Lincolnshire JSNA: Stroke

Why is it an issue?

- Strokes and transient ischaemic attacks\(^1\) (TIAs) are acute neurological events that are caused by cerebral ischaemia\(^2\), infarction\(^3\), or haemorrhage.
- Symptoms and signs develop rapidly and include numbness, weakness or paralysis, slurred speech, and visual disturbances.
- Strokes can be classified by their main causes as either ischaemic (85% of cases) or haemorrhagic (15% of cases).
- Stroke is the third most common cause of death in the UK.
- Most strokes occur in people older than 65 years, but they can occur at any age.
- The complications and consequences of stroke are numerous and include neurological problems, depression and anxiety, speech and communication difficulties, and difficulties with activities of daily living.


Policy and Guidance

The NHS Outcomes Framework includes five key domains, which have a range of overarching indicators and improvement areas. The domains specifically relating to stroke are ‘preventing people from dying prematurely’ (e.g. mortality from cardiovascular disease) and ‘enhancing quality of life for people with long-term conditions’ (e.g. people supported to manage their condition).


The Public Health Outcomes Framework includes four domains, each of which has associated objectives and indicators. The domains with particular relevance for stroke are ‘health improvement’ (e.g. excess weight in adults, smoking prevalence) and ‘healthcare, public health and preventing premature mortality’ (e.g. mortality from cardiovascular disease).


The Quality and Outcome Framework (QOF) financially rewards general practices for the provision of quality care, and helps to standardise improvements in the delivery of primary medical services. Stroke is one of the clinical domains in the Framework, and has a range of associated indicators, including records and ongoing management.

Also available is a wide range of NICE guidance that addresses both the prevention and management of stroke. Further information can be found at [https://www.nice.org.uk/guidance/conditions-and-diseases/cardiovascular-conditions/stroke-and-transient-ischaemic-attack](https://www.nice.org.uk/guidance/conditions-and-diseases/cardiovascular-conditions/stroke-and-transient-ischaemic-attack)

\(^1\) Transient ischaemic attacks are commonly known as 'mini strokes'
\(^2\) Cerebral ischaemia – insufficient blood flow to the brain to meet metabolic demand
\(^3\) Infarction – obstruction of the blood supply causing the death of tissue
Commissioning Stroke Services. Royal College of Physicians
https://www.rcplondon.ac.uk/projects/outputs/commissioning-stroke-services

Locally, stroke is an intrinsic part of various strategies, for example, The Joint Health and Wellbeing Strategy for Lincolnshire, Clinical Commissioning Group’s (CCG) Commissioning Plans and Lincolnshire's Tobacco Control Strategy.

What is the picture locally & how do we compare?

What is the picture in Lincolnshire?

The prevalence of stroke has been increasing steadily year on year and is expected to rise to 3.1% of the population of Lincolnshire by 2020. This population will have a considerable impact on health service provision and require support from family members and carers.

Geographically, the highest prevalence of the disease is seen in East Lindsey (2.9%) with the lowest seen in the district of Lincoln (1.8%). The Lincoln figure is likely to be a reflection of the younger population living in Lincoln.

What are we doing about it & what can be done differently?

Two acute stroke units are located at Lincoln County Hospital and Boston Pilgrim Hospital, with both units providing acute stroke thrombolysis to reduce the longer term impacts of stroke.

An extensive Community Stroke Rehabilitation Service, which provides a countywide service to support stroke survivors to leave hospital in a timely manner, is in place.

The CCGs commission the Family and Carer Support Service (FCSS) via the Stroke Association. The FCSS remit is to provide high quality information, emotional support and practical advice in the aftermath of a stroke.

The Assisted Discharge Service (ADS) is commissioned by the CCGs and aims to assist the early discharge from hospital for patients within Lincolnshire who have been admitted with a diagnosis of a recent stroke.

Smoking is a risk factor for stroke. Smoking cessation services are currently provided by Quit 51, which is funded by Lincolnshire County Council.

What's next?
- Many of the risk factors for stroke are largely preventable, being linked to lifestyle choices, and therefore there is scope to reduce the burden of stroke through health improvement measures.
- Continue working with the CCGs to facilitate the earlier identification of risk factors for stroke through uptake of periodic Health Checks.
- Work to continue on ensuring that the National Stroke Strategy is implemented as fully as possible across Lincolnshire.
- Continue to work on health improvement strategies and encourage greater engagement and uptake of health improvement services by the population with a particular focus on those in the lower socioeconomic brackets who are more likely to be at risk of stroke.
How do we compare?

The Lincolnshire Research Observatory (LRO) provides statistics on prevalence and mortality rates of stroke across Lincolnshire.
http://www.research-lincs.org.uk/jsna-Stroke.aspx

The Stroke Association published a document with statistics relating to stroke including incidence, mortality, prevalence, risk factors and stroke care across the UK.
https://www.stroke.org.uk/resources/state-nation-stroke-statistics