

Brain Attack !






Causes of stroke:

- 80% infarct (clot)
- 20% haemorrhage (bleed)

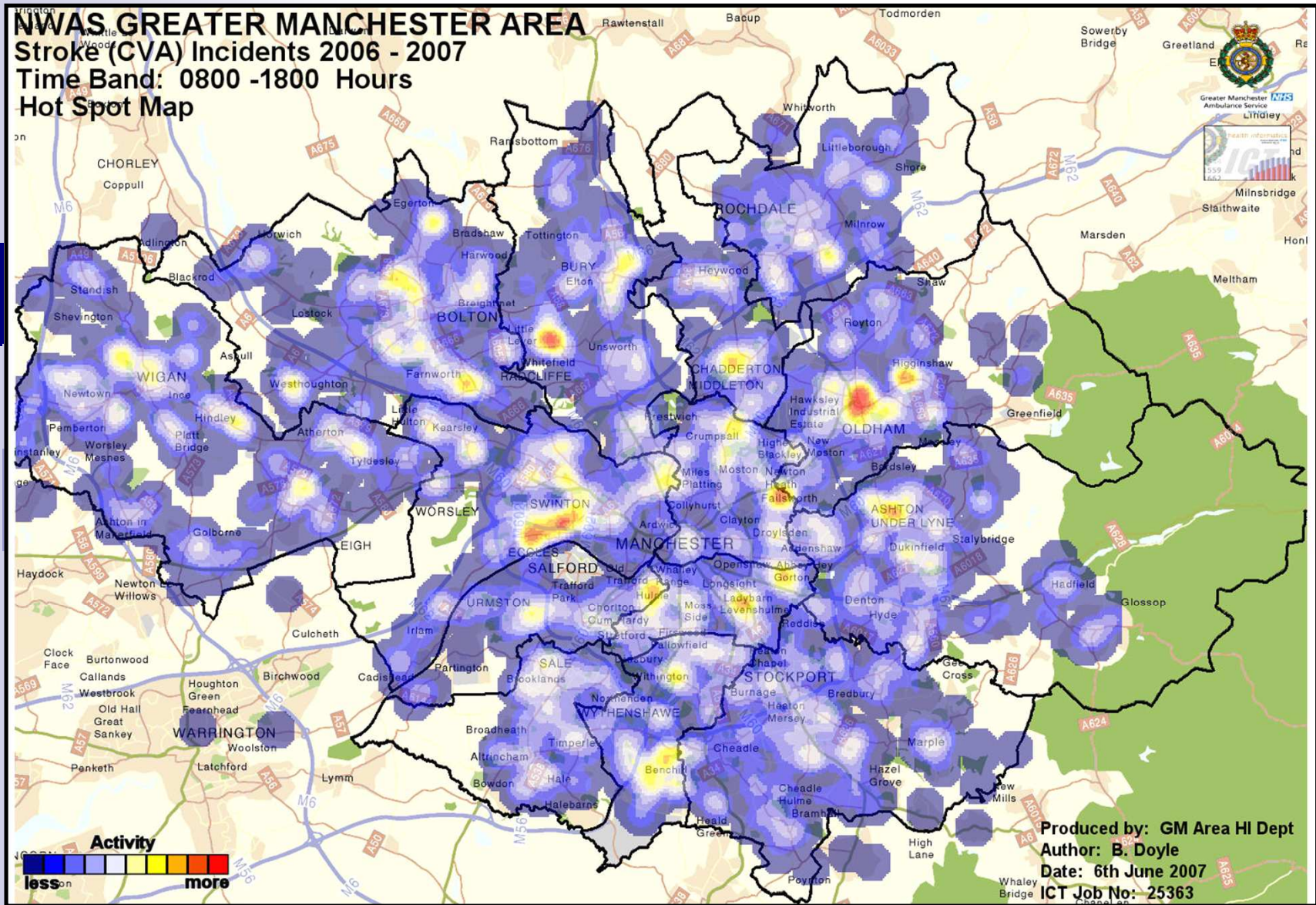
- It is the patients with infarct (clot) who may benefit from thrombolysis (tPa). Early CT scan needed to distinguish between infarct and haemorrhage
- Improving access and timings to CT scan will improve acute stroke outcomes for all stroke (and TIA) patients.



Early Hours Stroke Service: Why?

- Over 5,000 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

Stroke hot spots in Manchester





Variation in Greater Manchester hospital care

- Large differences in RCP Stroke Sentinel audit results
- SMRs vary from 85 to 128



Current Issues

- Patient recognition of stroke symptoms
- Treated as emergency by Ambulance staff – now Cat A (same as Heart)
- Delays in A&E
- Dedicated Specialist Stroke Unit with Team
- Access to CT scan
- 24 hour cover
- Rapid onward transfer



Nationally

- DoH National Stroke Strategy
 - Consultation Summer 2007
 - Publication December 2007

- RCP National Clinical Guidelines for Stroke (2008)
- NICE Acute Stroke Guidelines (early 2008)

- NICE Alteplase (tpA) 2007

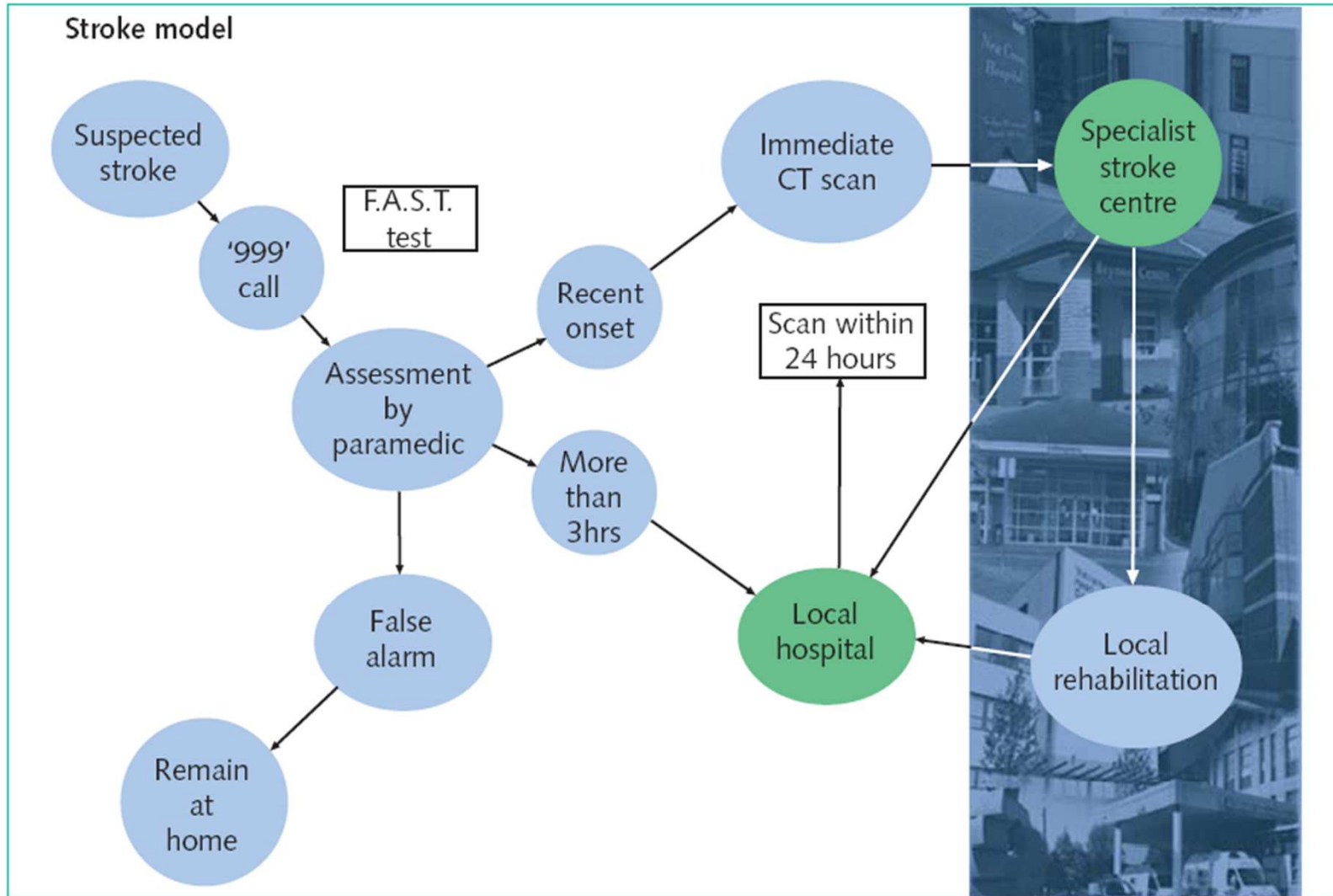
- 100% CT scan within 24 hour by 2008



National stroke strategy

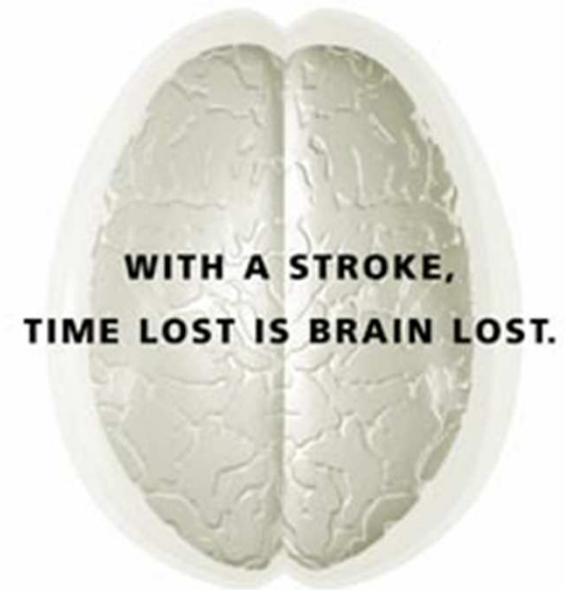
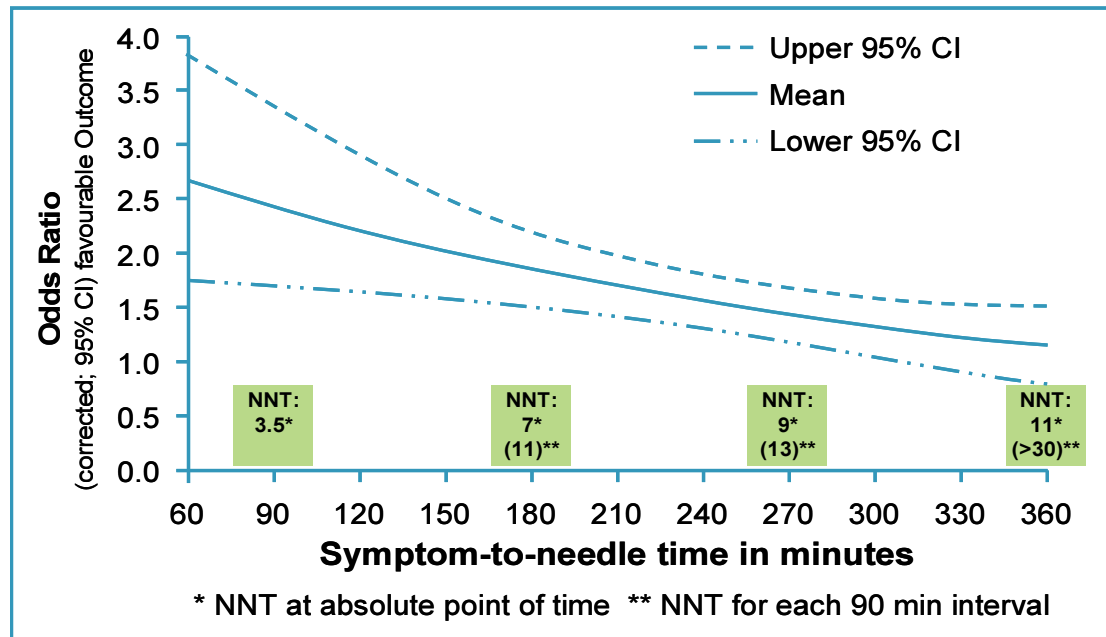
- Roger Boyle – Stroke Czar
- Saving from early treatment immense
- Suggesting 40-60 Stroke Supercentres
- 1 million catchment -1000 new strokes/yr
- Number of Centres in Greater Manchester
- GM stroke network

Mending Hearts and Brains (2006)



Time is Brain

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





But thrombolysis can make a big difference

- Currently Thrombolysis has to be administered within three hours of onset of stroke symptoms
 - The earlier, the better
 - Ideal @90 minutes
- 12 km neurons lost per minute of ischaemia
- Hazardous to delay after 3 hour



Numbers benefiting in Greater Manchester

- If thrombolysis is given to 50% of patients within 3 hours of onset of symptoms, it will lead to :
 - 125 fewer deaths per year
 - 200 “significantly improving” per year



Acute Stroke Management

- Intravenous thrombolysis (iv tPA) within 3 hours of onset of symptoms will lead to:
 - 20% reduction in mortality
 - 2% may die as a result of the treatment
 - 12% “significantly improve”



Transfer back to base hospital

- All patients not thrombolysed or not requiring Specialist Centre to be transferred to their usual hospital immediately with
 - scan
 - clinical diagnosis
 - swallow assessment complete
- All patients thrombolysed to be transferred to their usual hospital after 24 hours
 - Must be clinically safe



Discussions for GM

- One Comprehensive Stroke Centre
 - 24 hour/7 days
 - Neuroradiology, Neurosurgery
- 2 Primary Stroke centres
 - Deliver Thrombolysis 9-5 ?7 days
- District Stroke units
 - Take patients after hyperacute period
 - Maintain existing services/expertise
 - Raise standards generally



What we need to do next for early hours stroke unit

- Association of PCTs to produce business case and Service Specification
 - Expressions of interest from Trusts
 - Decision of the sites to be made
 - Public Awareness campaign



Conclusions

- Very exciting time for Stroke
- Potential benefits/savings from effective early treatment very large
- Thrombolysis is deliverable and safe
- Stroke Supercentres - Major implications for staffing, funding etc
- Not feasible for all Trusts to provide due to numbers
- Greater Manchester Stroke Network at the forefront Nationally



AMBITION

Early Hours Stroke Service

to be

a world class service



Thank You!