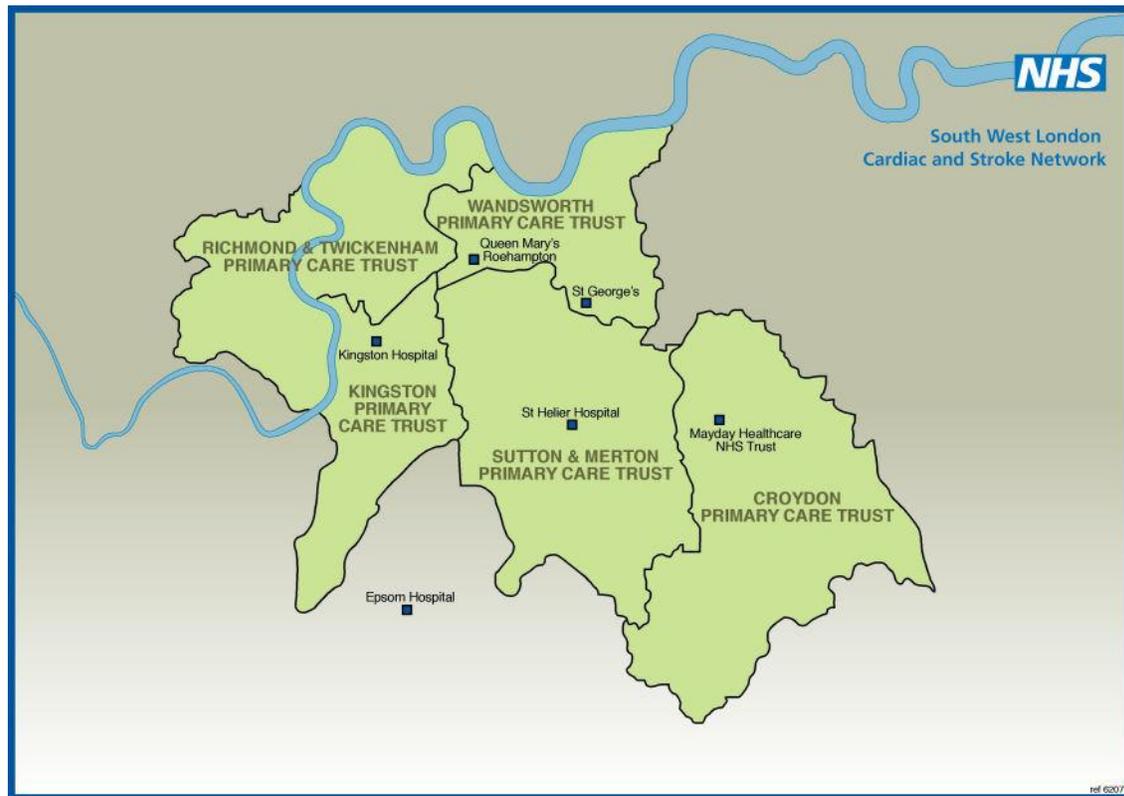


PREVENTION AND AWARENESS BASELINE REPORT - STROKE

SOUTH WEST LONDON



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1. Introduction

The aim of this baseline assessment is to establish the current level of activity and future plans relating to stroke prevention and awareness across South West London as at July 2009. It is hoped that the findings and subsequent recommendations will assist the SWL Stroke workstreams in their action planning to meet key stroke prevention recommendations and to meet performance indicators aimed at increasing awareness of Stroke and 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).
- Completed questionnaires and face to face meetings with Primary Care Trust leads
- Review of PCT Operating plans and Commissioning Strategy Plans

3. Background

National Context

Prevention is the only part of the stroke pathway where it is possible to bring about a reduction in the overall number of strokes. In 2007 stroke accounted for well over 4,400 deaths in the capital: it is estimated that nearly 25% of these may have been prevented. This amounts 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).

Research evidence has proved that people in the UK lack awareness about stroke. A survey conducted by the Stroke Association found that Great Britain trails behind other countries in its ability to recognise the signs and symptoms of a stroke. This survey also found that fewer Britons called the emergency services when confronted with stroke 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 2007 the government recognised stroke as a priority and as a result the Department of Health (DOH) published the *National Stroke Strategy*¹, which sets out a framework of quality markers (QM) for raising awareness about stroke. The first chapter focuses on the importance of the prevention and public awareness agenda. See Appendix One for further detail.

Regional Context

London is underperforming against the national average as measured by a variety of stroke prevention indicators. 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.

NHS London commissioned Healthcare for London (HfL) to deliver a pan-London project to address the underperformance of stroke services across the pathway. The

early work on prevention and public awareness done by HfL recognised that a significant amount of work had already been carried out as part of the National Stroke Strategy and the NHS Health Checks programme.

HfL's *Stroke Strategy for London*² outlines a number of patient expectations of prevention services that were developed and tested with a range of patient representatives and patient organisations. These include:

1. Increased public understanding of what risk factors make a stroke more likely
2. Increased awareness amongst the public and healthcare professionals of the signs and symptoms of stroke
3. Services that can react quickly to reduce the lasting impact that stroke has on the lives of stroke survivors and their families.

The stroke strategy also outlines the biggest prevention concerns by stakeholders which were a lack of:

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

The summary of the recommendations made in the Stroke Strategy for London and the four standards can be found in Appendix 2.

These standards for prevention were developed from existing Quality and Outcomes framework (QOF) data as they were the best and most comprehensive data source of prevention available. However the high level of exception reporting gives limitations.

Gaps in service identified by HFL

There is a lack of emphasis on maintenance of the stroke registers that allow the follow up of stroke patients to be coordinated and assured (see QOF chart for SWL on page 7). Whilst QOF identifies those on blood pressure (BP) control medication it does not necessarily mean their BP is under control. In addition some groups may be excluded from prevention services as highlighted in the PHAST Health Needs Assessment recommendations (see below).

The PHAST report was commissioned by the South London Cardiac and Stroke Networks in 2009 and the recommendations were fed back to the SWL and SEL Clinical Reference Groups (CRG) and SEL and SWL CVD boards.

South London PHAST Report – Recommendations

1. The SW London Cardiac and Stroke Network Board should continue to monitor stroke death rates and death numbers across all PCTs, using robust and standard sources of public health information.

2. A wide variation in hospital admission rates for stroke has been observed across PCTs in SWL. 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 Croydon and Richmond & Twickenham (SW).

3. Low rates of admission for TIA are very striking across SWL and should similarly be investigated.

4. SWL 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. This work should involve targeted initiatives in areas of deprivation, black and minority ethnic communities and groups that may be hard to reach.

5. 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: Sutton & Merton and Croydon (SW).

6. 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.

7. SWL 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.

8. The need to model future demand for stroke services should be raised by the SWL Board in discussion with Healthcare for London – to ensure that the modelling is robust, transparent and able to inform capacity planning for South London.

9. Future commissioning guidance for PCTs across SWL 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.

The DH / Stroke Association FAST campaign

This is a three-year national campaign which was launched in February 2009 and aims to increase public awareness of stroke. HFL have indicated that any pan-London awareness initiatives should be consistent with the national campaigns.

The next phase of the campaign will be launched on November 9th running until the end of December 2009 and will apparently be limited to a repeat of the TV advertisements. The evaluation of the first phase of the campaign is still underway but a summary of the expected report is in Appendix 3 with the SW Essex assessment report and Wandsworth PCTs post campaign awareness report.

References

National Stroke Strategy. London: Department of Health, December 2007 ¹
Stroke Strategy for London. London: Healthcare for London, November 2008 ²
Stroke Prevention Strategy for London. London: Healthcare for London, October 2008
The shape of things to come Whole pathway assurance paper Appendix 7f 2009
Stroke Service Improvement Website
Raising awareness of TIA and Stroke in Essex -Essex Cardiac and Stroke network
Essex Stroke awareness report June 2009

4. Data from QOF dataset 2008/9 and changes compared with 07/08 data

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

Key findings show that all trusts have seen a deterioration in three areas:

- Those referred for further treatment, A BP check in the last 15 months and numbers given a flu vaccine.

However there were improvements in the %age of patients on Aspirin or Clopidogrel in Wandsworth and Sutton and Merton, the %age of patients with a cholesterol check in the last 15 months and cholesterol under 5 in S&M and Kingston, R&T and Croydon PCTs all showed an increase in the %age of patients with a BP under 150/90.

Stroke targets by PCT data from QOF dataset 2008/9		Wandsworth		Sutton & Merton		Kingston		R & T		Croydon	
		2008/9	change from 2007/8	2008/9	change from 2007/8	2008/9	change from 2007/8	2008/9	change from 2007/8	2008/9	change from 2007/8
1	Patients on register	0.8%	nil	1.1%	nil	1.0%	nil	1.1%	nil	1.1%	nil
	Numerator	2644	2632	4543	4458	1641	1926	2202	2188	4272	4161
	Modelled prevalence of stroke 2006(Phast report)	1.5%		1.9%		1.9%		2.0%		2.0%	
13	% of new patients with stroke referred for further treatment	89.4%	1.9%↓	89.9%	2.0%↓	93.3%	3.3%↓	93.3%	1.9%↓	90.9%	3.4%↓
5	Stroke /TIA with BP check in last 15 months	96.2%	0.8%↓	96.3%	0.6%↓	96.9%	0.8%↓	96.6%	0.8%↓	97.2%	0.1%↓
6	Stroke/TIA with BP under 150/90	85.9%	0.1%↓	87.2%	0.9%↓	89.3%	1.0%↑	87.6%	0.3%↑	89.2%	0.4%↑
7	Stroke/TIA with cholesterol check in last 15/12	90.2%	0.1%↓	90.7%	0.4%↑	91.9%	1.5%↓	91.0%	0.9%↓	90.9%	0.7%↓
8	Stroke/TIA with cholesterol under 5	71.8%	0.3%↓	74.8%	1.7%↑	74.8%	0.9%↓	74.0%	0.9%↓	74.3%	1.0%↓
12	% of appropriate patients on Aspirin/Clopidogrel	94.5%	0.4%↑	93.1%	0.2%↓	94.9%	0.3%↑	93.7%	1.5%↓	94.6%	0.4%↓
10	Stroke/TIA given flu vaccine	86.8%	0.7%↓	86.9%	1.0%↓	90.0%	1.0%↓	89.8%	0.8%↓	88.9%	0.9%↓

Key to shading

not yet achieving 90% HfL target and >10% shortfall

not yet achieving 90% HfL target but < 10% shortfall

5.0 Network-wide activities

Various initiatives took place on a sector wide perspective including:

- Stroke was a Collaborative Commissioning Initiative for SWL
- Commissioning the PHAST report for South London
- The Network provided FAST leaflets to all acute trusts for their in house awareness campaigns to support the national DH Campaign in March 2009
- The SWL Stroke Acute Workstream is addressing:
 - Healthcare staff and public awareness by looking at pre-admission pathways, referral templates and information guides for stroke and TIA
 - Patient information for stroke and TIA patients, content, range of formats and translation needs
- SWL Stroke prevention workstream has combined with existing Prevention workstream in SWL
- The Network is currently conducting a South London PPI review.
- Network involvement in National priority project - Stroke prevention on primary care addressing AF

5.1 Key Findings

- There is a wide variation between the status of stroke plans or strategies of the PCTs across SWL
- A small number of PCTs have performed a local needs assessment.
- There are a limited number of associated campaigns for identified sub groups.
- Limited evidence of planned campaigns to link with next national campaign in November 2009 (Even though several PCT's mention in their strategic plans that "SW London PCTs will be working in partnership with the Stroke Association to promote the FAST campaign to patients and NHS staff, to promote public awareness of stroke symptoms and what action to take about them".)
- All PCTs report stroke and TIA awareness activities for professionals.
- Mayday's development of TIA protocols and pathway with associated information events for Croydon GP's and subsequent data collection and analysis appears to be able to give robust data evidence for potential improvements in stroke prevention and awareness with both staff and public
- All PCTs have established PPI forums but these are not generally stroke-specific
- All areas have established links with voluntary organisations and social services

6. Stroke prevention in SWL: 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 SWLCSN.

1. Comprehensive stroke prevention plans should be integrated into the existing wider vascular and general health improvement plans
2. All PCTs should ensure that the number of patients on stroke registers is accurate and improve on primary and secondary measures on QOF.
3. The network should consider organising a pan-sector awareness campaign to link in with the ongoing national campaign. This campaign should 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 FAST message in shopping centres (possible link with supermarkets)
 - FAST message printed on pharmacy bags
 - Linking in with sporting fixtures in the locality
 - Regional stroke awareness days
4. Improve collaborative working between the different task groups across the PCTs, Trusts and the network.
5. 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.
6. Liaise with the rehabilitation and acute workstreams to determine the pathway for follow-up during the first 12 months to fit in with HfL rehab recommendations to commissioners that "PCTs should ensure that a follow up within the first 12 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

7. Expand and improve engagement with voluntary groups and social services to reinforce, support and deliver prevention and awareness messages throughout the stroke pathway
8. Support the establishment of a ‘Different Strokes’ group for younger patients in SWL (currently patients attend a central London group), as this appears to be an under-represented group
9. Work towards standardisation of data collection across sector to tie in with National and London data requirements

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 South West London Cardiac and Stroke Network Baseline Audit – PCT Contacts

PCT	Name Lead
Croydon	Claire Godfrey and Diane Kelly
Kingston	Charles Wheatcroft and Susan Went
Richmond and Twickenham	Mary Palmer
Sutton and Merton	Annette Bunka
Wandsworth	Vanessa Flagg

7.2 South West London Cardiac and Stroke Network Baseline Audit – 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
Croydon	No, but stroke and TIA services are being included in the Older Peoples' and Physical disability and sensory impairment strategies.	Yes Stroke Steering Group and the Partnership Group for Older People	Yes	Yes	No, but public health have done some work on prevalence	Yes
Kingston	No but stroke is included in one of the NHS Kingston strategic goals and incorporated	Not answered	Yes	Yes	No, but PCT played a key role in the development of the JSNA in 2008 Stroke identified as one of the main causes of death	Yes

	in redesigning services in line with HFL stroke strategy					
Richmond and Twickenham	No, but a paper is going to the PCT Board in Sept setting out current context, future developments, risks and recommendations. It is likely that a Stroke Strategy will follow.	Yes Also have a LTNC workgroup	Yes	Yes	No, apart from SWL sector review	No, apart from events associated with trauma and stroke consultation and vascular risk assessments
Sutton and Merton	No but is one of 8 priorities in strategic plan	Yes, but stroke considered alongside other conditions	Yes	Yes	Yes	No apart from VHC
Wandsworth	Under development	Reestablishing a sub-group of the Long Term Conditions steering group specifically for Stroke.	Yes	No (but have GP involved in VHC)	Yes	Yes (see notes) Vascular Risk Assessment / NHS Health Checks programme due to start in Autumn '09.

Notes:

Croydon	<ul style="list-style-type: none"> • Recognition of ethnic needs-POP Bus goes to Mosque and Chinese event held in past • POP bus will continue to do blood pressure checks and take health prevention meetings. It is also planned that targeted stroke prevention events will be included on the POP programme. • Comprehensive Review of Current Stroke Rehabilitation Services in South London March 2009 S London Cardiac and Stroke Networks • PHAST – Health Needs Assessment: Stroke in SW & SE London.
Kingston	<ul style="list-style-type: none"> • Provision of a local vascular prevention programme (Kingston Action) for people at high risk of developing vascular disease and their partners together with ischaemic heart disease patients and their partners is needed. The Kingston Action Programme is designed to cater for 320 families over 2 years. • Comprehensive Review of Current Stroke Rehabilitation Services in South London March 2009 S London Cardiac and Stroke Networks • PHAST – Health Needs Assessment: Stroke in SW & SE London.
Richmond and Twickenham	<ul style="list-style-type: none"> • The PCT intends to review and then commission stroke services in line with best practice as determined • A PEC-nominated lead GP to implement the recommendations of the review in relation to both NICE guidelines and QOF results. • Comprehensive Review of Current Stroke Rehabilitation Services in South London March 2009 S London Cardiac and Stroke Networks • PHAST – Health Needs Assessment: Stroke in SW & SE London.

Sutton and Merton	<ul style="list-style-type: none"> A range of initiatives have been put forward to improve Stroke Services. Refreshing Strategic Plan over the next few months and the focus on Stroke will be the implementation of the Healthcare for London Strategy. As part of this work a Sutton and Merton Stroke Group has been set up to monitor progress. Stroke rehab needs assessment specifically looking at rehab needs and longer term social care and support July 09. Comprehensive Review of Current Stroke Rehabilitation Services in South London March 2009 S London Cardiac and Stroke Networks PHAST – Health Needs Assessment: Stroke in SW & SE London.
Wandsworth	<ul style="list-style-type: none"> Review of Neurorehabilitation Services (incl. stroke) Jul-Sept 2008 SW London Comprehensive Review of Current Stroke Rehabilitation Services in South London March 2009 S London Cardiac and Stroke Networks PHAST – Health Needs Assessment: Stroke in SW & SE London. <p>4-week FAST campaign in March 09 included:</p> <ul style="list-style-type: none"> Pre-campaign awareness assessment (sample size 300 – telephone survey) FAST Leaflets sent out with Wandsworth Borough magazine (Brightside) to every home in sector A3 Posters placed in church porches/lobbies of sheltered housing/GP surgeries Bus advertising: 30 rears for 4wks Bus shelter advertising: 30 panels for 4ks Post-campaign awareness assessment (sample size 300 – telephone survey)

7.3 South West London Cardiac and Stroke Network Baseline Audit – Raising Awareness

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	FAST test	Need for urgent action
Croydon	Yes	Yes	Pan London website commissioned by HFL with the Stroke Association due for launch November with directory of voluntary and social links	Yes	Yes	Yes
Kingston	Yes but not stroke	Not answered	Pan London website commissioned by HFL	Yes	No	No

	specific-only associated with development of health checks		with the Stroke Association due for launch November with directory of voluntary and social links			
Richmond and Twickenham	Yes (But see notes)	Yes But no specifics given just stated as part of implementation of HfL strategy	Pan London website commissioned by HfL with the Stroke Association due for launch November with directory of voluntary and social links	Yes (But see notes)	No	No
Sutton and Merton	Yes	Yes	Pan London website commissioned by HfL with the Stroke Association due for launch November with directory of voluntary and social links	Yes	No	No
Wandsworth	Yes	Yes	Pan-London website commissioned by HfL with the Stroke Association due for launch November with directory of voluntary and social links	Yes	Yes No further plans mentioned for future campaigns to support next wave of national campaigns in November 09	Yes No further plans mentioned for future campaigns to support next wave of national campaigns in November 09

Notes:

Croydon	<ul style="list-style-type: none"> • Mayday Stroke consultants have held events for GPs on TIA and to ensure an understanding of ABCD scoring and the pathway for the rapid access TIA clinic. TIA protocols/pathways have been circulated to General Practice. PEC seminar on stroke and TIA • TIA protocols included in NHS Croydon intranet and local web site www.croydonstroke.org/index.html • Primary Care Directorate developing plans for vascular health checks • Stroke association Focus venue at Ikea Croydon well attended • Asian Womens' stroke awareness day planned for November 2009
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Kingston	<ul style="list-style-type: none"> • Commissioning an ‘Assessment Unit’ to direct patients to the appropriate preventative service that matches their need. <ul style="list-style-type: none"> ○ Develop Healthy Living Centres across the PCT ○ Health initiatives in Chessington South ○ Community development workers to support participatory needs assessments ○ Work with refugees and BME communities ○ Vascular checks in primary care ○ Comprehensive obesity programme including <ul style="list-style-type: none"> ▪ weight management programmes in primary care, ▪ cook and eat programme development and ▪ develop food in early years and healthy workplace policies ○ Diabetic programme including training in primary care and patient education ○ Tobacco control programme ○ Physical activity programme including community outdoor gyms ○ Specific population groups
Richmond and Twickenham	<ul style="list-style-type: none"> • We will develop a public education campaign highlighting the preventative measures that help reduce likelihood of strokes. • We will embark on greater public education about the importance of hypertension in causing stroke. • This is likely to happen as the designation programme kicks in <p>From commissioning plans viewed online:</p> <ul style="list-style-type: none"> • There will also be continued emphasis on the detection; recording, lifestyle advice, treatment and monitoring of this condition, including patient compliance by health care professionals. Clinical governance arrangements and audit will underpin this activity. • We will review existing practice in relation to implementation of NICE guidelines as they relate to hypertension, atrial fibrillation and prescribing of statins. • The PCT intends to review and then commission stroke services in line with best practice as determined • A PEC-nominated lead GP to implement the recommendations of the review in relation to both NICE guidelines and QOF results.
Sutton and Merton	<ul style="list-style-type: none"> • Education event already undertaken in relation to Atrial Fibrillation, CHAD Score And TIA prevention. • Lipid lower guidelines- education undertaken, BP guidelines will be updated and further education organised. • Vascular checks – education planned • Anti coagulation services- LES developed to enable many of our GP practices to offer the service in-house. • Education taking place to advise staff regarding patients suitable for Early Supported Discharge. • Further develop stroke registers across primary care • Healthy weight programmes (including personalised support) for overweight and obese adults • Vascular prevention programme implementation (for 40-74 year olds)
Wandsworth	<ul style="list-style-type: none"> • Co-Creating Health event in Promoting Self-Management of Long Term Health Conditions (incl. Stroke). 23rd September 2009 for health/social care professionals & voluntary sector. • WPCT have expressed interest in participating in The Heart and Stroke Improvement Programme national priority project ‘Stroke prevention in primary care: addressing atrial fibrillation’. • SGH doing event on Oct 7th with GP’s on TIA pathway • Publishing an intranet site for Long Term Conditions including Stroke – providing health care professionals with information about health and social care services, voluntary sector, charities, support groups etc

	<ul style="list-style-type: none"> Public health promotion initiatives including weight management, physical activities/exercise, stress management, healthy eating, smoking cessation & obesity. Primary care guidelines for monitoring statin therapy in primary prevention of CVD LES developed for anti-coagulation several Battersea practices offering this service
PCT	How will PCT know improvements made in stroke awareness with staff and public?
Croydon	<ul style="list-style-type: none"> Feedback through LAS SLA on NHS Croydon patients calling 999 when presenting with stroke symptoms. Feedback from General Practice on patients still presenting in A&E with stroke. Feedback from stroke consultants on patients sent to TIA rapid access clinic with stroke not TIA. Improved performance in General Practice on referral to TIA clinic on same day as presentation with symptoms. Ongoing Education and training support provided by stroke consultants and stroke co-ordinator and feedback.
Kingston	<ul style="list-style-type: none"> Piloting 12 months of Contract and software to identify CVD risk pts in Primary care Will refer to achievement of targets within HFL stroke strategy
Richmond and Twickenham	<ul style="list-style-type: none"> This will be assessed through the GP survey, patient survey, and other local patient feedback loops including working with the relevant voluntary sector organisations.
Sutton and Merton	<ul style="list-style-type: none"> Will refer to achievements of targets within HFL stroke strategy
Wandsworth	<ul style="list-style-type: none"> WPCT expect the delivery of the vascular risk assessment programme will see an increase in the numbers identified with Stroke and TIA as public awareness is heightened and more people are assessed. However this is a prevention programme so would expect to see improved performance in the following areas: reduction in mortality as a result of stroke, improved life expectancy and reduced health inequalities. Despite an increase in numbers identified, increased public and professional awareness would potentially see a reduction in urgent & unscheduled acute admissions and lengths of stay as people are assessed and treated at an earlier stage and treated in community hospital/rehab setting or at home.

7.4 South West London Cardiac and Stroke Network Baseline Audit – 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?
Croydon	Trevor Mosses Commissioning Mgr, Older People & Physical Disabilities

	<p>Beverley Campbell Case Manager (attached to Heathfield 1) Jan Saines Operational Manager – Intermediate Care/Hospital Discharge Mayday Hospital) Susan Holman Croydon Family & Carer Support Co-ordinator Stroke Association Clare Perry Croydon Communication Support Co-ordinator Jane Dundas Stroke co ordinator SWL 'Moving On' Stroke Club</p>
Kingston	<p>Jane Bearman Principal Manager for Older People and Hospital Services Lesley Dodd Principal Manager for Health, Disability & OT Services Chris Jones Stroke Co-ordinator Stroke association SWL moving On Stroke Club Kingston Voluntary Action</p>
Richmond and Twickenham	<p>Jim Rogan Assistant Director Commissioning Care Services Richmond LA Brian Castle Assistant Director Community Service Operations Richmond LA Sonya McDowall Service Development Manager Richmond Adult Care Services Stroke Association Richmond Neurological Society</p>
Sutton and Merton	<p>Kate Taylor S&M & R&T Communication Support Co-ordinator Terry Hutt Head of Community Care Merton LA Jenny Rees Principal Mgr, Older People's Services Merton LA John Munt Fieldwork Manager Merton LA Helen Cook Head of Service People with Learning Disabilities Merton LA Mariette Akkermans Executive Head of Service, Older & Disabled People Services Sutton LA Jon Palmer Community and Development Officer (Older People) Sutton LA Stroke Assoc: Community Support Service & Morden & Merton Guild Stroke Club, SWL 'Moving On' Stroke Club SCILL Sutton SMASH funded by Sutton Council All Saints (Merton)</p>
Wandsworth	<p>David Brisacher Wandsworth Communication Support Co-ordinator Stroke Association Jeffy Wong Regional Co-ordinator Different Strokes Rob Persey Older People and Sensory & Physical Disability Wandsworth Council Emma Haselden Commissioning & Service Development Officer Wandsworth Council Connect Communication Disability Network:</p>

7.5 South West London Cardiac and Stroke Network Baseline Audit - PPI

PCT	Engagement with PPI ? (Quality marker 4)
Croydon	<ul style="list-style-type: none"> • Older People & Partnership Group for People with Physical Disability & Sensory Impairment meet quarterly. Members of public are co-opted via OPeN (Older Peoples Network although broader remit than stroke. • The Stroke Steering Group has a user representative, meets quarterly and plans to establish a user group forum. Good links in place with local voluntary orgs eg: VOSSPOP Vol. Sector Service Providers for Older People and this Older Peoples network informs joint commissioning group
Kingston	<ul style="list-style-type: none"> • Pan London and local consultation events for HFL designation of stroke services • Older people Forum, • Redesign of the stroke Neuro pathway, local forum chaired by RBK to over see the allocation of DH funding for stroke co-ordinator post • Expert patient initiatives
Richmond and Twickenham	<ul style="list-style-type: none"> • The PCT has held two general stakeholder events; organized specific focus group.
Sutton and Merton	<ul style="list-style-type: none"> • The Joint Social Services Stroke Group • Further opportunities will be explored as part of the development of SMPCT Stroke Group
Wandsworth	<ul style="list-style-type: none"> • The WPCT stroke sub group membership will include service users and carer representation. • The PPI team can run focus groups for users and carers for consultation on stroke service developments/proposals

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Appendix 1

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

1. 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.
2. 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.
3. 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.
4. 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
Recommendations and standards for Prevention in the Stroke Strategy for London

Recommendation	Responsibility
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.	PCTs
GP-led primary and secondary preventions measured by QOF should be improved and analysed.	PCTs
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)
Standard	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.

Appendix 3

Summary reports following the FAST campaign in March 2009

DH / Stroke Association FAST Campaign

- 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).

SW 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.

Wandsworth PCT

Wandsworth PCT's post campaign awareness assessment gives a more local picture. The campaign took place in March and April 2009, and included bus back and bus shelter advertising and a FAST leaflet drop to every home in Wandsworth. Pre and post campaign surveys were carried out to measure its impact.

With the National DH campaign taking place at the same time, there was an assumption that there would be an improvement in awareness, however, the results also show that the local work in Wandsworth definitely had an impact, with a 15% rise in those saying they saw the FAST test advertised on the side of a bus and a 10% rise in people saying they saw the ad on a bus shelter.

There was also a 10% rise in those recognising arm weakness as a stroke symptom and a 6% rise in recognition of speech problems. Recognition of the FAST test as a stroke diagnosis tool rose by 7%, while the "Don't knows" dropped by 8% - showing that, people are much more aware of stroke and know there is a diagnosis test for it. Most significantly there was a rise from 89% to 96% in those knowing that they need to call 999 if they suspect a stroke'