

**Scrutiny Review – Stroke Prevention Services**  
**Panel Meeting**  
**3<sup>rd</sup> September 2008**

**Councillors present:** Cllr Winskill (Chair), Cllr Alexander, Cllr Mallett

**Others attending:** John Murray (Different Strokes), Craig Ferguson (Information Project Manager), Lisa Redfern (AD Adults), Vicky Hobart (Haringey TPCT) Melanie Ponomarenko (Scrutiny – minutes)

<b>Agenda Item</b>	<b>Subject/decision</b>
1.	Cllr Vanier Jinty Wilson Adrian Hosken
2.	<b>Urgent Business</b> None
3.	<b>Declarations of Interest</b> None
4.	<p>The panel received a presentation from Craig Ferguson, Project Manager (Information Management).</p> <p>MOSAIC is a community profiling database which brings together a variety of data sources and can be used for targeted information provision.</p> <p>Maps can be created using Geographical Information Systems to show the geographical location of data groups e.g. age groups, ethnicity, deprivation indices, income etc.</p> <p>Those from the African, Asian and African Caribbean population are more likely to have a stroke. This population is concentrated in the East of the borough, particularly Northumberland Park, Bruce Grove and Tottenham Green.</p> <p>Those over the age of 55 years are more likely to have a stroke – this population is concentrated in the West of the borough, specifically Muswell Hill and Highgate.</p> <p>Using MOSAIC data it can be shown that those more likely to have hypertensive diseases, smoke more than twenty cigarettes a day and suffer from a stroke or TIA are placed in the East of the</p>

	<p>borough. Noted that the data is not an exact science and that the data fields selected were those 'most likely' in Haringey. This would not necessarily show those who are more likely to have a stroke or TIA above the national population.</p> <p>Data can be over-layed and shown on a Ward level as well as Super Output and post code level.</p> <p>The panel was shown over-layed data to post code level over those over the age of 55yrs who are Black/Black British or Asian and are most likely to have a stroke. This could demonstrate a good starting point for a targeted marketing campaign for stroke prevention.</p> <p>Cared for Pensioners are 5 ½ times more likely than the general population to have a stroke.</p> <p>Noted that there are a larger number of care homes for older people in the West of the borough.</p> <p>Noted that an older person who has spent their life in the East of the borough could be placed in a care home in the West of the borough, they would still be of a greater risk of having a stroke but - this is not picked up using the MOSAIC data base.</p> <p>Data from MOSAIC to be cross matched with data held by Adult Services.</p>
5.	<p>The panel received a presentation from John Murray, Coordinator Different Strokes North London Group.</p> <p>Different Strokes is a charity which was founded in 1996. The North London Branch was founded in 2001 and currently has approximately 100 members with ages ranging from 18 to 70 years. The average age of members is 45 years, with many having had a stroke in their twenties.</p> <p><i>Aim: Through active self-help and mutual support, our aim is to help stroke survivors of working age optimise their recovery, take control of their lives and regain as much independence as possible, including returning to work.</i></p> <p>Haringey Adult Learning Service provides the main funding.</p> <p>Different Strokes meets on a Monday and a Wednesday morning</p>

in Wood Green Library, they also have monthly newsletters and outside speakers.

Different Strokes is primarily for people of working age, but people continue to attend after this age.

90% of Different Strokes members have been unable to return to work after suffering a stroke.

John is a Lay Member of the Stroke Research Network (a national body) and is also a member of the Prevention clinical studies group.

John is currently meeting Stroke Physicians to discuss issues and is also arranging visits to stroke units. John will also attend visits for this review.

Strokes have a devastating affect on people lives; they are difficult to recover from, have an impact on the lives of family members, can cause physical and emotional changes in a person as well as lifestyle changes – all of which are difficult to cope with.

The impact is felt acutely by families as the person who has had the stroke is often 'not with it'.

The panel heard John's own personal story of his stroke – this is a clear demonstration of the feelings and processes a person and their family goes through and will be appended in the final report of this review panel.

**Key Issue is the lack of awareness;**

- of what strokes are
- who is at risk
- their impact.
- that a stroke is an emergency and should be treated in the same way as a heart attack.
- how the risk of a stroke can be reduced.
- that strokes are preventable
- overall with health and social care professionals

A Stroke Association MORI poll in 2005 showed that only 50% of people can identify what a stroke is with only 40% being able to recognise certain symptoms and approximately 30% would call an ambulance/go to a hospital.

Nearly 1 in 5 GPs in a National Audit Office study said that they do not refer patients who have had a TIA.

	<p>Important factors to bear in mind:  ‘FAST’ (Face, Arms, Speech Test) is crucial and should be routine.  Accident and Emergency must be able to recognise a Stroke or TIA and treat this appropriately within the specified time frame (e.g. Thrombolysis within 3 hrs).  This should be recorded and followed up appropriately.</p> <p>Noted that there is frequent pressure from the Department for Work and Pensions regarding their benefits.</p> <p>There is confusion as to what Stroke Service the North Middlesex Hospital has.</p> <p>Possibility of a conference in May 2009 which this scrutiny review could feed in to.</p>
6.	<p>The panel received a presentation from Vicky Hobart, Public Health Consultant: Head of Health Inequalities and Partnerships, Haringey Teaching Primary Care Trust.</p> <p>There is currently an ambitious national vision for strokes; this is set out in the National Stroke Strategy.</p> <p>Pathways are complex and involve a range of providers.</p> <p>Needs assessment data is not currently available. Data requirements for this review therefore need to be discussed.  Local data needs to be analysed, interrogated and benchmarked.</p> <p>The Well-being Strategic Framework sets out the strategic approach to health issues in Haringey.</p> <p>There is currently approximately 8 years difference in life expectancy between the East of the borough and the West of the borough.</p> <ul style="list-style-type: none"> <li>▪ Life Expectancy is 71yrs in the East and 77.6yrs in the West.</li> <li>▪ The gap is particularly wide for men.</li> <li>▪ These figures are based on a person at the point of death i.e. people who die in Haringey.</li> </ul> <p>Younger people suffering strokes is also an issue in Haringey.</p> <p>An issue in Haringey is that of premature deaths – it is higher than would be ‘expected’ for the demographics of the population.</p>

	<ul style="list-style-type: none"> <li>▪ Need to look at comparisons with other areas of a similar demography for strokes.</li> </ul> <p>There are a number of risk factors which include the utilisation of and access to services, lifestyle and quality of housing.</p> <p>Thought needs to be given as to how we can effectively intervene.</p> <p>A stroke <b>IS</b> a medical emergency and needs to be treated as such.</p> <p>There are a number of effective interventions for someone who has had a TIA e.g. thrombolysis.</p> <p><b>Strategic context</b>  The <i>National Stroke Strategy</i> is a culmination of all previous data.</p> <p>The UK has comparatively expensive stroke services with comparatively poor outcomes.</p> <ul style="list-style-type: none"> <li>▪ There is avoidable mortality.</li> </ul> <p>Measuring performance is a challenge.</p> <p><i>North London Collaborative Commissioning Group</i>  Haringey TPCT is the lead commissioner for the North Middlesex Hospital. Islington PCT is the lead commissioner for the Whittington Hospital. The PCT's are collaboratively looking at services.</p> <p>E.g. ambulances are not currently commissioned to take suspected stroke patients to a specific hospital. This is an area that is currently being looked at.</p> <p>Primary Care intervention is about reducing the clinical factors.</p> <p>There needs to be a cautious approach to looking at Quality Outcomes Framework (QOF) data as the statistics do not necessarily capture all relevant strokes e.g. when someone has a TIA. They only capture ones where the GP is made aware that a stroke has occurred.</p> <p>Consideration should be given to Stroke registers being held by a wider audience.</p> <p>There is not currently lead GPs for Stroke Care in Haringey.</p> <p><b>Pathways</b>  Well-being</p>
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	<ul style="list-style-type: none"> <li>▪ Campaigns and information (including smoking cessation, physical activity, alcohol reduction, obesity etc).</li> <li>▪ The Well-being Strategic Framework outcomes are being delivered across the partnership including all Thematic Boards e.g. the Enterprise Board is helping people get back into employment.</li> <li>▪ The Well-being pathway is about the environment that we live in – schools, education, social marketing, community development.</li> </ul> <p>Primary Care</p> <ul style="list-style-type: none"> <li>▪ Input from Community Matrons – a role which could be strengthened in this area. Community Matrons should be central to on-going support models.</li> <li>▪ Need to define exactly who forms part of the multi-disciplinary team for strokes.</li> <li>▪ Training for people in contact with those who may suffer a stroke – e.g. residential workers, home carers etc need to be trained in how to spot the signs of a stroke.</li> <li>▪ Approximately half of GPs in Haringey have a TPCT specific contract (locally defined), the other half have national contracts. N.B. The TPCT can contract GPs to do things differently.</li> </ul> <p>Need to raise people's awareness of the symptoms of strokes, not just the people working with potential stroke patients but the people themselves e.g. those in nursing homes, others who are around people who are at risk of a stroke.</p> <p><b>Hospitals</b></p> <ul style="list-style-type: none"> <li>▪ Geographically where are the hospitals which admit Haringey stroke patients?</li> <li>▪ What stroke services do they have?</li> <li>▪ Who would be admitted to which hospital e.g. East or West resident?</li> <li>▪ Are there different outcomes for each of the hospitals?</li> <li>▪ What is the incidence of a recurrent stroke based on which hospital a person has been admitted to?</li> </ul>
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