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**Greater Manchester Cardiac
and Stroke Network**

Age –related macular degeneration

Con determinazione del 23 Maggio 2007 l'Agenzia Italiana del Farmaco (AIFA) ha inserito bevacizumab (Avastin) nell'elenco dei medicinali erogabili a totale carico del Sistema Sanitario Nazionale (SSN) (fascia H) nel trattamento delle maculopatie essudative e del glaucoma neovascolare.

(With determination of 23 May 2007, the Italian Drug Agency (AIFA) has added bevacizumab (Avastin) in the list of medicines supplied to the total paid by the National Health System (NHS) (H band) in the treatment of AMD)

Age in Greater Manchester

- Men aged 75+ : 60,000
- Women aged 75+ : 110,000
- Total : 2,500,000

EARLY HOURS STROKE SERVICE: WHY?

- About 6,000 strokes each year in Gtr M/C
 - 30% in people <55 years

Agreement from significant policy makers

- Local Authorities
- Primary Care Trusts
- Acute Trusts

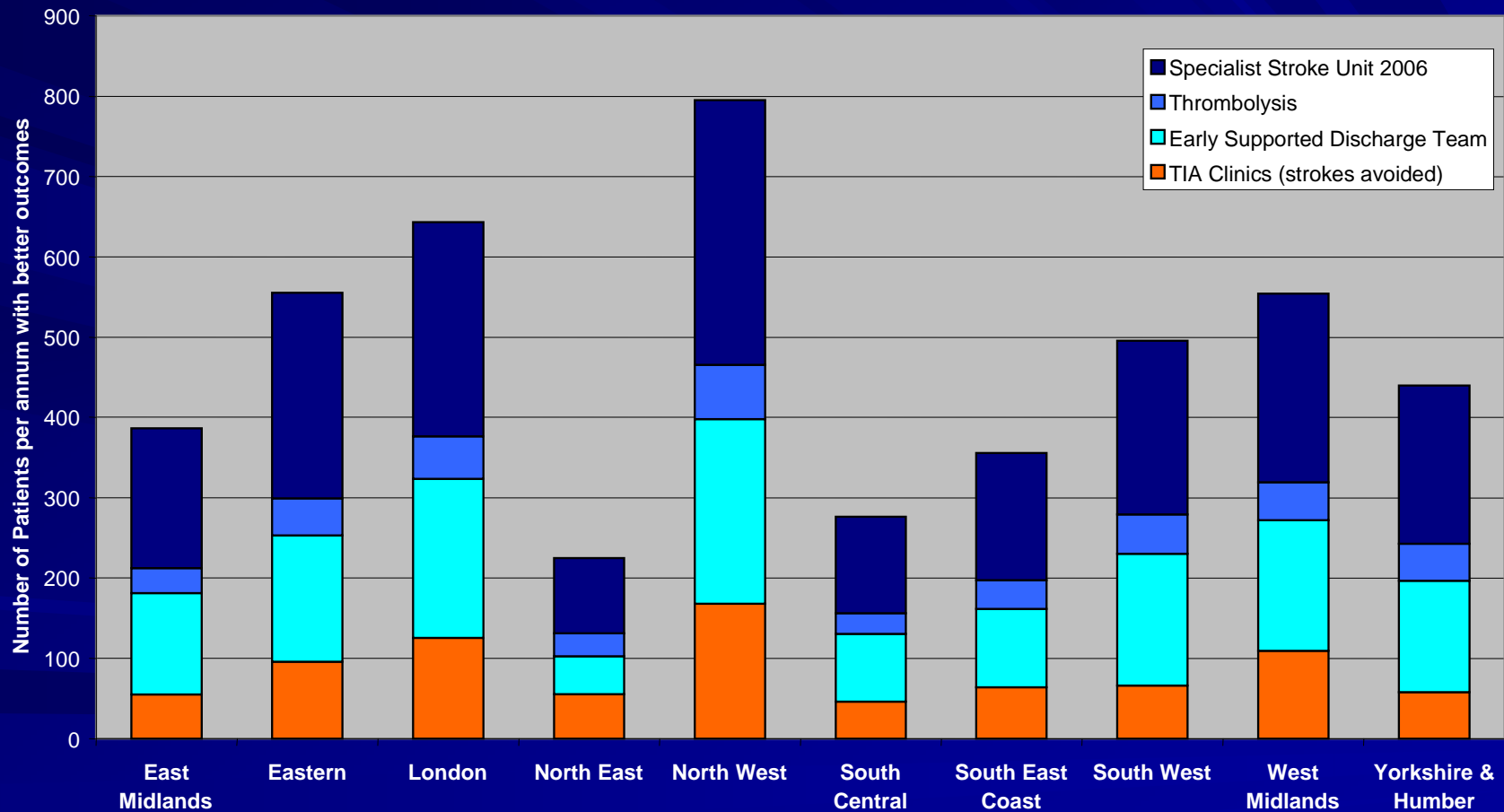
EARLY HOURS STROKE SERVICE: WHY?

- About 6,000 strokes each year in Gtr M/C
 - 30% in people <55 years
- One in four die within 30 days
- One in two dead or disabled at 6 months
- £400 million cost in Greater Manchester

Output from the ASSET Toolkit at National Level by new Health Authority

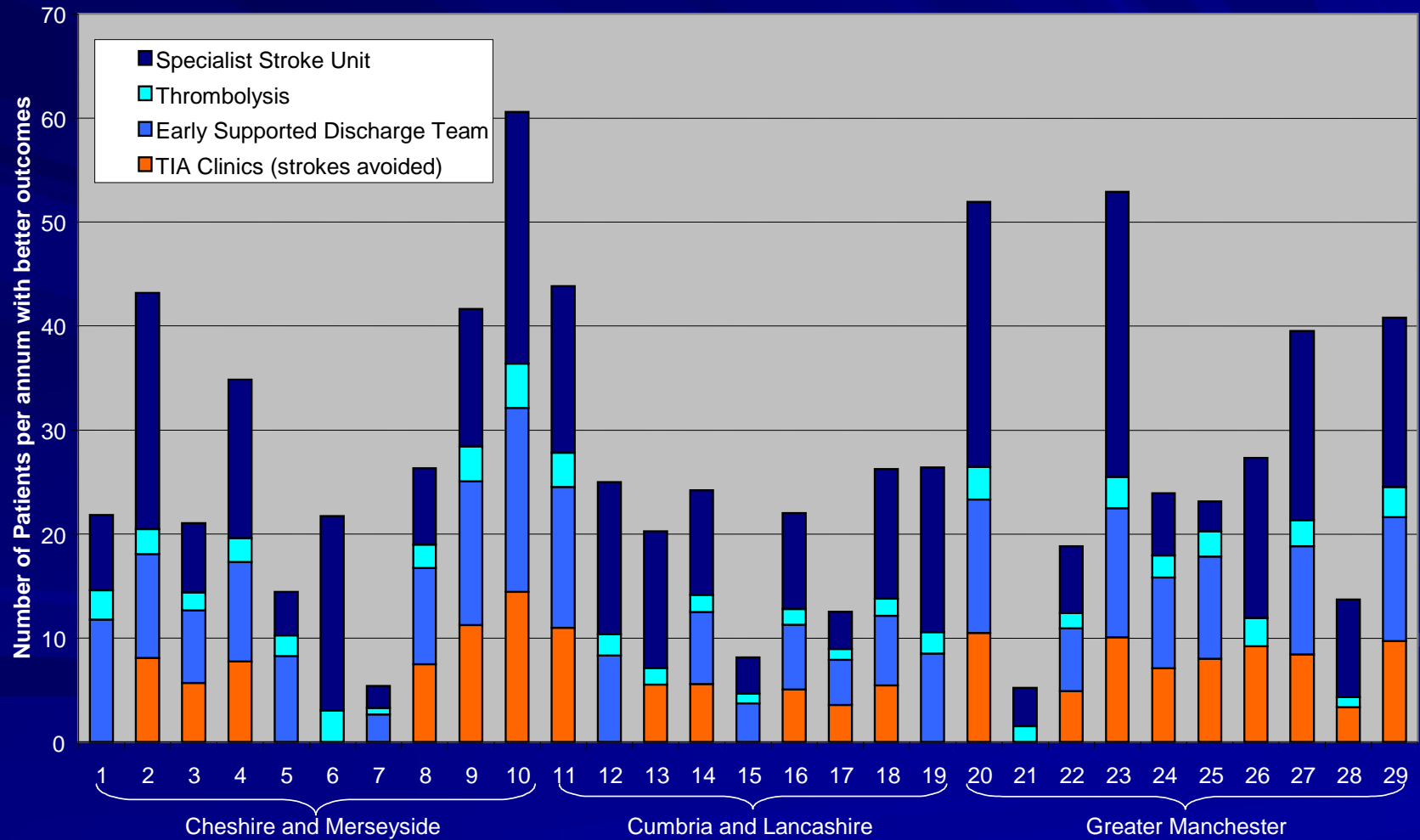
Potential improved outcome from four key stroke interventions

Numbers of Patients with better outcomes per annum through adopting 4 key stroke interventions



NHS North West – Potential improved outcomes which can be achieved – by Trust

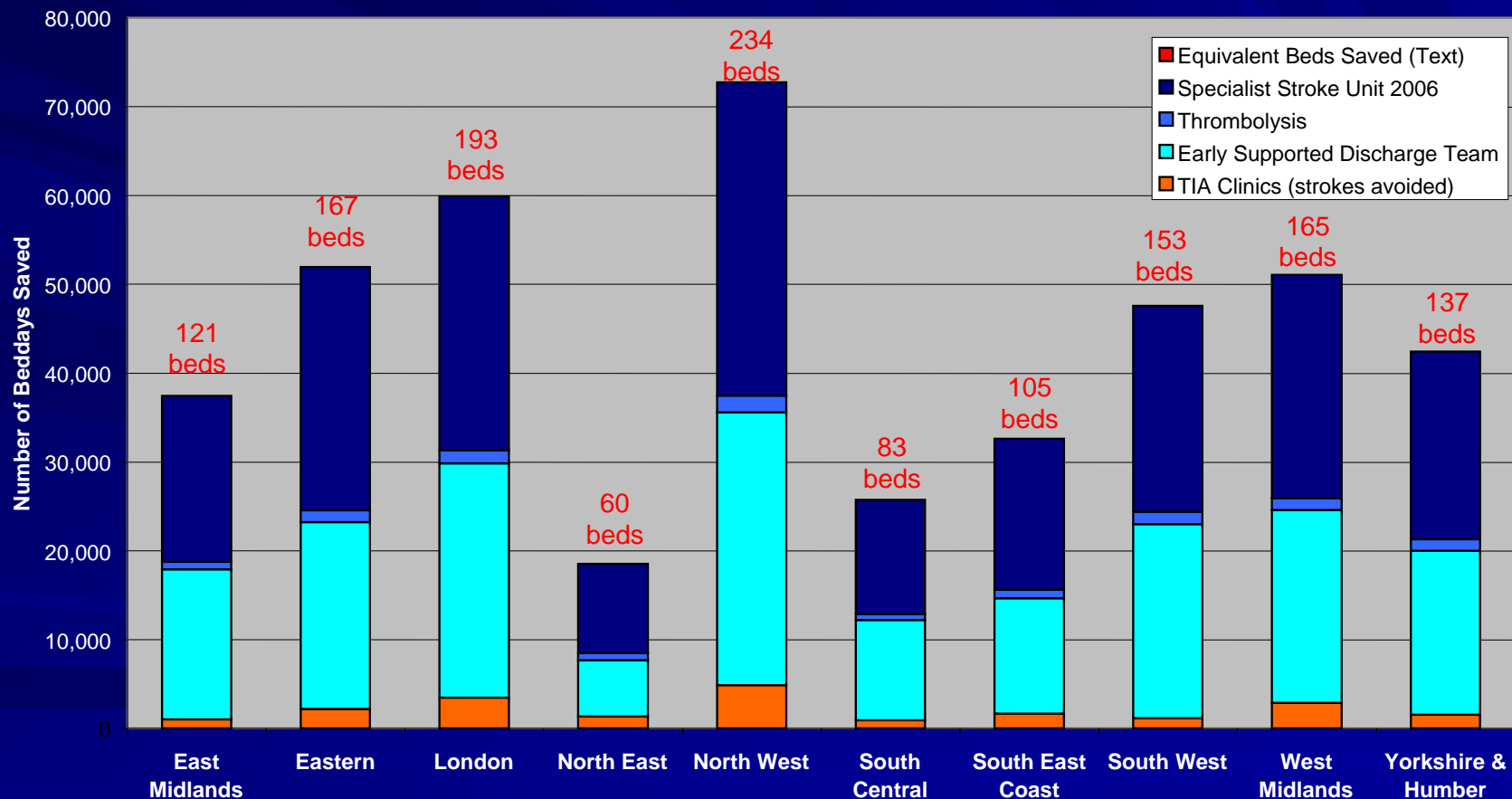
Numbers of Patients per annum with better outcomes through adopting 4 key stroke interventions for NHS North West



Output from the ASSET Toolkit at National Level by new Health Authority

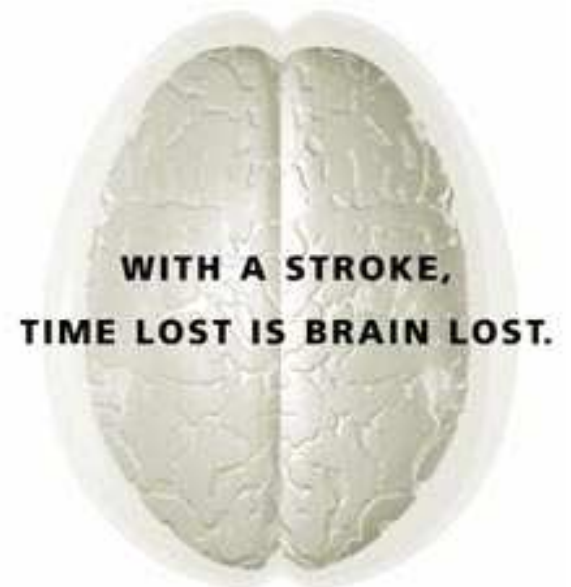
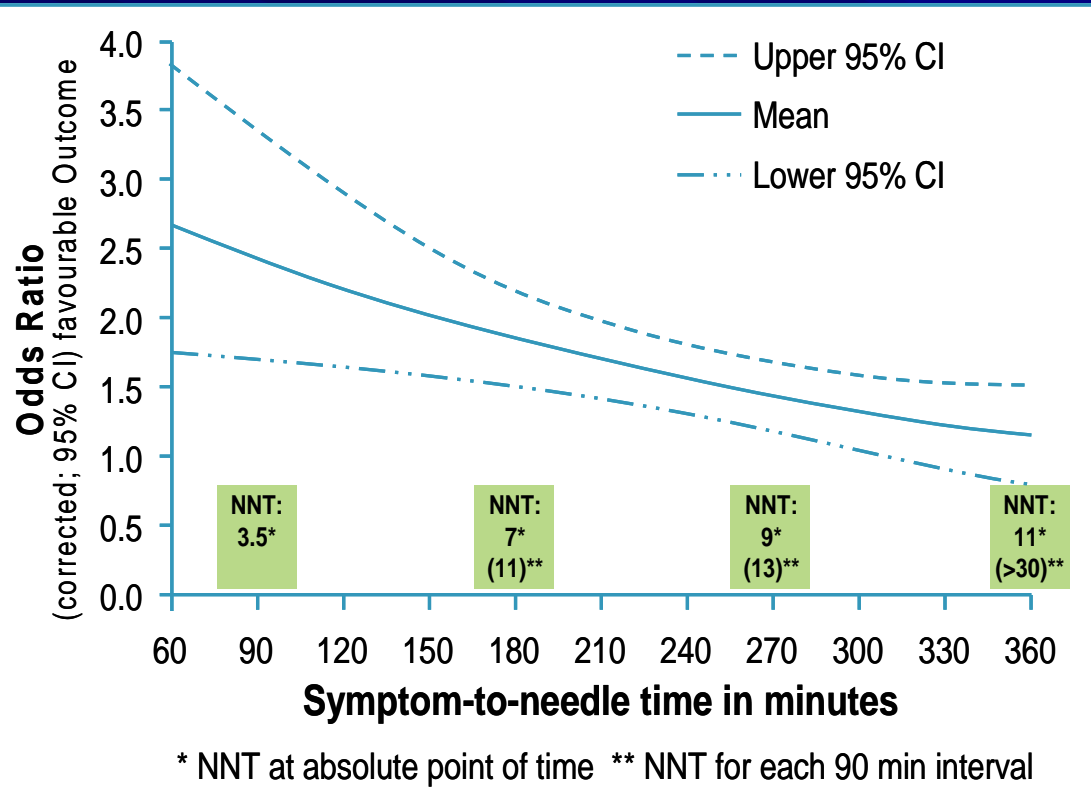
Potential bed days saved from four key stroke interventions

Numbers of Beddays Saved through adopting 4 key stroke interventions



TIME IS BRAIN

“The typical patient loses 1.9 million neurons each minute in which stroke is untreated”



Saver, Stroke 2006

TIMING

- Thrombolysis must be within four and a half hours
 - Earlier, the better
 - ideally 90 minutes
- 12 km neurons lost per minute of ischaemia
- Median time of onset to hospital is 72 minutes

OUTCOMES

- intravenous thrombolysis (iv t-PA) within 3 hours of onset of symptoms will lead, within the first six months, to:
 - 12% “significantly improve”
 - 2% may die as a result of the treatment
 - No overall increase in mortality

OUTCOMES

Disability at six months predicts longer-term mortality

SO

Thrombolysis likely to lead to increased life expectancy

NUMBERS BENEFITING IN GREATER MANCHESTER

- If thrombolysis is given to 20% of patients within 4½ hours of onset of symptoms, it will lead to :
 - 200 “significantly improving” per year
 - may lead to fewer deaths

EARLY HOURS STROKE SERVICE: HOW?



- Public Education Campaign

www.stroke.org.uk



EARLY HOURS STROKE SERVICE: HOW?



- Public Education Campaign
- FAST test reliable screen for public and ambulance
- ROSIER assessment in A&E reliable for clinical diagnosis

WHAT IS NEEDED?

- Notification from ambulance to hospital prior to admission
- Immediate access to expert clinical opinion

WHAT IS NEEDED?

- Immediate CT scan
 - rather than “next available slot”
- Immediate expert interpretation
 - Neuroradiologists
 - Specially trained radiographers

THROMBOLYSIS

- Start t-PA within 5 minutes of scan completion
- 50% to be started within 20 minutes of arrival
- 80% to be started within 30 minutes of arrival

WHAT IS NEEDED?

Start t-PA within 20 minutes
of arrival at hospital

Can we thrombolise more
than 20%?

THROMBOLYSIS IS PART OF IMPROVING CARE FOR ACUTE STROKE

- Rapid access to care that reduce harm
 - access to high quality acute stroke unit care with specialist staff
 - accurate assessment of swallow status to reduce pneumonia
 - Malnutrition assessment (MUST)
 - Correct fluid balance

HOW MANY SPECIALIST CENTRES?

- CSC – 24 / 7

- One or two PSCs

 - At least 7am to 11pm weekdays

WHERE?

■ CSC

- requires angiography, specialist neuro-radiology, neuro-surgery

■ PCS

- mortality figures (Dr Foster)
- performance on sentinel audit
- quality measures of acute stroke units
- access
- cost

TRANSFER TO LOCAL HOSPITAL

- All patients not thrombolysed or requiring specialist centre to be transferred to their usual hospital immediately with
 - scan
 - clinical diagnosis
 - swallow assessment and MUST complete
- All patients thrombolysed to be transferred to their usual hospital after 24 hours
 - Must be clinically safe
- Unacceptable for local hospital to refuse patient

WHAT ABOUT THE PROVIDERS?

Need to do co-operative work

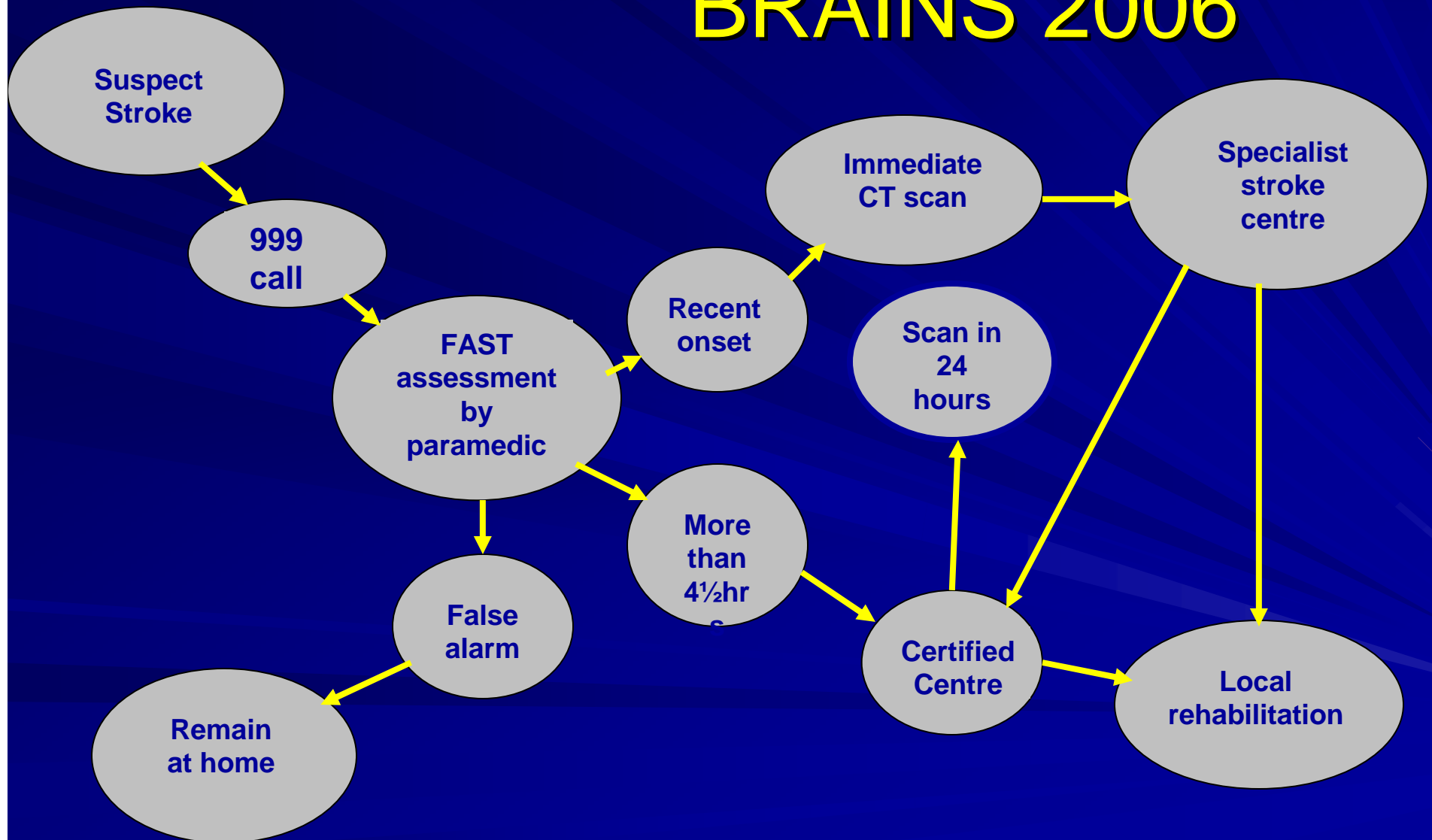
- Ambulances co-ordinating with units
- Medical cover
- Neuro-radiological cover

OTHER IMPROVEMENTS TO THE SERVICE

- Achieving high sentinel audit score
- Assessing risk of low impact fracture
- Early supportive discharge
- TIA and minor stroke
 - Early medical treatment
 - Carotid endarterectomy within two days
 - Systematic secondary prevention

WILL REDUCE MORTALITY

MENDING HEARTS AND BRAINS 2006



Thank You!