

# THE SCOTTISH OFFICE

NHS MEL(1994)105

St. Andrew's House Edinburgh EH1 3DG

# National Health Service in Scotland Management Executive

Dear Colleague

## SNAP ACUTE STROKE REPORT

# Summary

1. A report produced by the Scottish Needs Assessment Programme is attached. It focuses on Acute Stroke but covers all aspects of stroke care from early management to rehabilitation and support for carers and with a strong emphasis on prevention. It complements the recently published Scottish Clinical Advisory Group's Report on Stroke and the forthcoming CRAG Clinical Guidelines in Stroke Care.

# Background

- 2. In Scotland stroke is a significant cause of mortality and morbidity. A quarter of cases occur in those aged under 65 years of age. Stroke is not a single disease entity and accurate diagnosis of type of stroke by CT scan is desirable to determine both management of the acute episode and action required to prevent subsequent strokes.
- 3. There is convincing evidence that organised stroke care can save lives and is best provided from stroke units. Multi-disciplinary stroke units are not expensive to establish and can be created from existing facilities with pooling of dedicated staff who are well motivated to care for stroke patients. Prevention of subsequent strokes must start at an early stage in patient management including long-term aspirin for thrombotic strokes. The report provides a section on outcome measures to evaluate and audit stroke services.
- 4. Most acute stroke patients are managed in hospital before being discharged back into the community. Many have all their care in the community and for all disabled stroke survivors and their carers this is often a major burden because of lack of support services there. The need to support the patient and carers after the acute phase is important and there is a role here for voluntary agencies. The longer term needs of stroke survivors are not discussed in detail as they relate to the residual disability rather than the stroke and should be addressed as such in a specific report on disability needs in the community.

14 November 1994

#### Addressees:

For action:

General Managers, Health Boards GP Fundholders

For Information:

General Manager, Common Services Agency

General Manager, Health Education Board for Scotland

General Manager, State Hospital

Chief Executives, NHS Trusts

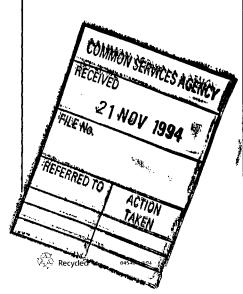
Unit General Managers

GPs

#### Enquiries to:

Mrs M McAllan
Directorate of
Purchasing Strategy
NHS Management
Executive
Room 272
St Andrew's House
EDINBURGH
EH1 3DG

Tel: 031-244-2291 Fax: 031-244-2051



5. The report provides a framework for purchasing for all aspects of stroke in the confidence that major advances in health gain for stroke patients can be achieved.

## **PURCHASING ISSUES**

- 6. Five purchasing issues, which largely concern organisation of care, require emphasis.
  - 6.1 Prevention is essential.
  - 6.2 There is a need for co-ordination over the whole package of health care for stroke.
  - 6.3 Stroke Units with dedicated multi-disciplinary teams are the way forward.
  - 6.4 CT scanning has become a central element in the modern management of stroke and HBs and GP Fundholders should review the provision of this facility in the NHS Trusts with which they contract.
  - 6.5 Support for stroke patients and their carers is important and there is a significant role for the voluntary agencies.
- 7. We expect Health Boards and GP Fundholders to use this report to inform their purchasing strategies in discussion with NHS Trusts and other providers.

Yours sincerely

Robert Kendell

R E KENDELL Chief Medical Officer GEOFF SCAIFE

Chief Executive, NHS in Scotland