



Haringey Council

Agenda item:

[No.]

Overview and Scrutiny Committee

On [Date]

Report Title: **Scrutiny Review on Stroke Prevention in Haringey**

Forward Plan reference number (if applicable): **[add reference]**

Report of: **Chair of the Review Panel**

Wards(s) affected: **All**

1. Purpose (That is, the decision required)

1.1 To approve the scope and terms of reference for the Scrutiny Review on Stroke Prevention in Haringey.

2. Recommendations

- 2.1 That the scope be approved.
- 2.2 That the terms of reference be approved.

Report Authorised by: **Chair of the Review Panel**

Contact Officer: **Melanie Ponomarenko, Research Officer, Overview and Scrutiny, Tel: 0208 489 2933**

3. Local Government (Access to Information) Act 1985

3.1 Background papers relating to this report:

- Feasibility study for a scrutiny review of stroke services in Haringey. Haringey Council, 2008
- National Stroke Strategy, DoH, 2007
- Stroke: National clinical guidelines for diagnosis and initial management of acute stroke and transient ischaemic attack (TIA), National Institute for Health and Clinical Excellence, 2008
- The London Health Inequalities Forecast, London Health Observatory, 2006
- North Central London Collaborative Commissioning Initiatives 2007/8-2011/12, North London Collaborative Commissioning Group, 2007
- Well-being Strategic Framework, Haringey Council, Haringey TPCT and HAVCO 2007

- Well-being Strategic Framework Implementation Plan 2007-2010, Haringey Council
- Local Authority Circular Reference 9798, DoH, 2008
- London Health Observatory, Healthcare for London Presentation, 2007

4. Legal, Financial and Equalities Comments

4.1 Any financial, legal or equalities implications will be considered throughout the review and contained within the final report.

5. Reason for the review

In April 2008 a report was submitted to the Overview and Scrutiny Committee considering the feasibility of undertaking an in-depth review into stroke services in Haringey. Based on this report, the Committee commissioned a scrutiny review into stroke prevention services in Haringey.

The report highlighted a number of national concerns including:

- “Poor identification of stroke risk factors (i.e. hypertension) in the community
- Variable support and management of those with underlying stroke risk factors
- Poor access to emergency brain scans (no hospitals in London met the target of 90% within 24 hours).”¹

This report can be found in Appendix A

6. Key National Policy

6.1 In December 2007 the Department of Health published the National Stroke Strategy. This strategy sets out key objectives and quality markers to improve stroke services in England and Wales in all patient pathways, including prevention.

6.1.1 Included in the Strategy is a ten point action plan directed at local areas, three actions are specifically related to prevention:

- “Awareness: what action is your local area taking to improve public and professional awareness of stroke symptoms?
- Preventing stroke: how effectively is your area supporting healthier lifestyles and taking action to tackle vascular risk.....
- Acting on the warnings:has your local area put in place a system that responds quickly to people who have had a TIA²” (Transient Ischaemic Attack).

It is proposed that during the course of this review, these actions are considered.

6.1.2 The Strategy also refers to a number of Quality Markers, which will provide a useful framework for points to be considered during the review. Specific to this piece of work are the following:

¹ Feasibility Study for a Scrutiny Review of stroke services in Haringey, Haringey Council, April 2008

² National Stroke Strategy, Department of Health, December 2007

- Quality Marker 1. Awareness raising
- Quality Marker 2. Managing risk
- Quality Marker 5. Assessment – referral to specialist (specifically related to minor strokes and TIAs).
- Quality Marker 6. Treatment (specifically relating to the follow up of patients within one month).

6.2 To support the implementation of the National Stroke Strategy, the NHS Stroke Improvement Programme was launched. The aim of this programme is to assist in the establishment of Stroke Care Networks who will assist in the delivery of the strategy.

6.2.1 The North Central London Cardiac Network (NCLCN) has been delegated to take a lead role in developing stroke care networks across the North Central London NHS sector (Haringey, Barnet, Camden, Enfield, and Islington).

7. In July 2008, The National Institute for Health and Clinical Excellence (NICE) published clinical guidance on the diagnosis and initial management of acute stroke and TIA. This guidance covers:
- The recognition and fast diagnosis of a stroke or TIA.
 - When a person should have a brain scan
 - Drug treatment and surgery for those who have had a stroke³.

8. Local Policy

8.1 Healthcare for London

8.1.1 In December 2006 the London Strategic Health Authority commissioned Professor Lord Darzi to write a strategy aimed to meet Londoners health needs over the next ten years, the result of this work was 'A Framework for Action' which was published in July 2007 outlining how healthcare in London needed to change in order to meet Londoners needs. Five key principles emerged from this report including the principle that 'Prevention is better than cure'⁴

8.1.2 Stroke pathways have been highlighted as a priority in this work and a number of acute pathway models are being considered. The work of this review will need to take this into account and ensure that any recommendations made will complement the wider work being done on stroke care. This includes the possibility of Haringey having a Hyper Acute Stroke Unit, where all stroke patients within North central London would be taken by ambulance.

8.2 Spearhead Authorities

8.2.1 The Government has set a Public Health Service Agreement (PHSA) target to address geographical inequalities in life expectancy, cancer, heart disease,

³ Stroke: National clinical guidelines for diagnosis and initial management of acute stroke and transient ischaemic attack (TIA), National Institute for Health and Clinical Excellence, July 2008

⁴ www.healthcareforlondon.co.uk

stroke and related diseases. The targets aim to see faster progress compared to the average in the 'fifth of areas with the worst health and deprivation indicators.'⁵ The localities which are in these areas are called the Spearhead Group, of which Haringey is one.

8.2.2 In November 2006 the London Health Observatory published a Health Inequalities forecast considering whether the targets outlined above would be met. It found that if current trends continued in Haringey then the target for strokes would not be met.⁶

8.2.3 The National health inequalities target for stroke is to "substantially reduce mortality rate by 2010 from heart disease and stroke and related diseases by at least 40% in people under 75, with a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole"⁷. This target forms part of Haringey's Local Area Agreement (LAA) and the Life Expectancy Action Plan (LEAP).

8.3 The North London Collaborative Commissioning Group (NLCCG) consists of representatives from Barnet, Camden, Enfield, Haringey and Islington Primary Care Trusts and focuses on joint commissioning for the above boroughs. The NLCCG has recently published the North London Collaborative Commissioning Paper⁸ which amongst other things sets out its priorities for stroke care. This includes "A requirement for assurance that the current emergency response (including thrombolysis) for stroke meet the required standards"⁹.

8.3.1 The paper also notes that of the group Haringey has the highest mortality rate in the sector for all age groups and is also amongst the highest for those within the 64-75yr age group, with rates higher than those for England and Wales¹⁰.

8.4 The Well-being Strategic Framework¹¹ brings together the range of activities and targets across the partnership which aims to improve the well-being of residents from 18 years of age. Alongside the Framework is an implementation plan¹² with a number of outcomes and targets. Included in this, and pertinent to this piece of work is the following priority:

- Improve access to effective primary, community and other health care services
- Supporting Programmes/Initiatives:
- Improve equity in the management of disease leading to premature mortality by:
 - Ensuring that practice-based disease registers are complete and accurately maintained

⁵ London Health Observatory

⁶ The London Health Inequalities Forecast, London Health Observatory, 2006

⁷ The London Health Inequalities Forecast, London Health Observatory, 2006

⁸ North Central London Collaborative Commissioning Initiatives 2007/8-2011/2, North Central London Collaborative Commissioning Group, 2007

⁹ North Central London Collaborative Commissioning Initiatives, page 33

¹⁰ North Central London Collaborative Commissioning Initiatives, page 34

¹¹ Well-being Strategic Framework, Haringey Council, Haringey Teaching Primary Care Trust and Haringey Association of Voluntary and Community Organisations, 2007

¹² Haringey Well-being Strategic Framework Implementation Plan 2007-2010, Haringey Council

- Ensuring that clinical management of patients with high blood pressure, high blood cholesterol, heart failure and diabetes is based on national guidelines and the needs of patients, including those with mental health problems.

9. Local Context

9.1 The Government has allocated Haringey £92,000¹³ per annum over the next three years to assist in the implementation of the National Stroke Strategy. This funding is ring-fenced for stroke care, although not specifically for preventative work. Work is currently taking place to allocate this funding and it is envisaged that this funding will include a jointly funding Stroke Coordinator post for Haringey.

9.2 As highlighted in the Feasibility report there are factors associated to strokes which are relevant to Haringey:

- Age – Haringey has an aging population. The number of people aged 65 years plus in Haringey is projected to rise from 20,400 in 2008 to 23,300 in 2025. This includes an increase in those who are 85 years old and above from 2,140 in 2008 to 2,692 in 2025¹⁴. The risk of having a stroke increases with age.
- Ethnicity - There is a greater prevalence of hypertension among black and other ethnic minority populations which may place these communities at greater risk of stroke.¹⁵ Given the ethnic diversity of Haringey's population this is of significance for local preventative strategies.
- Transience and GP registration – Haringey has a highly transient population. This has an impact on the ability of primary care services to monitor patients at risk of a first or recurrent stroke.

10. The Review

10.1 Taking into account the above, and discussions with various stakeholders, it is proposed that the review will have three strands:

- Well-being Agenda
- Primary Prevention
- Secondary Prevention

10.2 Well-being agenda

10.2.1 The objective of the well-being agenda is prevention and independence. There are a number of activities which take place across the borough relating to improving the well-being of residents. These activities are underpinned by a number of strategies and priorities pulled together in the Well-being Strategic Framework.

¹³ Local Authority Circular Reference 9798, Department of Health, May 2008

¹⁴ Greater London Authority, Population Projections, 2006

¹⁵ London Health Observatory, Healthcare for London Presentation

10.2.2 The review intends to consider the activities currently taking place across the borough and the future plans associated with this agenda which have an impact on stroke prevention.

10.2.3 The review also intends to look at how the messages about well-being are being put out to people both internally and externally, with a view to assessing the impact that this is making.

10.3 Primary Prevention (first event)

10.3.1 The Stroke Association has stated that 40% of strokes could be prevented with the monitoring and treatment of hypertension¹⁶ (high blood pressure). Therefore the review aims to investigate what is being done to monitor hypertensive patients and to control their blood pressure and what the barriers are to increasing the number of people being monitored and treated, and also to ensure that patients are systematically identified and treated.

10.3.2 This will include work to look at what services are currently being provided across the borough with a view to identifying any gaps in service provision.

10.4 Secondary Prevention (reoccurrence)

10.4.1 Those people who suffer a minor stroke or a Transient Ischaemic Attack are more likely to suffer another stroke, therefore the monitoring and treatment after an initial stroke are vitally important in preventing a further stroke.

10.4.2 The Quality and Outcomes Framework (QOF), is an annual voluntary reward and incentive programme for GPs which was introduced with GP contracts in 2004. In the QOF there are specific targets relating to strokes, the most relevant being targets relating to Stroke Registers which are aimed at monitoring and managing risk.

10.4.3 Statistics have shown a variance in the percentage of patients on a Stroke register receiving stated checks across Haringey:

Management of stroke & TIA in Haringey 2006/7		
	Haringey % / No.	General Practice variance across Haringey No/%
Patients on stroke register	0.8% (2,259)	0.1%-2.0%
Stroke Patients BP Check in past 15 months	96.8% (2,118)	82.4% - 100%
Stroke Patients cholesterol checked in past 15 months	88.9% (1,870)	64.3-100%
Stroke Patient with anti platelet	93.2% (1,091)	50-100%

¹⁶ Stroke Association, Healthcare for London event

/anti coagulant		
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Source: GPContract.co.uk

10.4.4 The review aims to investigate what the barriers are for GPs identifying patients for inclusion on stroke registers and monitoring patients once they are included on stroke registers.

10.5 Exclusions

10.5.1 This review will not be looking at acute stroke services or rehabilitation services. To maximise the benefits of the review it is important that the review remains focused on prevention. However, there are aspects of this pathways which will have to be borne in mind so that outcomes of this piece of work complement work being done in these areas under the wider Health Care for London work.

10.5.2 The importance of these areas is recognised and therefore if sufficient evidence comes to light on these areas during this review then they may be considered for a further in-depth review at a later date subject to Overview and Scrutiny Committee.

11. Terms of Reference

11.1 The review terms of reference is:

“To review stroke prevention services in Haringey to consider their effectiveness in preventing strokes. In particular looking at well-being activities, primary prevention and secondary prevention across health, social care and the voluntary sector with a view to making recommendations for the improvement of stroke prevention services.”

12. Specific Objectives of the review to:

- gauge stroke prevention services against markers and actions in the National Stroke Strategy
- consider barriers in GPs treating patients for hypertension and recording all stroke patients on Stroke Registers
- consider the impact of the well-being agenda on stroke prevention
- make recommendations to improve stroke prevention services
- consider services in Haringey against best practice as laid out in the NICE guidance
- make recommendations to improve policy and practice.

13. Sources of Evidence:

13.1 Evidence will be collated from a range of sources including:

- Haringey Teaching Primary Care Trust
- Discussion with GPs
- Voluntary and Community Sector
- Adult, Culture and Community Services Directorate
- Local intelligence
- Government statistics

14. Members of the Review Panel

Councillor Winskill
Councillor Alexander
Councillor Wilson
Councillor Vanier

Chair

Melanie Ponomarenko Scrutiny Research Officer, Overview and Scrutiny Service

Stakeholders

Adrian Hosken	Haringey Teaching Primary Care Trust
Lisa Redfern	Adult, Culture and Community Services
Barbara Nicholls	Adult, Culture and Community Services
Robert Edmonds	Age Concern Haringey
Jinty Wilson	North Central London Cardiac and Stroke Network
Homaira Sofia Khan	Stroke Association
David Murray	Different Strokes
TBC	General Practitioner
Jeanette Gedge	Consultation Manager
<i>Local Involvement Networks</i>	

15. External Advisor

15.1 The possibility of an external advisor to assist with the review is currently being investigated. This may involve the expertise of a General Practitioner with a special interest in stroke to advice on the clinical aspects and understanding of strokes.

16. Scrutiny Process

16.1 Exact timescales for the review process have yet to be confirmed, however the review aims to fit in with TPCT commissioning timelines to enable findings of this report to feed into commissioning intentions..

16.2 It is anticipated that there will be five panel meetings to collect evidence from various stakeholders.

16.3 *Initial Draft* panel meeting items are as follow:

Meeting 1 – Overview and Context setting

- Prevalence
- Policy Context
- Haringey Issues
- Geographic Factor
- Discussion of Scoping report

Meeting 2 – Primary and Secondary prevention

- What is a stroke?
- What causes a stroke?
- What is currently available?
- Primary & Secondary prevention

Meeting 3 – Well-being agenda

- Impact/are messages getting out to public and staff
- What is currently being done?
- Feedback from GPs

Meeting 4 – Partnerships

- How are different services co-ordinating their services?
- What could be done better and how?
- Evidence from 3rd sector

Meeting 5 – Draft Report

- Conclusions and recommendations
- Evaluation of the review

In addition it is proposed:

- That a focus group is run with GPs to gain an understanding of their perspectives, what they feel could be done better and what barriers there are with recording and monitoring stroke patients.
- That the panel visit Whittington Hospital to view the stroke service taking place there.

DRAFT