

7.4 Stroke

Stroke is the largest cause of disability in the UK, and the third commonest cause of death (after heart disease and cancer)¹. Most cases occur in people aged over 65 but, a stroke can occur at any age, even in babies. Each year in Walsall, around 480 people have a stroke. 25% of these people die from the effects of their stroke. Of those who survive, one third have moderate to severe disability. Access to fast and effective acute treatment and high quality rehabilitation can significantly reduce both death and disability. Specific details for this are described in the Accelerating Stroke Improvement report².

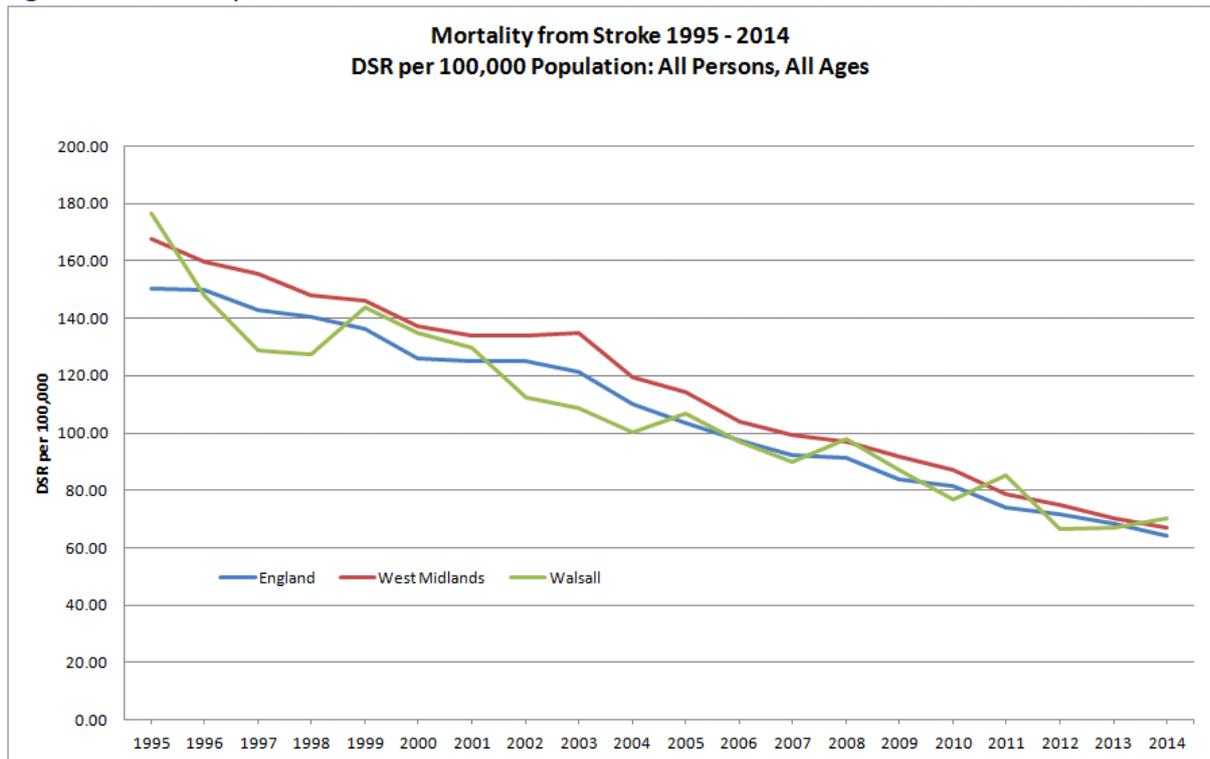
The main preventative actions for stroke are good control of high blood pressure and correction of heart rate abnormalities (atrial fibrillation). People who have suffered 'mini strokes', also known as transient ischaemic attack (TIA), are at high risk of developing more severe strokes and effective actions to reduce this risk are of most benefit.

The charts below shows the mortality trend resulting from stroke, between 1995 and 2014, for all persons and also separately by gender. For 'all persons', all ages, the overall reduction in recent years shows Walsall's mortality (65.74 rate per 100,000) in 2012 was lower than the West Midlands (73.91 rate per 100,000) and England (70.66 rate per 100,000). However, during 2013 and 2014 rate has increased (70.24 rate per 100,000) and is now higher than the West Midlands (67.25 rate per 100,000) and England (64.28 per 100,000).

¹ NHS Choices; <http://www.nhs.uk/conditions/Stroke/Pages/Introduction.aspx> (Accessed: 26th May 2016)

² <http://www.improvement.nhs.uk/stroke/AcceleratingStrokeImprovement/tabid/134/Default.aspx> (Accessed: 17 Oct 2013)

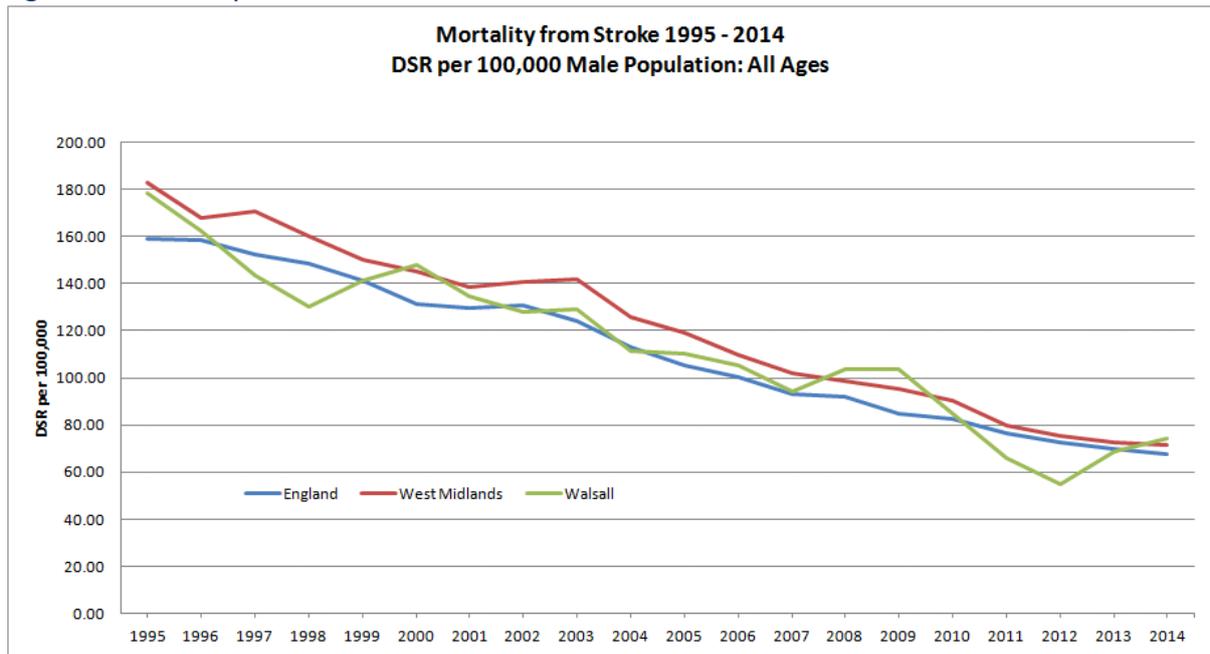
Figure 1: Mortality from stroke 1995-2014



Source: Health and Social Care Information Centre

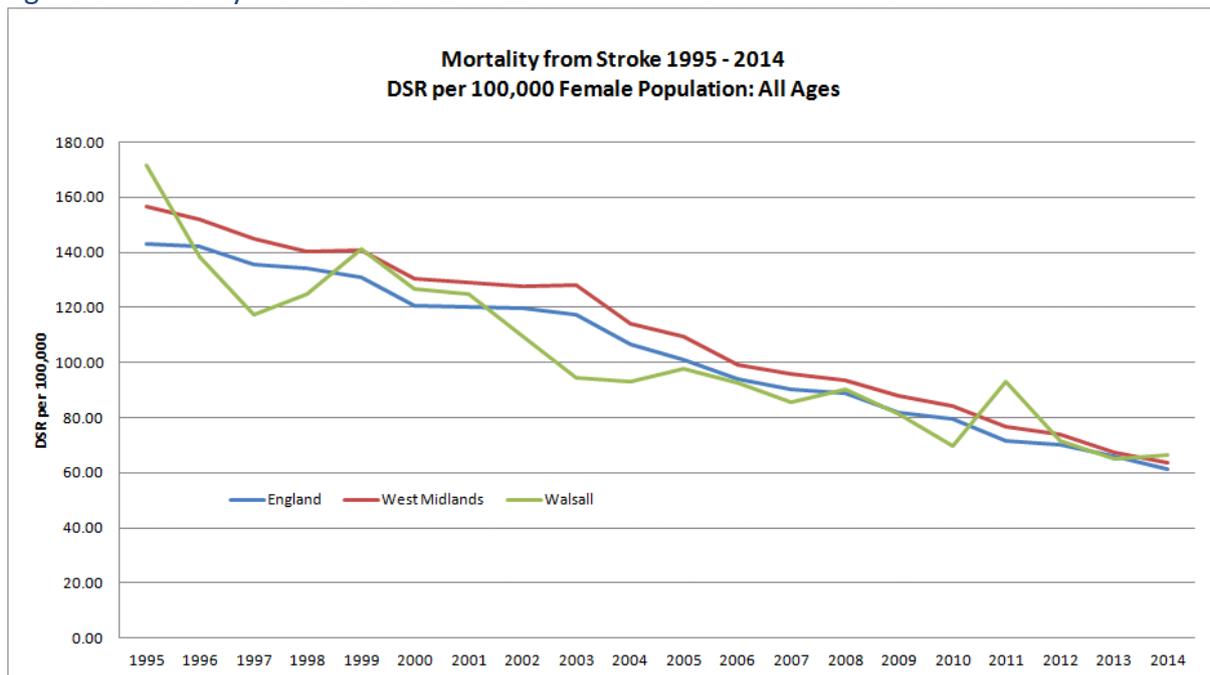
When comparing mortality of males against females, there is a marked difference. Both genders generally have a downwards trend, but female mortality has dropped 49% between 1995 and 2014, and male stroke rates had fallen by 55% in 2012. However, with the steep incline in male stroke mortality rates recently, that gap has now narrowed to 38% between 1995 and 2014. On closer inspection, more than half of these female deaths occurred in people over the age of 85.

Figure 2: Mortality from stroke - males



Source: Health and Social Care Information Centre

Figure 3: Mortality from stroke - females



Source: Health and Social Care Information Centre

Premature mortality from stroke

Public Health England host an online resource called Longer Lives³ which highlights premature mortality across every Local Authority in England, giving people important

³ <http://healthierlives.phe.org.uk/>

information to help them improve their community's health. Premature mortality refers to those user 75 years.

Between 2012 and 2014, there were 120 premature deaths in Walsall (18.1 per 100,000) as a result of stroke. This ranks Walsall as 127th out of a total of 149 local authorities (where rank of 1 is best). Walsall is therefore considered one for the statistically significantly worst local authorities in England.

When Walsall is placed in a group of 15 similar local authorities, based on socioeconomic deprivation, it is ranked 11th out of 15 (where 1 is best), as seen in Figure 4 below. For the group of 15 local authorities, Walsall is ranked worse than average.

Figure 4: Mortality from stroke - comparing Walsall with similar local authorities



Source: PHE Longer Lives; <http://healthierlives.phe.org.uk/> (Accessed: 26th May 2016)

Indicators:

- *Good hyper-acute and general community rehabilitation services which compare favourably regionally and nationally*

- *Very limited vocational rehabilitation service for people of working age who suffer a stroke means the percentage of younger stroke sufferers returning to work within 12 months is low*
- *The access to specialist stroke rehabilitation is reduced for those patients with the densest strokes (e.g. unable to sit unaided). There is no appropriate bed-based service for rehabilitation within Walsall. There are limitations to the current nursing home-based service in terms of access to beds and appropriateness of facilities for specialist rehabilitation*
- *Insufficient specialist social worker support for the stroke pathway introduces delays in discharge.*

Priorities for action:

- *A clear and robust service for younger stroke sufferers needs to be commissioned and delivered within Walsall. This will increase the proportion of stroke sufferers returning to work within 6 (and 12) months*
- *All partners need to design and implement appropriate bed-based rehabilitation services within Walsall. This will maximise the regaining of functions for all stroke patients*