

## Overview and Scrutiny Committee

### Update on recommendations from the Scrutiny Review of Stroke Prevention

#### September 2010

<b>Original Recommendations agreed by the Commission and OSB</b>  <i>Agreed by Commission April 2009</i>	<b>NHS Haringey Response to “Scrutiny review of stroke prevention”</b>  <i>Agreed at Cabinet and Council June 2009</i>	<b>Update on Recommendations</b>  <i>For discussion at Committee October 2010</i>
<b>National Stroke Strategy</b> <b>Quality Marker 1: Awareness raising</b>		
<p><u>Recommendation One</u></p> <p><b>1. Workforce Development Plan to be jointly developed between Haringey Council and Haringey Teaching Primary Care Trust</b></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>a. Yes – 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>a. Stroke training lead identified 06/10 – clinical specialist physiotherapist for stroke at Greentrees. Learning outcomes for the training sessions have been developed in consultation with staff, stroke survivors and family / carers. These sessions will be incorporated within the staff training programme for NHS Haringey and Haringey Council (also accessible to those working in the third / voluntary sector) These will be run as three half day sessions looking at:</p> <ul style="list-style-type: none"> <li>▪ Stroke awareness and information (basic signs of stroke and relevance of accurate information)</li> <li>▪ Communication (focusing on needs of those</li> </ul>

<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>b. No – 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. Yes – This is appropriate and will also be explored as part of the Health and Safety and First Aid training to these practitioners</p>	<p>with aphasia)</p> <ul style="list-style-type: none"> <li>▪ Rehabilitation and Re-ablement (facilitating health and local authority to work in a more integrated fashion with a shared philosophy). These will start in October 2010</li> </ul> <p>b. Voluntary sector and stroke survivors and their families are currently involved with the design of the training sessions e.g. Interact Reading, Different Strokes and Stroke Association. They will also be involved in their delivery.</p> <p>c. Stroke training lead to liaise with the trainers of the Health and Safety and First Aid training 09/10 to ensure that the sessions include FAST awareness</p>
<p><u>Recommendation Two</u></p> <p><b>2. Targeted awareness raising for members of the public</b></p> <p>a. Particularly in areas where there is a population at high risk of stroke, including;</p> <ul style="list-style-type: none"> <li>▪ Asian, black, mixed ethnic groups (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.</li> <li>▪ Staff and residents in residential nursing homes, day centres and other settings where staff and residents need to know the</li> </ul>	<p>a. Yes, except no plans for addressing residents in Residential homes specifically at this point – A number of initiatives are in development to support this.</p> <ul style="list-style-type: none"> <li>▪ Following the Overview and Scrutiny Committee review, NHS Haringey &amp; Haringey Council in partnership with NHS Islington &amp; 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</li> </ul>	<ul style="list-style-type: none"> <li>▪ 450 members of the public educated around the FAST message 03/10 at the stroke awareness week</li> <li>▪ 60 local authority staff members educated around the FAST message 04/10</li> <li>▪ All stroke survivors given information about secondary prevention at their six week review post discharge home</li> <li>▪ All Haven day centre staff attended stroke training day 03/10</li> <li>▪ 12 health trainers attended stroke training day 03/10</li> </ul>

<p>symptoms in case of a stroke.</p> <p>b. Stroke refresher seminars involving all Haringey GPs</p> <p>c. FAST 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</p>	<p>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"> <li>▪ 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.</li> <li>▪ Advertising on TVs within GP surgeries will be used for raising awareness in patients.</li> <li>▪ Staff will be offered training (as in 1 above)</li> <li>▪ There are currently no plans to raise awareness with the public within residential homes and day centres specifically.</li> </ul> <p>b. Yes - 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. Yes – FAST posters were sent to GP's, community centres, religious centres and sports clubs.</p> <p>d. (&amp; e). Yes – FAST information email to staff and information page on the intranet was taken forward in both NHS Haringey &amp; Haringey Council. It will be updated for the Stroke Prevention Publicity Campaign in January 2010.</p>	<ul style="list-style-type: none"> <li>▪ Haven day centre staff now working within a more re-ablement approach – currently developing evidence based exercise programme in partnership with Clinicenta rehabilitation assistant</li> <li>▪ Health trainers have been involved with the stroke awareness weeks and received 100 referrals during the awareness weeks</li> <li>▪ 45 care / nursing homes visited explaining FAST message</li> <li>▪ 55 staff (health and local authority including residential / nursing home staff) have attended stroke day training session provided by the University of Hertfordshire. 50 more to attend in by 10/10</li> <li>▪ Working with HAVCO to target seldom heard groups – meeting to take place 09/10</li> </ul> <p>b. Stroke training lead to liaise with GP collaboratives 10/10.</p> <p>c. All GP surgeries visited by FAST awareness workers and given FAST posters 03/10 – 05/10</p> <p>d. (&amp; e) Financial systems team (Council) agreed to put FAST message on 10/10 payslip. All Council and NHS Haringey staff emailed the FAST message 03/10. FAST Message within the NHS newsletter 03/10. Stroke awareness news placed on Harrinet 03/10. Stroke awareness launch 03/10 on the Council</p>
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<p>NHS Haringey - message to be consistent across both organisations.</p> <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 – 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. Yes – 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>external website. Haringey Stroke Facebook page – live since August 2010</p> <p>f. This has not progressed. The London Social Marketing Unit are no longer in existence. We currently have no funds to take this forward but will be publicising the local NHS Health Check programme widely.</p> <p>g. Article in Haringey People 02/10 reporting on the setting up of the stroke implementation team. Article included information about the signs of stroke, how to prevent stroke and the agencies that can assist with prevention. Several articles have also been published in local papers over the course of 2010 highlighting the stroke awareness week and the launch of the stroke information drop-in sessions on the first Wednesday of the month at Wood Green Library</p>
<p><b>National Stroke Strategy Quality Marker 2: Managing risk</b></p>		
<p><u>Recommendation Three</u></p> <p><b>3. Annual Review/Patient Toolkit</b></p> <p>a. Best Practice requirement for GPs (or practice nurse/nurse practitioner) to conduct</p>	<p>a. Not at present. Can be explored – NICE (national institute of clinical effectiveness)</p>	<p>a. Transfer of care / end of life local implementation team are currently developing a</p>

<p>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, volunteering, getting back into work, reducing salt intake, personal exercise plan etc.</p>	<p>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 is 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. Being investigated – NHS Haringey is looking into the possibility of this recommendation with the EMIS lead.</p>	<p>protocol for annual reviews of stroke survivors which is a requirement identified within the National Stroke Strategy. This should be completed by 10/10. Six week and six month reviews (post discharge home) are currently being undertaken for all stroke survivors.</p> <p>b. To be taken forward by lead GP for stroke</p>
<p><u>Recommendation Four</u></p> <p><b>4. Active identification</b></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"> <li>▪ These should be invited for an annual personal plan consultation.</li> </ul>	<p>a. Yes, subject to vascular checks implementation – 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) invite 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>a. The NHS Health Check programme being implemented locally. Those identified as having a &gt;20% risk of developing CVD within the next 10 years are recalled annually.</p>

<p>b. Greater obligation for GPs to identify potential stroke patients through the exploration of options for developing a Stroke Local Enhanced Service (LES).</p>	<p>b. Yes – 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>b. Local funding for the NHS Health Check programme has now been agreed.</p>
<p><u>Recommendation Five</u></p> <p><b>5. Vascular Checks (now called NHS Health Checks)</b></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. The vascular checks programme will be widely publicised. Infrastructure may be limited to current programmes – 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>	<p>a. From February 2010 to-date, a total of 1,650 NHS Health Checks have been conducted. A 3-month NHS Haringey pilot was conducted between February 2010 – May 2010. The aim of the pilot was to evaluate the effectiveness of implementing the programme locally. 1,010 patients were invited and there was a 66% uptake (n=669). 8% of patients were identified as being at 'high risk' of developing CVD within the next 10 years.</p> <ul style="list-style-type: none"> <li>▪ The results demonstrate that the programme was positively received by pilot practice staff who were highly motivated, enthusiastic and generally well organised. In addition, feedback from patients about their experience of receiving an NHS Health Checks was also largely positive.</li> <li>▪ Details regarding the roll-out of the programme will be finalised in the near future.</li> <li>▪ A further 163 checks were conducted in</li> </ul>

<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>partnership with the British Heart Foundation in a range of community settings between November 2009-March 2010. 13% of individuals were identified as being at 'high risk' of developing CVD within the next 10 years.</p> <p>b. Waist measurement will not be included as it does not form part of the national NHS Health Check protocol.</p> <p>c. Following a NHS Health Check, those meeting the criteria for AFL are being referred onto the programme.</p> <ul style="list-style-type: none"> <li>▪ Unfortunately the bid to provide a programme of physical activity for those not meeting the AFL criteria was unsuccessful.</li> </ul>
<p><u>Recommendation Six</u></p> <p><b>6. Reinforce link between health and lifestyle</b></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>	<p>a. Roll out to West not currently feasible due to funding constraints. Reminder to GPs will be sent out – All practices (in the East) are</p>	<p>a. There are currently 33 practices signed up</p>

<ul style="list-style-type: none"> <li>▪ Reminder of criteria and benefits to be sent to all GP's currently signed up.</li> </ul> <p>b. Leisure Services to actively encourage those coming to the end of the GP referral scheme to sign up for continued Membership</p>	<p>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. AFL personnel will encourage – 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, anew 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 are 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</p>	<p>b. Participants who complete Active for Life are given a membership letter to enable them to join leisure centre at a discounted rate. 726 participated in GP referral scheme by 08/10.</p>
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	<p>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><b>National Stroke Strategy</b>  <b>Quality Marker 3: Information, advice and support</b>  <b>Quality Marker 4: Involving individuals in developing services</b></p>		
<p><u>Recommendation Seven</u></p> <p><b>7. Community Involvement</b></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"> <li>▪ Link volunteering initiatives across the borough</li> <li>▪ Link up with the Expert Patient Programme</li> <li>▪ Ensure that skills learnt are passed onto the community</li> <li>▪ Support steps to employment where possible</li> </ul>	<p>a. (&amp; b) Yes, the health trainer's programme is an example of this – 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>a. Stroke delivery plan was developed 01/10 and is monitored by the stroke care co-ordinator. The stroke awareness and prevention local implementation team is the forum in which community involvement is encouraged. Membership includes representatives from Public Health, Different Strokes, Age Concern, Leisure, Day Centres, Stroke Association, Health Trainers and Libraries. This team co-ordinated the stroke awareness week in March 2010.</p> <ul style="list-style-type: none"> <li>▪ Recently a stroke team focusing on re-integration into the community for those who have suffered a stroke and their families has been developed. This team will work alongside the community rehabilitation team and will facilitate stroke survivors and their families to make the transition to a meaningful life post stroke.</li> <li>▪ Stroke survivors do not appear to undertake the Expert Patient programme in great</li> </ul>

<p>b. Greater collaboration between the 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"> <li>▪ Consideration to be given to the use of the health centres for this.</li> </ul>	<p>b. Yes – NHS Haringey, will discuss with HAVCO and the council, whether a wider action plan for linking volunteering across the boroughs and other elements suggested in a. above is also required.</p>	<p>numbers (this is also reflected nationally) and work will be undertaken to explore the reasons underlying this. One reason could be due to the fact that stroke (similar to acquired brain injury) is a long term condition that has a sudden rather than a gradual onset.</p> <p>b. The library health checks now include stroke awareness raising. Since January 2010, 282 people have received stroke awareness advice as part of the library health check. The recently established stroke drop-in sessions at Wood Green Library will also include prevention advice and is facilitated by stroke survivor and carers.</p>
<p><u>Recommendation Eight</u></p> <p><b>8. Information Provision</b></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</p>	<p>a. Yes – 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. To review – NHS Haringey will run publicity events in January 2010 and is developing resource packs for use in GP surgeries to</p>	<p>a. Stroke Information Committee was set up 03/10 and is chaired by member of LINK. The group membership is comprised of stroke survivors and a carer. The aim of the committee is to ensure that all stroke related information is user friendly.</p> <ul style="list-style-type: none"> <li>▪ Currently developing stroke information protocol that will be presented at the next stroke implementation team meeting in 09/10. The protocol will set out</li> </ul> <p>b. Stroke information committee currently reviewing all stroke related information that is</p>

demographics ensuring consultation with both services users and the voluntary sector.	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.	available. The committee will decide whether the prevention booklet is required following completion of their review.
<b>National Stroke Strategy Quality Marker 20: Research and Audit</b>		
<u>Recommendation Nine</u>  <b>9. Lead GPs</b>  a. With responsibility for stroke in Haringey to be identified - one per collaborative	a. Yes – Lead GP’s for stroke to be identified. Two GP’s will represent GPs on the Haringey Cardiac & Stroke Group	a. Dr. Elizabeth Young is the GP lead for stroke in Haringey since 04/10
<b>Partnership working</b>		
<u>Recommendation Ten</u>  <b>10. Set up a multi agency steering group that takes forward the action points and Quality Markers from the National Stroke Strategy.</b>  <ul style="list-style-type: none"> <li>▪ To hold quarterly stroke steering group meetings</li> <li>▪ To oversee the development and performance management of a local stroke care action plan.</li> <li>▪ To provide a forum for clinical pathway development.</li> <li>▪ To horizon scan for new Stroke Care guidance/guidelines with potential</li> </ul>	Yes – 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	Stroke Implementation Team developed 11/10 consisting of stakeholders from health, local authority, voluntary sector and stroke survivors and carers. Clear terms of reference agreed by the group focusing on the implementation of the National Stroke Strategy locally as well as ensuring best practice is maintained and developed along all aspects of the pathway. The group is chaired by the stroke care co-ordinator

<p>implications for commissioning or performance.</p> <ul style="list-style-type: none"> <li>▪ 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.</li> </ul>	<p>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>	<p>and meets quarterly. The group have had three meetings to date. Four local implementation teams (LITs) report to the group. LITs are as follows:</p> <ul style="list-style-type: none"> <li>▪ Stroke prevention and awareness</li> <li>▪ Integrated stroke pathway</li> <li>▪ Re-integration into the community</li> <li>▪ Transfer of care / end of life</li> </ul> <p><b>Main outcomes thus far:</b></p> <ul style="list-style-type: none"> <li>▪ Successful stroke awareness week 03/10</li> <li>▪ Clear integrated stroke pathway for Haringey</li> <li>▪ Stroke implementation team vital forum for improving and monitoring stroke services for Haringey residents</li> <li>▪ Stroke support worker supporting stroke survivors from the in-patient setting to back home</li> <li>▪ Six week and six month review templates for stroke survivors developed</li> <li>▪ Hope project supporting families of stroke survivors whilst their relative is receiving care in the in-patient setting</li> <li>▪ Monthly performance monitoring along all aspects of the pathway</li> <li>▪ Delivery of stroke specific training to over 100 staff members</li> <li>▪ Vibrant voluntary / third sector with seven agencies involved in stroke services now (previously was two)</li> </ul>
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