



North West Coast  
Clinical Networks



England  
North West

# Stroke Prevention is everybody's business – lets 'Make Every Contact Count'



Presented by:

**Jeannie Hayhurst – Clinical Lead for CVD across Lancs and South Cumbria.**



# Stroke is Preventable!

Approximately 20,000 strokes in England alone could be avoided by preventative work on

- high blood pressure
- irregular heartbeats
- smoking cessation
- wider statin use

*The number of people being admitted to hospital following a stroke has risen by 28% in the last 20 years, driven in part by an ageing population and the impacts of lifestyle factors on the nation's cardiovascular health. **However, the highest rise in admissions is among people aged 50-59 yrs***

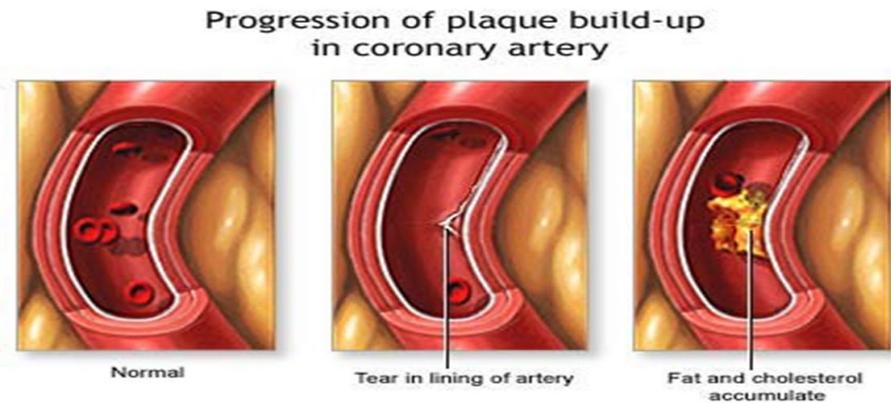
*(NHS ENGLAND)*

**UP TO 90% OF STROKES ARE PREVENTABLE**

# Stroke Prevention = Cardiovascular Disease Prevention

The same disease process (atherosclerosis) causes

- Heart attacks
- **Strokes**
- Some forms of Dementia



They also share most of the same risk factors



# Strategic Aims

- **National Stroke Strategy 2007** – Awareness Raising & Managing Risk
- **Lancashire & South Cumbria Stroke Prevention Strategy 2018-2023**  
– Prevent, Detect, Correct & Perfect
- **Transforming CVD Prevention in Lancashire & South Cumbria 2022-2029** – Broader approach, Addressing Health Inequalities, Focus on Weight Management
- **Lancashire & South Cumbria Stroke Service Specification 2024**  
– Assessment and Review & Risk Management of ABC and lifestyle factors

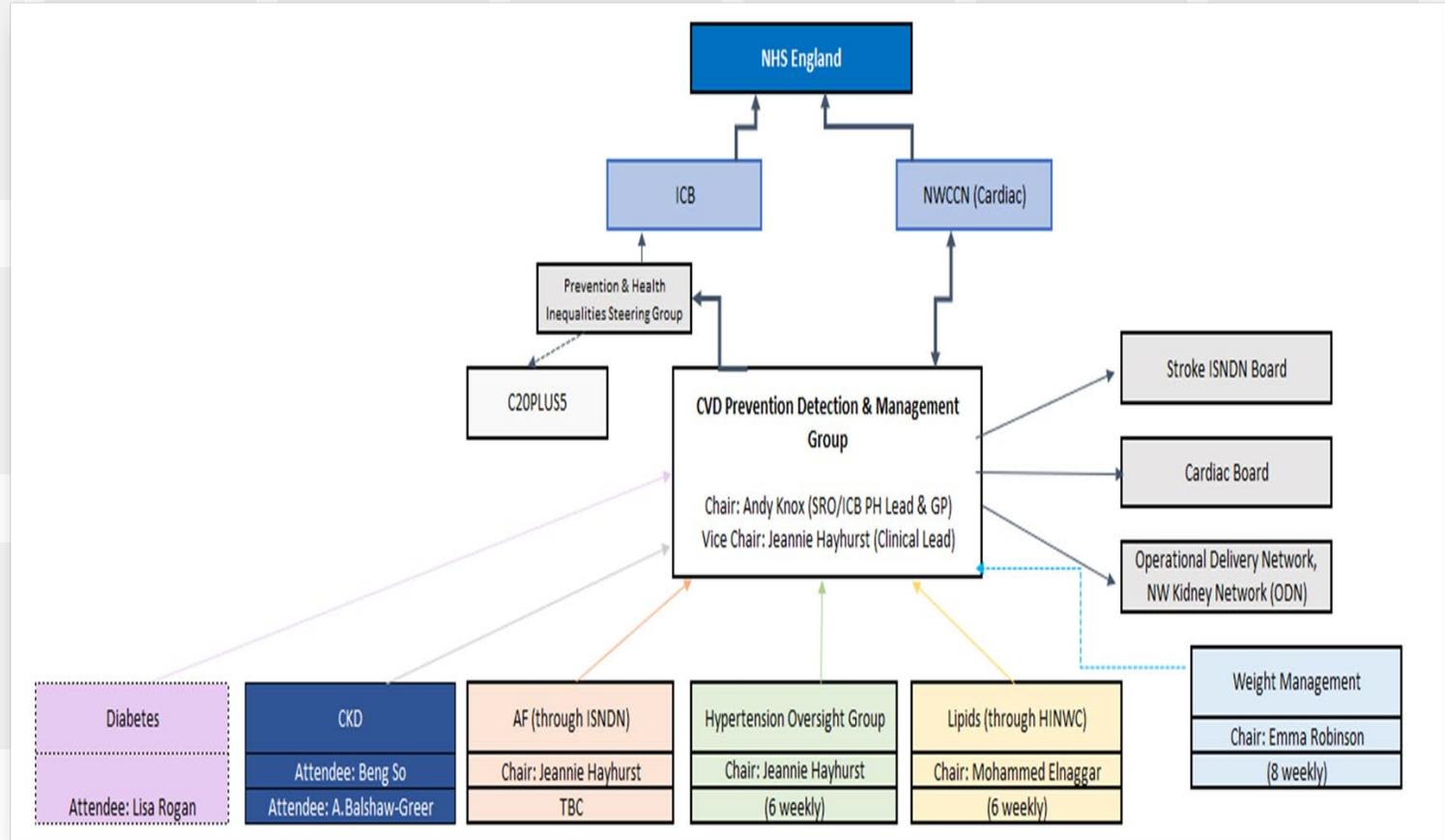
# Stroke Prevention – Focus & Governance

We maintain our focus on the detection and prevention of the three main risk factors for stroke (ABC);

**A**trial Fibrillation

High **B**lood Pressure

Raised **C**holesterol

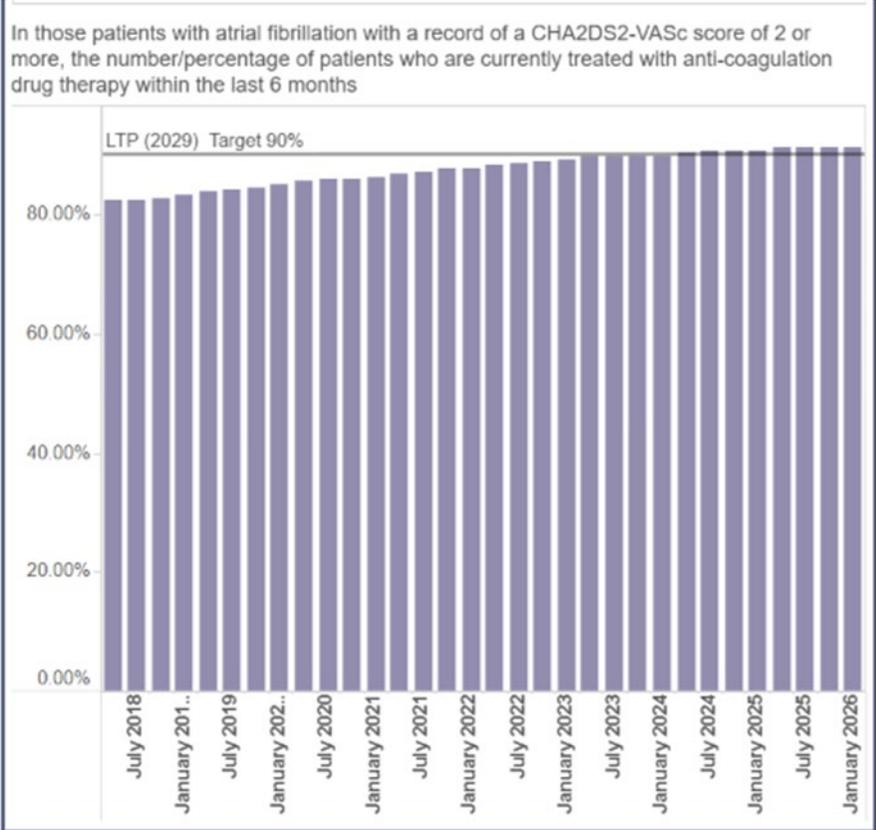
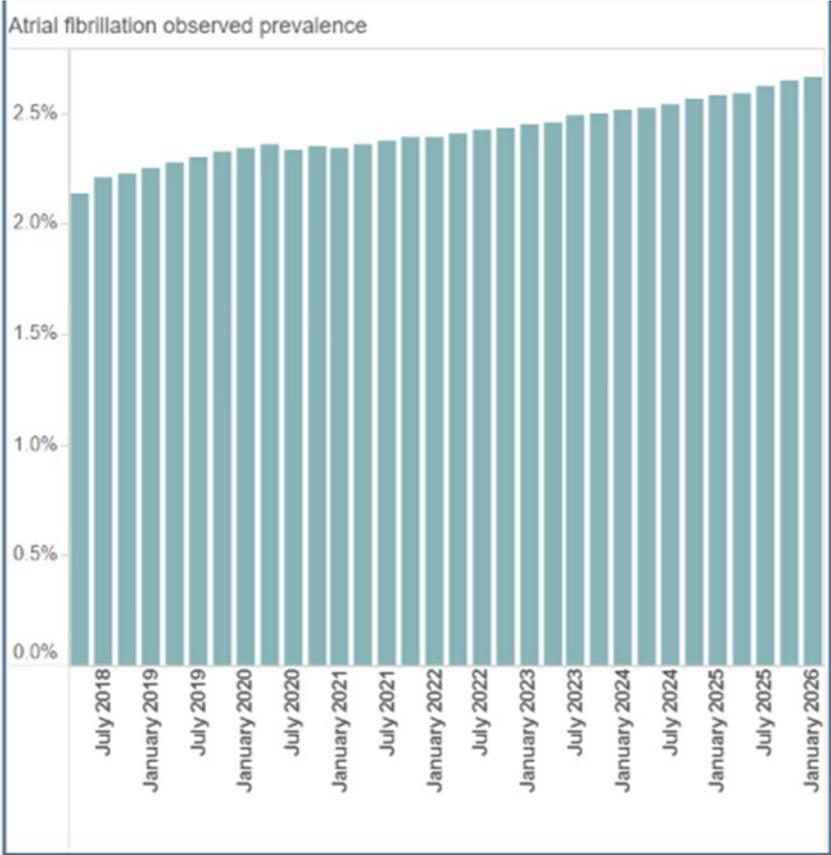


# Locally Defined Targets

Measure	25/26 target	Previous status	Current Status
CVDP007HYP: Patients with GP recorded hypertension, whose last blood pressure reading is to the appropriate treatment threshold, in the preceding 12 months.	77%	68.86% (Oct 2025 – Aristotle)	69.01% (Jan 26 – Aristotle)
CVDP003CHOL: Patients with no GP recorded CVD and a GP recorded QRISK score of 20% or more, who are currently treated with lipid lowering therapy	65%	62.4% (Oct 25– Aristotle)	62.5% (Jan 26 Aristotle)
CVDP012CHOL: Patients with GP recorded CVD (narrow definition), whose most recent blood cholesterol level is LDL-cholesterol less than or equal to 2.0 mmol/l or non-HDL cholesterol less than or equal to 2.6 mmol/l, in the preceding 12 months	47%	45.31% (CVDPrevent June 25)	46.98% (CVDPrevent Sept 25)
CVD Case Finding (increase prevalence of HTN)	INCREASE	17.5% (Oct 25 Aristotle)	17.6% (Jan 26 Aristotle)

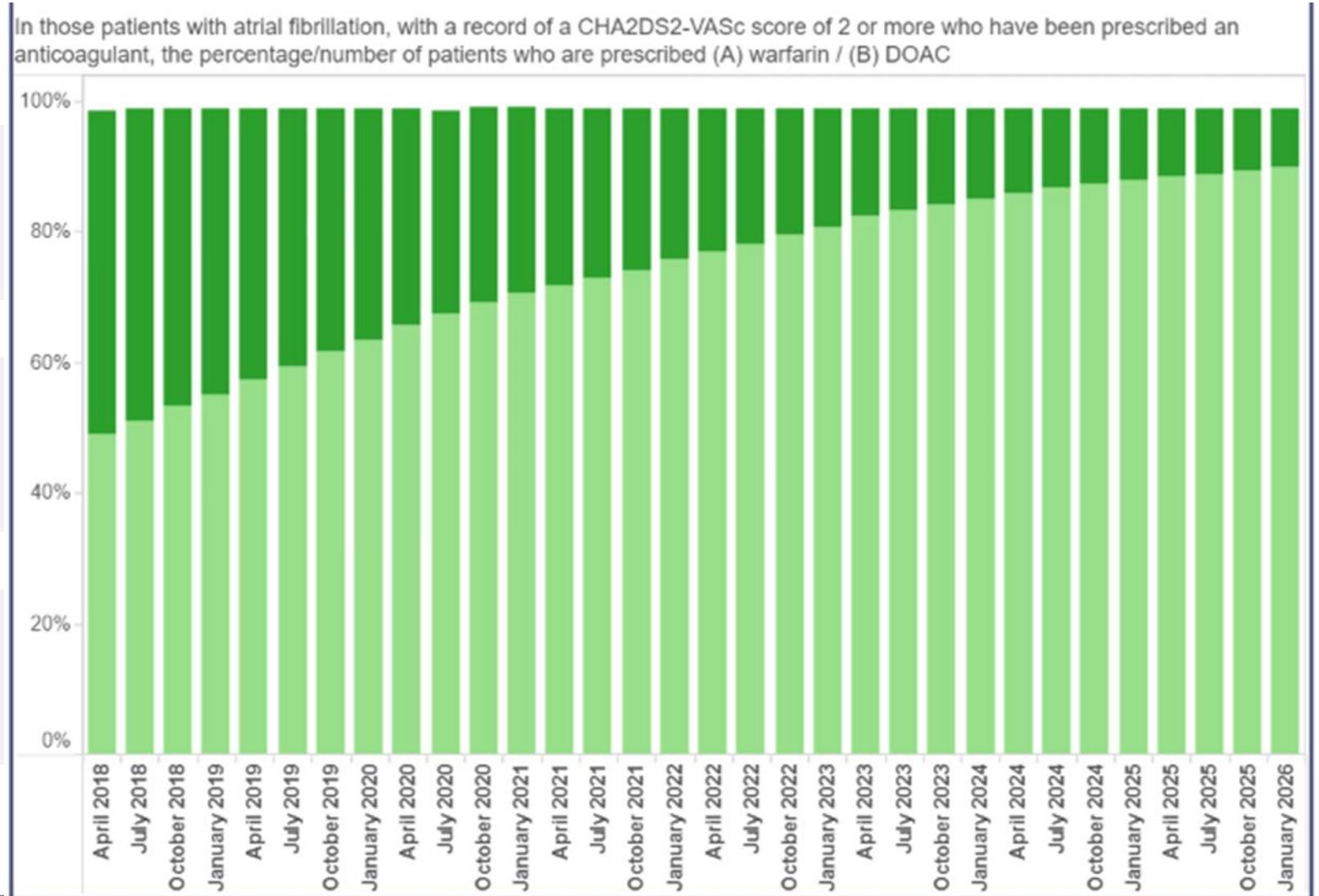
# Atrial Fibrillation

No local targets relating to Atrial fibrillation; this is because we are already achieving the target for prescribing anticoagulants to high risk individuals. We continue to monitor this and the increasing prevalence of AF through our CVD dashboard on Aristotle.



# Switching

Our current focus in relation to AF across L&SC is switching patients who are on warfarin over to a DOAC, where appropriate; this is because we are a national outlier for higher levels of warfarin treatment. We are working closely with colleagues in medicines Management on this initiative.





# The Size of the Prize for Blood Pressure

- **One third of people with diagnosed high blood pressure are not treated to target**, leaving millions of people in England at high risk of heart attack and stroke that could be prevented by treatment optimisation.
- **Progress is limited**: after four years, optimal treatment rates have still not returned to pre-pandemic levels.
- **In-year variation**: every year there is a temporary peak in March that coincides with measurement day for the Quality and Outcomes Framework. This is followed by a sharp fall to previous levels that does not recover until the following March.
- **Geographical variation**: there is substantial variation in optimisation rates between practices with achievement across Lancs & SC varying from under 40% to over 90%.

# Size of the Prize

Region:  Select ICB here:  PCN breakdown

## Size of the Prize- Healthier Lancashire and South Cumbria BP Optimisation to Prevent Heart Attacks and Strokes at Scale



% patients >18 years with hypertension, blood pressure treated to target

**Baseline Mar-20**  
**72.0%**

**47.8%**  
**COVID impact 20/21**

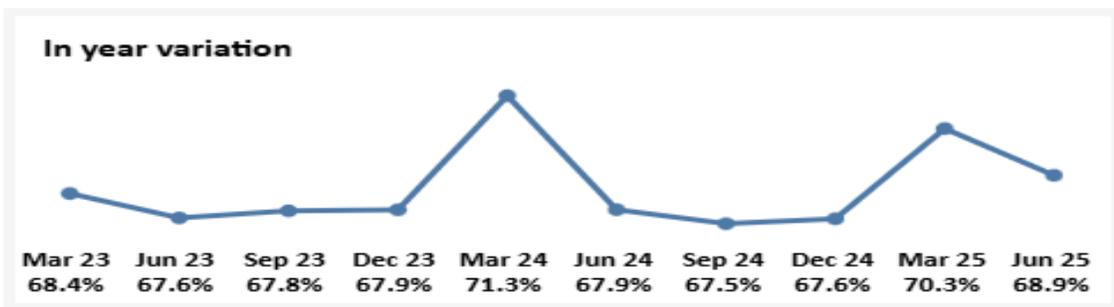
**Jun-25**  
**68.9%**

**75%**  
18,708  
additional patients

**80%**  
34,061  
additional patients

**85%**  
49,415  
additional patients

Ambition 1		Ambition 2		Ambition 3	
Potential cardiovascular events and deaths prevented in 3 years <sup>1</sup> and estimated savings <sup>2,3</sup>					
<b>112</b>	Heart Attack	<b>204</b>	Heart Attack	<b>296</b>	Heart Attack
<b>£1.2M</b>	NHS cost savings	<b>£2.2M</b>	NHS cost savings	<b>£3.3M</b>	NHS cost savings
—	Social care savings	—	Social care savings	—	Social care savings
<b>168</b>	Stroke	<b>305</b>	Stroke	<b>443</b>	Stroke
<b>£3.0M</b>	NHS cost savings	<b>£5.4M</b>	NHS cost savings	<b>£7.9M</b>	NHS cost savings
<b>£1.1M</b>	Social care savings	<b>£2.0M</b>	Social care savings	<b>£2.9M</b>	Social care savings
<b>90</b>	Deaths	<b>163</b>	Deaths	<b>237</b>	Deaths



**References**

- Public Health England and NHS England 2017 Size of the Prize
- Royal College of Physicians (2016). Sentinel Stroke National Audit Programme. Cost and Cost-effectiveness analysis.
- Kerr, M (2012). Chronic Kidney disease in England: The human and financial cost

**Modelling**

Data source: CVDPrevent. Briefing note: [CVDPrevent online methodology annex v1 December 2022](#)  
Potential events calculated with NNT (theNNT.com). For blood pressure, anti-hypertensive medicines for five years to prevent death, heart attacks, and strokes: 1 in 100 for heart attack, 1 in 67 for stroke.

# Blood Pressure - Detection

VCFSE-led case finding

Know Your Numbers Campaign

Community Leaflet that was co-designed with local citizens

Optometry Pilot

Barbers Pilot (new model coming)

Expansion of Community BP testing

As per your advice, please take this card to your...

GP    Pharmacy    A&E    Home

Date	Pulse Rate/Rhythm	My Numbers
		/

Optical Practice Name & TP ODS Code

**Note to Pharmacy:** Following on from Optician signposting, please tick 'optician' on PharmOutcomes Service Entry, add the ODS code & follow National Pharmacy Hypertension case finding pathway as appropriate.

**Note to GP:** Please code using SCTID 185307008 AND SCTID 163020007 as this is part of a pilot.

Please add name & DOB if you wish;

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_



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# Blood Pressure – Progress this year

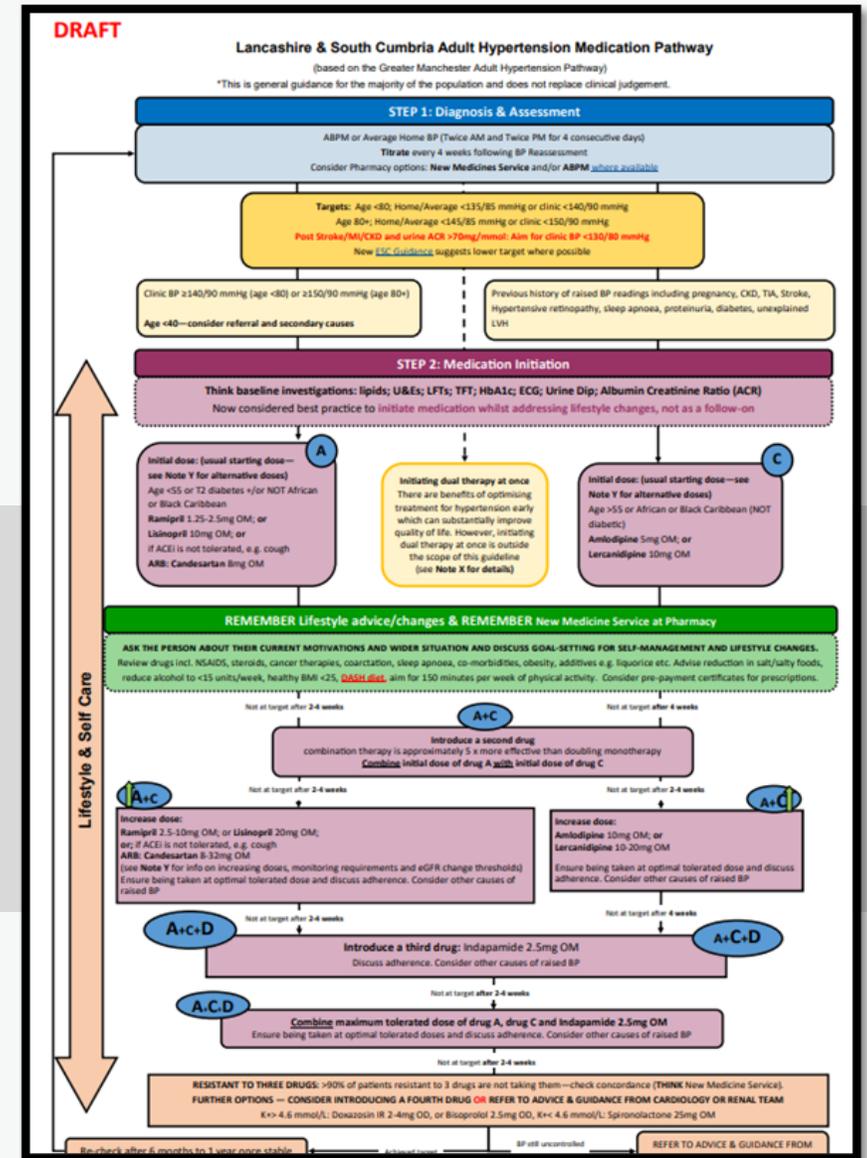
L&SC overall prevalence for hypertension is **17.6%**. Since Apr-25 this has increased by **0.3** percentage points; this equates to **6,466** more patients on hypertension registers.

Since April 2025 unfortunately we have seen an overall drop of patients TtT of **0.16 percentage points** (April-25 = **69.17%** - Jan 26 = **69.01%**); this has been partly due to EMIS resets.

We continue to work closely with Community Pharmacy in terms of the Community BP pathway & the BP checking service they provide.

Some Community Stroke Teams have also been doing BP & P checks on stroke patients, on discharge and at six week and six-month follow-ups..

New Adult Hypertension Treatment Pathway



# Cholesterol

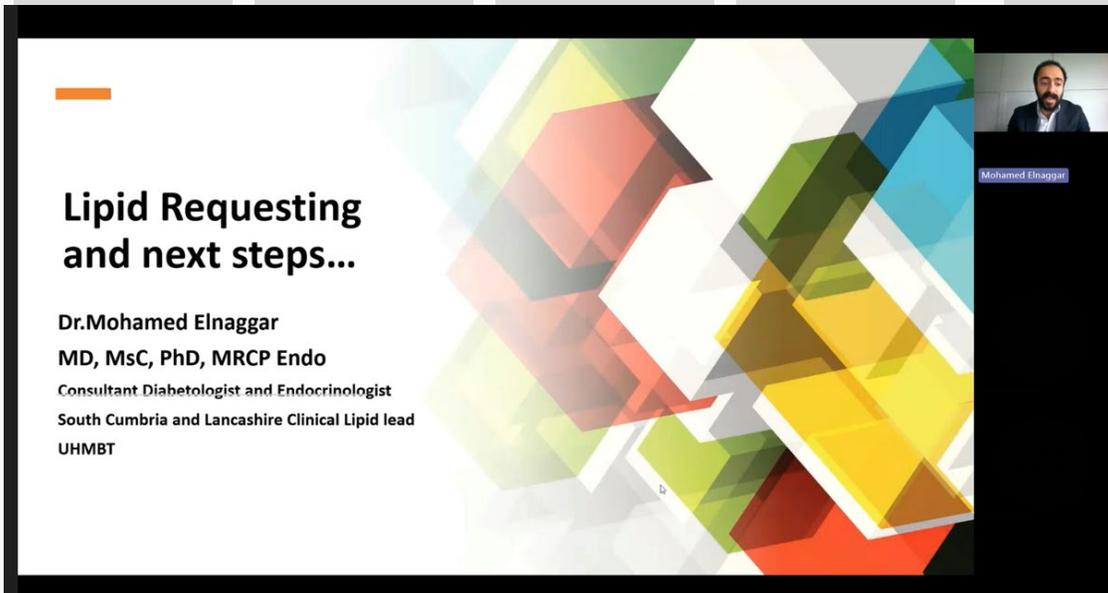
Lipids Clinical Lead – Dr Mohamed Elnaggar

Statin mythbusting materials

Lipids Discussion Forum

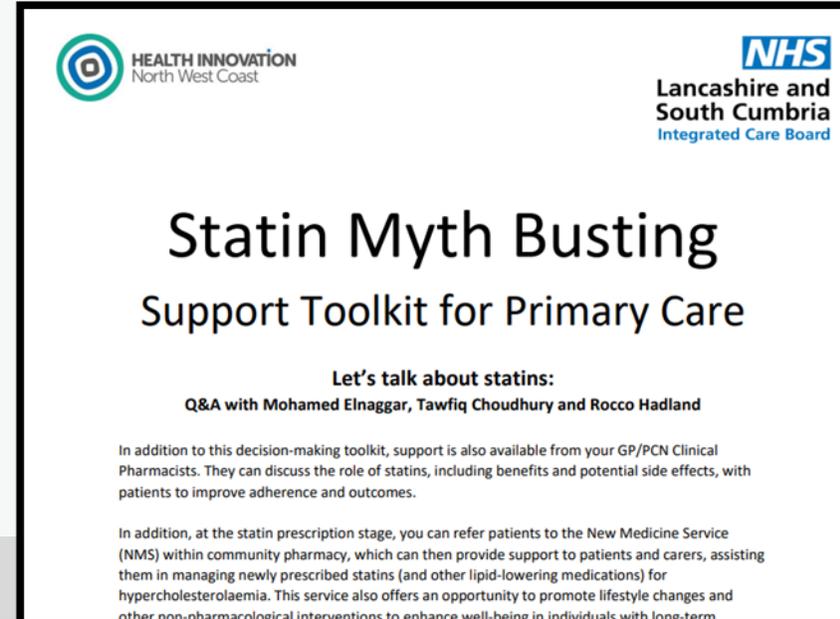
Laboratory Guidance

Need to increase uptake of NHS Health Checks



**Lipid Requesting and next steps...**

Dr. Mohamed Elnaggar  
MD, MSc, PhD, MRCP Endo  
Consultant Diabetologist and Endocrinologist  
South Cumbria and Lancashire Clinical Lipid lead  
UHMBT



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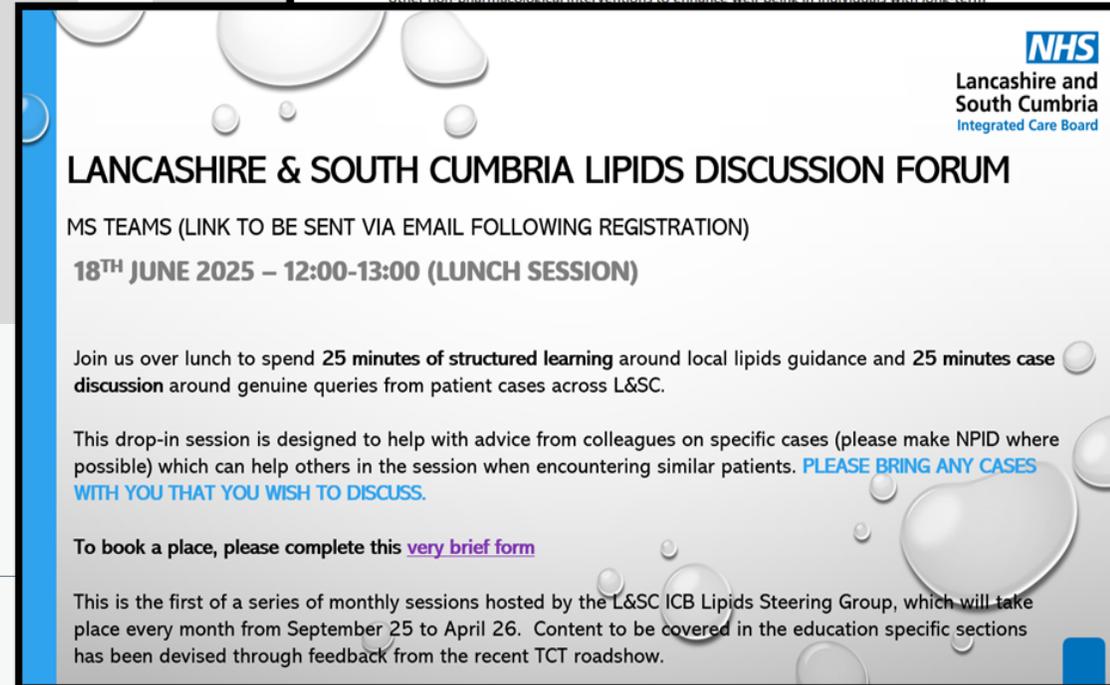
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## Statin Myth Busting Support Toolkit for Primary Care

**Let's talk about statins:**  
Q&A with Mohamed Elnaggar, Tawfiq Choudhury and Rocco Hadland

In addition to this decision-making toolkit, support is also available from your GP/PCN Clinical Pharmacists. They can discuss the role of statins, including benefits and potential side effects, with patients to improve adherence and outcomes.

In addition, at the statin prescription stage, you can refer patients to the New Medicine Service (NMS) within community pharmacy, which can then provide support to patients and carers, assisting them in managing newly prescribed statins (and other lipid-lowering medications) for hypercholesterolaemia. This service also offers an opportunity to promote lifestyle changes and other non-pharmacological interventions to enhance well-being in individuals with long-term



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## LANCASHIRE & SOUTH CUMBRIA LIPIDS DISCUSSION FORUM

MS TEAMS (LINK TO BE SENT VIA EMAIL FOLLOWING REGISTRATION)  
**18<sup>TH</sup> JUNE 2025 – 12:00-13:00 (LUNCH SESSION)**

Join us over lunch to spend **25 minutes of structured learning** around local lipids guidance and **25 minutes case discussion** around genuine queries from patient cases across L&SC.

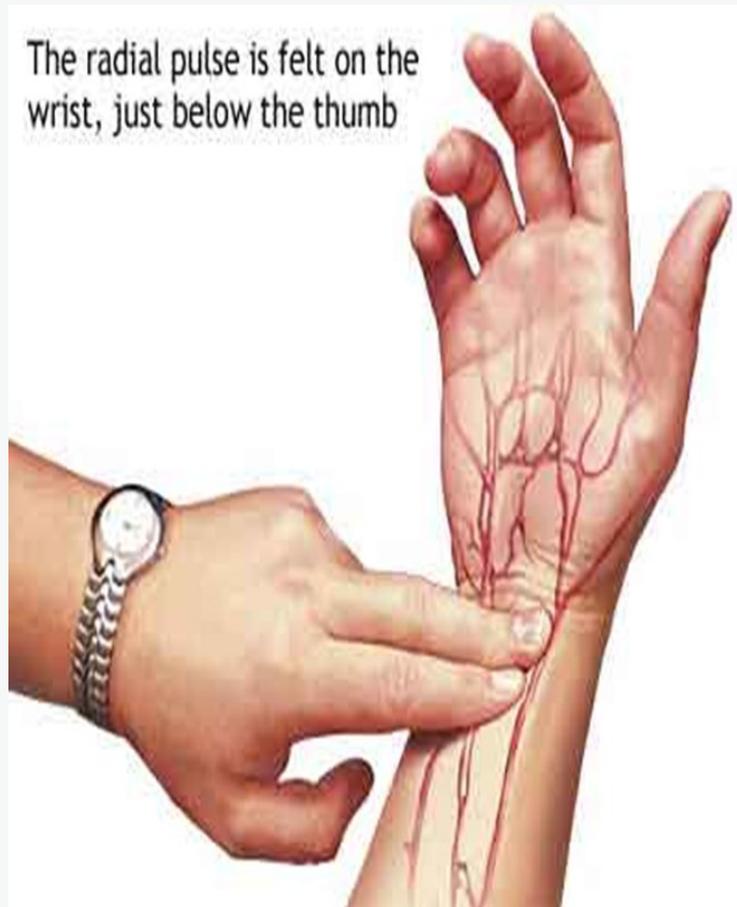
This drop-in session is designed to help with advice from colleagues on specific cases (please make NPID where possible) which can help others in the session when encountering similar patients. **PLEASE BRING ANY CASES WITH YOU THAT YOU WISH TO DISCUSS.**

To book a place, please complete this [very brief form](#)

This is the first of a series of monthly sessions hosted by the L&SC ICB Lipids Steering Group, which will take place every month from September 25 to April 26. Content to be covered in the education specific sections has been devised through feedback from the recent TCT roadshow.

# Let's Make Every Contact Count

## Manual Pulse Checks



**AFA**  
atrialfibrillationassociation  
[www.atrialfibrillation.org.uk](http://www.atrialfibrillation.org.uk)

**Is your pulse  
beating like a clock?  
No?**

A green ECG waveform is displayed on a dark background with a grid. The waveform shows a regular rhythm. To the right of the waveform is a glowing green heart icon.

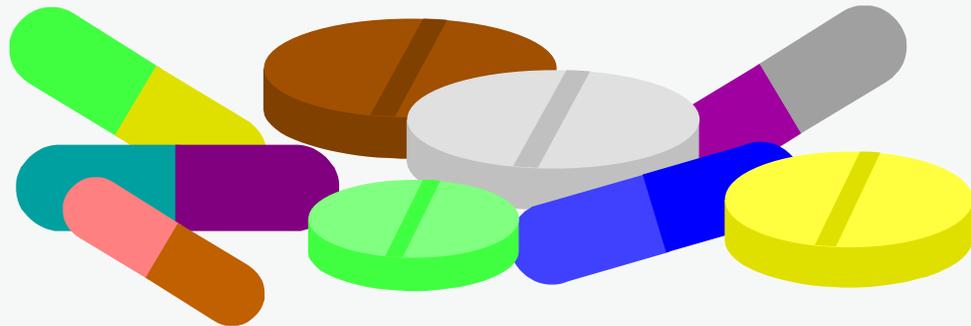
**Make an appointment  
to visit your Doc.**

**♥ Feel the beat . . .  
. . . beat the stroke ♥**

# Lets Make Every Contact Count

## Blood Pressure & Cholesterol

- **Check** BP if trained to do so & report to GP if raised
- **Check** that patient is taking BP and Chol medication as prescribed
- **Ask** if they have attended Surgery for BP & Chol checks (at least annually)
- **Advise** on the importance of keeping good BP & Chol control



**< 130/80**  
**National Clinical Guideline  
for Stroke 2023**

# Let's Make Every Contact Count

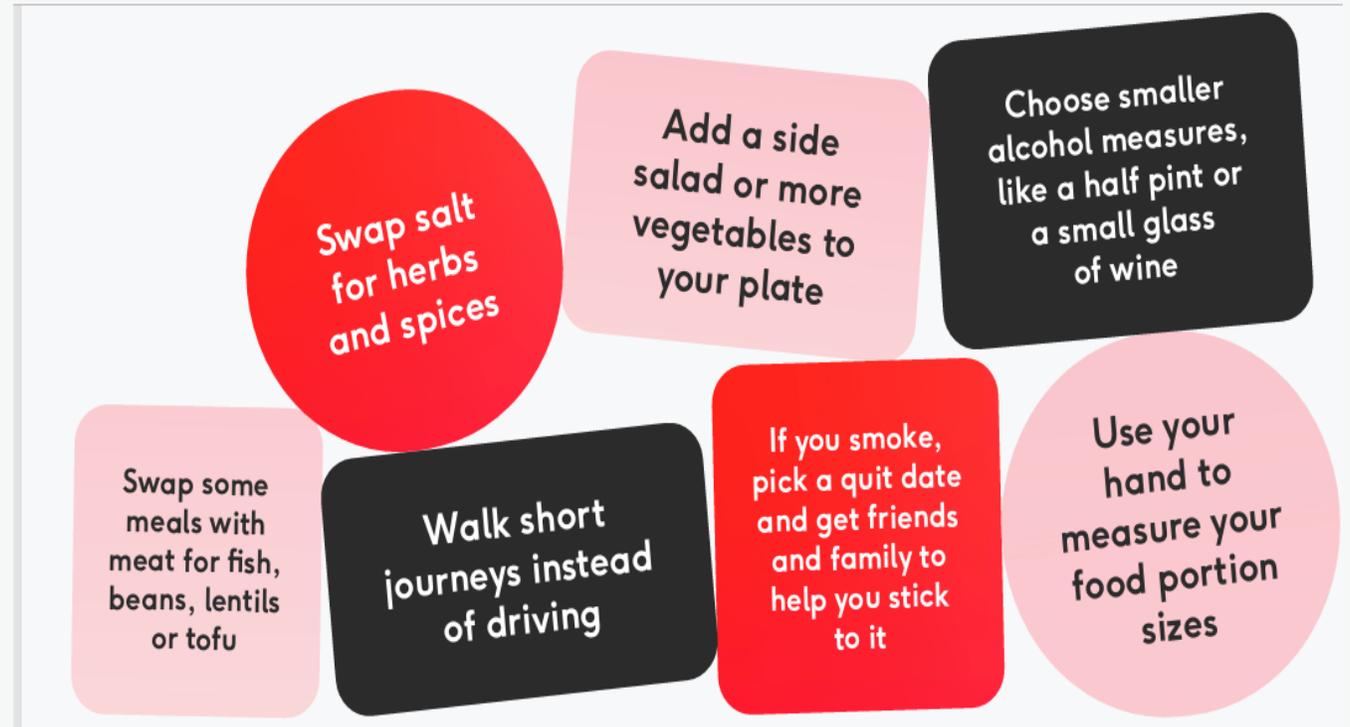
## Lifestyle

Stopping Smoking

Healthy balanced diet

Regular exercise within capabilities

Maintaining a healthy weight



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# Thank You



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