

NHS HARINGEY RESPONSE TO “SCRUTINY REVIEW OF STROKE PREVENTION”

BACKGROUND

The Overview and Scrutiny Committee commissioned a feasibility report on stroke services in Haringey, based on information which had come to Councillors’ attention and local prevalence (the number of people within a given population who have had a stroke and survived) data within the borough. Based on this report, the Overview and Scrutiny Committee commissioned an in-depth review into stroke prevention in Haringey.

The review was felt to be timely given the Department of Health National Stroke Strategy, which was published in December 2007 and also due to the Healthcare for London work currently being done around acute services for stroke. A decision was made by the Panel Members to follow the relevant Quality Markers from the above mentioned National Stroke Strategy and link the recommendations from this review to those Quality Markers.

The review was conducted by a Panel of four Councillors:

- Councillor David Winskill (chair)
- Councillor Karen Alexander
- Councillor Toni Mallett
- Councillor Bernice Vanier

with the support of a range of Haringey Council and NHS Haringey Officers, General Practitioners, a Clinician from North Middlesex University Hospital NHS Trust, Different Strokes, Age Concern Haringey and other relevant agencies. The review focused on three aspects of stroke prevention; the impact of a person's lifestyle, primary prevention (preventing first event of stroke) and secondary prevention (preventing reoccurrence of stroke).

KEY FINDINGS

Key findings of the panel included:

- Stroke is a largely preventable disease, with key risk factors including smoking, lack of exercise and high blood pressure.
- The need for greater awareness of the signs, symptoms and risk factors of strokes and that a stroke should be treated immediately as a medical emergency.
- Haringey has a higher than average stroke mortality rate, particularly for those under the age of 75 years.
- There is under-reporting of stroke patients on Haringey's General Practice stroke registers.
- There are greater opportunities for the voluntary and community sector to be involved in stroke services.
- There is a need for greater active identification of those who are at risk of a stroke.

RECOMMENDATIONS

The following section outlines the recommendations of the Stroke Review and gives NHS Haringey response to this review.

Local Recommendation	Responsibility	Comment	Way Forward
National Stroke Strategy Quality Marker 1: Awareness raising			
<p>1. Workforce Development Plan to be jointly developed between Haringey Council and Haringey Teaching Primary Care Trust</p> <p>a. Risk, symptom and `what to do' training for staff (NHS Haringey and ACCS) who come into regular contact with those who are at risk of stroke - to include Teachers, Meals on Wheels staff, Home Care staff, Residential Care staff, Health Trainers, Community Development workers etc.</p> <p>b. To be provided by the voluntary and community sector e.g. Different Strokes, Stroke Association.</p> <p>c. 'Stroke Training' should be embedded as part of the overall training on `Assessment and Care Management' for people working with Adults who have disabilities.</p>	<p>Stroke Steering Group (refer to Recommendation 10)</p>	<p>a.Yes</p> <p>b.No</p> <p>c.Yes</p>	<p>1. Workforce Development Plan to be jointly developed between Haringey Council and Haringey Teaching Primary Care Trust</p> <p>a. As part of the North Central London network NHS Haringey is working on several training opportunities for some of these practitioners that cover identification and prevention of stroke. The training is run by the PCT and acute trust (hospital). NHS Haringey will also explore jointly with Haringey Council opportunities for training on “ what to do” to be incorporated as part of the Health and Safety and First Aid training to the practitioners mentioned.</p> <p>b. We would not expect the voluntary sector to deliver such training (it is usually acute trust, PCT and London Ambulance service for example) but they could possibly participate in such training. However this can be further explored if appropriate.</p> <p>c. This is appropriate and will also be explored as part of the Health and Safety and First Aid training to these practitioners</p>
<p>2. Targeted awareness raising for members of the public</p> <p>a. Particularly in areas where there is a population at high risk of stroke, including;</p> <ul style="list-style-type: none"> • Asian, black, mixed ethnic groups 	<p>Joint Director of Public Health and NHS Haringey Director of Strategic</p>	<p>a. Yes, except no plans for addressing</p>	<p>2. Targeted awareness raising for members of the public</p> <p>a.A number of initiatives are in development to support this.</p> <ul style="list-style-type: none"> • Following the Overview and Scrutiny Committee review, NHS

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<p>(particularly men)', carers, manual workers, workers aged 40 years and over with a hereditary risk of stroke, people experiencing high levels of stress or high blood pressure.</p> <ul style="list-style-type: none"> • Staff and residents in residential nursing homes, day centres and other settings where staff and residents need to know the symptoms in case of a stroke. <p>b. Stroke refresher seminars involving all Haringey GPs</p> <p>c. FAST² posters to be sent to all Haringey GP Surgeries, community centres, religious centres, sports clubs and other appropriate locations.</p> <p>d. FAST All-Users email with link- to DoH web-site at both the Council and NHS Haringey - message to be consistent across both organisations.</p> <p>e. FAST information to be placed on the internal and external website of both the Council and NHS Haringey - message to be consistent across both organisations.</p>	<p>Commissioning</p>	<p>residents in residential homes specifically at this point.</p> <p>b. Yes</p> <p>c. Yes</p> <p>d. Yes e. Yes</p>	<p>Haringey & Haringey Council in partnership with NHS Islington & Islington Council developed Stroke Awareness Poster Campaign. The posters were placed in buses and underground stations in July 09. This will be repeated, with different messages including promoting the vascular checks (now called NHS Health Checks) programme in January 2010. It will run in the more deprived parts of the borough. More details are available on request.</p> <ul style="list-style-type: none"> • Health trainers are being recruited by NHS Haringey. Some will have a specific focus on vascular prevention (stroke, diabetes, heart disease). They are drawn from deprived communities and will work in those areas. • Advertising on TVs within GP surgeries will be used for raising awareness in patients. • Staff will be offered training (as in 1 above) • There are currently no plans to raise awareness with the public within residential homes and day centres specifically. <p>b. Stroke refresher seminars involving all Haringey GP's will be developed by the Joint Stroke Care Co-ordinator (due in post later this year) in conjunction with the Practice Based Commissioning GP Collaborative</p> <p>c. FAST posters were sent to GP's, community centres, religious centres and sports clubs.</p> <p>d.e. FAST information email to staff and information page on the intranet was taken forward in both NHS Haringey & Haringey Council. It will be updated for the Stroke Prevention Publicity Campaign in January 2010.</p>

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<p>f. Consideration to be given to a social marketing campaign including the possible use of 'hard hitting' images, for example those shown by Ricability to the Scrutiny Panel.</p> <p>g. An article in Haringey People providing information on stroke prevention, including information from Different Strokes, the national campaign, risk factors and preventative measures.</p>		<p>f. Will link with London social marketing campaigns and materials and use local data to target.</p> <p>g. Yes</p>	<p>f. NHS Haringey has experience of commissioning social marketing campaigns and commissioned Dr Foster analysis which can be used to target health promotion campaigns. NHS Haringey will link with the London Social Marketing Unit re London wide social marketing materials and campaigns on stroke and vascular checks.</p> <p>g. An article featured in Haringey People earlier this year. NHS Haringey will liaise with Haringey Council to consider running another article relating to the vascular checks programme or the Stroke Prevention Publicity Campaign in January 2010.</p>
<p>National Stroke Strategy Quality Marker 2: Managing risk</p>			
<p>3. Annual Review/Patient Toolkit</p> <p>a. Best Practice requirement for GPs (or practice nurse/nurse practitioner) to conduct annual reviews of stroke and TIA patients which goes beyond the current blood pressure and cholesterol check.</p> <p>b. The annual review template on EMIS (primary health care software) should be edited to include active referral and a personal prevention plan covering health, social and emotional needs. This could lead to active referral and uptake of stroke clubs, counselling,</p>	<p>NHS Haringey</p>	<p>a. Not at present . Can be explored</p> <p>b. Being investigated.</p>	<p>3. Annual Review/Patient Toolkit</p> <p>a. NICE (national institute of clinical effectiveness) guidance is not due out until 2012 on stroke follow- up. Current guidance does not state the frequency of checks in addition to blood pressure and cholesterol on those who have had a stroke. This can be explored further once the coordinator in post. For those at risk of stroke and those who also fall into the high risk categories, there will be annual follow up of risk factors under the vascular checks programme.</p> <p>b. NHS Haringey is looking into the possibility of this recommendation with the EMIS lead.</p>

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volunteering, getting back into work, reducing salt intake, personal exercise plan etc.			
<p>4. Active identification</p> <p>a. Of people at risk of stroke by GP practices (including people experiencing high levels of stress) e.g. Asian, Black, Mixed ethnic groups, family carers, manual workers, and adults aged 40, over with a hereditary risk of stroke and people experiencing high levels of stress or high blood pressure.</p> <ul style="list-style-type: none"> • These should be invited for an annual personal plan consultation. <p>b. Greater obligation for GPs to identify potential stroke patients through the exploration of options for developing a Stroke Local Enhanced Service (LES)³.</p>	NHS Haringey	<p>a. Yes, subject to vascular checks implementation.</p> <p>b. Yes</p>	<p>4. Active identification</p> <p>a. This is a core function of the vascular checks programme (see main report for detail) that will be launched in Haringey this year. The Vascular checks (now called NHS Health Checks) invites all people 40-74 to assess risk factors of stroke, heart disease, diabetes and kidney disease. NHS Haringey will target the programme so as to identify those most at risk. Those identified at high risk will have an annual recall.</p> <p>b. NHS Haringey is exploring the development of a LES for vascular checks which includes identifying patients at risk of stroke. This is subject to local funding decisions.</p>
<p>5. Vascular Checks (now called NHS Health Checks)</p> <p>a. NHS Haringey to ensure that all agencies are aware of the forthcoming Vascular Check programme and NHS Haringey's roll out plans to ensure that there is sufficient infrastructure to support people being identified as being at risk and given appropriate advice and/or referral.</p>	<p>a & b - NHS Haringey</p> <p>c - Haringey Council</p>	The vascular checks programme will be widely publicised. Infrastructure may be limited to current programmes	<p>5. Vascular Checks</p> <p>a. NHS Haringey will undertake a publicity campaign for the Vascular Checks programme. This will include publicity to all agencies and public awareness raising through methods outlined in 2 a above. The programme will have screening based mainly in primary care with additional support from health trainers and community nurses (British Heart Foundation). We aim to find the funding for screening shortly, once agreed publicity will commence. Additional funding to strengthen the infrastructure e.g obesity care pathways is also being sought, although likely to be limited. Resource booklets of current options have been developed.</p>

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<p>b. NHS Haringey should consider the inclusion of a waist measurement in the local vascular check tool.</p> <p>c. Haringey Leisure Services to support Vascular Risk Assessments with provision of affordable referral options (for example through Active for Life scheme)</p>			<p>b. Waist measurement if not part of the current national guidance for vascular checks. This can be considered further at a local level by March 2010.</p> <p>c. Active for Life (AFL) referral scheme will support vascular checks as it will provide a referral route for those who meet the criteria. In addition the council and PCT have submitted a bid to develop a programme of basic entry level physical activity sessions at a subsidised rate for those who do not meet the criteria for the AFL scheme but who have very low levels of physical activity. The AFL scheme is free for a 12 week period. It is then subsidised for a period of 6 months after which time the participant will transfer onto a mainstream membership, the cost of which will be determined by their personal circumstances.</p>
<p>6. Reinforce link between health and lifestyle</p> <p>a. All practices to be actively encouraged to sign up to the GP referral scheme on roll-out to West of the Borough.</p> <ul style="list-style-type: none"> • Reminder of criteria and benefits to be sent to all GP's currently signed up. <p>b. Leisure Services to actively encourage those coming to the end of the GP referral scheme to sign up for continued</p>	<p>a. - NHS Haringey</p> <p>b. - Haringey Council</p>	<p>a. Roll out to West not currently feasible due to funding constraints. Reminder to GPs will be sent out.</p> <p>b. AFL personnel will encourage.</p>	<p>6. Reinforce link between health and lifestyle</p> <p>a All practices (in the East) are regularly encouraged to sign up to the AFL scheme. There are currently 30 practices signed up. However, the scheme has not been extended to the West due to lack of funding and capacity issues. Funding is being sought from various sources. All GP practices will be reminded of the benefits of the scheme and the referral criteria by October 2009. A short publicity DVD has been developed to advertise the AFL scheme which will be made available to GPs in the next few months (to all those who have the facilities to play DVDs).The aim is for this to be played in the reception area to encourage patients to ask their health care professional if they meet the criteria to be referred.</p> <p>b The AFL scheme personnel and not Leisure Services are responsible for encouraging those who complete the scheme to take up a continued membership. Very recently, in collaboration with Leisure Services, a</p>

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Membership.			<p>new system has been set up to allow for an easier transition from AFL membership to a mainstream membership and this is being monitored closely by Leisure Services.</p> <p>a. b. Notes: There is also a Health Walks programme which operates across the borough which is free to all participants and there is no entry criteria. Haringey Council has an overarching aim to increase physical activity by residents that are infrequently active or lead sedentary life styles. This is branded under the Hari Active Programme lead by Recreation Services. The aim is to increase physical activity by 1% per year by developing sustainable activity programmes and moving participants to 1-3 times activity per week. 49% of Haringey residents are currently inactive.</p>
<p>National Stroke Strategy Quality Marker 3: Information, advice and support Quality Marker 4: Involving individuals in developing services</p>			
<p>7. Community Involvement</p> <p>a. A co-ordinated approach and accompanying action plan should be developed across the partnership to develop the voluntary and community sector. This should:</p> <ul style="list-style-type: none"> • Link volunteering initiatives across the borough • Link up with the Expert Patient Programme • Ensure that skills learnt are passed onto the community • Support steps to employment where possible <p>b. Greater collaboration between the</p>	<p>a - Joint Director of Public Health and Chair of HAVCO to discuss the best way to take this forward.</p> <p>b - Joint Director of Public Health</p>	<p>a. Yes, the health trainers programme is an example of this.</p> <p>b. Yes</p>	<p>a.b. NHS Haringey is developing a Health Trainers campaign in partnership with local communities and voluntary sector. The detailed plans are being developed We have recruited 12 health trainers from the local community. Some will work from health centres, others from community settings. They will be involved in low level prevention work, support employment and link with the expert patient programme. Some may focus particularly on vascular prevention.</p> <p>The Expert Patient Programme is accessed by many people who have had strokes, focussed on rehabilitation and self management rather than on prevention. There have been some strong links between EPP and local communities by delivering the programme in different community languages.</p> <p>NHS Haringey, will discuss with HAVCO and the council, whether a</p>

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<p>voluntary and community sectors, NHS Haringey and Adult Services to enable low level prevention work to be led by people in the community with support from professional services for example the Health Trainers Programme.</p> <ul style="list-style-type: none"> • Consideration to be given to the use of the health centres for this. 			<p>wider action plan for linking volunteering across the boroughs and other elements suggested in a. above is also required.</p>
<p>8. Information Provision</p> <p>a. Exploration of the possibilities of joint working with other boroughs and the voluntary and community sector for information provision as well as specific Haringey information where relevant.</p> <p>b. Stroke Prevention booklet to be commissioned with specific focus messages particularly relevant to Haringey's demographics ensuring consultation with both services users and the voluntary sector.</p>	<p>Joint Director of Public Health</p>	<p>a. Yes</p> <p>b. To review</p>	<p>Information Provision</p> <p>a. Haringey worked with Islington borough on the July 2009 campaign. Also we jointly developed a recent 'Getting Back Home' guide for stroke patients including what to expect in hospital and when returning home and how to reduce further strokes (copies available on request). Haringey undertakes significant work with the voluntary sector- LINKS and HAVCO and will work with them further as more is information developed.</p> <p>b. NHS Haringey will run publicity events in January 2010 and is developing resource packs for use in GP surgeries to support the vascular checks programme. National publicity is also in development that has been piloted with focus groups including in deprived parts of London. Additional booklets therefore need careful consideration, if developed then consultation with users and voluntary sector representative of the local community would be appropriate.</p>
<p>National Stroke Strategy Quality Marker 20: Research and Audit</p>			
<p>9. Lead GPs</p> <p>a. With responsibility for stroke in Haringey to be identified - one per collaborative</p>	<p>NHS Haringey</p>	<p>a. Yes</p>	<p>Lead GP's</p> <p>a. Lead GP's for stroke to be identified. Two GP's will represent GPs on the Haringey Cardiac & Stroke Group</p>

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Partnership working			
<p>10. Set up a multi agency steering group that takes forward the action points and Quality Markers from the National Stroke Strategy.</p> <ul style="list-style-type: none"> • To hold quarterly stroke steering group meetings • To oversee the development and performance management of a local stroke care action plan. • To provide a forum for clinical pathway development. • To horizon scan for new Stroke Care guidance/guidelines with potential implications for commissioning or performance. • To investigate the current situation with regards to Oberoi and take a co-ordinated overview of what improvements could be made to maximise the benefit of this system. 	NHS Haringey	Yes	<p>10. Set up a multi agency steering group that takes forward the action points and Quality Markers from the National Stroke Strategy.</p> <p>NHS Haringey will set up a multi agency steering group. Given the overlapping risk factors for prevention and elements of service provision and that the sector group that drives the treatment of stroke focuses on cardiac and stroke disease, we will establish a Haringey Cardiac & Stroke Group. This will be established and driven by the new joint stroke coordinator and will encompass the elements listed in this recommendation with an emphasis on development and monitoring of an action plan including stroke prevention. A vascular checks steering group is already established; this will be reviewed to be more multi-agency and would be answerable to this group.</p>