



## NHS Hastings And Rother CCG

### Background

This cardiovascular disease summary profile focuses on stroke and is produced by the National Cardiovascular Intelligence Network (NCVIN). Summary profiles are available for each clinical commissioning group (CCG) in England in coronary heart disease and heart failure, 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	CCG	Similar CCGs	STP	England
Atrial fibrillation QOF prevalence (per cent)	3.0	2.6	2.3	1.8
Estimated prevalence of atrial fibrillation (per cent)	3.5	3.3	2.9	2.4
Stroke QOF prevalence (per cent)	2.5	2.4	2.0	1.7
Stroke admissions with history of atrial fibrillation not prescribed anticoagulation prior to stroke (per cent)	41.7	47.2	-	47.5
Stroke patients who are assessed at 6 months (per cent)	15.0	21.9	-	31.6
Stroke mortality rates, under 75 years (rate per 100,000)	12.5	-	11.5	13.4
Stroke mortality rates, over 75 years (rate per 100,000)	476.3	-	536.9	563.8

### Key Information

In 2016/17 there were 4,241 people who have previously been diagnosed with a stroke in NHS Hastings And Rother CCG. In the same period there were 231 admissions recorded on the Sentinel Stroke National Audit Programme (SSNAP).

The diagnosed prevalence of atrial fibrillation (AF) in this CCG is 3.0% and the estimated prevalence is 3.5%. There could be an additional 1,268 people with undiagnosed atrial fibrillation in the CCG.

In this CCG, 41.7% of stroke patients admitted who had a history of atrial fibrillation were not prescribed anticoagulation: this is lower than the England rate (47.5%).

In the SSNAP audit data for this CCG, 5% 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: 25% of people died as a result of their stroke.

Early mortality rates (under 75 years of age) for stroke in NHS Hastings And Rother CCG were 12.5 per 100,000 people. This was not significantly different from the England rate (13.4).

Later mortality rates (over 75 years of age) from stroke in NHS Hastings And Rother CCG were 476.3 per 100,000 people. This was significantly lower than the England rate (563.8).



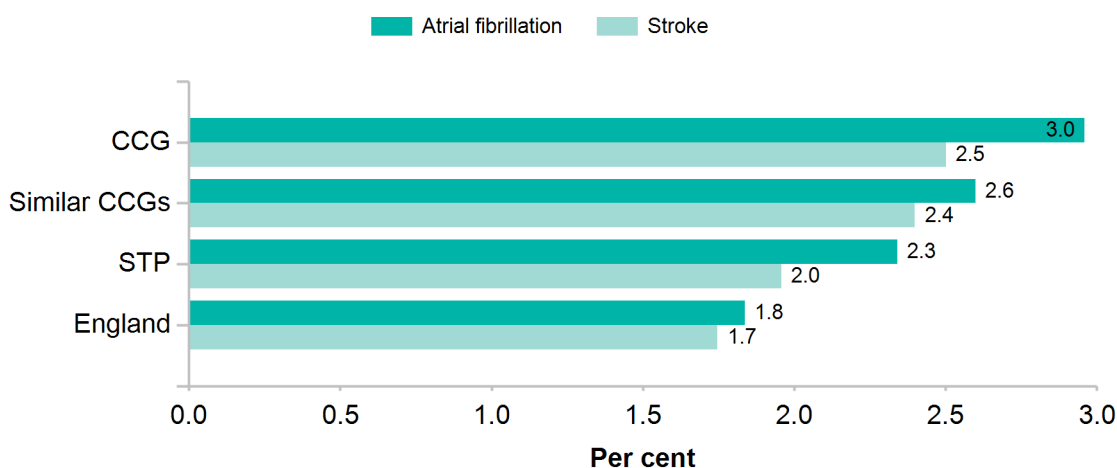
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### Disease prevalence

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.

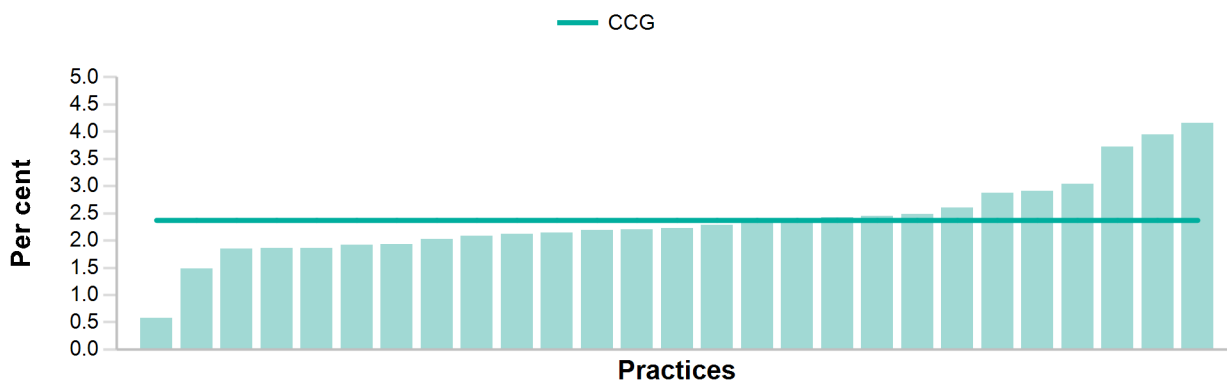
The expected prevalence of AF is taken from the NCVIN estimates first published in 2015 and subsequently updated in 2017 for people of all ages, based on age-sex specific prevalence estimates for a general population in Sweden. These are then applied to GP practice populations in England. Estimates for each CCG are constructed by aggregating the GP practices within those CCGs.

### Stroke and Atrial Fibrillation prevalence, 2016/17 (per cent)



Source: Quality and Outcomes Framework, 2016/17

### Variation by general practice of stroke prevalence, 2016/17 (per cent)



Source: Quality and Outcomes Framework, 2016/17

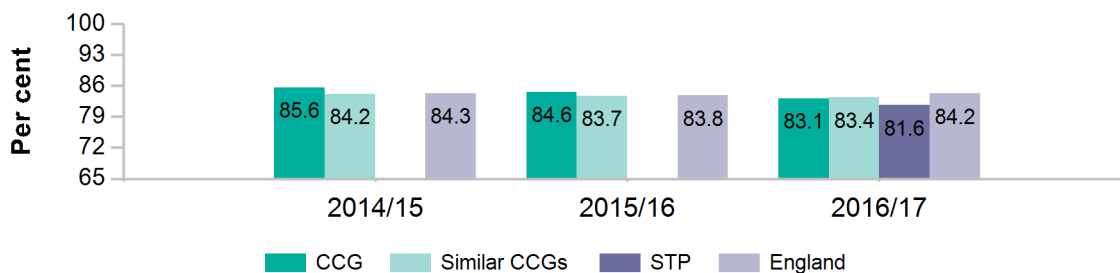


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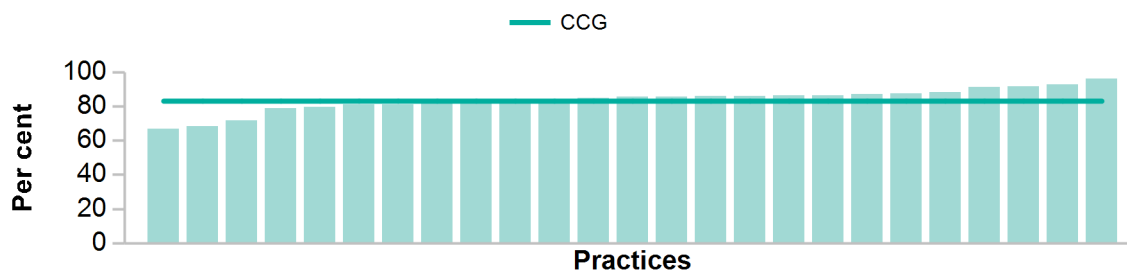
### Care processes and treatment indicators - stroke

There are two main 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 these two 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.

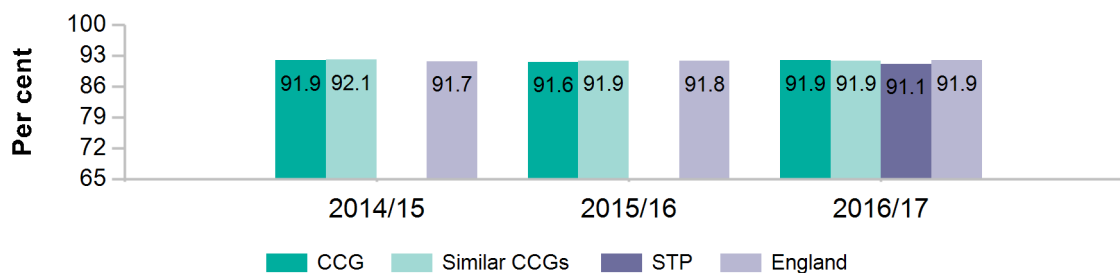
**STIA003 - Patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mm Hg or less**



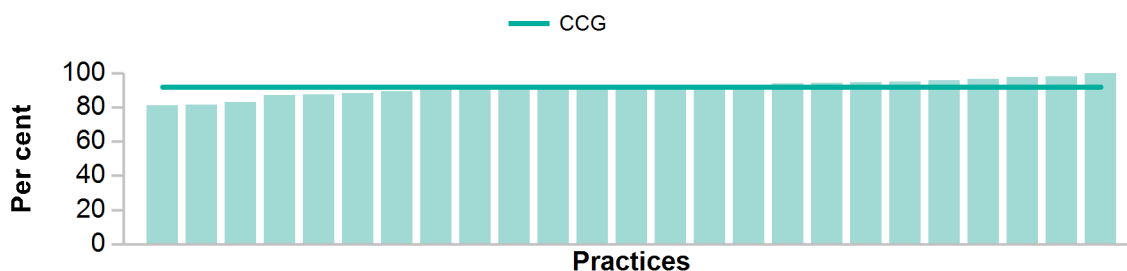
**STIA003 - variation at GP practice level, 2016/17**



**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, 2016/17**



**STIA007 - variation at GP practice level, 2016/17**

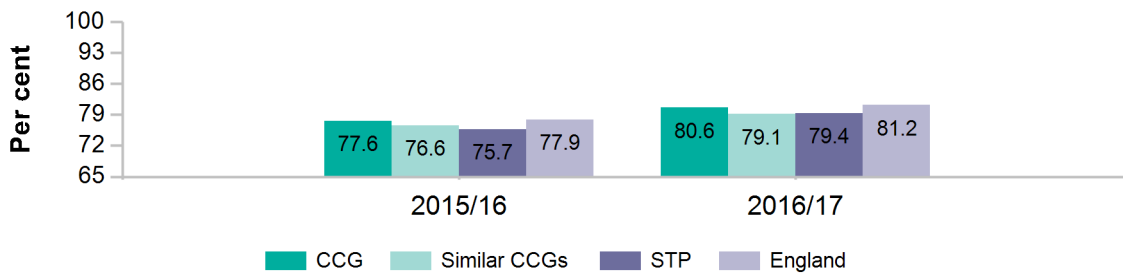




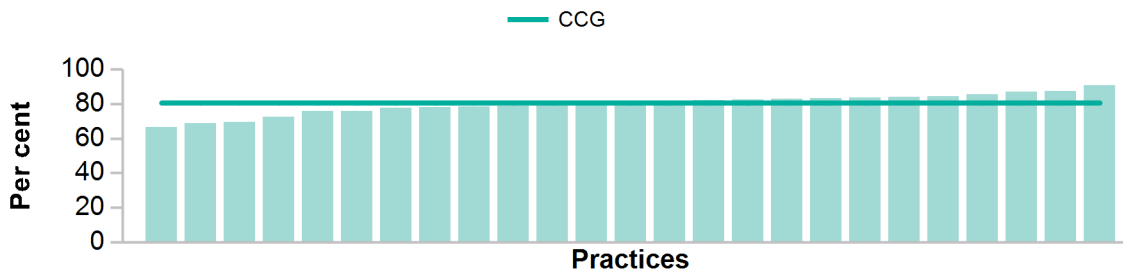
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#### Care processes and treatment indicators - atrial fibrillation

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, 2016/17

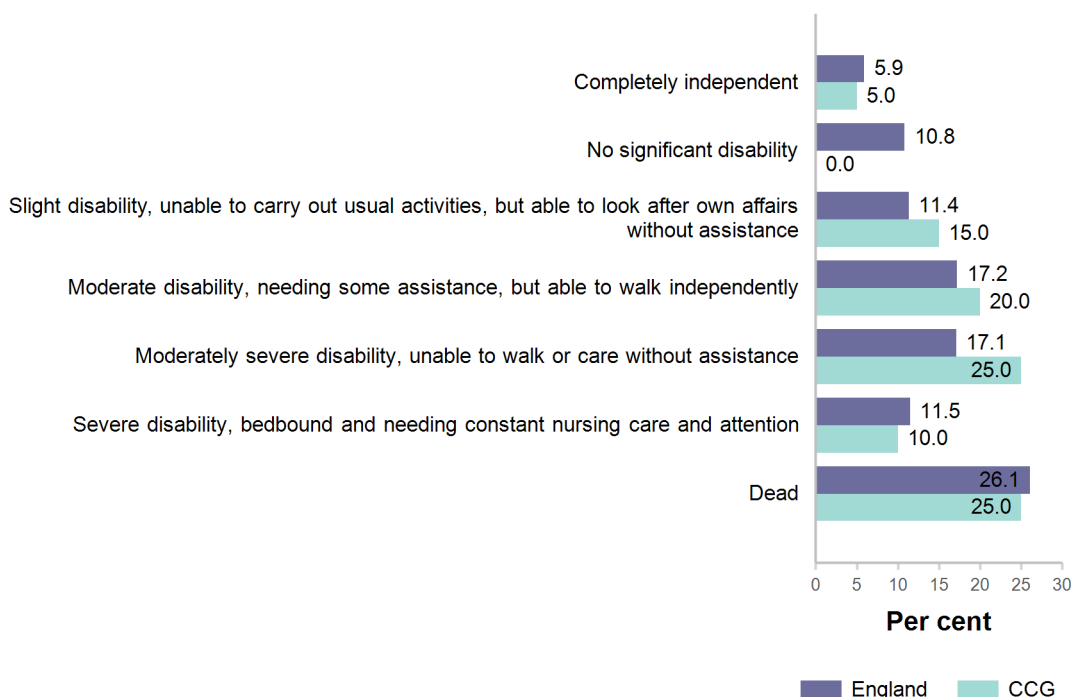


AF007 - variation at GP practice level, 2016/17



#### Outcome at discharge for stroke patients with prior AF who were not on anticoagulation

Outcome data at discharge for patients with prior AF who were not on anticoagulation in 2016/17, (per cent)



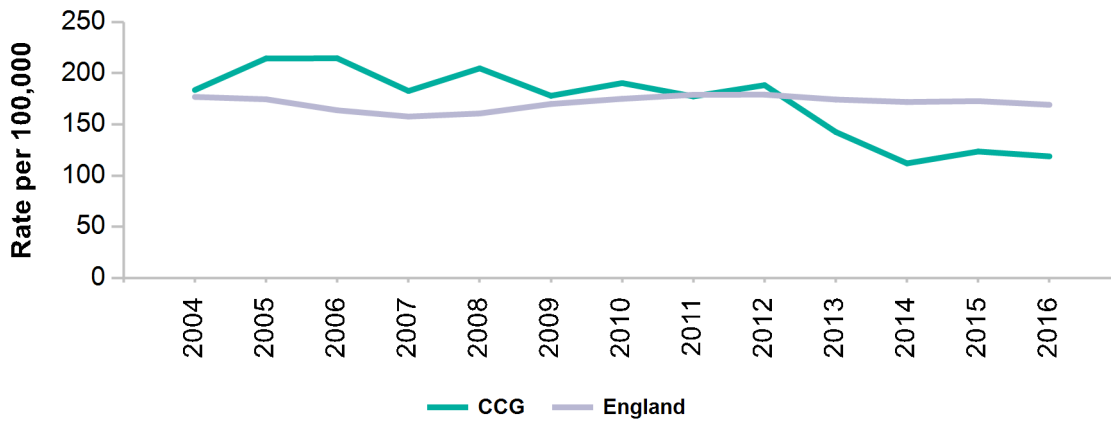
Source: SSNAP, Apr 2016 - Mar 2017



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### Management - hospital admissions

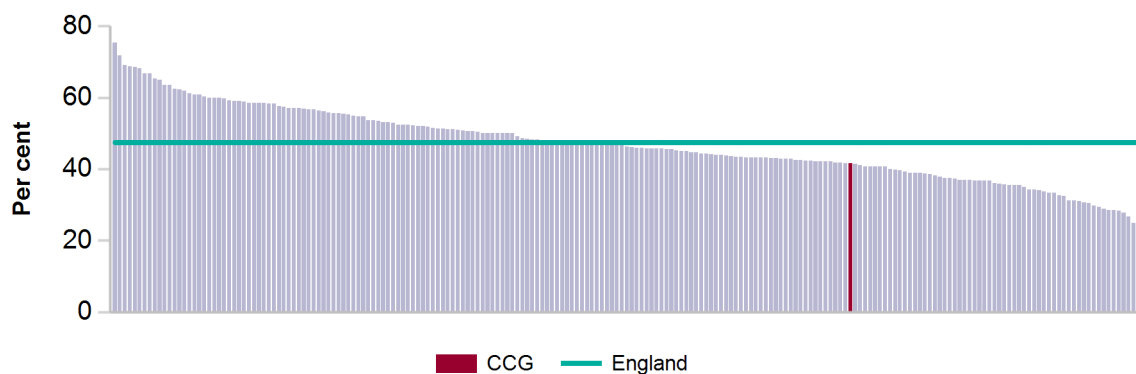
In 2016/17 the admission rate for stroke in NHS Hastings And Rother CCG was 118.9 for every 100,000 people in the population (282 admissions, compared to the 231 admissions recorded in SSNAP). This is significantly lower than England (169.2 per 100,000). The admission rate for stroke in the CCG has decreased by 35.3% between 2004/05 and 2016/17.



Source: Hospital Episode Statistics (HES), 2016/17. Copyright © 2018, 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 chance of blood clots forming, leading to increased risk of stroke. Treating appropriate patients with anticoagulants lowers their risk of stroke. In England, 47.5% of stroke admissions who had a history of atrial fibrillation were not prescribed anticoagulation prior to their stroke. In this CCG, 41.7% of stroke patients admitted who had a history of atrial fibrillation were not prescribed anticoagulation.

### Stroke admissions with history of atrial fibrillation not prescribed anticoagulation prior to stroke, 2016/17, by CCG (per cent)



Source: SSNAP, Apr 2016 - Mar 2017

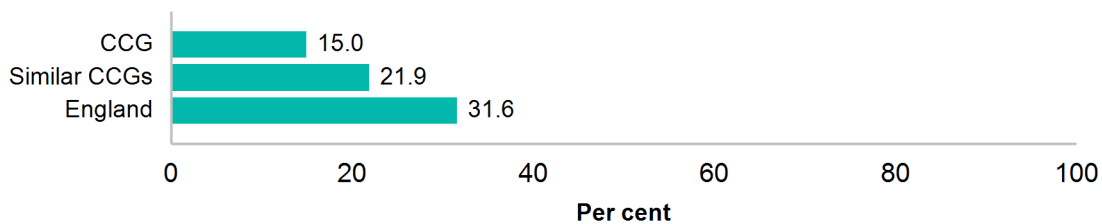


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#### Six month assessment

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 2016/17 the percentage of people of all ages assessed at 6 months after discharge in NHS Hastings And Rother CCG was 15%.

#### Applicable patients who are assessed at six months following a stroke, 2016/17 (per cent)



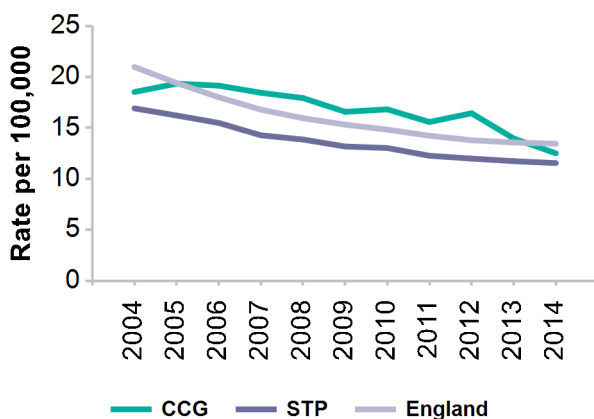
Source: SSNAP, Apr 2016 - Mar 2017

#### Outcomes - age-standardised mortality

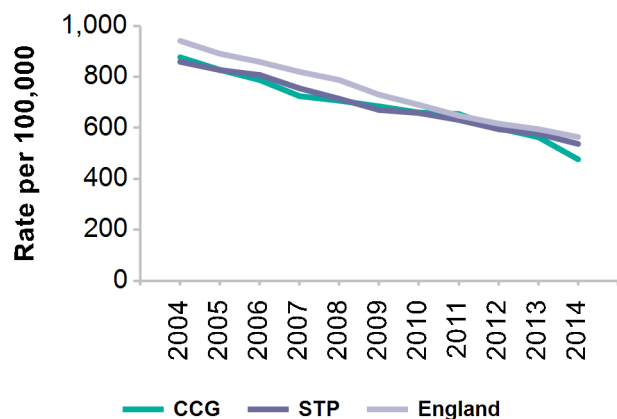
The early mortality rate (under 75 years of age) due to stroke in NHS Hastings And Rother CCG was 12.5 per 100,000 in the three-year period 2014-16. The early mortality rate is not significantly different to the England rate (13.4 per 100,000).

The later mortality rate (over 75 years of age) due to stroke in NHS Hastings And Rother CCG was 476.3 per 100,000 in the three-year period 2014-16. This is significantly lower than the later mortality rate for England (563.8 per 100,000).

#### Early mortality (under 75) from stroke, 2004-06 to 2014-16



#### Later mortality (75 and over) from stroke, 2004-06 to 2014-16



Source: ONS Mortality data, 2016

#### NCVIN - links to other sources of key stroke data

Sentinel Stroke National Audit Programme <https://www.rcplondon.ac.uk/projects/outputs/sentinel-stroke-national-audit-programme-ssnap>

Stroke Association <https://www.stroke.org.uk/resources/state-nation-stroke-statistics>

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