



Audit tool for achieving age equality in health and social care

B1.1: Cardiovascular disease (CVD)

B1.1.1: Revascularisation rates by age

RED

National audit has not been used nor have there have been local/ regional audits to identify patterns and trends in revascularisation rates by age/ other equality characteristics and use of CVD services and procedures, or audits indicate that older patients are less likely than younger patients to undergo revascularisation. There has been no analysis of whether these differences are justifiable.

AMBER

Clinical practice and audit data is regularly reviewed to understand local patterns, trends and attitudes towards the treatment of and outcomes for patients of different ages with CVD, including local referral practices and revascularisation rates. These reviews indicate that revascularisation rates vary by age and an action plan to address unjustifiable variation has been drawn up.

GREEN

Differences in revascularisation rates across age groups have been reviewed and unjustifiable differences have been addressed. High risk groups are identified and targeted in prevention, screening and treatment programmes. The 12 standards for improved prevention, diagnosis, treatment and rehabilitation in modern CVD services and subsequent best practice have been implemented for all age groups.

B1.1.2: Access to and provision of stroke care by age

RED

There has been no analysis of age differences in services, or there has been initial analysis that shows older stroke patients are less likely than younger patients to receive either (i) treatment in a specialist stroke unit and/or (ii) receive care components as set out in the national guidance but there has been no analysis of whether these differences are justifiable.

AMBER

Differences in stroke services for people of all ages in community and in hospital settings have been analysed, the reasons for any differences are understood, and an action plan to address unjustifiable differences has been drawn up.

GREEN

People of all ages who are thought to have had a stroke have access to diagnostic services, are treated according to current national guidance by a specialist stroke service and, subsequently, with their carers, participate in a multi-disciplinary programme of secondary prevention and rehabilitation. Any differences in services between ages can be justified and are regularly reviewed.