STROKE Fact Sheet

Background

Stroke is a major health issue in the UK, accounting for around 11% of deaths. It results in significant morbidity in people who survive and represents a substantial burden on health and resources. Symptoms can include numbness, weakness or paralysis, slurred speech, blurred vision, confusion and severe headache. A Transient Ischaemic Attack (TIA) is defined as stroke symptoms and signs that resolve within 24 hours.[1]

Stroke is the third most common cause of death in England after heart disease and cancer. A quarter of stroke deaths occur in those aged under 65. There is evidence that appropriate diagnosis and management can improve outcomes. Stroke is a medical emergency and prompt treatment is vital to reduce damage.[2]

A stroke is caused when an artery which carries blood to the brain is blocked by a clot or when an artery bleeds directly into the brain. The risk of stroke is increased if the arteries in the neck are narrowed due to a build-up of fatty material.[3]

In England, around 110,000 people have a stroke every year. Brain damage caused by stroke is the largest cause of adult disability in the UK. [2]

Risk factors

As for all circulatory disease, the main risk factors are smoking, high blood pressure or cholesterol, diabetes, physical inactivity, obesity, family history and ethnicity. With regard to ethnicity, data from the Health Survey for England indicate that amongst African-Caribbean and South Asian men the prevalence of stroke was between about 40% and 70% higher than that of the general population.[4] Higher prevalence is also associated with areas of deprivation.

Over 30% of stroke survivors have another stroke within five years, and the impact on health of a second stroke is likely to be worse.[5] Better management of stroke can help to reduce its impact. There is strong evidence that people are more likely to survive and recover more function if they are admitted promptly to a specialist stroke unit. Drug treatment (and improving lifestyle factors) can help prevent second strokes.[6]

---

[1] NICE. Stroke. 2008.http://www.nice.org.uk/nicemedia/live/12018/41316/41316.pdf
[2] NHS Choices Stroke pages. http://www.nhs.uk/conditions/stroke/pages/introduction.aspx
[3] British Heart Foundation. Stroke. https://www.bhf.org.uk/heart-health/conditions/stroke
[4] Department of Health. National Service Framework for Older People. London: Department of Health, 2001. p62
[5] Stroke Association. http://www.stroke.org.uk/home
[6] APHO. Indications of Public Health in the English Regions. 3: Lifestyle and its impact on health. 2005. http://www.apho.org.uk/resource/item.aspx?RID=39365

Author: sylvia.godden@sutton.gov.uk Contact: www.suttonccg.nhs.uk Oct. 2016

The Local Picture

Prevalence
The prevalence of stroke in Sutton based on GP registers (QOF) is 1.3% of Sutton's registered population representing 2,436 people; that is about 1 in 77 people have had a stroke. This is lower compared to the rate for England which is 1.7%, i.e. 1 in 59 people, but higher than the London average (1.1%).

Fig. 1 shows that compared to other London local authorities, stroke prevalence for Sutton ranks 4th highest.

Fig. 1: Prevalence of Stroke

Fig. 2 shows that the borough also ranks comparatively high (8th out of 32 boroughs) for hypertension which is the main risk factor for stroke. In Sutton 12.3% of the population are on a GP register for hypertension (23,122 people) which is higher compared to the proportion for London, 11.1%, but lower than for England (13.8%).

Fig. 2: Prevalence of Hyptertension

Fig. 3 indicates the number of people in Sutton predicted to have a longstanding health condition caused by stroke through to 2018 (based on data from the General Household Survey). This projects a 7.6% increase from 2014 to 2018.

Fig. 3: Number of people in Sutton predicted to have a longstanding health condition caused by a stroke by age, projected to 2018

Mortality
In Sutton in 2014, 104 people (all ages) died of stroke, 37 males and 67 females.

Fig. 4 shows trends in mortality rates for stroke in Sutton for those aged under 75 years by gender. Sutton's rates show an overall decline (improvement). However, there has been an upturn since 2009-11, due to an increase in rates for females, whilst rates for males continue to fall.

Fig. 4: Mortality from Stroke, by gender, aged less than 75

Sutton progress

Sutton's stroke pathway has been in place for a number of years and works very well. Because of the way that services are configured, Sutton has relatively good survival rates.

The Hyper Acute Stroke Unit (HASU), based at St. George's is one of eight specialist Stroke Units in London. It provides expert emergency care to patients. An example of how Sutton's emergency referral pathway works in practice would be for example a patient suspected of having had a stroke being admitted in the first instance to the HASU for immediate care, before being transferred back to St. Helier when stable.

The London Quality Standards for acute emergency and maternity services represent the minimum quality of care that patients should receive in every acute hospital in London. Accordingly, emergency stroke admissions for Sutton patients at HASU, St. George's are monitored as part of these standards.

The Early Supported Discharge Team facilitates timely discharge of patients following a stroke from acute providers, and supports long term needs from acute to community along their care pathway towards discharge to self-care.

The entire recovery pathway includes:

- Early Supported Discharge Team (ESD)
- The Community Neurotherapy Team
- Community Speech and Language Therapy (SLT)
- Neurotherapy Outpatient Physiotherapy

A targeted programme of pulse examination in patients over 50 has assisted in identifying undiagnosed atrial fibrillation, which remains the major cause of stroke in older persons.

What works

Guidance on Stroke from NICE is as follows:

Stroke. NICE clinical guideline 68 (2008) http://guidance.nice.org.uk/CG68

The advice in this guideline covers:

- How healthcare professionals should recognise the symptoms of a stroke or transient ischaemic attack (TIA) and make a diagnosis quickly
- When people should have a brain scan and other types of scan
- Specialist care for people in the first two weeks after a stroke
- Drug treatments for people who have had a stroke
- Surgery for people who have had a stroke

Stroke rehabilitation: long-term rehabilitation after a stroke. NICE clinical guideline 162 (2013) http://guidance.nice.org.uk/CG162

This offers detailed evidence-based advice on the care of adults and young people aged 16 years and older who have had a stroke with continuing impairment, activity limitation or participation restriction.

Clinical guidelines for stroke

NICE recommends that all patients with suspected stroke should be admitted directly to specialist stroke units. https://www.nice.org.uk/guidance/cg68/documents/patients-with-suspected-stroke-should-be-admitted-directly-to-specialist-stroke-units

A summary of recommendations included in this Guideline are as follows:

NICE Guideline Key recommendations:

- All patients with suspected stroke should be tested with the FAST (Face Arm Speech Test) or similar test to recognise symptoms of acute stroke
- All patients with acute stroke should be taken to hospital as quickly as possible and transferred from A&E to an acute stroke unit
- Immediate CT scanning should be available 24/7 for those who need it
- High risk patients who have already had a TIA should receive a diagnosis, investigations and initial treatment within 24 hours
- All patients should receive a swallowing assessment within 24 hours of assessment and before being given any oral food, fluid or medication

RCP Guideline Key recommendations

- All hospitals receiving acute medical admissions that include patients with stroke should have a specialist acute stroke unit
- Acute stroke units should have immediate access to medical staff specifically trained to treat stroke patients and deliver thrombolysis; nursing staff specifically trained to manage acute stroke; imaging and laboratory services; rehabilitation specialist staff
- All patients not suitable for transfer home after completion of their acute diagnosis and treatment should be treated in a specialist stroke rehabilitation unit with expert staff, a multidisciplinary team and educational programmes for staff, patients and carers
- Patients should have as much therapy as they are willing and able to cope with, and should have 45 minutes a day of each appropriate therapy in the early stages
- All patients discharged home directly after acute treatment but with residual problems should be followed up by specialist stroke rehabilitation services
- Hospital services should ensure that patients, families and primary care teams are fully prepared for the patient's discharge
- Carers of patients with stroke should be fully involved at all stages of progress
- Commissioners should ensure that they commission services for the full stroke pathway from prevention through acute care, early rehabilitation, later rehabilitation and initiation of secondary prevention on to palliation, later rehabilitation in the community and long-term support.

Key indicators and targets

Relevant indicators from Public Health Outcomes Framework http://www.phoutcomes.info/

- *Health Improvement Domain:* 2.14 Smoking prevalence, 2.22 Take up of NHS Health Check
- *Healthcare and premature mortality Domain:* 4.04 Under 75 mortality rate from all cardiovascular diseases

Links to further information

- See Factsheets on **Circulatory Disease** and **Mortality**
- Sutton Stroke Pathway Profile 2012. http://www.londonhp.nhs.uk/wp-content/uploads/2012/12/Sutton-stroke-2012.pdf
- National Institute for Health and Care Excellence: http://www.nice.org.uk/
- NHS Choices, Stroke. http://www.nhs.uk/conditions/stroke/pages/introduction.aspx
- Public Health England. National Cardiovascular Intelligence Network. Cardiovascular disease profiles for each CCG http://www.yhpho.org.uk/resource/view.aspx?RID=203617
- Public Health England, Healthier Lives tool. http://healthierlives.phe.org.uk/topic/hypertension

Author: sylvia.godden@sutton.gov.uk Contact: www.suttonccg.nhs.uk Oct. 2016

Priorities for Sutton

Stroke prevention and treatment remains a high priority in Sutton. It is recommended that there is an integrated approach between primary prevention, improved access to health care and quality of services for those at risk/or who have had a stroke, and support for rehabilitation working closely with social services.

Specific actions include:

- Enabling more people to achieving healthier lives by stopping smoking, increasing physical activity, eating more healthily and reducing harmful drinking
- Promoting the NHS Health Check service to population and practices with its links to Smoking Cessation, LiveWell and Leisure Services
- Ensuring smoking cessation services commissioned are in line with evidence-based cost-efficient guidance
- Increasing access to LiveWell, particularly for those at increased risk of disease