

Date: 21/09/2018

FREEDOM OF INFORMATION REQUEST FOI/014339 - Stroke care

1) How much money has your Trust spent on stroke prevention awareness over the following time periods:

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1st August 2017 to July 31st 2018
1st August 2016 to July 31st 2017
1st August 2015 to July 31st 2016
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The Trust spend on stroke prevention are indirect costs i.e. the cost of patients seen in Transient ischemic attack (TIA) clinics (i.e. consultant time, clinic facilities and resources). At these clinics patients are provided with appropriate literature and guidance on prevention of stroke. The Trust runs ½ day Stroke awareness events at Russell's Hall Hospital, where no costs are attached. The Trust gives stroke awareness and stroke prevention advice across all hospital services this is a combination of both verbal and written advice, the cost for leaflets provided comes out of a central Trust budget however the Finance Department does not hold a breakdown of specific cost associated to the Stroke leaflets. Leaflets on Stroke prevention are available on the ward available to patients and their families.

2) How many stroke diagnoses were there in your Trust over the following time periods:

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1st August 2017 to July 31st 2018 =552 patients admitted to trust and had a diagnosis of stroke 1st August 2016 to July 31st 2017 =625 patients admitted to trust and had a diagnosis of stroke 1st August 2015 to July 31st 2016 =598 patients admitted to trust and had a diagnosis of stroke
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3) How many deaths resulted from strokes in your Trust over the following time periods:
The Trust does not clinically code cause of death and as such is unable to retrieve a report to establish if stroke was the cause of death. Cause of death would be held in each patient's individual health record. Please find below figures for patients that have died within the Trust holding a clinical coding primary diagnosis of stroke

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1st August 2017 to July 31st 2018 = 95
1st August 2016 to July 31st 2017 =107
1st August 2015 to July 31st 2016 = 83
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4) How many deaths from strokes were judged to have been preventable in the following time periods:

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1st August 2017 to July 31st 2018 = 0
1st August 2016 to July 31st 2017 = 0
1st August 2015 to July 31st 2016 = 0
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With the understanding that question 4) relates to the death that is preventable rather than the stroke; the caveat to the response for question 4 is that 'The Trust undertakes and reviews deaths in hospital through its mortality tracker and each death is reviewed against the Royal College of Physicians measure of avoid ability. For all those patients in answer 3 they were recorded in the mortality tracker and as a result of their review none have given rise to any level of avoid ability