



NHS Crawley CCG

Background

This chapter of the cardiovascular disease profiles focuses on stroke and is produced by the National Cardiovascular Intelligence Network (NCVIN). The profiles are available for each clinical commissioning group (CCG) in England. Each profile is made up of four chapters which look at coronary heart disease (CHD), diabetes, kidney disease and stroke. This profile compares the CCG with data for England, a group of similar CCGs and the Sussex and East Surrey Sustainability and Transformation Partnership (STP).

Key facts	Local	Comparator CCGs	STP	England
Stroke or transient ischaemic attacks prevalence (per cent)	1.4	1.6	1.9	1.7
Atrial fibrillation prevalence (per cent)	1.4	1.6	2.2	1.7
Estimated atrial fibrillation prevalence (per cent)	2.0	2.4	2.9	2.4
Stroke admissions with history of atrial fibrillation <u>not</u> prescribed anticoagulation prior to stroke (per cent)	35.0	55.2	-	52.5
Applicable patients who are assessed at six months following a stroke (per cent)	0.0	28.3	-	29.7
Stroke early mortality (under 75) (rate per 100,000)	13.1	-	11.7	13.6
Stroke later mortality (over 75) (rate per 100,000)	429.6	-	576.6	594.7

Key information

In 2015/16 there were 1,826 people who had been diagnosed with a stroke in NHS Crawley CCG. In the same period there were 111 admissions recorded on the Sentinel Stroke National Audit Programme (SSNAP).

Atrial fibrillation is a known risk factor for stroke. The diagnosed prevalence in this CCG is 1.4% and the estimated prevalence is 2.0%. There could be an additional 890 people with undiagnosed atrial fibrillation in the CCG.

In this CCG, 35.0% of stroke patients admitted who had a history of atrial fibrillation were not prescribed anticoagulation prior to their stroke. This is lower than the England rate (52.5%).

In the SSNAP audit data for this CCG it was recorded that 42.9% of people who had AF diagnosed prior to their stroke admission and were not on anticoagulation at admission were either completely independent or had no significant disability after their stroke, however, 14.3% of people died.

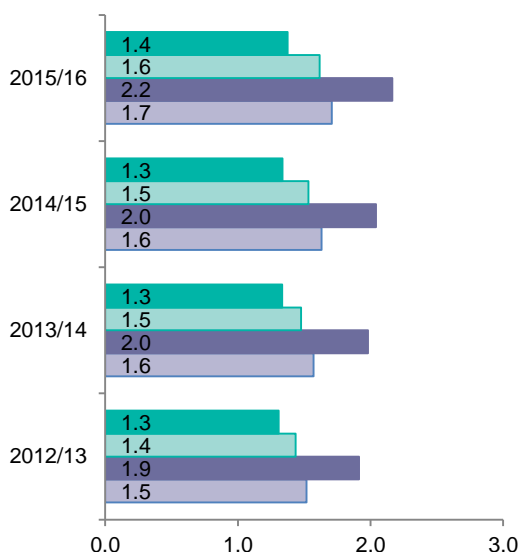
Early mortality rates (under 75 years of age) for stroke in NHS Crawley CCG were 13.1 per 100,000 people. This was similar to the England rate (13.6).

Later mortality rates (over 75 years of age) from stroke in NHS Crawley CCG were 429.6 per 100,000 people. This was significantly lower than the England rate (594.7).

Prevalence

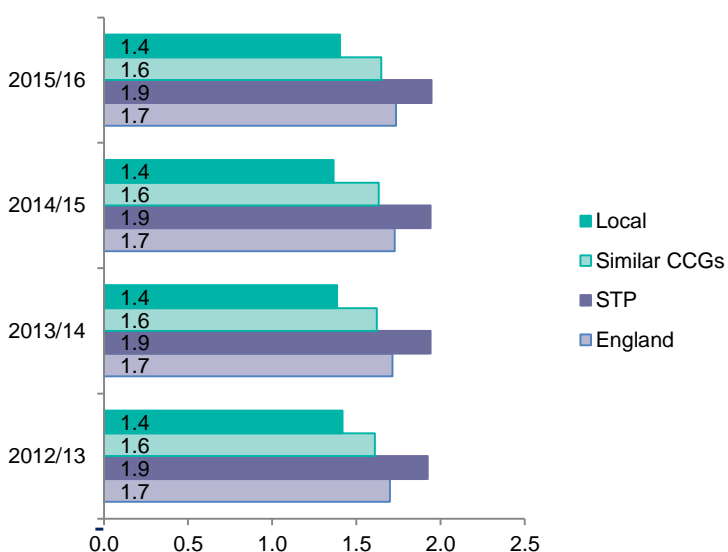
Prevalence is the number of people in a given population with a particular condition at a point in time. The diagnosed prevalence of stroke and transient ischaemic attack (TIA) and atrial fibrillation (AF) is calculated from the returns submitted to NHS Digital as part of the Quality and Outcomes Framework (QOF) by each GP practice. Diagnosed prevalence is the number of all patients who are on the practices' stroke or AF register on 31 March in a given financial year. Practice returns are combined to calculate a prevalence rate for the local CCG. The expected prevalence of AF is taken from the National Cardiovascular Intelligence Network estimates published in 2015 for people of all ages, based on age-sex specific prevalence estimates for a general population in Sweden and then applied to GP practice populations in England. Estimates for each CCG are constructed by aggregating the GP practices within those CCGs.

Atrial Fibrillation prevalence, 2012 - 2016 (per cent)



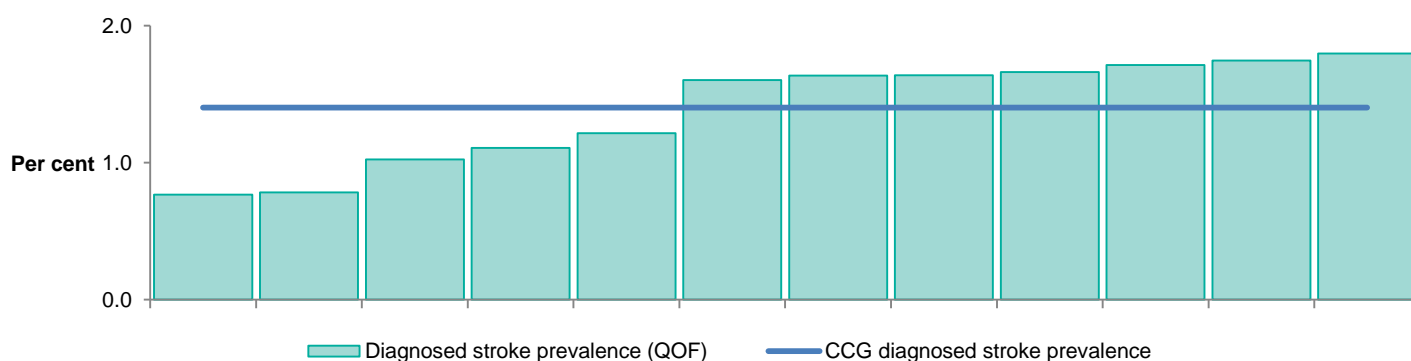
Source: Quality and Outcomes Framework 2012 - 2016

Stroke prevalence, 2012 - 2016 (per cent)



Source: Quality and Outcomes Framework 2012 - 2016

Variation by general practice of stroke prevalence, 2015/16 (per cent)



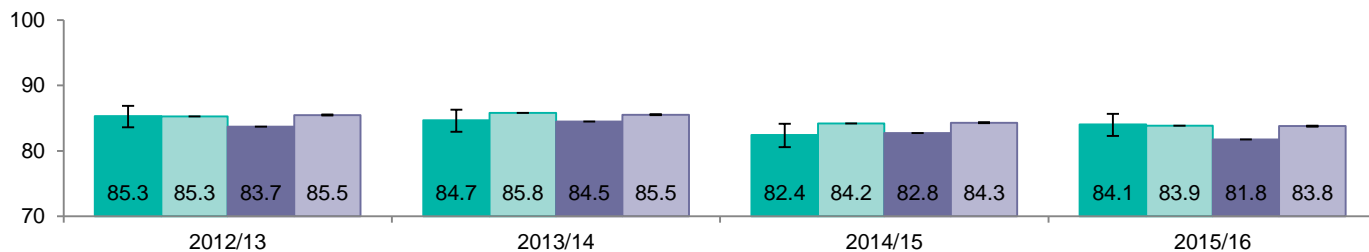
Source: Quality and Outcomes Framework 2012 - 2016

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Care processes and treatment indicators - stroke

There are three QOF stroke and TIA clinical indicators which describe the management of stroke and TIA in primary care. The graphs below and on the next page present achievement against two of the three QOF stroke clinical indicators as well as the atrial fibrillation clinical indicator for assessing stroke risk, for the CCG as a whole and for the practices within the CCG.

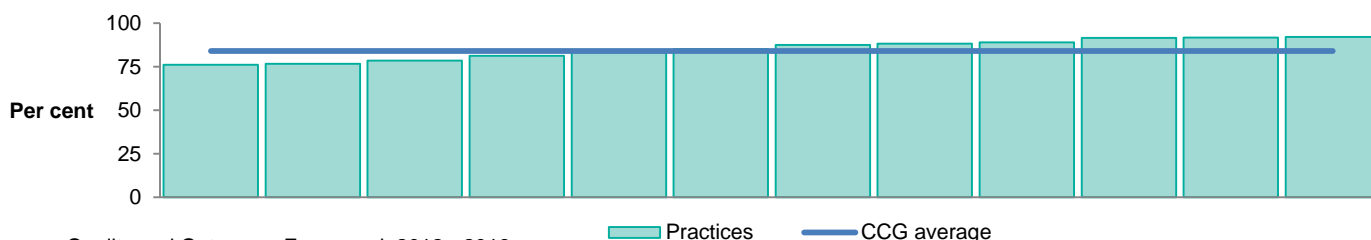
STIA003 - Patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less, 2012 -2016



Source: Quality and Outcomes Framework 2012 - 2016

Local Similar CCGs STP England

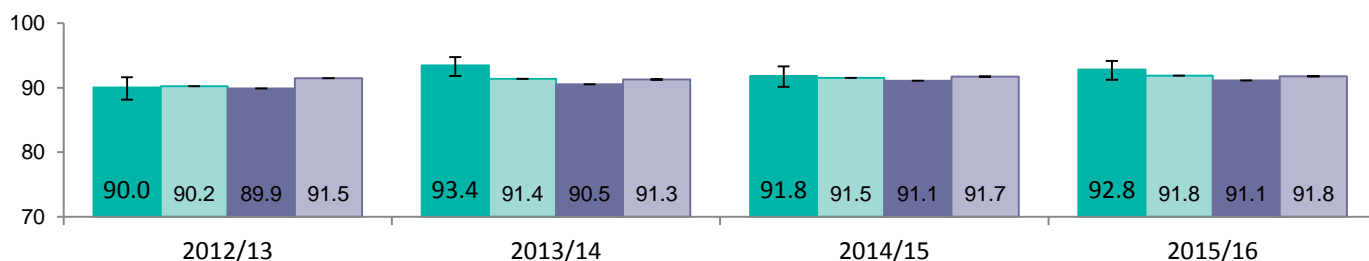
STIA003 - variation by general practice level 2015/16



Source: Quality and Outcomes Framework 2012 - 2016

Practices CCG average

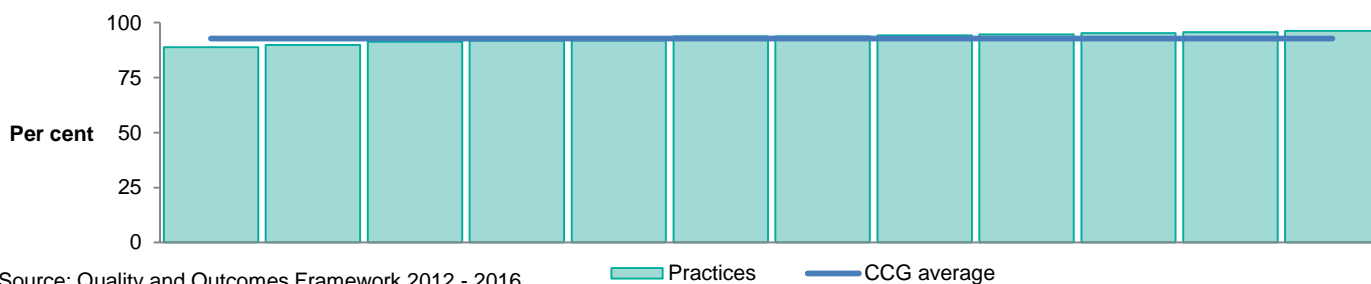
STIA007 - Patients with a stroke shown to be non-haemorrhagic, or a history of TIA, who have a record in the preceding 12 months that an anti-platelet agent, or an anti-coagulant is being taken, 2015/16



Source: Quality and Outcomes Framework 2012 - 2016

Local Similar CCGs STP England

STIA007- variation by general practice level 2015/16

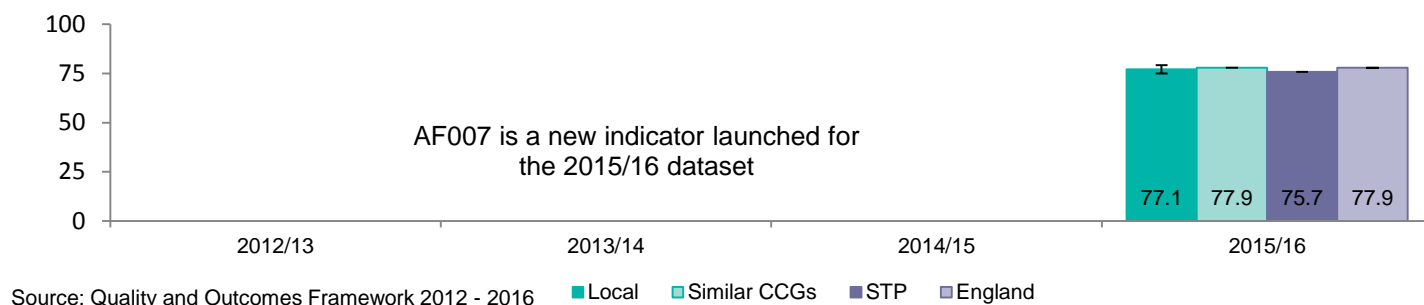


Source: Quality and Outcomes Framework 2012 - 2016

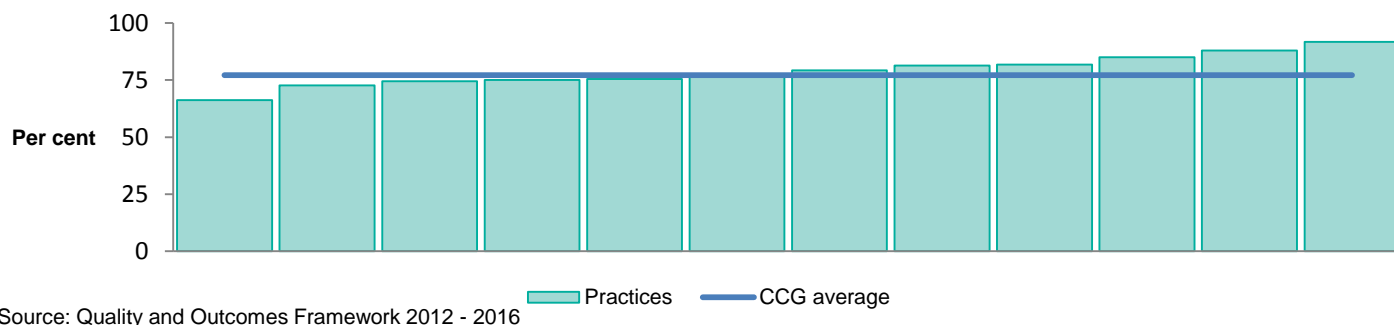
Practices CCG average

Care processes and treatment indicators - atrial fibrillation

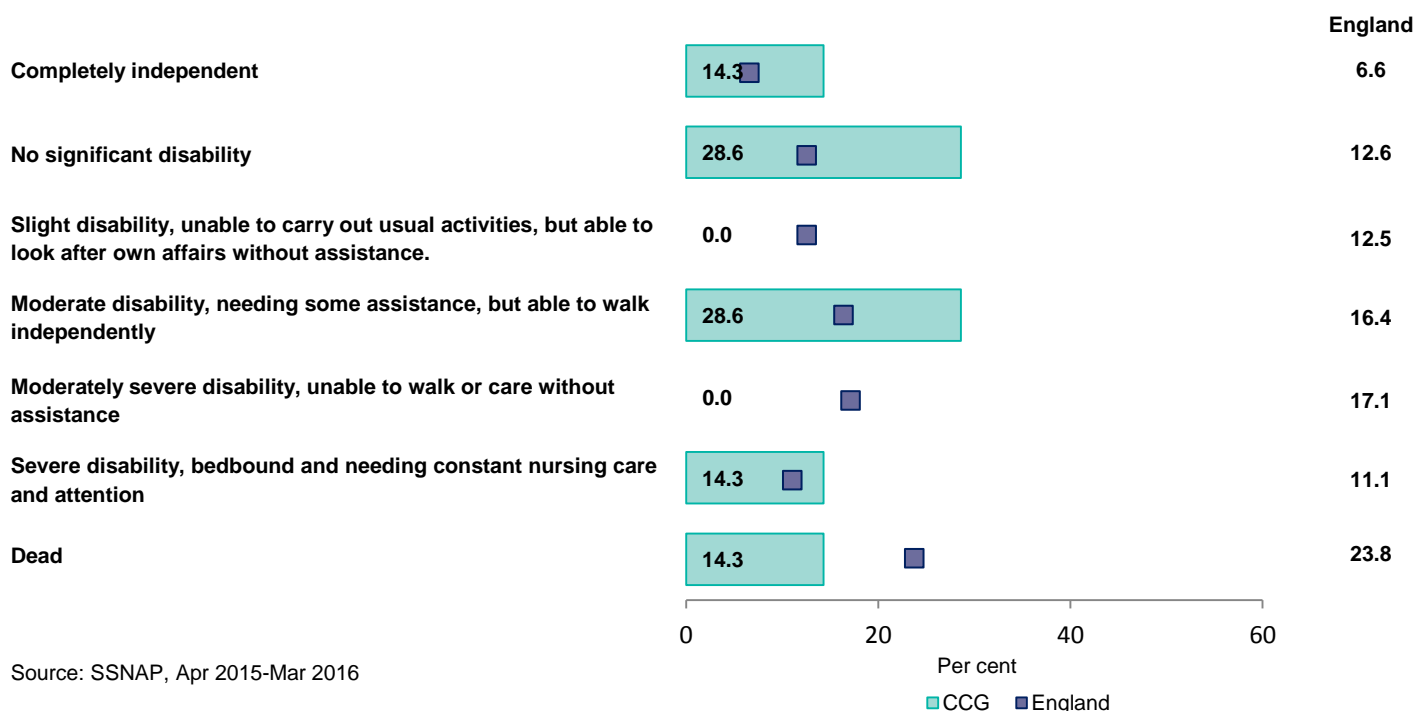
AF007 - Patients with atrial fibrillation whose latest record of a CHADS2DS2-VASc score is greater than or equal to 2, the percentage of patients who are currently treated with anti-coagulation therapy, 2015/16



AF007 - variation by general practice level 2015/16



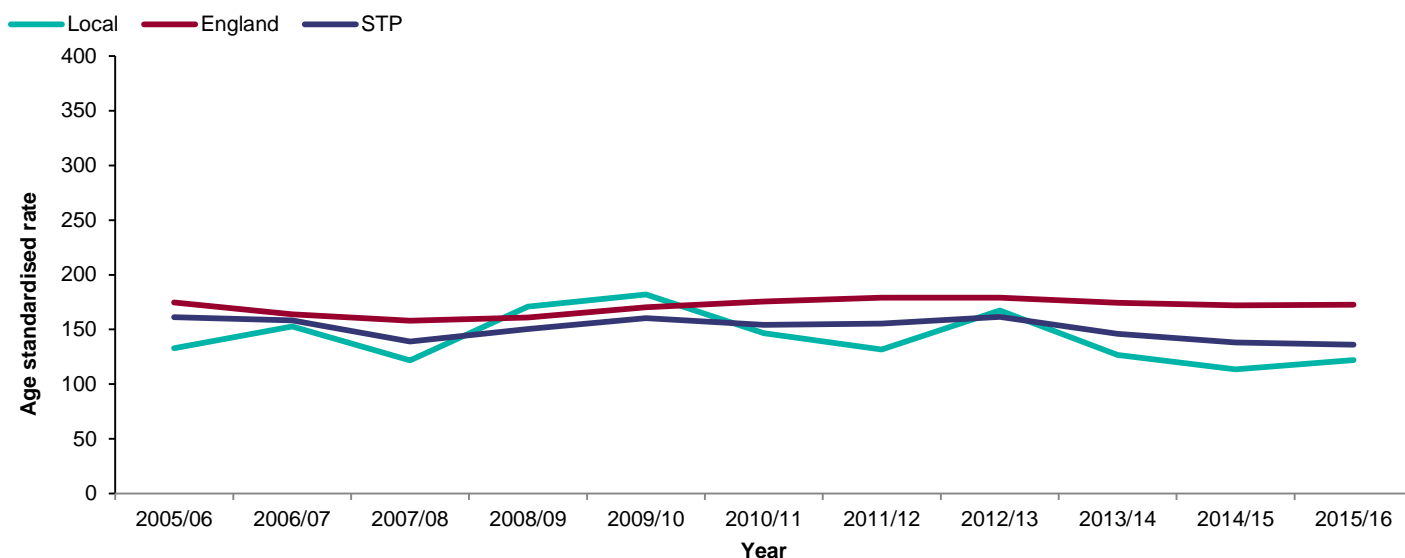
Outcome data at discharge from inpatient care for patients with prior AF who were not on anticoagulation (per cent)



Hospital admissions for stroke

In 2015/16 the admission rate for stroke in NHS Crawley CCG was 121.9 per 100,000 people. This is lower than England (171.9 per 100,000). The admission rate for stroke in the CCG decreased by 8.2% between 2005/06 and 2015/16.

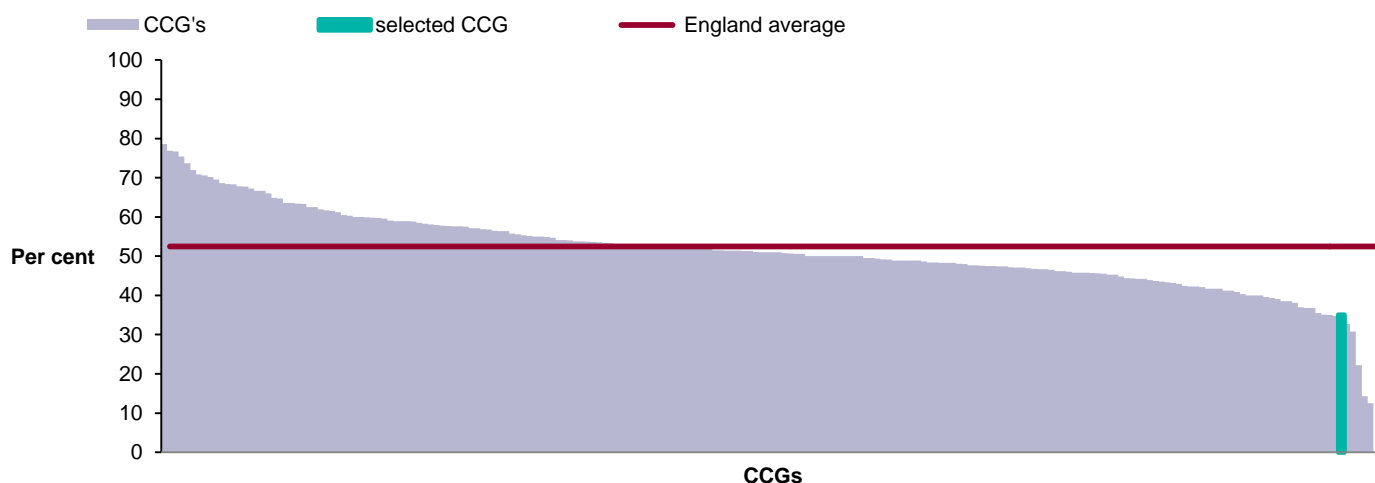
Hospital admissions for stroke for all ages, 2005/06 to 2015/16 (rate per 100,000 people)



Source: Hospital Episode Statistics (HES), 2005/06 - 2015/16, Copyright © 2017, Re-used with the permission of NHS Digital. All rights reserved

Atrial fibrillation is a heart condition which can result in an irregular or fast pulse. Atrial fibrillation can increase the chances of blood clots forming, leading to increased risk of stroke. Treating appropriate patients with anticoagulants lowers their risk of stroke. In England, 52.5% of stroke admissions who had a history of atrial fibrillation were not prescribed anticoagulation prior to their stroke. In this CCG, 35.0% of patients were not prescribed anticoagulation prior to their stroke admission.

Stroke admissions with history of atrial fibrillation not prescribed anticoagulation prior to stroke, 2015/16, by CCG (per cent)



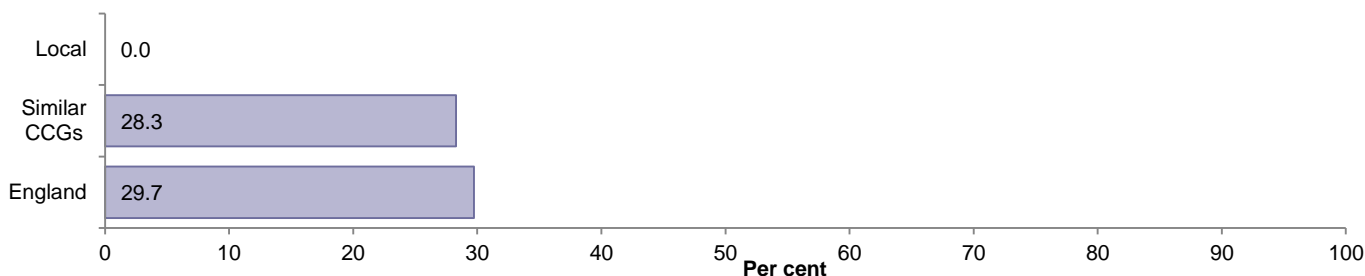
Source: SSNAP, Apr 2015-Mar 2016

NHS Crawley CCG

Six Month Assessment

It is a requirement of the National Stroke Strategy in England that all eligible patients receive a six month assessment after their discharge from hospital following a stroke. This assessment is key to assessing the outcomes of stroke care. In 2015/16 the percentage of people of all ages assessed at 6 months after discharge in NHS Crawley CCG was 0.0%

Applicable patients who are assessed at six months following a stroke, 2015/16 (per cent)



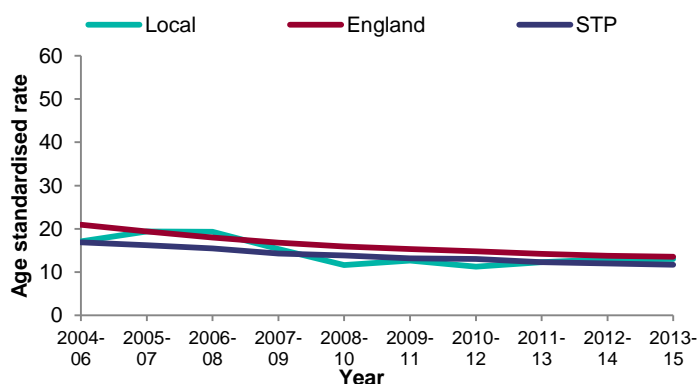
Source: SSNAP, Apr 2015-Mar 2016

Deaths from stroke, 2004 to 2015 (rate per 100,000 people)

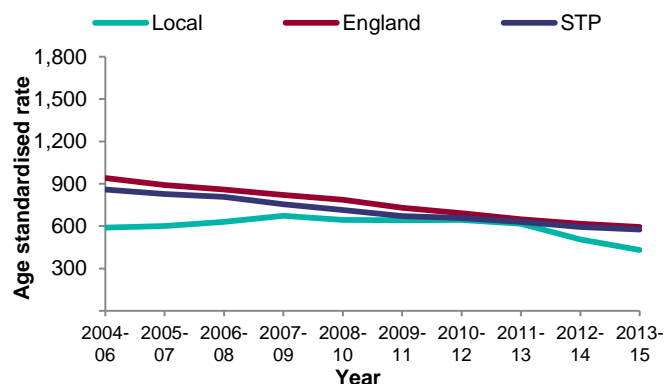
The early mortality rate (under 75 years of age) due to stroke in NHS Crawley CCG was 13.1 per 100,000 in the three-year period 2013-2015. The early mortality rate is similar to England (13.6 per 100,000).

The later mortality rate (over 75 years of age) due to stroke in NHS Crawley CCG was 429.6 per 100,000 in the three-year period 2013-2015. This is significantly lower than the later mortality rate for England (594.7 per 100,000).

Early mortality under 75, 2004-2015 (rate per 100,000 people)



Later mortality over 75, 2004-2015 (rate per 100,000 people)



Source: ONS mortality data 2016

NCVIN - links to other sources of key stroke data

Sentinel stroke national audit programme: www.rcplondon.ac.uk/projects/sentinel-stroke-national-audit-programme

For the latest SSNAP results visit: www.strokeaudit.org/results

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