendix 3 (pg21)* focusing on the recommendations and Quality and Outcomes Framework (QOF) metric standards.

⁴ www.nhs.uk/actfast/pages/stroke.aspx

⁵ Stroke Strategy for London. London: Healthcare for London, November 2008.

3.5. Gaps in service identified by Healthcare for London (HfL)

The Stroke Strategy for London identified that there is a lack of emphasis on maintenance of the stroke registers across London. These registers are vital as they allow for the follow up of stroke patients to be coordinated and assured. QOF data on PCTs in South London is included in section 4 of this report and clearly shows that some PCT need to improve maintenance of their stroke registers.

The QOF data is useful in that it highlights where PCTs need to improve ongoing stroke and TIA management. For example, all 6 PCT in South East London should aim to increase the percentage of patients with TIA or stroke who have had influenza immunisation (in the preceding 1 September to 31 March).

However, as noted in this report QOF has its limitations, i.e. whilst QOF identifies those on blood pressure (BP) control medication, it does not necessarily follow that a patients BP is under control as a result of the medication.

In addition, some groups may be excluded from prevention services and thus from QOF data. This point was highlighted in the Public Health Action Support Team (PHAST) Health Needs Assessment: Stroke in South West and South East London Report.

3.6. Public Health Action Support Team (PHAST) Health Needs Assessment: Stroke in South West and South East London Report.

The Public Health Action Support Team (PHAST) Health Needs Assessment: Stroke in South West and South East London report was commissioned by the South East and South West London Cardiac and Stroke Networks in 2009 as a pragmatic needs assessment, to help the networks understand local stroke priorities and to support the commissioning of stroke services within both sectors.

The report focused on a wide variety of areas including; demography, deprivation, life expectancy and a summary of death rates from stroke and the trends over time.

Examples of some summary facts;

- Life expectancy and deprivation were very closely linked in parts of London, with higher levels in the inner city northern localities across both SE and SW London.
- Stroke death rates are falling across both SE and SW London, but the relative position of the two sectors is different i.e. in SE London, stroke death rates have been consistently higher than London rates and have recently been falling rather more slowly than the London and national rates.
- Death rates from stroke are highest in SE London inner city PCTs: Lambeth, Lewisham and Greenwich, all of which have rates significantly higher than the London average.
- Death rates from stroke in Bromley are much lower than the London average.
- Death rates from stroke in people under 75years are higher in Lambeth (highest in London), Lewisham, Greenwich and Southwark.

3.7. The PHAST Report's – Recommendations for SE London

At Present:

- The SE London Cardiac and Stroke Network Board should continue to monitor stroke death rates and death numbers across all PCTs in each sector, using robust and standard sources of public health information.
- A wide variation in hospital admission rates for stroke has been observed across PCTs in SEL. The reasons for this are unclear, but it is possible that some low rates could be partly due to high admission thresholds. Events involving local clinicians (to explore care pathways and any referral problems) would probably be helpful in all PCTs but especially those with low rates, such as Bromley and Bexley.
- Low rates of admission for TIA are very striking across SE London (except in Lewisham) and should similarly be investigated.
- SE London CVD Board should advocate stroke prevention initiatives for people under the age of 75 years, in line with the national Vascular Risk Assessment (VRA) Programme. This should be implemented by all PCTs, but especially those with particularly high death rates and numbers in this age group i.e. Lambeth, Lewisham and Greenwich. This work should involve targeted initiatives in areas of deprivation, black and minority ethnic communities and groups that may be hard to reach.
- Stroke prevention programmes should also include specific interventions to reduce stroke risk in the age group in which most stroke events occur – those over the age of 75 years. This is a priority for all PCTs in both sectors, but especially for those with particularly high burdens of stroke illness: Bromley and Bexley.

In the Future:

- The need to model future demand for stroke services should be raised by the SE London Board in discussion with Healthcare for London – to ensure that the modelling is robust, transparent and able to inform capacity planning for South London.
- 3
- Future commissioning guidance for PCTs across SE London should draw on robust public health information. It should contain detailed advice on stroke prevention, incorporating not only the VRA programme, but also the need to screen people over 75 years of age for risk factors such as hypertension and atrial fibrillation – perhaps through the use of Local Enhanced Service contracts with general practice teams.
 - SE London CVD Network Board should consider commissioning work to model in detail the future demand for hospital admissions for stroke between now and 2020, assuming clinical care pathways are optimised, and taking into account future stroke prevalence under different prevention scenarios.
 - All stroke prevention programmes should emphasise the impact of diagnosis and effective management of hypertension and atrial fibrillation across all age groups, and of smoking cessation (as well as other stroke risk factors such as abnormal lipid profiles and obesity). Case finding for hypertension and atrial fibrillation is a particular priority.

3.8. Background References

- “Stroke incidence and risk factors in a population based cohort study” (12) Winter 2001 - Office of National Statistics Health Statistics Quarterly – (www.statistics.gov.uk)
- The Stroke Association Website. (www.stroke.org.uk)
- *National Stroke Strategy*, December 2007 - Department of Health. (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_081062)
- Stroke Service Improvement Website. (www.nhs.uk/actfast/pages/stroke.aspx)
- *Stroke Strategy for London*, November 2008 - Healthcare for London. (<http://www.healthcareforlondon.nhs.uk/assets/Stroke/London20stroke20strategywebversionFINAL.pdf>)
- *The Public Health Action Support Team (PHAST) Health Needs Assessment report*, February 2009 – South London Cardiac and Stroke Network. (<http://www.southwestlondoncardiacnetwork.nhs.uk/Documents/Reports/DRAFT%20PHAST%20Stroke%20Needs%20Assessment17.02.09.pdf>)
- *The shape of things to come Whole pathway assurance paper Appendix 7f 2009* – Healthcare for London. (<http://www.healthcareforlondon.nhs.uk/assets/Stroke-and-major-trauma-consultation/JCPCT-meeting-July09/App-7f-Stroke-whole-pathway-paper2.pdf>)
- *Raising awareness of TIA and Stroke in Essex*, November 2008 - Essex Cardiac and Stroke Network (http://www.essexcardiacservices.nhs.uk/downloads/documents/X4JSJAT87R_Strategy_for_TIA_and_Stroke_Awareness_in_Essex_Final_Nov_2008.pdf)

4. Data from QOF dataset 2008/9 and changes compared with 07/08 data (www.gpcontract.co.uk/sha.php?orgcode=Q36&year=9)

- This chart shows each PCT's achievements against the QOF stroke targets and the change from 2007.

Stroke targets by PCT data from QOF dataset 2008/09		Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark		
		08/09	Change from 07/08	08/09	Change from 07/08	08/09	Change from 07/08	08/09	Change from 07/08	08/09	Change from 07/08	08/09	Change from 07/08	
1	Patients on Register Numerator	1.50%	0.1% ↑	1.60%	0.1% ↑	1.00%	Nil	0.8%	nil	1.0%	nil	0.8%	0.1% ↓	
		3314		5125		2755		2962		3033		2595		
5	Stroke / TIA with BP check in last 15 months	95.9%	0.8% ↓	95.7%	0.2% ↓	96.3%	0.5% ↓	96.8%	2% ↓	95.6%	0.1% ↓	96.5%	0.5% ↓	
6	Stroke / TIA with BP under 150/90	88.2%	0.7% ↓	86.7%	0.8% ↑	86.5%	0.3% ↓	85.5%	0.9% ↓	83.7%	0.7% ↓	85.1%	0.6% ↓	
7	Stroke / TIA with cholesterol check in last 15/12 month	90.2%	0.2% ↓	90.7%	0.4% ↑	87.9%	1% ↓	90.5%	1.5% ↑	87.4%	0.6% ↑	90.3%	0.4% ↑	
8	Stroke / TIA with cholesterol under 5mmol/L or less	72.6%	2.1% ↓	74.3%	0.2% ↓	72.6%	0.9% ↑	73.0%	0.8% ↓	70.8%	0.8% ↑	75.0%	1.1% ↑	
10	Stroke/ TIA given flu vaccine	89.9%	0.9% ↓	88.7%	0.9% ↑	89.7%	0.6% ↑	87.1%	0.7% ↑	83.9%	0.2% ↓	87.0%	1.9% ↑	
12	% of appropriate patients on Aspirin / Clopidogrel	93.8%	0.4% ↓	93.8%	0.8% ↑	94.2%	0.1% ↓	94.3%	0.5% ↓	93.2%	0.5% ↑	94.9%	1.3% ↑	
13	% of new patients with stroke referred for further treatment	89.6%	5.4% ↓	86.8%	7.2% ↓	90.0%	0.7% ↑	91.1%	0.2% ↓	83.5%	8.4% ↓	93.2%	4% ↑	
If these are the secondary prevention best practice measures HfL have set 90% target.						not yet achieving <10% shortfall			not yet achieving >10% shortfall					

5. Network-wide activities

Various initiatives have taken place on a sector wide perspective including:

- Commissioning the PHAST report for South London
- The SEL Stroke Acute Workstream is addressing:
 - TIA pre-admission pathways, TIA referral templates and information guides for stroke and TIA
- SEL Stroke prevention workstream has combined with existing Prevention workstream in SEL
- The Network is currently conducting a South London PPI review.
- Network involvement in National priority project - Stroke prevention in primary care addressing AF by carrying out pulse checks.
- The Network has encouraged PCT's to include pulse checks in their NHS Health Check programme.

5.1. Key Findings

- A small number of PCTs have performed a local need assessment based on JSNA; some are using the SLCSN commissioned PHAST report.
- There are a limited number of associated campaigns for identified sub groups and most are capitalising on the health check programme and using this as a raising awareness measure.
- All PCTs report stroke and TIA awareness activities for professionals.
- All PCTs have established stroke patient and carer involvement.
- All areas have established links with voluntary organisations and social services.
- All PCTs are involved with the Pan London website commissioned by HFL with the Stroke Association due to be launched in November 2009 with directory of voluntary and social links for signposting.
- Some PCTs sent out F.A.S.T information within their sectors to coincide with the national campaign.
- There is variation in status of local stroke strategies, a couple of PCTs are working with the HfL strategy, whilst others are involved in developing local plans with collaboration from local providers, only 1 PCT has an actual local stroke strategy in place.
- There is a lack of GPs with special interest.
- One PCT is planning education event for primary care professionals and nurses.
- PCTs are failing to meet all QOF stroke targets.

6. Stroke prevention in SEL: Recommendations

The recommendations set out below are based on the conclusions outlined above.

All actions would need to be taken forward by the appropriate workstreams, led by South East London Cardiac Stroke Network (SELCSN).

- Comprehensive stroke prevention plans should be integrated into the existing wider vascular and general health improvement plans/strategies
- All PCTs should ensure that the number of patients on stroke registers is accurate and improve on primary and secondary measures on QOF.
- More work should be done to incorporate initiatives for hard to reach groups. Possible ideas including those tried in other networks:
 - Ambulance posters (South East Coast ambulance service)
 - Targeting advertising at different age groups based on findings of Essex report
 - Local free Newspaper adverts
 - Local radio campaigns including ethnic minority radio stations
 - Link in with Rotary club events
 - Distribute Shopping bags with printed F.A.S.T message in shopping centres (possible link with supermarkets)
 - F.A.S.T message printed on pharmacy bags
 - Linking in with sporting fixtures in the locality
 - Regional stroke awareness days
- Primary care education event highlighting changes in stroke services reconfiguration with emphases on the pathway for high risk TIA patients.
- Ensure that the prevention workstream engages with the acute workstream in their current work developing the stroke and TIA pathways, and in producing new patient and staff information.
- Liaise with the rehabilitation and acute workstreams to determine the pathway for follow-up during the first 12 months to fit in with Healthcare for London (HfL) rehab recommendations to commissioners that “PCTs should ensure that a follow up within the first 6 months following a stroke is addressed, there should be participation of all services including Primary and Social care along the pathway with respect to ongoing management”, particularly where this relates to secondary prevention.
- Increase the number of GPs (with Special Interests (GPwSI) in Stroke) that engage directly with the stroke prevention agenda within South East London.
- Expand and improve engagement with voluntary groups and social services to reinforce, support and deliver prevention and awareness messages throughout the stroke pathway.
- Support the establishment of a ‘Different Strokes’ group for younger patients in SEL (currently patients attend a central London group), as this appears to be an under-represented group.
- Work towards standardisation of data collection across sector to tie in with National and London data requirements.
- There should be more education events/sessions perhaps using GP cluster time.

The final section of this report includes more detailed information from each PCT compiled from the questionnaires sent to each PCT Stroke lead in July 2009 and face to face meetings.

7. Public and Primary Care: Awareness and Prevention of Stroke

7.1. Primary Care Trusts Named Contact(s):

PCT	Name Lead
Bexley	Catherine Weir
Bromley	Andrew Hardman
Greenwich	Jill Bell
Lambeth	Liz Clegg
Lewisham	Steve Smith / Sara Nelson
Southwark	Piers Simey

7.2 - Awareness and Prevention activities/structure

PCT	Local stroke strategy in place	Existence of NSF group for older people including stroke	Contacts with social care / voluntary services	GP with special interest in stroke	Local needs assessment done	Campaigns for identified specific sub groups
Bexley (BCT)	Yes - The Care Trust had a fully worked up Business Case for the development of local stroke services which had been designed by the Bexley Stroke Round Table. It included improvements to the acute treatment of stroke patients and the development of community rehab linked with London Borough of Bexley. These plans were put on hold when BCT agreed to participate in the roll out of the Healthcare for London (HfL) model for stroke services.	No - Since Nov 2007 Bexley has held regular Stroke Round Table meetings, which feeds into the 3 GP Locality Groups. The membership includes; Bexley's Chief Executive, the Board Chair, representatives from the Voluntary Sector, London Ambulance Service (LAS), Networks and Social Services. Recently the membership has been revised to include clinicians and project staff. However, since the establishment of South London Healthcare Trust (SLHT) the involvement of hospital clinicians/ managers and Social Services has reduced.	Yes – The Carers Support and a local stroke survivor are involved in the Round Table meetings. The full circulation list for the Round Table meetings are available from Anne Love at BCT.	Yes - The Stroke Round Table meetings are chaired by a local GP, Dr Liz Cameron. She has been chair since Sept 08 and a local GP for 21 years. One of the Care Trust's graduate GPs has also been providing sessional support with a focus on developing a specification for local ESD/ Comm Rehab.	No	Yes - Campaigns will be linked to the NHS Health Checks programme.

PCT	Local stroke strategy in place	Existence of NSF group for older people including stroke	Contacts with social care / voluntary services	GP with special interest in stroke	Local needs assessment done	Campaigns for identified specific sub groups
Bromley	No – However there is active involvement in the development of local plans for the delivery of the stroke strategy.	No – This work is covered by a number of other groups.	Yes	Yes	Yes - but needs updating. A preliminary document on needs assessment for early discharge has been produced.	Yes - Campaigns will be linked to the NHS Health Checks programme.
Greenwich	Yes - There is a local stroke strategy	No - Stroke work streams is undertaken by South East London Stroke Strategy Group and Early Supported Discharge Group.	Yes	No	Yes - based on Joint Strategic Needs Assessment (JSNA) and Department of Health Action on stroke services evaluation toolkits (ASSET) Data (2009)	Yes - National NHS Health Check Campaign, local work supporting this. Leaflets will be provided to all patients.
Lambeth	No - Work progressing on national stroke strategy requirements and Healthcare for London (HfL) stuff but no PCT specific strategy	No - Decided not to have separate NSF group – work on the NSF taken forward via local partnership board arrangements	Yes	No	Yes - as part of the Joint Strategic Needs Assessment (JSNA) in 2008	In part – NHS Health Checks will aim to address any hypertension and lifestyle changes needed to reduce risk of stroke
Lewisham	No - Using Healthcare for London (HfL) Strategy and stroke is one of the key areas in the Commissioning Strategy Plan	No - The Older Adult Partnership Board monitors the NSF. The Stroke Commissioning Group in the PCT and The Stroke Strategy Group in UHL also cover this work.	Yes	No – However a GP Professional Executive Committee (PEC) and PBC federation member attends the groups.	Yes – JSNA and use of ASSETT data	Yes - Campaigns will be linked to the NHS Health Checks programme and any national campaigns around F.A.S.T, obesity, Change for Life etc.

PCT	Local stroke strategy in place	Existence of NSF group for older people including stroke	Contacts with social care / voluntary services	GP with special interest in stroke	Local needs assessment done	Campaigns for identified specific sub groups
Southwark	No - There is no local stroke strategy. Work is progressing in Southwark on the National Stroke Strategy and the London Stroke Strategy. A Modernising Initiative for Stroke covering the whole system of care for Lambeth and Southwark was completed in 2008.	No	Yes	No – However a GP led the TIA Awareness work from 2006-2008 for the Modernising Initiative.	Yes - Stroke is covered within the PCT's Joint Strategic Needs Assessment under cardiovascular disease – both in 2007 and the refreshed version in 2009	No - local campaigns were carried out. However Stroke specific (e.g. FAST) and lifestyle change focused (e.g. Change for Life) campaigns were organised nationally with widespread coverage.

Additional Notes: Awareness and Prevention activities/structure.

All	PHAST – Health Needs Assessment: Stroke in SW & SE London.
Bexley (BCT)	The vascular screening programme will target North Bexley where we have significant migrant communities and higher levels of deprivation with communities therefore at higher risk of vascular related health problems. We will be working with community groups and the Bexley Health Trainers. There will be a major publicity campaign as part of the programme.
Bromley	Have a number of contacts with social care / voluntary services across a variety of services.
Greenwich	Are the only PCT with both a local stroke strategy in place and needs assessment completed.
Lambeth	No additional information.
Lewisham	Local needs assessment has not been done – however Lewisham does have a large Black African / Black Caribbean population. The PHAST needs assessment undertaken by SLCSN reviewed prevalence of stroke and hypertension. Detailed modelling completed as part for the NHS Health Checks.
Southwark	The Southwark population includes a large proportion of Black African people; there is also an important proportion of Black Caribbean people. Both of these groups will be at increased risk of having a stroke. NHS Health Checks will be launched in Southwark from March 2010 – this initiative will contribute to preventing strokes through lifestyle change relevant to hypertension and other risk factors.

7.3 - Raising Awareness (Professional and Public)

PCT	Promotion or development activities to raise professional awareness of:			Does plan or activities include raising public awareness about:		
	Symptoms, risks and prevention of TIA / Stroke?	Urgent referral within 3 hours?	Signposting of services in / out borough?	Risk factors and prevention of TIA & Stroke	F.A.S.T test	Need for urgent action
Bexley (BCT)	Work undertaken via the Network, the GP clinical lead and the local GP post grad tutor, a GP update session has been booked	This will be covered in the GP update session	BCT has been attempting to clarify the TIA pathway with SLHT when Queen Mary Sidcup closes to medical admissions in July 2010.	Linked to public awareness campaign for Health Checks programme which will be targeting initially North Bexley – higher risk part of the borough.	Provided by London Ambulance Service (LAS) and National campaign	London Ambulance Service (LAS) are planning a public awareness campaign in April 2010. BCT will be doing diabetes risk assessment at a local festival in July and will link this to the wider vascular risk agenda.
Bromley	Yes	Not at present	No – however the Multi-agency/ Multi-disciplinary Stroke teams are holding a training day on stroke in November which will discuss changes in service delivery	The PCT promoted awareness of the proposed changes in stroke delivery throughout London in the summer through Road Shows.	Provided by London Ambulance Service (LAS) and National campaign	Not at present as the National F.A.S.T campaign focused on this.
Greenwich	Yes - the implementation of the NHS Greenwich Health Check Plus Programme, this will raise awareness of risk factors and prevention interventions.	Not at present – but will be covered in GP training as part of NHS Greenwich Health Check Plus Programme.	Pan London website commissioned by Healthcare for London (HfL) with the Stroke Association due for launch November with directory of voluntary and social links.	Yes	National campaign	Not at present as the National F.A.S.T campaign focused on this.
Lambeth	Yes - A stroke steering group who as part of their remit aim to raise awareness of stroke with local professionals.	Yes	Pan London website commissioned by (HfL) with the Stroke Association with directory of voluntary and social links.	No	Yes -leaflets sent out to coincide with national campaign but nothing structured.	Nothing structured – reference to national campaign but nothing specific done locally

Lewisham	Yes - linked to vascular prevention programme launch. Also introducing an alert system for when GPs inappropriately refer TIAS	Yes - Plan to undertake GP and community nurse education event in New Year at same time as launch new integrated rehab service.	Pan London website commissioned by Healthcare for London (HfL) with the Stroke Association due for launch November with directory of voluntary and social links.	Yes	Yes - at the same time as the National campaigns	Yes
Southwark	Yes - Included within an education event for GPs. Extensive work carried out with London Ambulance Services and other staff as part of the Modernising Initiative up to 2008. NHS Health Check Training will address risk factors.	Yes - High risk TIA referral mechanism agreed through Modernisation Initiative.	Pan London website commissioned by Healthcare for London (HfL) with the Stroke Association due for launch November with directory of voluntary and social links.	NHS Health Checks will help raise public awareness on cardiovascular risk factors (including stroke). A range of national campaigns focus on addressing risk factors relevant to the prevention of stroke.	National F.A.S.T campaign focused on this.	National F.A.S.T campaign focused on this.

Additional Notes: Raising Awareness (Professional and Public)	
Bexley (BCT)	<ul style="list-style-type: none"> • Signposting of services after July 2010 is still not clear and the Care Trust is currently commissioning alternative solutions for both TIA and Stroke admissions in order to relieve the pressure on SLHT.
Bromley	<ul style="list-style-type: none"> • LAS are involved in the discussions about changes in stroke beds within South London healthcare. This provided information about FAST and the reason for relocating HASU beds to the PRUH.
Greenwich	<ul style="list-style-type: none"> • PCT will be commissioning a training programme to support staff in the implementation of the NHS Greenwich Health Check Plus Programme, this will raise awareness of risk factors and prevention interventions. This will be available to all GP practices and will be mandatory for those implementing the Health Check LES. • NHS Health Checks Plus Programme focussing on identifying and stratifying risk of CVD in population and implementing scheme systematically according to need. This activity is being co-ordinated as part of the Goal 2 Prevention programme. Pulse check included as part of this programme
Lambeth	<ul style="list-style-type: none"> • Promotion & development activities to raise professional awareness are completed through old MI – high risk TIA referral mechanism agreed.
Lewisham	<ul style="list-style-type: none"> • TIA protocols and pathways developed and sent to all GPs • Raising public awareness via NHS health checks, also family support worker attends clinic to talk to patients relatives once a month • PCT has a stand every year at Peoples Day in the summer at which it raises awareness of stroke CVD diabetes etc. Similar smaller public health events held throughout the year

	<ul style="list-style-type: none"> The PCT is planning a range of activities over the next year which link to the NHS Health Checks implementation this is building on the work of the Healthy community collaborative that has been active in Lewisham for the last 2 years and has used community groups to raise awareness of CVD (incl stroke)
Southwark	<ul style="list-style-type: none"> No local campaigns were carried out. But Stroke specific (eg FAST) and lifestyle change focused (eg Change for Life) campaigns were organised nationally with widespread coverage. NHS Health Checks will be launched in Southwark from March 2010 – this initiative will contribute to preventing strokes through lifestyle change relevant to hypertension and other risk factors.

7.3.1 – How is raising awareness happening (Professional and Public)

PCT	How will PCT's show that improvements in stroke awareness has increased amongst their staff and the public?
Bexley (BCT)	Linked to public awareness campaign for Vascular Checks programme which will be targeting initially North Bexley – higher risk part of the borough. LAS are planning a public awareness campaign on 17 th April 2010 and BCT will be doing diabetes risk assessment in at a local festival in July and will link this to the wider vascular risk agenda.
Bromley	Audit of public awareness & stroke patient groups Audit of GPs and other professionals
Greenwich	% increase in the number of those who seek medical attention within two hours of stroke symptom onset % reduction in incidence of stroke and improved life expectancy
Lambeth	<p>Public:</p> <ul style="list-style-type: none"> If there are more people with controlled hypertension and healthier lifestyles then this should lead to a reduction in future strokes An increase in the number of people who are having a stroke going immediately to hospital as they are aware of what a stroke is and what needs to happen Increased access to thrombolysis <p>Professionals:</p> <ul style="list-style-type: none"> Primary care increasing the number of people registered with them with controlled hypertension An increase of professionals recognising the signs of stroke and acting swiftly Increased access to thrombolysis An increase in the number of people surviving a stroke Improved quality of care for people with stroke
Lewisham	<ul style="list-style-type: none"> Any campaign or project work will be undertaken as a project and therefore will be evaluated Reduction in numbers of self presenters at A&E and rise in LAS 999 calls Feedback from GPs and consultants on inappropriate referrals and satisfaction with service Reduction in numbers of alerts sent to GPs re TIA Improvement in stroke sentinel audit and vital signs Eventually reduction in mortality and morbidity from stroke, improved life expectancy and reduced health inequalities
Southwark	It will be difficult to identify the real contribution of the PCT to awareness raising, as there are national campaigns with wide reach targeting this issue. A range of preventative work (including NHS Health Checks) will complement the national campaigns in Southwark, but any related change in health outcomes (e.g. incidence of stroke and deaths) are likely to be longer term. Any specific stroke related awareness work within Southwark would be evaluated for impact.

7.4 - Engagement with Voluntary and Social Services.

The following individuals and groups were identified as key contacts or links into voluntary sector agencies and social services.

These individuals and groups may be key to reinforcing, supporting and delivering secondary prevention messages in the later stage of the pathway

PCT	Engagement with voluntary sector agencies and health and social services?
Bexley (BCT)	<ul style="list-style-type: none"> • The representatives on the Round Table link back to their groups. • Through our PPE team (patient and public experience) we have just commissioned Diabetes UK to develop user engagement and expect this to have wider implications for all long term conditions
Bromley	<ul style="list-style-type: none"> • Stroke Association - There is a Stroke Association Family Worker who works with patients in the hospital and out into the community. The stroke association have a family support worker who attends the hospital and follows up patients in the community. They are beginning to extend their support for patients and their families They are also attending some of the speech and language therapy groups building contacts and links. • Carers Bromley, Stroke Clubs – Orpington, ICARE Day centre. Carers Bromley have good links with all therapies and provide regular support to carers of patients with stroke. ICARE is a private day centre specifically for patients with stroke, Stroke Clubs.
Greenwich	<ul style="list-style-type: none"> • Maggie Rastall from The Stroke Association is the contact for the voluntary sector.
Lambeth	<ul style="list-style-type: none"> • Cathy Ingram, Adult Therapy Service Manager, Lambeth Community Services.
Lewisham	<ul style="list-style-type: none"> • Corrine Mocarne Joint commissioning lead for Long Term Conditions and Physical Disability/Continuing care. • Brian Souler Social Services lead. • Annette Carty Stroke Association Family & Carer Support Worker.
Southwark	<ul style="list-style-type: none"> • Heather Campbell, Neuro-Rehab Team Manager • Alex Laidler, Adult Social Care Manager • Connect • Stroke Association • DASL (Disability Advice South London) run a Stroke User Involvement Network • Headway

7.5 - Patient and Public Involvement (PPI)

PCT	Engagement with PPI? (Quality marker 4)
Bexley (BCT)	Increased public and professional awareness will be evidenced by reductions in late presentation of stroke and ultimately by better outcomes therefore. We would expect to see an increase in TIAs and an improvement in the re-ablement of patients which would lead to a reduction in the need for long term care (ie discharge destination of admitted stroke patients)
Bromley	Adult speech and language therapy hold carer training sessions at regular intervals and discussions about service development are part of the agenda. The stroke working party which is multiagency BHT and PCT together with voluntary agencies had a PALS representative attending the group. The acute hospital provides training on stroke and a stroke patient will be helping to deliver some of the training. The PCT hosted a road show in the local towns to discuss the proposed changes in stroke service delivery throughout London Stroke patients and carers will be encouraged to be involved in the Stroke Working Group to support development of patient focused practices on the Stroke Unit.
Greenwich	South East London Stroke Strategy Group Early Support Discharge Programme Group
Lambeth	There are patient reps on the Stroke steering group and the User Involvement Worker will liaise with the stroke peer support group regarding stroke when required.
Lewisham	<ul style="list-style-type: none"> • Carers Lewisham • PPE Strategy written • Stroke Club • Stroke Association – in particular focus groups being held in Feb 2010 • A number of consultation events were held for HFL in the last year which have been incorporated • Family Carer Support Worker • Communication groups
Southwark	<ul style="list-style-type: none"> • DASL (Disability Advice South London) run a Stroke User Involvement Network

Appendix 1

Quality Markers for Prevention and Awareness - National Stroke Strategy (DH)

- **Awareness raising** – Members of the public and healthcare staff are able to recognise and identify the main symptoms of stroke and know it needs to be treated as an emergency.
- **Managing risk**
 - Those at risk of stroke and those who have had a stroke are assessed for and given information about risk factors and lifestyle management issues and are advised and supported in possible strategies to modify their lifestyle and risk factors.
 - Risk factors, including hypertension, obesity, high cholesterol, atrial fibrillation and diabetes, are managed according to clinical guidelines, and appropriate action is taken to reduce overall vascular risk.
- **Information, advice and support** – people who have had a stroke and their relatives and carers have access to practical advice, emotional support and advocacy and information throughout the care pathway and lifelong.
- **Involving individuals in developing services** – people who have had a stroke and their carers are meaningfully involved in the planning, development, delivery and the monitoring of services. People are regularly informed about how their views have influenced services.

Appendix 2:

The Department of Health (DH) and Stroke Association - F.A.S.T Campaign **- First Phase Summary Points:**

- Overall the campaign worked well with 9 in 10 of those surveyed stating they had seen or heard at least one element of the campaign
- Awareness of the signs of someone having a stroke had increased significantly
- Stroke is now regarded as the top illness for causing long standing illness, disability or infirmity amongst the general population
- Over half of those aware of the term stroke claimed to know a memorable acronym to help people recognise and remember the symptoms
- Prompted awareness of FAST also increase significantly (75% compared to 15% of people pre-campaign).

South West Essex - Assessment Report

An awareness report has recently been released by NHS South West Essex from the results of questionnaires administered to the general public across the five Essex PCT's following the national awareness campaign. These assessed general knowledge of stroke, awareness of stroke warning symptoms, risk factors of stroke, consequences of stroke, sources providing knowledge of stroke and questions about advertising preference to assist the development of a campaign to enhance stroke awareness in Essex.

Key findings in addition to those outlined above were

- Older participants were more knowledgeable /aware of the risk factors of stroke than younger participants but did not associate stroke with cardio vascular disease.
- Majority of participants knew stroke requires emergency treatment
- Participants placed more emphasis on physical impairment caused by stroke rather than the psychological and cognitive impairments
- Lack of awareness about the effect lifestyle could have on stroke, small minority believed smoking was an important risk factor
- Only 50% of participants believed stroke was preventable
- Large percentage of diabetics were unaware they were at an increased risk of stroke
- Lack of awareness of local stroke services

Almost all age groups emphasised the following in relation to advertising preferences:

- Balanced campaign with a positive message
- Adverts to be located at supermarkets, TV, Pharmacies, buses and newspapers
- NO junk mail – hence no newspaper inserts and non addressed leaflets /letters

Their key recommendations were related to the different levels of awareness and advertising preferences demonstrated in each age group.

- 16-35 age group should be targeted with information about risk factors and lifestyle changes to prevent stroke
- National campaign seemed to place emphasis on older population (58+) being at risk, this risk needs to be emphasised to the 40+ age group
- The term "brain attack" is too ambiguous and should be avoided in future campaigns and when using term 'CVD', information should be given to explain what this is
- Use of internet for information was high therefore national and local websites could be good sources of information
- Information and advice on risk factors and lifestyle on stroke should be widely available from a range of healthcare professionals.

Information and advice on risk factors and lifestyle on stroke should be widely available from a range of healthcare professionals.

Appendix 3:

Recommendations and standards for Prevention in the Stroke Strategy for London

Stakeholders were satisfied that the developed and tested methods worked and should be continued:

- Increasing public understanding of what are the stroke risk factors.
- Increasing awareness amongst the public and healthcare professional of the signs and symptoms of stroke.
- Services that can react quickly to reduce the lasting impact that stroke has on the lives of stroke survivors and their families.

Stakeholders were concerned that the developed and tested methods were failing in terms of:

- Campaigns to reach at risk groups
- Education in recognising risk factors and symptoms amongst health care professionals.
- Knowledge-sharing and coordinated stroke prevention across London.

Table 1.

Recommendations	Responsibility
Primary Care Trusts (PCTs) should coordinate and support the education of health and social care professionals in stroke.	PCTs
All PCTs and acute Trusts should develop and implement a comprehensive stroke prevention plan. This would be expected to integrate with rather than replace wider vascular and general health improvement plans.	PCTs and acute trusts
PCTs should be innovative when developing stroke prevention initiatives to ensure they reach hard to reach groups at risk of stroke.	PCT
GP-led primary and secondary preventions measured by QOF should be improved and analysed.	PCT
At the very minimum every healthcare organisation must have in place management commitment and accountability to the prevention agenda and a named clinical lead for prevention.	PCTs and acute trusts
NHS London should provide a public health role and focus for efforts to integrate stroke prevention messages into everyday life.	NHS London and PCTs
PCTs should increase the number of patients on stroke registers.	GPs
Primary and secondary prevention of stroke should be implemented across all PCTs.	PCTs
PCTs should ensure that healthcare providers are delivering secondary prevention messages to stroke and TIA patients and carers.	PCTs QOF based metrics
PCTs should be incorporating stroke awareness into their plans and use the DOH work on raising stroke awareness to strengthen the prevention message in their population.	PCT (plans) and NHS London (audit)

Table 2.

Standard based on QOF metrics	Summary of how recommendations will be measured
Primary and Secondary Prevention of stroke should be implemented across all PCTs.	QOF based standards including (PCT standard) and excluding (pan London standard) exception monitoring.
PCTs should ensure that healthcare providers are delivering secondary prevention messages to stroke and TIA patients and their carers.	A pan-London baseline audit of patients and carers will be conducted in mid 2009 and annually thereafter to examine whether they received secondary prevention advice and follow up consultation following discharge from inpatient or community stroke care.
PCTs should ensure healthcare providers are adhering to 90% best practice in secondary prevention.	A pan-London baseline audit by PCT should be conducted in mid- 2009 and annually thereafter of secondary stroke prevention and HFL will be looking for evidence that PCTs are adhering to 90% best practice in secondary prevention.
PCTs should be incorporating stroke awareness into their plans and use the DH work on raising awareness to strengthen the prevention message in their population.	A pan- London baseline audit will be carried out in mid-2009 and annually thereafter to track improvements in stroke awareness. A performance standard will be set based on this.

Authors

This report has been collated and edited by Victoria Cox, Project Managers for the South London Cardiac and Stroke Network:

with support from colleagues;

Samuel Marrero (Project Manager),

Elaine Hayward (Senior Project Manager),

Dr Suparna Das (Assistant Director),

Sara Nelson (Assistant Director).

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