

National Stroke Strategy Heading	National Stroke Strategy Quality Marker	National Stroke Strategy Action Needed	Local recommendation
----------------------------------	---	--	----------------------

Awareness raising	Members of the public and health and care staff are able to recognise and identify the main symptoms of stroke and know it needs to be treated as an emergency.	<p>Review local training plans for key frontline staff to ensure that training includes the use of the FAST test to recognise stroke symptoms.</p> <p>Establish local initiatives to support the national programme</p>	<p>Workforce Development Plan Developed jointly with the TPCT</p> <ul style="list-style-type: none"> • Risk, symptom and ‘what to do’ training for staff (TPCT and ACCS) who come into regular contact with those who are at risk of stroke – to include Teachers, MoW staff etc. • To be provided by the voluntary and community sector e.g. Different Strokes. • “‘Stroke Training’ should be embedded as part of our overall training on ‘Assessment and Care Management’ for people working with Adults who have disabilities.” <p>Awareness raising in areas that there is a population at high risk of stroke e.g. people in nursing homes/day centres etc need to know the symptoms in case they suffer from one. (needs to be more specific)</p> <p>Health Promotion Role of wider stakeholders who are in more frequent contact with people at</p>
-------------------	---	---	---

National Stroke Strategy Heading	National Stroke Strategy Quality Marker	National Stroke Strategy Action Needed	Local recommendation
			<p>risk/have had a stroke to identify symptoms and provide health promotion e.g. social workers, District Nurses, Home Care Agencies etc.</p> <p>Ensure Stroke is covered at events What health promotion events are taking place? Is stroke covered?</p> <p>Haringey People</p> <ul style="list-style-type: none"> • Feature on stroke prevention, including information from Different Strokes and National campaign. <p>FAST posters in GP Surgeries</p> <p>FAST business cards for LBH and TPCT staff.</p>
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 (exercise, smoking, diet, weight and alcohol), and are advised and	Commissioners and providers use ASSET to establish a baseline and to ensure that there are systems in place locally for the following key prevention measures: <ul style="list-style-type: none"> ▪ managing hypertension so systolic blood pressure is below 140 mmHg; ▪ warfarin for individuals with atrial fibrillation; ▪ statin therapy for all people with more than 20 per cent risk of cardiovascular disease 	<p>Annual Review/Patient Toolkit Mandatory requirement for GPs (or practice nurse) to conduct annual reviews of stroke and TIA patients which goes beyond the current blood pressure and cholesterol check. The review to also include active referral and personal prevention plan covering health, social and emotional needs. This could lead to</p>

National Stroke Strategy Heading	National Stroke Strategy Quality Marker	National Stroke Strategy Action Needed	Local recommendation
	<p>supported in possible strategies to modify their lifestyle and risk factors.</p> <p>Risk factors, including hypertension, obesity, high cholesterol, atrial fibrillation (irregular heartbeats) and diabetes, are managed according to clinical guidelines, and appropriate action is taken to reduce overall vascular risk.</p>	<p>within ten years; and</p> <ul style="list-style-type: none"> smoking cessation for all individuals who have had a stroke or TIA. <p>Review information and advice strategies to ensure that clear, consistent, culturally sensitive messages are being given to those who have had a stroke, their families and those at high risk.</p> <p>Ensure that stroke features in local needs assessment.</p> <p>Directors of Public Health support the prevention message, particularly in disadvantaged areas and groups, and incorporate stroke into existing healthy lifestyle or information programmes. Where appropriate, links could be made to the forthcoming cross-government strategy for tackling obesity.</p> <p>As part of the Quality and Outcomes Framework, participating GPs produce a register of patients who have had a stroke or TIA, which forms the basis of a suite of indicators to provide quality of care. GPs should maintain the stroke register in line with</p>	<p>active referral and uptake of stroke clubs, counselling, volunteering, getting back into work, reducing salt intake, personal exercise plan etc.</p> <ul style="list-style-type: none"> Practicality (e.g. 'mandatory') and content – check with Adrian Hosken and GPs. Need to specify content of pack (Stroke Association example). <p>Active identification</p> <ul style="list-style-type: none"> Of people at risk of stroke by practices (including people experiencing high levels of stress) e.g. BME groups, family carers, manual workers, adults aged 35 and over with a hereditary risk of stroke...and invite for an annual personal plan consultation. More compulsory/encouragement for GPs to identify potential stroke patients. <p>Healthy Recipe Cards</p> <ul style="list-style-type: none"> Involvement of a local college <p>Reinforce link between health and lifestyle</p> <ul style="list-style-type: none"> GP referral scheme – Dr Pandya

National Stroke Strategy Heading	National Stroke Strategy Quality Marker	National Stroke Strategy Action Needed	Local recommendation
		the business rules and guidance that support the Quality and Outcomes Framework.	would consider piloting <ul style="list-style-type: none"> Leisure prescriptions for strokes BP checks in Leisure centres/supermarkets etc
Information, advice and support	People who have had a stroke, and their relatives and carers, have access to practical advice, emotional support, advocacy and information throughout the care pathway and lifelong.	Commissioners ensure that people who have had a stroke, and their families and carers, are informed and empowered to take control of their care and support, by: <ul style="list-style-type: none"> reviewing current information, advice and support; involving voluntary sector organisations; ensuring that service is in place to support people – providing information, advice and practical support; including information to signpost people back into services if their needs change; and ensuring that messages are consistent across health and social care services. 	Expert Patient Programme <ul style="list-style-type: none"> Pilot at North Middlesex Hospital. Dr Luder, TPCT, Robert Edmonds and John Murray to co-ordinate.
Involving individuals in developing services	People who have had a stroke and their carers are meaningfully involved in the planning, development, delivery and	Establish a mechanism for regular consultation and involvement of those who have had a stroke and their carers. Ensure that this facilitates the involvement of	Patient Participation Groups <ul style="list-style-type: none"> Compulsory covering of stroke Ongoing involvement of individuals and

National Stroke Strategy Heading	National Stroke Strategy Quality Marker	National Stroke Strategy Action Needed	Local recommendation
	<p>monitoring of services. People are regularly informed about how their views have influenced services.</p>	<p>all groups who are affected by stroke.</p>	<p>organisations.</p> <p><i>Not directly linked to prevention. However this was included in the scoping document.</i></p>
<p>Assessment – referral to specialist</p>	<p>Immediate referral for appropriately urgent specialist assessment and investigation is considered in all patients presenting with a recent TIA or minor stroke</p> <p>A system which identifies as urgent those with early risk of potentially preventable full stroke – to be assessed within 24 hours in high-risk cases; all other cases are assessed within seven days</p> <p>Provision to enable brain imaging within 24 hours and carotid intervention,</p>	<p>Local referral protocols should be agreed between primary and secondary care to facilitate the timely assessment of people who have had a TIA or minor stroke.</p> <p>Review access to brain imaging.</p> <p>Estimate the likely impact on demand for brain imaging.</p>	<p>Covered in the reconfiguration of Stroke services london wide – Healthcare for London.</p>

National Stroke Strategy Heading	National Stroke Strategy Quality Marker	National Stroke Strategy Action Needed	Local recommendation
	echocardiography and ECG within 48 hours where clinically indicated.		
Treatment	All patients with TIA or minor stroke are followed up one month after the event, either in primary or secondary care.	<p>Establish a clear pathway for managing TIA and minor stroke cases – high-risk and others.</p> <p>Establish a pathway for urgent carotid intervention.</p>	Covered in reconfiguration and Bids – Healthcare for London
Return to work	People who have had a stroke and their carers are enabled to participate in paid, supported and voluntary employment.	<p>Ensure support is offered to both individuals and their carers to enable them to return to work or to other opportunities such as volunteering.</p> <p>Establish partnership with Pathways to Work locally.</p>	Covered in recommendation above – Annual review.
Research and Audit	All trusts participate in quality research and audit, and make evidence for practice available	<p>Strategic health authorities, providers and commissioners of services may need to:</p> <ul style="list-style-type: none"> • ensure participation in high quality research, and audit. • consider roles, and ensure relevant 	Lead GPs with responsibility for stroke in Haringey – one per cluster (currently <i>being identified?</i>)

National Stroke Strategy Heading	National Stroke Strategy Quality Marker	National Stroke Strategy Action Needed	Local recommendation
		<p>research focuses on professional development.</p> <ul style="list-style-type: none"> • ensure access to training for staff wishing to participate. • ensure user/carer involvement in setting priorities for participation in research 	
Action Plan Awareness	<p>What action is your local area taking to improve public and professional awareness of stroke symptoms? Recognising the signs of stroke</p>		As per 'Awareness Raising' above.
Action Plan Preventing Stroke	<p>How effectively is your area supporting healthier lifestyles and taking action to tackle vascular risk, for example hypertension, arterial fibrillation and high cholesterol.</p>		As per 'Awareness Raising' above.
Action Plan Acting on the warnings	<p>TIA's are a clear warning sign that a further stroke may occur and the time window for action is very short, in about half the cases this is a matter of</p>		<p>TIA Clinics on Choose and Book (Jinty Wilson taking forward?)</p> <p>Dr Luder – TIA Clinics (Healthcare for London)</p>

National Stroke Strategy Heading	National Stroke Strategy Quality Marker	National Stroke Strategy Action Needed	Local recommendation
	<p>days. Has your local area put in place a system that responds quickly to people who have had a TIA (meaning within 24hrs for the group most at risk of stroke)?</p>		
<p>Action Plan</p> <p>Rehabilitation and community support</p>	<p>Intensive rehabilitation immediately after stroke, operating across the seven-day week, can limit disability and improve recovery. Specialised rehabilitation needs to continue across the transition to home or care home, ensuring that health, social care and voluntary services together provide the long-term support people need, as well as access to advocacy, care navigation, practical and peer support.</p>		<p>Components of rehabilitation and information packs to include:</p> <ul style="list-style-type: none"> • Lifestyle advice • Diet Advice • Quit smoking • etc

National Stroke Strategy Heading	National Stroke Strategy Quality Marker	National Stroke Strategy Action Needed	Local recommendation
	Is commissioning and planning integrated across the whole care pathway in your area?		
Action Plan Workforce	People with stroke need to be treated by a skilled and competent workforce. Resources to assist services in planning their workforce requirements are signposted in this strategy. Has your local area undertaken a local needs assessment and developed a workforce action plan?		As per recommendation above – Workforce Development Plan