

Stroke Prevention

North Cumbria

This is the story of how we worked across sectors in North Cumbria to prevent people from having strokes through raising awareness of risk factors and offering health screening at community events.

The work was led by a steering group, with representatives of the Rotary club, the West Cumbrians' Voice for Healthcare, The Stroke Association, North West Ambulance Service, Healthwatch Cumbria, Public Health, Community Pharmacy Cumbria and the local NHS (North Cumbria Integrated Care System), with active participation from patients with lived experience.

TERMINOLOGY

VCSE

Voluntary, community and social enterprise

Co-production

In this case we mean designing healthcare systems with the people who use them. You can read more about them here: <https://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/defining-coproduction.asp>

ICS

Integrated Care System
<https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

PCN

Primary Care Network
<https://www.england.nhs.uk/primary-care/primary-care-networks/>

System

Used to refer to public sector services that support people to live healthy lives

The challenge

- 85% of strokes are preventable¹, yet in one local area in West Cumbria, people are 104% more likely to have a stroke than the national average².
- There are around 300 people in the area with Atrial Fibrillation³ who are known to the local healthcare system but not receiving treatment.
- Almost 10% of the population in Copeland in North Cumbria live with unrecognised high blood pressure. There are also around 1,400 people whose treatment for high blood pressure could be improved or adjusted to reduce their risk of stroke.

Our aim was to develop an initiative shaped by the community and delivered in partnership with patients – ***‘community-led and NHS enabled’*** – to explore opportunities for both preventing and raising awareness of stroke. We also wanted to learn how to spread this way of working to other geographic areas and for other health conditions across North Cumbria.

What we did

Over the last three years, a new way of working has been developing in North Cumbria with the ICS working with communities, patients and the VCSE sector through ‘co-production’ – we wanted to build on this.

We identified a range of local events that would provide outreach opportunities for stroke prevention/awareness messages to be shared – including county shows, markets and fairs – targeting high risk populations who often do not seek health advice. Building on earlier work carried out by Rotary Clubs in the region, and using a locally developed ‘community calendar’, we ran two community health events (smaller scale health mela⁴) around stroke prevention, with stands for blood pressure testing and atrial fibrillation detection equipment. The first event was held at a Trader’s fair in Whitehaven, followed by a second one at the Distington Vintage Rally. At both events, blood pressure and pulse testing were conducted and we shared advice on how to improve health, such as healthy eating, exercising more and giving up smoking – all of which are key to reducing the chances of having a stroke. Across the two events, 227 community members aged 19 to 80 were tested. Overall 20% of those seen were referred to their local Pharmacy or GP, with one emergency referral to A&E⁵.

1 Statistics from the Stroke Association (https://www.stroke.org.uk/sites/default/files/stroke_statistics_2015.pdf)

2 [https://nicor4.nicor.org.uk/CRM/device.nsf/41e6e85cb9f5e9af8025780200712190/\\$FILE/Cumbria%202010%20v1.1.pdf](https://nicor4.nicor.org.uk/CRM/device.nsf/41e6e85cb9f5e9af8025780200712190/$FILE/Cumbria%202010%20v1.1.pdf)

3 Atrial Fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate (NHS UK website)

4 A mela is a Sanskrit word for a gathering, meeting or fair. In 2016, the Rotary had organised a mela in Carlisle, providing Body Mass Index (BMI) assessments, blood pressure tests and blood tests for sugar and cholesterol. <https://www.ivar.org.uk/community-health-melas/>

5 Referral in Whitehaven was 13.8% (11) and 23.7% (32) in Distington

What we achieved

As a result of the work and planning of events by our group, many people were tested who were potentially at risk of stroke.

- **Reaching at-risk groups:** By liaising with public health teams and partnering with community events, we were able to target local areas and people potentially at risk of strokes, including many older men (through the Distington Vintage Rally).
- **Creating a model for prevention:** The events helped to develop a collaborative local model – involving Rotary, Community Pharmacy, the VCSE sector and the NHS – for raising awareness to vulnerable groups, helping to prevent ill health and supporting people to *‘live better for longer’*.
- **Importance of community health checks:** By offering health checks in the community – where people live and feel comfortable – rather than in medical settings, we were able to help normalise strokes and other health issues, making it more likely that people will reach out for healthcare support/advice in future.

What made it work?

- **Getting the right people round the table:** Good representation from all parts of the ‘system’ – with the community at the helm
- **A shared vision:** Everyone involved, from volunteers through to senior NHS staff, was committed to the same goal – this was crucial to our success: *‘This is a small start towards creating big changes!’*
- **Genuine partnership:** because we had a shared vision, and recognised the vital contributions that everyone made, it really felt like a shared endeavour: *‘It is a working example that has showcased a wide range of effective partnerships at play, across the voluntary sector, statutory sector, the community, pharmacy.’*
- **Local champions:** support from leaders at the highest level of the local NHS, in this case Professor John Howarth – a champion throughout.
- **Knowing your audience:** Many event attendees had existing medical conditions and took the opportunity to have a check-up. Others wanted some peace of mind. Many were encouraged to take part by family members. Only a few said that they couldn’t get to a GP, but it was clear that many did not have regular tests/visits to their GP’s.

- **People and volunteers:** At the community events, an important factor that helped people feel comfortable were volunteers who spoke to passers-by. This made the experience less daunting and formal – a key factor in reaching people who might otherwise avoid a check-up.
- **Stepping out of the 'normal' to meet the challenges of the community:** The steering group in North Cumbria tried something new – a **collaborative targeted approach to health**. We wanted to reach the population that we knew was most at-risk. To do this, we had to be prepared to experiment, and try something different.

What next?

We plan to continue running stalls at community events, extending our offer across North Cumbria and to other health conditions. There are a few things we need to put in place to support this such as identifying sustainable host organisations, getting insurance, recruiting volunteers to test blood pressure (retired nurses, medical students, sports coaches etc.), working out which events to target and securing funding (we have a number of applications underway for things like gazebos, publicity and volunteer coordination). The Cumbria Learning and Improvement Collaborative (CLIC) – our Integrated Health System's training and development arm – has accepted our application for some support to continue the development of this work over a series of events.

We are also reaching out to new partners like local academies to look at opportunities to engage whole families, and connecting into the local Integrated Care Communities and Primary Care Networks to make sure this becomes part of our approach to healthcare in our area.

Contact

If you are interested in finding out more about this case study, please contact Julie.Clayton@northcumbriaccg.nhs.uk.

Further information

This work was supported by the **Building Health Partnerships Programme**⁶, delivered by the Institute for Voluntary Action Research and Social Enterprise UK and jointly funded by The National Lottery Community Fund and NHS England and NHS Improvement. For further information and resources, please visit www.ivar.org.uk/transforming-together

⁶ <https://www.ivar.org.uk/our-research/building-health-partnerships/>