GM Connected Health City
Developing a learning system for stroke in Greater Manchester

Workstream 2: Secondary Prevention

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What are we trying to do?
The aim of this workstream is to improve the quality of secondary prevention for stroke and TIA patients following discharge from the acute setting.

Why is it important?
People who have had a stroke or TIA are at increased risk of further events. Approximately 18% of people who have had a stroke/TIA have another within the first three months, and for around two-thirds of these patients, this happens within the first 30 days. Guidelines for stroke management from the Royal College of Physicians state that, for each patient, "appropriate secondary prevention should therefore be commenced as soon as possible, usually in the acute phase provided it is safe to do so. However, it is also vital that attention to secondary prevention should be continued throughout the recovery and rehabilitation phase and for the rest of the person's life". Such secondary prevention may include, but is not limited to, appropriate blood pressure control, modification of lifestyle factors, use of antithrombotic treatment and lipid-lowering therapies, and surgical intervention for symptomatic carotid stenosis.

It is during the transition from secondary to community and primary care, however, that deficiencies in secondary prevention management can arise, particularly for those patients who experience a TIA or minor stroke and are discharged from hospital quickly.

How will we do it?
We will bring together historical primary and secondary care data to create a large cohort of stroke and TIA patients and will use this to develop a model to predict those patients who are at highest risk of recurrent stroke/TIA. This same data will also be used to examine current practice (including variation in practice) in primary care with regards to stroke secondary prevention, and explore the reasons why secondary prevention may currently be suboptimal.

We will then apply the developed model prospectively to identify patients most at risk of recurrent stroke and TIA, and informed by our increased understanding of current secondary prevention practices, test and implement changes in how secondary prevention is delivered. In particular, we will explore at potential tests of change in the areas of blood pressure control and anticoagulation. As part of this we will also explore the potential for redefining the role of nursing staff in the stroke post-discharge service, to include a review of secondary prevention within 72 hours of hospital discharge for patients with an increased risk of early recurrent stroke.

The activities of this workstream will be aligned to, and supported by, work currently being undertaken by the Greater Manchester Stroke Operational Delivery Network to implement a common integrated stroke model of care across the area.

What data sources will we need?
- Salford primary care data
- EPR data from Salford Royal Hospital

Who are the collaborating organisations?

- Salford Royal NHS Foundation Trust
- NHS Salford CCG
- Greater Manchester Stroke Operational Delivery Network (ODN)
- University of Manchester/Manchester Academic Health Sciences Centre