Pecyn dogfennau cyhoeddus

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:
Ystafell Bwyllgora 3 - Y Senedd

Dyddiad:
Dydd Iau, 6 Hydref 2011

Amser:
09:30

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

I gael rhagor o wybodaeth, cysylltwch a:

Llinos Dafydd
Clerc y Pwyllgor
029 2089 8403
HSCCommittee@wales.gov.uk

Agenda

1. Cyflwyniadau, ymddiheuriadau a dirprwyon

2. Ymchwiliad i leihau'r risg o strôc - Tystiolaeth gan gynrychiolwyr y GIG (09.30 - 10.15) (Tudalennau 1 - 37)

HSC(4)-05-11 papur 1- Bwrdd Iechyd Aneurin Bevan
HSC(4)-05-11 papur 2- Iechyd Cyhoeddus Cymru

Denise Llewellyn, Cyfarwyddwr Nyrsio Gweithredol, Bwrdd Iechyd Aneurin Bevan
Dr Julie Bishop, Cyfarwyddwr Rhanbarthol Dros Dro, Canolbarth a Gorllewin Cymru / Ymgynghorydd Iechyd Cyhoeddus, Iechyd Cyhoeddus Cymru

TORIAD (10.15 - 10.20)

3. Ymchwiliad i leihau'r risg o strôc - Tystiolaeth gan BMA Cymru a Chymdeithas Ffisigwyr Strôc (10.20 - 11.05) (Tudalennau 38 - 53)

HSC(4)-05-11 papur 3- BMA Cymru

Dr Charlotte Jones, Is-gadeirydd, Pwyllgor Ymarfer Meddygol Cymru
Dr Richard Lewis, Ysgrifennydd Cymru, BMA Cymru

HSC(4)-05-11 papur 4 – Cymdeithas Ffisigwyr Strôc Prydain
HSC(4)-05-11 papur 5 – Cynghrair Strôc Cymru

Yr Athro Pradeep Khanna
Dr Anne Freeman, Cymdeithas Ffisigwyr Strôc Cymru

4. Ymchwiliad i leihau'r risg o strôc - Tystiolaeth gan y Coleg Nyrsio Brenhinol (11.05 - 11.50) (Tudalennau 54 - 58)

HSC(4)-05-11 papur 6

Lisa Turnbull, Cynghorydd Polisi a Materion Cyhoeddus
Nicola Davis-Job, Cynghorydd Gofal Acíwt

5. Papurau i'w nodi (Tudalennau 59 - 66)

Y wybodaeth ddiweddaraf gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol am weithredu'r cynllun gweithredu ar leihau'r risg o strôc.
HSC(4)-05-11 papur 7

Llythyr gan Gadeirydd y Pwyllgor Cyfrifion Cyhoeddus
HSC(4)-05-11 papur 8

Health and Social Care Committee
HSC(4)-05-11 paper 1

Inquiry into Stroke Risk Reduction – Evidence from Aneurin Bevan Health Board

Aneurin Bevan Health Board

Response to National Assembly for Wales Health and Social Care Committee inquiry into Stroke Risk Reduction.

What is the current provision of stroke risk reduction services and how effective are the Welsh Government's policies in addressing any weaknesses in these services

Our reply:
It is reflected in our Action plan. It is linked with the priority areas in Our Healthy Future, the Annual Quality Framework and the ABHB five year service, workforce and financial framework:

- Reducing smoking prevalence
- Increasing participation rates in physical activity
- Reducing unhealthy eating
- Stopping the growth in harm from alcohol and drugs
- Reducing accident and injury rates (falls prevention)
- Improving mental wellbeing
- Improving health at work
- Reducing health inequities
- Vascular assessment.

It is also linked with Gwent Frailty programme. The 3 priority areas of the Health Board relating to stroke risk reduction services are tackling alcohol misuse, reducing smoking prevalence and reducing obesity rates.

What are your views on the implementation of the Welsh Government's Stroke Risk Reduction Action Plan and whether action to raise public awareness of the risk factors for stroke has succeeded.

Our reply:
A lot of work is being done at present and links in with the Public Health Strategic Framework. Those actions have been prioritised on evidence of effectiveness and reflect the local and national priorities as set out in the Health Board's Annual Plan, Health, Social Care and Wellbeing Strategies, Children and Young People's Plans and Annual Quality Framework targets.

What are the particular problems in the implementation and delivery of stroke risk reduction actions?

Our reply:
It is difficult to change culture. Behavioural change takes time especially linked with smoking, obesity and alcohol. Measuring the change is difficult. .

What evidence exists in favour of an atrial fibrillation screening programme being launched in Wales?

A review of the evidence on screening for Atrial Fibrillation (AF) found that active screening for atrial fibrillation does detect additional cases over current practice. However, the preferred method of screening in patients of 65 or over in primary care is opportunistic pulse taking with follow up ECG rather than systematic screening of patients. SAFE Study: Hobbs FDR, Fitzmaurice DA, Jowett S, Mant J, Bryan S, Raftery J, Davies M and Lip G.

It is clear that patients with Atrial Fibrillation usually have a significantly increased risk of stroke. However, the level of increased stroke depends on the number of additional risk factors. If a person with AF has none, the risk of stroke is similar to that of the general population. However, many people that do develop AF also have additional risk factors and in those patients, AF is a risk for stroke.

Efforts in primary care should be centred on two groups of patients. The first are those patients known to have AF and to ensure that this is treated appropriately. The second aims at detecting news patients with AF and this should involve opportunistic testing rather than systematic screening.

Outlined below is the ABHB Stroke Risk Reduction Action Plan which is monitored through the ABHB Stroke Board

Aneurin Bevan Health Board Stroke Reduction Risk Action Plan

Key action required	Link to NSF for Cardiac Disease Strategic Aim One (Prevent cardiovascular disease) & additional themes	Current Position	Progress up to September 2010	Progress up to September 2011	Lead organisations/Links to Strategies	Timescale
1. Seek opportunities to provide a nationally co-ordinated approach to introductory public health/community health development training to Communities First staff	Cardiac NSF Key action 1	As part of the local response to *Health Challenge Wales*, provide ill health prevention information & promote local activities, particularly in disadvantaged communities	Continuation of initiatives focused on CHD prevention centred on nutrition, physical activity and smoking cessation. The schemes target people of all ages and involve working with Community First areas, local Authority, voluntary, secondary	Continuation of initiatives focused on CHD prevention centred on nutrition, physical activity and smoking cessation. The schemes target people of all ages and involve working with Community First areas, local Authority, voluntary, secondary care and community	Public Health Wales/ WAG - Communities First Unit Wales/ Council for Voluntary Action / NSF for Cardiac Diseases	March 2012

			care and community.			
2. Review opportunities to appropriately link local *Health Challenge* web sites, literature and activities with stroke prevention	Cardiac NSF Key action 1	Links on Healthy eating and living on Health Challenge Wales web sites.	To include stroke prevention in the Health, Social Care and Well being Strategy.	Developing content and resources (links) for ABHB staff, public and professionals on Obesity, Food and Fitness (OFF) for ABHB website. Working with local Health Challenge partners and have secured agreement to standardise content on 5 local sites and to link to ABHB website for health literacy and resources. The ABHB site will link back to the local health challenge websites for local OFF interventions and opportunities.	Local authorities/ ABHB/ Health, Social Care & Well being partners/ NSF for Cardiac Diseases	March 2012
3. Review the range of approaches that are and could be used to tackle inequities and inequalities in health, the tools	Cardiac NSF Key action 1	A Health, Social Care and Well being Strategy in development for each locality and will include inequities in health.	To develop an Inequities Action Plan as part of AOF1. Needs Assessment being undertaken in Prisons in Monmouth	Needs Assessment completed in Prisons in Monmouth To extend the cardiovascular primary prevention risk assessment programme – Healthy Hearts – into Blaenau	Public Health Wales with Health, Social Care & Well being partners / Fairer	March 2012

that can help and opportunities to enhance current practice		Healthy Hearts cardiovascular primary prevention screening programme in Caerphilly locality. Blaenau Gwent British Heart Foundation project in place for reducing smoking in young people. Newport has instigated MECHANIC (Minority & Ethnic Community Health Needs Association Instigating change) to oversee needs assessment for minority & ethnic communities in Newport. Incorporates over 60 groups active in area with communities	Torfaen have developed a Direct Enhanced Services for the homeless and hard to reach people	Gwent and parts of Newport. Meeting held with 2 members of Healthy Hearts team and Nurses in Prescoed Prison – part of Health Promotion Action group. To help develop nursing skills in cardiovascular assessments Blaenau Gwent engaged with Communities first partners to develop a pilot healthy retailing scheme to improve availability to health food. Have costed the intervention and are seeking funding opportunities. ABHB Board Paper produced outlining the “Fairer Outcomes for All” document on health inequities	Outcomes for All/ NSF for Cardiac Diseases	

4. All 22 unitary authority areas to have updated tobacco control action plans, covering the areas of: - discouraging children from starting to smoke - encouraging young people and adults to quit smoking - □ discouraging children from starting to smoke	Cardiac NSF Key action 2:	Part of the Stop Smoking Wales National work plan. Blaenau Gwent British Heart Foundation project in place for reducing smoking in young people.	To be included in Health and Social Care Wellbeing Strategy.	National Tobacco Control Action Plan for Wales consultation in May. Final plan will set out the action that is needed to: 1. promote leadership in tobacco control, 2. reduce smoking uptake 3. reduce smoking prevalence 4. reduce exposure to second-hand smoke. The Conference to be held on 29 September 2011 will translate the national into local plans	ABHB/ Public Health Wales/ Local authorities/ Draft National Tobacco Action plus for Wales/ *Fairer Health Outcomes for All/* Public Health Strategic Framework/ Children and Young People's plan	March 2012

				The Smoke Free Environment Policy introduced by ABHB in October 2010, banned smoking in the hospital grounds of all new hospitals and children/health centres. Ysbyty Aneurin Bevan is completely		

				smoke free with the exception of a designated room within the mental health unit for in-patients. This will be extended to Ysbyty Ystrad Fawr and the new South Gwent Children Centre.		
5. Ensure continued implementation of smoking prevention programmes targeting young people i.e. Smokebugs!; Smokefree Class Competition; ASSIST	Cardiac NSF Key action 2	In place in all localities as part of the Children and Young People plan. Children of primary school age participate in SmokeBugs and Smokefree Class Competition as part of a national programme. Smoking prevention team based in Cardiff – working with secondary schools that participate in the ASSIST programme which is supported by WAG.	Yearly plan for Smokebugs in all localities.	Mapping exercise carried out on all Smokebug programmes in the localities. Audit conducted on the existing SmokeBugs. A working group of Newport Youth Service, Health Challenge Newport and Public Health Wales been established to develop a prevention and cessation programme. This work is supported by the wider Gwent Tobacco Group. A 3 year BHF funded Hearty Lives programme run in Blaenau Gwent. Some themes include: 1. Smoke Free Settings Awards will encourage nurseries, schools and youth clubs to adopt smoke free policies that	WAG – Health Improvement Division Public Health Wales/ NSF for Cardiac Diseases/ Children and Young People's plan	March 2012

				actively support smoking prevention by asking staff, students and visitors not to smoke on-site 2. Smoke free homes and cars 3. community and youth advocacy in supporting smoking prevention work		
6. Review opportunities to further target smoking cessation services in areas of disadvantage and with population groups at particular risk	Cardiac NSF Key action 2	Part of the Stop Smoking Wales National plan. SSW plan covers 4 areas: 1. Pre-operative 2. Maternity 3. Mental health 4. Young people	SSW working locally with midwives to assist pregnant women in disadvantaged areas. Prisons and Workplace health in disadvantaged community areas are part of ongoing work in the SSW work plan	Newport Maternity Smoking Cessation Referral project plan - increase number of pregnant women who access the SSW service. 4 maternity staff in 2 areas of Newport to be trained to deliver the pilot project in September.	Public Health Wales/ Annual Quality Framework3/ NSF for Cardiac Diseases	March 2012
7. Roll out accredited brief intervention training for smoking cessation to health and social care professionals and community workers	Cardiac NSF Key action 2	Part of National Stop Smoking Wales National work plan. Brief intervention training programmes run in all areas. 44 courses held in Wales – 2 per locality - minimum of 10 courses held in ABHB. There is open access for	Plan and deliver brief intervention training for health professionals employed by ABHB as part of the smoking cessation pre-operative and maternity work.	Brief Intervention training promoted to all staff through the ABHB intranet site. Brief intervention training delivered to health and social care professionals and community workers: Caerphilly: 23 people Newport: 24 people Blaenau Gwent: 13 people	Public Health Wales Annual Quality Frameworks// NSF for Cardiac Diseases	March 2012

		Healthcare Professionals and community workers to the course.				
8. Identify opportunities to introduce a smoking cessation component to the core curricula of medical, nursing, midwifery and pharmacy professionals' training	Cardiac NSF Key action 2	Mapping exercise currently being undertaken by SSW. Being introduced as part of the curriculum for midwives being trained in Swansea	Address the areas identified form the mapping exercise.	SSW lead responsibility for delivering on action An e-learning package of smoking cessation modules has been developed by Stop Smoking Wales to support staff across the NHS to provide effective intervention and information for smoking cessation. The e-learning package is currently in the process of being piloted with NHS staff groups including nursing, midwifery and pharmacy staff. It incorporates the key messages of brief intervention and sign posting to the service. Over the next year, it will be available to all staff with an NHS email address.	Public Health Wales/ Universities/ NSF for Cardiac Diseases	March 2012
9. Pilot an expansion of the dietetic capacity grant scheme to target training	Cardiac NSF Key action 3	The Welsh Assembly Government (WAG) funded dietetics capacity grant scheme aims to increase	The grant funding was initially available from September 2006 for two years and has been extended until	The grant funding has been extended to March 2012. Caerphilly Locality team were reassessed and obtained	WAG – Health Improvement Division Food Standards	March 2012

towards people who work with older people		dietetic capacity in the community, so that community dietitians can provide the necessary professional input and training to enhance the efforts of community workers and/or peer educators to work with people in the community on food and nutrition skills. The delivery of Agored accredited Food and Nutrition courses have been one of the priorities of the grant scheme in increasing nutrition capacity across Wales.	March 2011. An Evaluation of the All-Wales Dietetic Capacity Grant Scheme: Analysis of Dietetic Grant Scheme Minimum Data Sets (2008-2010) has been completed. Future funding dependent on WAG	reaccreditation to be an AGORED approved centre which will allow continued support to building capacity towards a number of the PHSF actions such as green travel planning and food and fitness policies in schools and workplaces and as part of the brief intervention/advice training for Families and therapies and Primary Care Division partners.	Agency Wales /NSF for Cardiac Diseases	
10. Publish the prevention component of an All Wales Obesity Pathway	Cardiac NSF Key action 3	Currently an Obesity mapping exercise is being carried out by all Health Boards in Wales. To be completed and sent to WAG by December 2010.	Address the areas for development identified in the Obesity pathway mapping	Reviewed the evidence base for obesity across life stages creating an obesity working plan to address the actions. Working with Midwifery and Obsteterics to develop first level of pathway. Ongoing progress with the BHF funded obesity pathway project	WAG – Health Improvement Division/ ABHB/ Public Health Wales/ NSF for Cardiac Diseases/ All Wales Obesity	March 2012

				in Torfaen. All parts of the pathway are now operational and collecting information on participants to enable evaluation developed through PHT. Initiation of work to support the development of adult weight management services across operational divisions. ABHB steering group to agree development and implementation of Obesity Pathway Developed level 2 obesity/weight management service, secured investment and currently recruiting to coordinate a community dietetics weight management programme with NERS specifically for patients with orthopaedic problems. Slim for Life and NERS Co-location of both in Caerphilly Leisure Centre – 1 Sept 2011	Pathway/National Exercise Referral Scheme	

11. Review local food and health strategies and action plans to enhance action around the Food Standards Agency reformulation (to produce healthier products) and catering agendas	Cardiac NSF Key action 3	A Food and Fitness Strategy and Action Plan for children and young people 2008-2011 are in place	To be included in Health, Social Care and Well being Strategy.	As part of Gwent Obesity workplan the areas of retail and catering are address and the Healthy options awards is due to be relaunched in November 2011 Gwent forum of health schools established and an Obesity lead for Healthy Schools in Gwent agreed. School aged Children Obesity Food and Fitness Forum (SCOFFF) in early planning stages to be established to ratify and take forward multi-sectoral evidence based actions plans. Three key elements agreed for focus on marketing strategy through Change for Life are: 1. MEND marketing 2. active school travel marketing 3. healthy lunchboxes and the gold standard healthy snack awards Supported WG healthy vending in leisure centres work by identifying healthier products	Local authorities/ Food Standards Agency /Wales Public Healthy Strategy/ NSF for Cardiac Diseases	March 2012

				within the LA supplier product lists.		
12. Identify opportunities to increase action to support sedentary adults become more physically active	Cardiac NSF Key action 3	Increased access opportunities for sedentary adults as part of the GP Referral to Exercise Scheme	To be included in: Health, Social Care and Wellbeing Strategy. Change 4 Life and Health Challenge websites updated with physical activity information for general public	To be included in: Health, Social Care and Wellbeing Strategy. Change 4 Life and Health Challenge websites updated with physical activity information for general public	Local authorities Local Health Boards Public Health Wales with Health, Social Care & Well being partners / NSF for Cardiac Diseases	March 2012
13. Review potential to develop local partnership approaches to healthy urban planning, in line with the Physical Activity Network for Wales planning toolkit.	Cardiac NSF Key action 3	Health Impact Assessment training with local authority regeneration departments.	Health Impact Assessment of the local development plan for Monmouth and Blaenau Gwent currently being carried out.	Health Impact Assessments have been conducted on the Torfaen, Blaenau Gwent and Newport deposit LDPs so far, commenting specifically on their potential to create infrastructures and urban design that is conducive to promoting physical activity and healthy eating (in an attempt to highlight their role in helping to address the obesity agenda).	Public Health Wales/ Local authorities/ NSF for Cardiac Diseases/ Creating and Active	March 2012

				The HIA on the Monmouth LDP is currently taking place. There are regular HIA training events provided by the Welsh Health Impact Assessment Support Unit (WHIASU – Cardiff Uni). Support given to 5 Local Authority "Creating and Active" strategic development, including integration of the evidence and strategy base on increasing physical activity into their planning processes and facilitation/support of process towards plan and partnership production. Engagement with the M4 corridor enhancement measures project to consider development of more specific measure to promote cycling as active transport within the Newport area.		
14. Continue to deliver National Exercise Referral	Cardiac NSF Key action 4	All areas are starting to link in with the National Exercise referral	A falls and stability class is run and although not	Specific L4 stroke training has not been undertaken yet. Stroke training in the future may have	WAG – Health Improvement	March 2012

Scheme to patients at risk of stroke		(NERS) scheme and adhering to the national standard protocol. The NERS schemes are part of an all Wales Welsh Assembly Government funded scheme which has been the subject of a randomised controlled trial. It is expected that the RCT will report in Autumn 2010. The GP Referral Scheme include risk factors of CHD and stroke as eligibility criteria to their scheme	specifically for Stroke/TIA patients, it is very well suited and patients are directed to these classes.	to be integrated the sessions with the falls. Exercise fitness personnel will have to undertake the stroke course and follow the protocols.	Division /WLGA/ Local authorities/ NSF for Cardiac Diseases/ National Exercise Referral Scheme	
15. Expand National Exercise Referral Scheme community-based exercise opportunities to include opportunities for patients with a history of Transient Ischaemic Attack	Cardiac NSF Key action 4	Patients with both Stroke and TIA are able to access the NERS. 17 have attended this year (6 of which have been TIA) in Caerphilly locality. The referral form does not specifically state at risk of stoke however it does state CHD risk factors.	To look at ways of expanding NERS to include opportunities for patients with a history of TIA and stroke	Specific L4 stroke training has not been undertaken yet. Stroke training in the future may have to be integrated the sessions with the falls. Exercise fitness personnel will have to undertake the stroke course and follow the protocols.	WAG – Health Improvement Division/ WLGA/ Local authorities/ NSF for Cardiac Diseases	March 2012 (depends on when training course becomes available)

and stroke						
16. Sixty per cent of maintained schools achieve Phase 3 of Welsh Network of Healthy School Schemes by March 2012. Three per cent of maintained schools achieve Welsh Network of Healthy Schools Schemes National Quality Award by March 2012	Cardiac NSF key action 5	Included in Children and Young Peoples' action plan. 60% of maintained schools have achieved Phase 3 of the Welsh Network of Health School Schemes within ABHB	In some areas 77% of schools have achieved accreditation at phase 3 or beyond. The NQA target is much more challenging, schools will require intensive support - no schools are eligible to be entered for the National Quality Award until spring 2011. The 3% by 2012 providing WAG funding for Healthy Schools is renewed (currently only have confirmed funding to March 2011)	2% schools across Gwent are required to obtain the National Quality Award by March 2012 as part of their targets. The Gwent Public Health team will link with a WG central data base to assess the number of schools in Gwent with a food and fitness policy. The schools will receive support to implement these effectively to gain maximum value for pupils.	Local authorities/ Schools/ Public Health Wales / NSF for Cardiac Diseases	March 2012

17. Identify opportunities to target involvement of private sector companies and businesses in the Corporate Health Standard and the Small Workplace Health Award	Cardiac NSF Key action 6	Public Health Wales Workplace Health team work with business to get schemes up and running.	Working towards engaging employers in the Healthy Working Wales programmes	WAG – Health Improvement Division/ Public Health Wales/ NSF for Cardiac Diseases	March 2012
18. Provide support to small workplaces to meet the requirements of the Small Workplace Health Award	Cardiac NSF Key action 6	Regional offices to support this action.	Regional offices to support this action	Public Health Wales / NSF for Cardiac Diseases	March 2012
19. Update the "General Health" section of the Corporate Health Standard pack to specifically mention stroke prevention (as part of cardiovascular risk)	Cardiac NSF Key action 6	Part of WAG – Health Improvement Division	Corporate Health Standard action plan progressing to achieve Platinum Award.	WAG – Health Improvement Division/ NSF for Cardiac Diseases	March 2012

20. Prioritise the development of Corporate Health Standard support materials around cardiovascular risk (including stroke and coronary heart disease) on the issues of physical activity; nutrition and safe drinking (include reference to links between conditions, inc. stroke and health improvement work).	Cardiac NSF Key action 6	Part of Regional office work action	Workshop held to review the Improvement plan and provide an update of progress for Quarter 1 (April – June 2011).	Public Health Wales/ NSF for Cardiac Diseases	March 2012

21. Link the issue of stroke prevention (as part of cardiovascular risk) with health improvement work to new materials and web sites where appropriate.	Cardiac NSF Key action 6		To be included in Health Challenge Wales and Change 4 Life.	Developmental work on Public Health section of ABHB website. Summary of Smoke Free Policy included in the Newsline publication issued to every household in Caerphilly.	WAG – Health Improvement Division Public Health Wales/ NSF for Cardiac Diseases/Smoke Free Policy	March 2012
22. Ensure development and delivery of health	Additional theme: promoting	Health Promotion plans developed by Older People	Being taken through the Older People Partnership Health	Linked in with: - SSW work on Pre op smoking - Creating an Active Wales	ABHB/ Local authorities/ Public Health	March 2012

improvement action to promote the cardiovascular health of older people in line with the Healthy Ageing Action Plan for Wales	health of older people.	Partnership within 5 localities of AB HB Health promotion elements are within each of NSF Action plans	Promotion plans	Action plan including physical activity promotion in older population and integrated physical activity element of falls prevention programmes	Wales with Health, Social Care & Well being partners	
23. Take action to mitigate the impact of extremes of weather conditions on the incidences of stroke: including training and awareness raising through Keep Well This Winter, improvements in home energy efficiency and measures that reduce fuel poverty; in addition raising awareness among health professionals and the public about protecting vulnerable people during heatwaves.	Additional theme: promoting health of older people	Links with National Service Framework for Older People. Older people are encouraged and supported to take advantage of the various grant schemes available for home heating and insulation, and to claim benefits to which they are entitled. Training is provided by NEA to update frontline staff on these issues. In the event of a heatwave, health, social care and voluntary sector	To continue dissemination to older people through local events, distribution of literature and media article.	Public health team working with the local authority (Older Persons Development Officer, Health Challenge Co-ordinator, Communities First Officers) and GAVO to deliver wellbeing packs to identified older people in Communities First areas. The packs include thermometers, information on saving energy, claiming benefits and the importance of having the seasonal flu vaccination Supporting Trading Standards in their electric blanket testing events, by supplying thermometers and booklets on energy saving advice Promoting details of the NEA energy efficiency awareness course to those who have regular contact with older	ABHB/ Local authorities/ Public Health Wales with Health, Social Care & Well being partners/ WAG – Health Improvement, Health Protection, Energy Efficiency and fuel Poverty team./NSF for Older people	March 2012

		partners would utilise the existing WAG advice and guidance.		people and who can pass on information and advice		

24. Continue to raise awareness of sensible drinking levels and risks of excessive drinking, with a particular focus on drinking in the home, through the medium of Health Challenge Wales, and identify other avenues and opportunities beyond 2011	Additional theme: preventing harm from alcohol	Health Challenge Wales web sites Community Safety Partnership web sites Change 4 Life web sites	Continue to promote awareness of sensible drinking levels on a variety of websites.	A project initiation document was produced by Caerphilly BART (Behaviour and Risk Taking) for a social marketing campaign to tackle binge drinking in young people. A literature review was produced by Public Health Wales on best practice to tackle binge drinking to inform the development of an intervention/campaign. A briefing paper was produced	WAG - Health Improvement Division /Public Health Wales	March 2012

				by Public Health Wales in April 2011 to support practitioners in delivering brief advice on alcohol use. It outlined: 5 alcohol brief approaches Appropriate referral to another service or professional. Public Health Wales has rolled out a programme of Alcohol Brief Advice training for Primary Care staff (November 2010).		
25. Seize opportunities through the pharmacy contract to encourage Community Pharmacies in supporting one health promotion campaign each year associated with cardiovascular risk (No Smoking Day; Health Challenge; Food Standards Agency Wales salt and saturated fat	Additional theme: pharmaceutical public health	Community pharmacies in ABHB carry out 4 health promotion campaigns per year. Currently supporting: Cervical screening No Smoking Flu It is within all pharmacy contracts to provide health related information.	Public Health Wales to work with community pharmacies initiatives each year All pharmacies are likely to promote weight management programmes after December 2010. Community pharmacies to continue to support health promotion materials.	4 health promotion campaigns have been carried out in community pharmacy this year including a diabetes screening programme. No Smoking day is always actively supported as one of the campaigns	ABHB	Annually to March 2012

campaigns)		All pharmacies signed up to supporting No Smoking day 2010-2011				
26. Provide information to Community Pharmacies to enable signposting services associated with cardiovascular prevention	Additional theme: pharmaceutical public health	Signposting information has been made available as part of the community pharmacy contract requirements. Additionally Stop Smoking Wales information cards have been distributed to all pharmacies to allow signposting of patients to the smoking cessation services.	To include patient information within signposting information pack	All pharmacies have been in receipt of a sign posting guide from ABHB.	ABHB	Annually to March 2012

27. Local Health Boards should encourage community pharmacists to carry out Medication Usage Reviews for antihypertensive drugs in support of cardio / cerebro-vascular related public health campaigns. To support pharmacists, they should consider developing templates (or aides-memoire) to include: a section on risk reduction and what this means to patients (importance of complying with medication, alcohol intake, smoking, diet, exercise etc); a section asking about OTC medicines, especially those with a high sodium	Additional theme: pharmaceutical public health Medication Usage Reviews undertaken holistically.	The MUR service at the moment is fragmented and lacking in outcome information. Pharmacies have been asked to prioritise MURs on patients with chronic disease on four or more medicines; this will include a cohort on antihypertensives and with cardiovascular disease.	Post stroke/ cardiovascular risk has been idenitified as future guidance sheet(s); liaison with older persons pharmacist ongoing to develop information pack for pharmacists on stroke and stroke services in the localities, to cover all issues listed in column a. To encourage pharmacies to direct their MUR's at particular patient types – such as a target group for stroke prevention where MUR's will provide more clinical support for patients and tackle the waste agenda – will include domiciliary visits where necessary. As part of the ABHB CCM plans - to	MUR's cannot be directed to chronic conditions groups at the moment, however national initiatives may be set up to direct a certain percentage of MUR's to patients on high risk medicines or patients with stipulated conditions/polypharmacy. WCPPE has supplied postgraduate education for pharmacists around stroke in 2011.	ABHB	Annually to March 2012

content or that increase blood pressure (provide a list); a section asking about medicines known to interact with antihypertensives (provide a list); With respect to stroke -additional information on drugs that may cause problems (e.g. HRT) and how pharmacists should manage these.			"commission" community pharmacists to carry out directed MUR's in patients >70 on polypharmaacy, patients who may be housebound. A central template would be beneficial and ABHB could cover training needs for this group of pharmacists.			

28. Calculate European Age-Standardised Rates of QOF reported hypertension and atrial fibrillation for natural communities (groups of practices in communities at sub-LHB level) across Wales and correlate these with Townsend deprivation.	Cardiac NSF Key action 7 Additional theme: primary care data analysis	Work should be done centrally and disseminated locally		Work should be done centrally and disseminated locally	Public Health Wales	March 2012
29. Consider the utility of further analyses regarding the management of hypertension and atrial fibrillation (informed by the emerging literature about interpretation of QOF data)	Cardiac NSF Key action 7 Additional theme: primary care data analysis	All practices are maintaining QOF disease registers for CHD, stroke, hypertension, diabetes, smoking, atrial fibrillation, heart failure and obesity.	Work should be done centrally and disseminated locally	All GP practices in ABHB participate in the Quality and Outcomes Framework (QoF). This means that all GP practices have disease registers relating to clinical domains such as Hypertension. It provides a reasonably accurate estimate of prevalence of hypertension, by GP practice, by new NCN area, by Local Authority, by Health Board and at an all Wales level. In ABHB we have an above average age standardised prevalence of hypertension at 11.8 % of the population compared to the Welsh average	Public Health Wales	March 2012

				of 11.1%. However, one of our Local Authority areas in ABHB has the highest recorded prevalence in Wales. This is in Blaenau Gwent at 13.5%. This would be consistent with higher levels of hypertension in areas of deprivation. This information will soon be collected at Neighbourhood Care Network (NCN) level which will allow peer review between practices on hypertension control. GP practices have QOF targets to achieve on patients with a diagnosis of asthma, hypertension, coronary heart disease, stroke or TIA in relation to: - a record of smoking status, - advice given for smoking cessation - or referral to a specialist service in previous 15 months A review of the evidence on screening for Atrial Fibrillation (AF) found that active screening for atrial fibrillation does detect		

				additional cases over current practice. However, the preferred method of screening in patients of 65 or over in primary care is opportunistic pulse taking with follow up ECG rather than systematic screening of patients. SAFE Study: Hobbs FDR, Fitzmaurice DA, Jowett S, Mant J, Bryan S, Raftery J, Davies M and Lip G. It is clear that patients with Atrial Fibrillation usually have a significantly increased risk of stroke. However, the level of increased stroke depends on the number of additional risk factors. If a person with AF has none, the risk of stroke is similar to that of the general population. However, many people that do develop AF also have additional risk factors and in those patients, AF is a risk for stroke. Efforts in primary care should be centred on two groups of patients. The first are those patients known to have AF and to ensure that this is treated appropriately. The second aims		

				at detecting news patients with AF and this should involve opportunistic testing rather than systematic screening		
30. Review the linkage of pertinent health improvement work (tobacco control; physical activity; food and health; older people) to health services planning for stroke services, cardiac services and chronic conditions	Additional theme: tying health improvement work into health service planning	Common step One Map of Medicine being developed	To be included in CCM Steering group workplan	Taken through a number of groups: 1. ABHB Stroke Board 2. ABHB Chronic Conditions Steering group – High Impact changes targeting four levels of CCM. Development of an action plan for the Local Delivery plan completed. 3. ABHB Cardiac Planning Groups. Quarterly update on the Cardiac Strategic Framework Delivery Plan to WAG.	Local Health Boards/ NSF for Cardiac diseases/ Annual Quality Framework	March 2012

31. Raise awareness of the contribution that local community health development action makes to cardiovascular health and stroke prevention through Communities First communication mechanisms (bulletin; regional meetings; annual conference and local activities)	Additional theme: awareness raising	The Public Health Team are engaged with Communities First areas.	To raise awareness through communication mechanisms	Appropriate activities for Communities First to be explored	Stroke Association/ Public Health Wales/ Local Communities First teams	March 2012
32. Raise awareness of the links between stroke risk and health improvement work through community food co-operatives' newsletter and networking days	Additional theme: awareness raising	Work should be done centrally through WAG and Stroke Association	To be included in Health, Social Care and Wellbeing Strategy	Included in Health, Social Care and Wellbeing strategy	WAG - Health Improvement Division/ Stroke Association	March 2012

33. Raise awareness of the links between stroke risk and health improvement work through the physical activity and nutrition networks' events, e-bulletin and newsletter Bitesize	Additional theme: awareness raising	Work should be done centrally through WAG and Stroke Association		Summary of Smoke Free Policy included in the Newsline publication issued to every household in Caerphilly.	Public Health Wales/ Stroke Association	March 2012
34. Link the issue of stroke prevention (as part of cardiovascular risk) with health improvement work in the next round of Corporate Health Standard regional event workshops and newsletter	Additional theme: awareness raising	Work should be done centrally through WAG, Public Health Workforce team and Stroke Association		Work should be done centrally through WAG, Public Health Workforce team and Stroke Association	Public Health Wales/ Stroke Association/ WAG -Health Improvement Division	March 2012

35. Provide awareness-raising sessions on stroke, stroke risk and stroke prevention (as part of cardiovascular prevention) to Health, Social Care and Well being Co-ordinators within the 3 regional Health, Social Care and Well being networks	Additional theme: awareness raising	Work should be done centrally through WAG, Stroke Association and 3 Regional Health Social Care and Well Being Networks		Contacted and secured the support of a range of professionals, including Health Challenge Representatives, Health Social Care and Wellbeing Facilitators and Communities First to deliver a Five ways to Wellbeing Network in ABHB.	Public Health Wales/ Stroke Association /WLGA//Health , Social Care and Well being networks	March 2012
36. Use the Healthy Ageing Programme to raise awareness of stroke prevention amongst older people	Additional theme: awareness raising	Work should be done centrally		Work should be done centrally	WAG - Health Improvement Division Age Concern Cymru/Help the Aged in Wales	March 2012
37. Conduct an awareness raising campaign 'know your blood pressure, know your pulse; including targeted action for BME groups at greater risk.	Cardiac NSF Key action 31 Additional theme: awareness raising	General Practice provides information leaflets to patients on all aspects of illness and disease. BHF patient information available on all cardiac conditions	Work should be done centrally and disseminated locally To continue to raise awareness of the 'know your blood pressure, know your pulse;' campaign locally, including targeted action for	The MECHANIC meeting is being held on 19th September that will involve work with BME groups	WAG - Health Improvement Division/ NSF for Cardiac Diseases	March 2012

			BME groups at greater risk in particular localities			
38. Conduct an awareness raising campaign for health professionals in diagnosis and treatment of high-blood pressure, atrial fibrillation and stroke risk (including TIA).	Cardiac NSF Key action 33 Additional theme: awareness raising	SE Wales Cardiac Network running cardiac CPD courses for GPs in localities, annual PCCS meeting for primary care, periodical study days, training / awareness raising conferences, presentations at Network meetings and sub groups	To continue providing input to primary care training. Work with Primary Care CPD leads to develop nationally accredited courses for GP revalidation Patient and carer information continue to be available from a variety of sources e.g. BHF, hand held record education booklets on CHD, Heart Failure and Diabetes. A GP Platform meeting in Monmouthshire was utilised to promote awareness of	To continue providing input to primary care training. Patient and carer information continue to be available from a variety of sources e.g. BHF, hand held record education booklets on CHD, Heart Failure and Diabetes. To continue to identify opportunities to support the WAG campaign and raise awareness with health professionals in diagnosis and treatment of high blood pressure, atrial fibrillation and stroke risk (including TIA)	WAG - Health Improvement Division / NSF for Cardiac Diseases	March 2012

			developments in cardiology Identify opportunities to support the WAG campaign and raise awareness with health professionals in diagnosis and treatment of high blood pressure, atrial fibrillation and stroke risk (including TIA)			
39 (states action 40 in published action plan). Develop targets for reducing stroke mortality (all ages) and for reducing incidence of stroke (all ages).		Work should be done centrally		Work should be done centrally	WAG - Health Improvement Division Wales Stroke Alliance	March 2012

Health and Social Care Committee
HSC(4)-05-11 paper 2
Inquiry into Stroke Risk Reduction – Evidence from Public Health Wales

GIG CYMRU NHS WALES
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Public Health Wales

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Dear Sir,

Health and Social Care Committee Enquiry into Stroke Risk Reduction

Thank you for the opportunity to provide evidence to the committee on Stroke Risk Reduction.

Public Health Wales is an NHS organisation providing professionally independent public health advice and services to protect and improve the health and wellbeing of the population of Wales. These services include delivery of Screening Services and Health Improvement Programmes such as Stop Smoking Wales.

The risk factors for Stroke are common to a number of other leading causes of disease, disability and death in Wales, namely smoking, physical inactivity, overweight and obesity and unhealthy diets. Addressing these issues is complex and requires integrated approaches that both support individuals in adopting and sustaining healthy behaviours but also create environments through the use of policy, legislative or fiscal measures that enable those changes for all sectors of society.

Addressing these primary risk factors should not be approached from a disease specific perspective, the approach currently adopted in Wales of developing strategic action plans for Tobacco Control and Physical Activity (Climbing Higher) is appropriate and should continue. There is potential to strengthen the strategic approach to improving diet and health related outcomes in Wales.

Traditionally health improvement and preventative measures have been less well described, defined and resourced than treatment and care interventions. In an increasingly financially challenging environment it is essential to ensure that the focus on prevention that has been achieved in Wales in recent years is maintained and further developed.

Existing public awareness programmes should continue to ensure that the links between unhealthy lifestyles and Stroke, alongside Cancer, other cardiovascular diseases etc. are understood at a population level.

Public Health Wales is currently undertaking a review of Cardiovascular Risk Assessment and Management in Wales following the Halcox Report (Vascular Risk Management in Wales) at the request of the Minister. A first stage review report has been submitted for consideration and identifies opportunities to ensure that:

- Those at known risk of disease, including Stroke, receive optimum clinical and behavioural management to reduce that risk in line with evidence based guidelines
- Those with risk factors but not yet identified received systematic assessment of their risk and appropriate management.

The review has highlighted a number of complex ethical and service delivery issues that would need to be addressed.

The existing Stroke Risk Reduction Action Plan includes a number of actions for delivery by March 2012, Public Health Wales is contributing to a number of these and anticipates delivery of these actions in line with the plan.

Screening for atrial fibrillation.

The UK National Screening Committee (NSC) advises Ministers and the NHS in the four UK countries about all aspects of screening and supports implementation of screening programmes. Using research evidence, pilot programmes and economic evaluation, it assesses the evidence for programmes against a set of internationally recognised criteria covering the condition, the test, the treatment options and the effectiveness and acceptability of the screening programme. Assessing programmes in this way is intended to ensure that they do more good than harm at a reasonable cost. (http://www.screening.nhs.uk/about). Population screening programmes should not be introduced in the NHS if they are not recommended by the NSC.

The NSC has reviewed the evidence for screening for atrial fibrillation, and concluded that screening should not be offered. Supporting evidence for this policy is the Health Technology Assessment 'A randomised controlled trial and cost-

effectiveness study of systematic screening (targeted and population screening) versus routine practice for the detection of atrial fibrillation in people aged 65 and over: the SAFE study. (available from http://www.hta.ac.uk/project/1129.asp)

The NSC policy is currently under review. The review process is estimated to be completed by March 2012. Wales should not make any plans for a systematic population based screening programme for atrial fibrillation until the outcome of the NSC policy review is published.

Yours faithfully

Dr Julie Bishop
Consultant in Public Health/Acting Director of Health Improvement

Health and Social Care Committee

HSC(4)-05-11 paper 3

Inquiry into Stroke Risk Reduction – Evidence from British Medical Association Cymru / Wales

British Medical Association Cymru / Wales

Written Evidence to the Health and Social Care Committee

Stroke Risk Reduction

INTRODUCTION

BMA Cymru Wales is pleased to provide evidence to the Health and Social Care Committees inquiry into Stroke Risk Reduction.

The British Medical Association represents doctors from all branches of medicine all over the UK. It has a total membership of almost 150,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, who speak for doctors at home and abroad. It is also an independent trade union. BMA Cymru Wales represents some 7,000 members in Wales from every branch of the medical profession.

RESPONSE

Stroke is a common and devastating condition and is the third most common cause of death in the UK; 11,000 people have a stroke in Wales each year.

Strokes leave one third of patients permanently dependent on the help of others and is the biggest single cause of severe acquired disability.

The treatment and management of stroke is now supported by a good body of quality evidence and we have witnessed a number of medical advances in recent years. As a result stroke is increasingly becoming a treatable condition.

There has definitely been an increase in awareness of the symptoms of stroke and the fact that when a stroke occurs it requires an emergency response, however evidence is anecdotal – and much more could be done to promote health living.

Within the Annual Quality Framework 2011-12 there are specific targets for stroke acute care, rehabilitation and Transient Ischemic Attack (TIA). Although, it does not mention stroke risk reduction – this is however arguably harder to measure. However, targeted publicity and efforts to increase awareness of the risk factors in communities while mapping the prevalence of these factors and the incidence of stroke itself could be a useful long-term resource.

The Stroke Risk Reduction Action Plan does not mention risk reduction for a person who has already experienced a transient ischaemic attack (TIA) or stroke. This is an unfortunate omission since TIAs increases the risk of a future stroke. Sound evidence exists to show that patients who show symptoms of Transient Ischemic Attack (TIA) are at risk of having a stroke if they do not receive carotid endarterectomy – surgery of the neck arteries - as soon as possible; guidelines state this should ideally within 48 hours. The role of rapid access to carotid endarterectomy for patients having had a TIA needs to be considered in a any move to address the risk factors of stroke, also linked to this is ensuring that patients recognise the symptoms of a TIA and seek medical attention immediately.

The Risk Reduction Plan almost entirely focuses on raising public awareness. Whist this aim is laudable, important and necessary there are also specific steps that the Welsh Government could take to reduce risks and raise awareness - especially in relation to providing more information on the relationship, identification and treatment of both atrial fibrillation (AF) and transient ischaemic attack (TIA). The referral pathway also needs to be made clear in such cases for all partners.

Some people have argued for a systematic screening programme for atrial fibrillation (AF). Whilst the evidence is clear about the links between AF and stroke, the Committee will need to look at to what extent this is taking place already as there is a real risk of duplication of effort - the majority of the patients at risk are already targeted through existing services, especially smoking cessation, blood pressure checks and health reviews for other conditions in which cardiovascular risk is increased. It is reaching those at risk in harder-to-reach communities (e.g. some rural and valleys areas) or those who do not engage with the health service which need to be targeted. Opportunistic screening during other routine contact with the NHS or care services – for example, blood pressure / pulse checks when visiting the GP or pharmacy for flu vaccines or during medicines reviews – may be more productive and cost effective than systematic screening.

In addition the Welsh Government needs to be aware and willing to invest in new and emerging medical technologies and innovation. For example, the British Journal of General Practice recently contained an overview of a study of a new instrument that analyses finger-tip pulse in the detection of AF, it was undertaken on 594 patients, the study reliably concluded that the instrument provides an accurate and reliable screening too l for AF, filling a gap in the current process of early detection in the community[1]. We feel the Committees inquiry would definitely benefit from considering this study.

If we are to see real improvement in terms of prevention, treatment, and aftercare available to stroke patients across Wales, we need to look at the entire stroke pathway – BMA Cymru Wales has previously called for a Stroke Strategy to be designed to achieve that integration of stroke services across all health sectors.

There needs to be an effective, integrated emergency response to stroke – i.e. multi-disciplinary teams across primary and secondary care, a public campaign to raise awareness of the signs of stroke and that it requires a 999 response, referral to a stroke unit rather than general hospital ward – it is clear much more investment in the provision of specialist stroke care and a larger specialist workforce is needed in Wales.

We would be happy to talk to the Committee about how the UK Quality and Outcomes Framework (QOF) of the GP contract works in this area and the indicators for QOF 2012 proposed by NICE (based on the appraisal of evidence/best practice) should that be useful. QOF is based on NICE gold standard evidence, it currently provides that warfarin is only indicated for higher risk atrial fibrillation (CHADS2 score 2 or above). In addition, QOF contributes to risk reduction in an evidence based way in terms of lipids sugar, blood pressure and smoking cessation. Atrial fibrillation is often picked up during blood pressure checks and is managed by evidence based interventions. GPs work on the basis of clinical evidence of what is best for the patient.

SYMPTOMS

[1] BLGP January 2011 ‘Screening for Atrial Fibrillation: sensitivity and specificity of a new methodology’ Malcolm Lewis, Dawood Parker, Clive Weston and Mark Bowes.

In most people, the symptoms of a stroke develop rapidly over a matter of seconds or minutes. The exact symptoms depend on the area of the brain affected.

There is usually little or no warning of a stroke. Immediate admission to hospital for assessment and treatment is essential so that a cause can be identified and treatment can begin. The after-effects of a stroke vary depending on the location and extent of the brain tissue affected. If the symptoms disappear within 24 hours, the condition is known as a transient ischaemic attack (TIA) which is a warning sign of a possible future stroke. Approximately 30 per cent of strokes are preceded by a TIA, or 'mini-stroke', and most subsequent strokes occur during the first few days after the initial warning event.

Drug treatment and prompt specialist care and rehabilitation are the greatest determinants of both survival and recovery.

Stroke symptoms can be hard to recognise and diagnose for those not specifically trained to do so. Unlike acute heart attacks for example where diagnosis is confirmed from the typical symptoms and an ECG, there is no such way of diagnosing a stroke. Some health conditions – e.g. migraine, seizure and Transient Ischamic Attack (TIA/co-called “mini-stroke”) – can mimic stroke symptoms of weakness and speech loss. Stroke has many mimics and many conditions mimic stroke.

Therefore, clot-busting thrombolysis treatments (which have a very high rate of adverse effects) can be given to the wrong patients. We would recommend that the diagnostic process is prioritised and every effort made to enhance the diagnostic skills i.e. for those who have early contact with potential stroke patients and in general medical training.

Although it is always difficult to measure the success of public health campaigns, more patients seem to be aware of the symptoms and indicators of stroke and the need for rapid healthcare attention. Anecdotally, it seems that more patients are presenting sooner with symptoms of stroke than has been the case in the past.

PREVENTION

Stroke can affect anyone; traditionally strokes have been associated with males over the age of 70 but this is becoming increasingly less so.

The risk factors for stroke are almost identical of those for cardiac disease – diabetes, smoking, hypertension, cholesterol – all of which are potentially modifiable through lifestyle changes. Strokes are therefore preventable, and like so many other health conditions, many are related to overall health and wellbeing. The National Service Framework for Older People states that “*about 40% of strokes could be prevented by regular blood pressure checks, treatment for hypertension and taking steps to improve overall health*”[2]

Urgent preventative treatment following the initial warnings of transient ischaemic attack (TIA) could avoid many thousands of strokes in Wales each year. Delays to assessment after TIA are significant, sometimes due to delays on the part of patients in seeking medical attention. Education is therefore required to enable the public to recognise the symptoms of TIA and minor stroke, and to encourage people to seek medical attention immediately.[3]

Primary prevention of stroke should be a priority and a central part of the overall policy on public health improvement (provision of information on healthy living, supporting healthy and active lifestyles, good nutrition, smoking cessation, access to green open spaces, active transport, exercise referral etc) which is also related to the prevention of a number of other critical illnesses – heart disease and diabetes for example.

[2] National Service Framework for Older People in Wales, 2006, p99
[3] Rothwell P, Giles M, Flossmann E, Lovelock C, Redgrave J, Warlow C, Mehta Z. A simple tool to identify individuals at high early risk of stroke after a transient ischaemic attack: the ABCD score. The Lancet 2005; 366:29-36.

Secondary prevention should start shortly after admission, and all patients should be offered lifestyle guidance. It is important for all local partners to be coordinated in their approach to reduce the risk factors for stroke and to realise that risk reduction does not only apply before a stroke takes place but during the entire care pathway.

It is clear that data collection and data quality are both important to the understanding of stroke prevalence in Wales, and the use of information on the risk factors (e.g. hypertesion; atrial fibrillation, cholesterol etc) can be put to better use and used to 'map risk' and direct resources.

A MEDICAL EMERGENCY

Stroke is now, rightly, being seen as a medical emergency which requires urgent and prompt specialist assessment and treatment.

Patients should be assessed at an acute hospital immediately after a stroke since hyperacute treatments such as thrombolysis must be administered within as little as three hours after stroke onset.

Most people who have suffered a stroke, should have a brain scan (CT or MRI) as soon as possible - within 24 hours / no later than 48 hours – of the onset of symptoms. When thrombolysis is being considered it is imperative that the patient is imaged immediately.

There is clear evidence that admission to a stroke unit reduces deaths and disability and prevents the onset of further complications.

Ambulance crews should be trained specifically in stroke care, and in screening. Emergency medical services in administering a first-line response should be trained and supported in recognising symptoms, ensuring initial stabilisation, possible administration of hyperacute therapies and communication with receiving hospitals/stroke units.

STROKE UNITS

Acute stroke units are paramount to the effective provision of stroke care. However stroke units need to be put into the wider context of acute services as a whole.

An acute stroke unit concentrates patients, healthcare staff, resources, and specialist expertise into one area, and such units provide a better outcome. Patients are twice as likely to survive a stroke, and have fewer complications, if treated in a dedicated unit. Therefore, treatment in a stroke unit is associated with earlier discharge - which along with overall improved recovery rates also delivers certain efficiency and cost-saving benefits to the NHS.

The National Sentinel Audit for Stroke (2006) stated that: "*Action required: Wales needs to identify systems to raise the quality of stroke across the whole patient pathway, particularly through the development of stroke units.*" The 2010 Audit stated that "100% of hospitals in England and Northern Ireland and 93% of hospitals in Wales now have a stroke unit. This is a major improvement for Wales". However there is still a stark difference in the availability of thrombolysis 24/7 between England (57%), Northern Ireland (25%), and Wales (0%). This is very concerning data.

We believe that nobody in Wales should be further than a travel-time of 30 minutes from a dedicated stroke unit, but this might not mean that an acute stroke unit is needed in every hospital in Wales. A network of 'hyperacute' units in centres with expertise for thrombolysis and its complications; coupled with rehabilitation units closer to home might be one model to consider.

The development of acute stroke centres and systems of care may revolutionise the medical community's ability to treat patients with stroke. The obviously need to be closely linked to local primary and tertiary care teams for clear and appropriate referral, rehabilitation and monitoring of patients.

REHABILITATION

The principal aims of rehabilitation are to restore function and reduce the effect of the stroke on patients and their carers. Rehabilitation should start early during recovery with assessment and mobilisation while the patient is in the stroke unit.

Optimal care is multidisciplinary: doctors, nurses, physiotherapists, occupational therapists, speech and language therapists, dieticians, psychologists, and social workers all have a role. Mental well-being plays a large part in the recovery process for stroke survivors, mental health support should start early and community based provision needs to be supported to form part of the multidisciplinary care pathway.

The role of social services in delivering stroke care is often overlooked; and the potential of social services to join up care provision is often not realised. 53% of stroke units in Wales have a social worker attached to the multidisciplinary stroke team, this compares to 73% in England and 100% in N.Ireland.[4]

BMA Cymru has always supported the view that people should be treated as close to home as possible – as long as it is effective and safe to do so. In relation to stroke, this is where ensuring that a dedicated stroke team in the community is available and fully resourced to enable appropriate early supported discharge. National Sentinel Stroke Audit 2010[5] found that early supported discharge teams are rarely available in Welsh Hospitals (England 45% Northern Ireland 83% and Wales 7%) however it reported that there has been an increase in Wales with hospitals with a specific community stroke rehabilitation team.

RECOMMENDATIONS

Alongside the points made elsewhere in this paper, we have a number of other recommendations the Committee may wish to consider:

We believe that a positive step would be for the new LHBs to take ownership of the action plan. They could, for example, do this by:

- Identifying a Public Health practitioner within their locality to lead a team on implementation and data collection / reporting;
- Develop local links with the broader health improvement initiatives such as Health Challenge Wales to champion improvements and innovation;
- Prioritise how to engage hard-to-reach individuals;
- Review their workforce planning mechanisms and ensure that staff levels and support for the workforce in delivering stroke treatment and care are adequate;
- Strengthen and formalise their links with local authorities and others community services to create multi-disciplinary care partnerships ensuring joined up working and continuous care provision;
- Facilitate research and data gathering through, for example, local clinical research networks, reporting data nationally;
- Utilise the new Professional Forums and Stakeholder Reference Group as a mechanism to highlight stroke risk factors and services;
- Facilitate public awareness and education campaigns.

National and Local public awareness campaign is needed to highlight the prevalence and severity of stroke, espacially how to recognise the symptoms, and that it requires a 999 response. The FAST (Face, Arms, Speech, Time) campaign did some good work in relation to this but needs to be built on – for example, the ways to recognise transient ischaemic attacks (TIA), the risk factors such as high blood pressure and diabetes, high cholesterol, smoking, excess alcohol intake and recreational drug use should also be highlighted. Many people still do not realise that strokes are preventable, do not know the symptoms or risk factors, or how to manage them.

The opportunities for training and education on Stroke for medical, nursing and therapy staff at all levels needs to be reviewed on an all Wales basis – it may be worth considering those areas which we know contain hard-to-reach populations as a priority. A training programme should be developed for stroke

[4] National Sentinel Stroke Audit Phase II (clinical audit) 2008
[5] 2010 Sentinel Stroke Audit http://www.rcplondon.ac.uk/sites/default/files/easy_access_version_2010_1.pdf

treatment across the multi-disciplinary teams working within the primary and secondary care sector to ensure efficiency and confidence when treating or managing stroke. Training should also be extended to carers.

Every person in Wales should have access to a Stroke Unit within 30 minutes travel distance from their home, the Unit should:

- Offer high quality 24 hour care - including 24hour access to thrombolysis and scanning equipment. There should be no unnecessary delay in undertaking a brain-scan. Without a brain scan, treatment cannot commence safely or effectively;
- Be of a similar high standard to other Units across Wales;
- Have adequate staffing levels (doctors, nurses, physiotherapists, occupational therapists, speech and language therapists, dieticians, psychologists, and social workers) – including sufficient sessions dedicated to stroke care;
- Have adequate bed capacity;
- Have strong links with rehabilitation and support services.

The long-term impact of stroke on families and carers needs to be considered in any new policy.

Health and Social Care Committee
HSC(4)-05-11 paper 4
Inquiry into Stroke Risk Reduction – Evidence from the British Association of Stroke Physicians

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ADVANCING STROKE MEDICINE
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Professor Pradeep B Khanna MBE FRCP

The National Assembly for Wales
Health and Social Care Committee Inquiry into
Stroke Risk Reduction

Submission by the British Association of Stroke Physicians – September 2011

About us

The objective of BASP (The British Association of Stroke Physicians) is to promote the advancement of Stroke Medicine within the United Kingdom.

BASP does this by several means including:

- To facilitate research by forming an informal network of researchers and possible collaborators. Stroke care is provided by physicians from a variety of backgrounds in the UK, including Geriatrics, Neurology, Clinical Pharmacology and Rehabilitation Medicine

- To respond to the requests of other organisations for advice on matters relating to Stroke Medicine

- To encourage members to provide and organise education and training opportunities in their locality for all professionals interested in stroke care

- Developing guidelines for the training of junior doctors in Stroke Medicine to fully prepare them to take a leading role in the management of stroke patients and organisation of services as consultants

- To organise an annual forum at which research relevant to Stroke Medicine can be presented and discussed and which may be organised in association with other organisations

Current BASP membership stands at nearly 500 full (consultant grade) and associate (training grade) members from all nations of the UK involved in delivering care and treatment to people with stroke and those at risk of stroke.

INTRODUCTION

BASP is aware that development of stroke services in Wales has been given high priority by the Health Minister. There has been significant improvement demonstrated over the last 18-24 months in acute stroke care in Wales achieved with only modest additional financial resources. We understand that a Welsh Stroke Delivery Plan, including Stroke Prevention, is being drafted for the period 2011-2015.

What is the current provision of stroke risk reduction services and how effective are the Welsh Government's policies in addressing any weaknesses in these services?

Currently, in Wales, there is no comprehensive stroke risk reduction provision and primary and secondary prevention is undertaken via the General Medical Services (GMS) contract, supported by the Quality and Outcomes Framework (QOF) provided by General Practitioners. The delivery framework for 2011/12 (published by NHS Wales under their Tier 1 priorities) has highlighted the importance of acute stroke care along with outcome focussed measures for transient cerebral ischaemic attacks (TIA) and early rehabilitation. However, no specific targets have been identified for stroke prevention: a missed opportunity. There is still a lack of public awareness and no large scale promotion programmes have been undertaken in Wales. There is an opportunity to join up services between Primary and Secondary care so as to offer a comprehensive stroke risk reduction service although most areas are offering TIA Outpatient Clinics – still only 5 days/week rather than 7 days/week with no comprehensive plan and lack of resources. The National Sentinel Organisational Audit UK 2010 revealed that, of the 15 acute hospitals in Wales, only 3 sites (20%) delivered services for the same day assessment and treatment of high risk TIA patients, which is recommended by expert groups and the English Department of Health's National Stroke Strategy. Furthermore, the 2010 Audit revealed paucity of consultant stroke physicians and trainees in Wales compared to England. Similarly, there is lack of clear policy on management of atrial fibrillation.

Furthermore, Wales, with its geographical challenges, needs plans which offer interventions and services consistently across both rural and urban areas. Also, low socio-economic and high unemployment rates leads to inequality and poor life-styles leading to obesity, poor diet, smoking and poor attendances to health services or engagement with preventative health. New ways of reaching remote communities, perhaps through the increased use of telemedicine, need to be explored. In particular, there is a need to focus on more preventative and remedial measures to tackle:

a. Smoking
b. Hypertension
c. TIA services
d. Pro-active screening and management of atrial fibrillation to prevent strokes

As a method of collaborative service improvement that has proved particularly effective in England, Joint Cardiac-Stroke Networks in Wales should be established – each led by a clinical director with a remit of reducing the burden of stroke and heart disease through improving both prevention and treatment, with a ring-fenced budget.

What are your views on the implementation of the Welsh Government's Stroke Risk Reduction Action Plan and whether action to raise public awareness of the risk factors for stroke has succeeded?

The Stroke Risk Reduction Action Plan in Wales focuses on primary prevention and builds upon the work which is already being delivered under the Cardiac NSF and the National Service Framework for Older People in Wales. In doing so, the Action Plan is not comprehensive and has not stated any action on early detection and treatment of transient cerebral ischaemic episodes or atrial fibrillation. There is no clear evidence that the public awareness of risk factors for stroke has increased and the implementation is, indeed, very patchy. Furthermore, even though there is a plan, no resources have been identified. It is our view that the Action Plan is limited to primary prevention and not specific enough, nor comprehensive enough, for transient cerebral ischaemic episodes and stroke prevention. More joined-up work is required to reduce risk factors and prevent strokes by:

a. Addressing social and economic factors and healthy life-style, including pro-active public awareness programmes;
b. Specifically identifying and managing vascular risk factors particularly hypertension, hyperlipidaemia and atrial fibrillation;
c. Seven-day TIA Outpatient Clinics, linked to appropriate neuro-imaging and carotid endarterectomy services.

Lowering the risk

Intervention	**Relative reduction of stroke**	**Absolute risk of stroke without treatment over first 2 years**	**Absolute stroke risk reduction over 2 years**	**Numbers needed to treat over 2 years to prevent one stroke**
Aspirin in sinus rhythm	**20**	**15**	**3**	**33**
Systolic blood pressure lower by 9 mmHg	**25**	**15**	**4**	**25**
Cholesterol lower by 1.2 mmol/L	**25**	**15**	**4**	**25**
Carotid endarterectomy for >70% stenosis	**40**	**25**	**15**	**7**
Warfarin in atrial fibrillation	**67**	**24**	**16**	**6**

References:-
Lancet 1997; 349:1641-49; BMJ 2002; 324:71-86; Lancet 2006; 367 (9523): 1665-73; Hypertens 2006; 24:1413-17; Lancet 2000; 356: 1955-64; Stroke 2004; 35: 1024; BMJ 2001; 322: 321-26; Stroke 2004; 35: 2902-06; New England Journal of Medicine 2005; 352: 1293-1304; New England Journal of Medicine 1991; 325: 445-53; Lancet 2003; 361: 107-16

What are the particular problems in the implementation and delivery of stroke risk reduction actions?

As previously stated, the Stroke Risk Reduction Action Plan in Wales is not comprehensive and there is a lack of coordination and ownership of stroke prevention between Primary and Secondary Care. Public awareness is still lacking. The current arrangements for the QOF in primary care do not support the pro-active screening and anticoagulant treatment of people with atrial fibrillation, although the relevant QOF indicators are currently under review with the National Institute for Health and Clinical Excellence (NICE). TIAs are still not recognised as an emergency and this ignorance and 'culture' needs to be tackled. The most important problem is lack of resources which is hindering the development of a 7-day TIA service, which requires same-day access to carotid artery and brain imaging, and close emergency liaison with vascular surgical centres.

What evidence exists in favour of an atrial fibrillation screening programme being launched in Wales?

Atrial fibrillation (AF) is the commonest cause for sustained heart rhythm disturbance and a major predisposing risk factor for stroke. The NSF for Wales recognises that AF is associated with a 5-fold increase in risk and severity of stroke and is a major risk factor, especially in older people. One in every five strokes is attributable to AF and, with an ageing population, the incidence and the prevalence of AF is increasing. What is more, strokes resulting from AF also tend to be more severe. The majority of those who do survive are severely disabled such that they are dependent upon another person or persons for at least some of their ordinary daily tasks such as washing, dressing, bathing, feeding and using the lavatory. The combination of a severe stroke with age over 75 years confers a very high probability of death or severe disability, with a predictive value for such a poor outcome of 96%.

It is proposed that AF should be identified as a priority for the NHS in Wales and awareness campaigns in high-risk groups should be undertaken. Early identification, detection and management are the key to reduce the morbidity and mortality associated with AF and stroke. For this purpose, pro-active screening programmes should be identified with establishment of a Specialist Clinical Team who would also act as an 'Atrial Fibrillation champion' in the Health Board. Opportunistic screening by the pharmacists and Primary Care teams should be encouraged and incentivised through the QOF, especially in patients with other risk factors such as diabetes, hypertension or heart failure and also among those patients who receive the annual 'flu vaccination in the GP surgery. Dedicated clinics in GP practices and specialist secondary care services should also be established. There is strong evidence that primary and secondary prevention in AF is highly cost-effective, and particularly more so in the elderly because of their high level of background stroke risk.

Key messages

The British Association of Stroke Physicians advocates that the Welsh Assembly Government should, as part of a comprehensive programme for the reduction of stroke risk for the population of Wales:

a) Develop and promote a NHS Wales Stroke Prevention Action Plan;
b) Establish collaborative Welsh Cardiac and Stroke Networks covering 1-2 million population, with highly visible clinical leadership;
c) Raise awareness of stroke prevention among the public and primary healthcare professionals;
d) Increase the detection and treatment of hypertension and AF by means of pro-active and opportunistic screening among high risk groups in primary care;
e) Establish Rapid Access 7-day TIA clinics;
f) Lobby NICE for a change in their QOF indicator for AF, and promote the wider use of the GRASP-AF tool in surgeries to drive up the proportion of people with AF who receive effective anticoagulation;
g) Develop specialist secondary care services to support the management of AF in the local population;
h) Ensure sufficient resources for TIA and stroke services

References:-

a) Guidance on Risk Assessment & Stroke Prevention for atrial fibrillation (GRASP – AF)
b) Lancet 1993 Nov 20; 342: 1255-62
c) Cochrane Database of Systematic Reviews; 2004 Oct 18

National Assembly for Wales

Health and Social Care Committee Inquiry into Stroke Risk Reduction

Submission from: Dr Anne Freeman on behalf of

WELSH STROKE ALLIANCE

About us

The **Welsh Stroke Alliance** is an umbrella organisation encompassing professional bodies, NHS Wales, third sector organisations and patient representatives, all of which have an interest in taking stroke services forward within Wales.

It aims to:

- Facilitate the rapid and continuous improvement in stroke care in Wales.
- Ensure correct standards are set according to national guidelines, recognised best practice, and emerging research.
- Identify gaps in service provision and recommend solutions, highlighting and sharing areas of best practice.
- Act as an all Wales forum and provide expert multi-disciplinary advice and support to NHS Wales, it's Local Health Boards (LHBs) the Welsh Assembly Government, Royal Colleges, interested parties, and other associated bodies on all aspects of stroke service delivery.
- Be the expert reference group for the Stroke Delivery Group of NHS Wales, identifying constraints and solutions to specific clinical and operational challenges, and reporting on progress in improving stroke services in Wales.
- Scrutinise, challenge, and develop clinical practice in stroke across Wales.

Background: Stroke Risk Reduction

- Stroke is the third biggest killer in UK and is the greatest cause of significant adult disability.
- With an incidence of 2 per 1000 per year, it is a condition that creates huge personal and financial burden.
- Traditionally considered a condition of the elderly, it is now recognised that one-third of strokes occur in children and working age population.
- It accounts for around 5-6% of the NHS budget in UK every year and additional billions of pounds spent on community and social care.
- Whilst there has, over the last 2-3 years, been a successful drive to improve the acute care of stroke patients, preventing strokes occurring is now one of our top priorities.
- Stroke is **treatable** and stroke is **preventable** and the relevant action must be taken to ensure as many strokes as possible are prevented each year. The biggest risk factors are still smoking and hypertension though Atrial Fibrillation is now attracting much more attention as a causative condition where prompt treatment can have an immediate effect on risk reduction.

Stroke Risk Reduction: A three-pronged approach

The evidence suggests there are three main areas to review for effective population stroke risk reduction:

- <u>Lifestyle issues</u>
  - Including obesity, smoking, alcohol habits, and sedentary lifestyles.
  - To reduce these stroke risks, it will take at least 5 to 10 years to alter patterns of behaviour across a population. Although this principle has been acknowledged and has been included in the Stroke Risk Reduction Action Plan it has yet to become a reality and therefore a longer-term, generational, policy commitment encompassing areas outside of healthcare needs to be implemented as soon as possible.
  - This should include education and awareness at schools and the workplace
  - Lifestyle issues must be addressed through exercise programs, smoking cessation and more robust targeting of alcohol-related illness.
  - Obesity campaigns and healthy nutrition must be considered.

- A clear remit needs to be given to Public Health Wales to address these issues.

- Vascular risks
  - Such as diabetes mellitus, high cholesterol, and high blood pressure, all of which can be detected, controlled and modified by good management by patient and healthcare professionals.
  - These risks would require an effective detection and management regime within NHS Wales, including supportive mechanisms to encourage self-detection and self-management.
  - A performance target should be considered for QOF attainment in general practice.
  - Consideration should be given to a 'Know your Numbers' (blood pressure, pulse, cholesterol) public awareness campaign, allowing more informed life-style choices.

- Specific stroke risk
  - Such as carotid stenosis, atrial fibrillation, and hypertension which can be seen as areas where more speedy reductions in stroke incidence can be achieved by appropriate assessment and treatment.
  - To affect this possible 'low-hanging fruit' of stroke risk reduction, a clearly defined national programme of service delivery needs to be put in place, with responsibility for monitoring delivery held centrally. The Delivery and Support unit may have a role in doing this.
  - The Stroke Risk Reduction Action Plan was published in 2009 and all Health Boards were requested to address this in their stroke Action Plans. A central mechanism for monitoring its implementation should be put in place. We need to monitor progress from each LHB.
  - TIA is now considered to be a medical emergency and should be dealt with as such. A significant number will develop stroke within 2 weeks and timely assessment and management within 24 hours of symptom onset can minimise risk of subsequent stroke. This needs to be a 7 day service.

In addition to these three wider areas of stroke risk reduction, it must be remembered that stroke in the younger age population has a different risk profile and includes, amongst others:

- Recreational drug abuse
- Pregnancy

- Thromboembolic diseases
- Lupus anticoagulant
- Carotid dissection
- Rarer causes (including conditions such as Fabry’s disease, Cadasil, etc.)

These need to be managed in the appropriate settings

Consideration for BME groups, and their increased risk of stroke, must also form part of any overall stroke risk reduction plan.

A significant reduction in stroke incidence will not be achieved overnight but delaying action now will delay eventual positive gains in stroke risk reduction.

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Inquiry into Stroke Risk Reduction – Evidence from the Royal College of Nursing Wales

Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

The National Assembly for Wales
Health and Social Care Committee Inquiry into
Stroke Risk Reduction

Submission from the Royal College of Nursing, Wales
September 2011

ABOUT THE ROYAL COLLEGE OF NURSING (RCN)

The RCN is the world's largest professional union of nurses, representing over 400,000 nurses, midwives, health visitors and nursing students, including over 23,000 members in Wales. The majority of RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing.

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

Health and Social Care Committee Inquiry into Stroke Risk Reduction Submission from the Royal College of Nursing, Wales

What is the current provision of stroke risk reduction services and how effective are the Welsh Government's policies in addressing any weaknesses in these services?

The current provision for people at risk of stroke is predominately though the general health promotion services provided by primary care GP services. These services vary between individual practice and LHB area. In considering the introduction of health checks of the over 50s this could be a useful area to focus on.

Within the Annual Quality Framework 2011-12 there are specific targets for stroke acute care, rehabilitation and Transient Ischemic Attack (TIA). There are however no specific targets around stroke prevention.

Following a TIA people may receive risk reduction advice from a stroke prevention clinic, this is sometimes Nurse led and patients will often be referred back to primary care services to monitor blood pressure and receive follow up treatment. This service however is not universal and it would be worth reviewing the differences between Local Health Boards.

Specialist Nurses offer a dedicated point of contact and advocate for patients. The funding derived from the WAG 2008-2009 enquiry led to each health board submitting improvement plans. An increase of stroke specialist nurses in each health board was a result of the funding and around 13 (this figure is not whole-time equivalent) nurse specialists are employed across Wales (with the exception of Powys). In Cwm Taff and Torfaen the role bridges primary and secondary care but elsewhere the role is restricted to the acute sector.

Currently there is no position for a Consultant Nurse for stroke services in Wales. A Consultant position allows for the strategic development of services. This vastly different compared to England and Scotland which currently have over 20 Consultant Nurses for Stroke.

There are also private clinics which offer Blood pressure and cholesterol tests and aim to assess cardiovascular risk.

What are your views on the implementation of the Welsh Government's Stroke Risk Reduction Action Plan and whether action to raise public awareness of the risk factors for stroke has succeeded?

There is anecdotal evidence to demonstrate that public awareness of the symptoms of stroke and the correct response of dialling the emergency services has risen. However more could be done to inform the public of the

benefits of lifestyle change, healthy eating, stopping smoking, monitoring cholesterol and blood pressure. The risks are often seen to relate to cancer and cardiac events and not stroke.

The Risk Reduction Plan almost entirely focuses on raising public awareness. Whist this aim is laudable and necessary there are specific steps that the Welsh Government could take to reduce risks and raise awareness. More could also be done to involve specialists in stroke in Wales in the implementation and progress of this plan (a network approach).

In England health communities, led by the Heart and Stroke Improvement Programmes in England have been developing work on stroke prevention. Joining up prevention includes information on stroke prevention through better identification and treatment of both atrial fibrillation (AF) and transient ischaemic attack (TIA).

TOP TIPS *(taken from Going up a gear: Practical steps to improve stroke care www.improvment.nhs.uk/stroke)*

- Detect AF though opportunistic Screening e.g. at annual flu clinics
- Consider local enhanced service Schemes for detection, screening and review of AF
- Develop new models for Anticoagulation services in Primary and community settings
- Develop tools to support the Review of patients with AF, to risk Stratify for stroke and optimal Therapy
- Develop guidelines for primary to Secondary care referral
- Educate both professionals and Patients on:
- Pulse palpation
- Barriers to anti-coagulation in Primary care
- ECG training and interpretation
- AF as a major risk factor for stroke.

Atrial Fibrillation (AF) a type of irregular heartbeat and is the most common heart rhythm disorder in Wales. AF undermines patients' quality of life and is responsible for around a quarter of all strokes. It imposes a heavy burden on the NHS in Wales, with AF related strokes costing health and social care in the region of £46 million a year. There are specific actions relating to this that the RCN is calling for:

- A specialist nurse should be championing AF detection in each LHB.

- GP services in each LHB area should have knowledge of how to refer patients with AF and the importance of this.

- Practice nurses and HCSWs may need education in stroke risk reduction. Even if this is provided by the LHB the employees the GP may not be released to attend. LHBs could examine this provision and need in their area.

- The Chronic Conditions team in each LHB should consider AF as a chronic condition.

♥ Prompt treatment is needed for people once AF has been diagnosed.

What are the particular problems in the implementation and delivery of stroke risk reduction actions?

Lack of Ownership by the Stroke teams and Primary care teams is an important factor in the implementation and delivery of risk reduction actions. Clinical Champions would be able implement actions readily and be able to monitor effectiveness.

Evidence from Millar 2010[1] suggests that nurses are the most likely professional group to take prominent leadership role in the primary and secondary prevention of strokes. Millar emphasises the importance of prevention on all inpatient and outpatient units and establishing workplace staff health promotion programs to reduce modifiable stroke risk factors, given the increasing incidence of stroke in younger adults.

At present there is a lack of training and education opportunities in Wales for Stroke for medical and nursing and therapy staff at all levels.

What evidence exists in favour of an atrial fibrillation screening programme being launched in Wales?

AF is an important cause of stroke especially in the elderly patients. Anticoagulation reduces the risk for stroke by 60%.

Screening could be carried out cost effectively by the nursing/ primary care team. This could simply be done by carrying out manual pulse checks when doing other routine work for example during flu clinic or routine health check.

We would recommend the Committee examine the service recently developed in Cwm Taff. An AF Specialist Nurse is developing a nurse led clinic and works closely with Cardiologists and Stroke Physician. Referrals come from Primary Care and from within the Hospital.

Other area of best practice from which evidence may be drawn are the SAFE project study - a small study which investigated the role of practice nurses systematically screening practice population or the pilot study conducted by 2 arrhythmia nurse specialists in North Wales looked at integrating manual pulse checks into a routine chronic conditions clinic within General Practice[2].

Wright et al .2006[3] found that a cluster randomised trial in the North of England to implementation evidence based guidelines improved the quality of primary care for atrial fibrillation and TIA. The intervention included evidence based recommendations, audit and feedback, interactive educational

[1] Rehabilitation Nursing Vol35 no.3 May/June 2010
[2] Both of these examples are taken from Keeping our finger on the Pulse August 2010
[3] Wright et al Quality Safety Health care 2007 16 51-59

sessions, patient prompts and outreach visits. Implementation led to 36% increase in diagnosis of AF and improved treatment of TIA.

Health and Social Care Committee
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Update from the Minister for Health and Social Services on the implementation of the Stroke Risk Reduction Action Plan

Committee Service

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref SF/LG/6091/11

Mark Drakeford AM
Chair
Health and Social Care Committee
National Assembly for Wales
Cardiff
CF99 1NA

30th September 2011

Dear Mark,

Thank you for your letter of 23 September 2011 seeking further information on the implementation and monitoring of the Stroke Risk Reduction Action Plan. I welcome the opportunity to respond.

The Stroke Risk Reduction Action Plan was approved by the previous Minister for Health and Social Services on 22 June 2010. The plan was developed by Public Health Wales and contains actions to strengthen work already being delivered to create added value and minimise additional services costs.

My officials are responsible for ensuring the overall delivery of the plan and for monitoring its progress. I am pleased to report the following progress in the delivery of the plan:

	Actions due for completion by Autumn 2011	Actions due for completion for by March 2012	Total
Total	**14**	**25**	**39**
Actions Completed	**11** [4,5,6,8,9,10,18, 19,33,37,38]	**0**	**11**
Actions ongoing	**1** [39]	**20** [2,3,7,12,13,14,15,16,17,20,21, 22,23,24,25,26,27,30,34,36]	**21**
Actions on hold or superseded	**2** [28, 32]	**2** [29,35]	**4**
Actions not started	**0**	**3** [1,11,31]	**3**

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.lesley.Griffiths@wales.gsi.gov.uk

I will provide further details on the progress of the actions, and the indicators outlined in the plan, in the paper that I will present to the Committee on 2 November 2011. I will also be happy to answer any other queries in relation to the plan at that meeting.

I look forward to seeing you then.

Kind Regards

Lesley

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Y Pwyllgor Iechyd a Gofal Cymdeithasol
HSC(4)-05-11 papur 8
Llythyr gan Gadeirydd y Pwyllgor Cyfrifion Cyhoeddus

Ynghlwm fel atodiad i'r papur hwn ceir llythyr gan Gadeirydd y Pwyllgor Cyfrifion Cyhoeddus.

Gwasanaeth y Pwyllgorau

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Pwyllgor Cyfrifon Cyhoeddus
Public Accounts Committee

Mark Drakeford
Chair
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

27 September 2011

Dear Mark,

You will be aware that the Wales Audit Office published its follow up report on Adult Mental Health Services on 7 July 2011.

The report follows up the Wales Audit Office's baseline review of adult mental health services which was published in 2005. It reviews the progress made in improving adult mental health services in key service areas and assesses the extent to which the barriers to change have been addressed. The report also outlines how improvements need to be sustained.

At its meeting on 20 September 2011, the Public Accounts Committee decided to refer this report for consideration by the Health and Social Care Committee. The previous Health, Well Being and Local Government Committee published a report into Community Mental Health Services in 2009 and there is some crossover between the recommendations of that report and the findings of the Wales Audit Office one that would benefit from a consistent consideration.

There are a number of actions a Committee can take in considering a Wales Audit Office report. It is for the Health and Social Care Committee to decide on the relevant course of action. Depending on the recommendations within the report a Committee might:

- Write to the responsible Welsh Government Accounting Officer requesting an update on progress made to implement the recommendations (this can be followed up at regular intervals);
- Invite the responsible Welsh Government Accounting Officer to give evidence to the Committee on the recommendations and their implementation;
- Hold a further inquiry into the issues raised in the report.

The Wales Audit Office has indicated that there has been strong engagement with the Welsh Government and the NHS on the implementation of the recommendations in the report. They would be pleased to provide more information to the Health and Social Care Committee if required, and contact details can be obtained from the Clerk of the Public Accounts Committee.

I should be grateful if you could keep the Public Accounts Committee informed of the outcome of any consideration.

Yours sincerely

Darren Millar AM
Chair of the Public Accounts Committee

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:	**Ystafell Bwyllgora 1 - Y Senedd**
Dyddiad:	**Dydd Mercher, 28 Medi 2011**
Amser:	**Times Not Specified**

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Gellir gwylio'r cyfarfod ar Senedd TV yn:
<insert link here>

Cofnodion Cryno:

Aelodau'r Cynulliad:

Tystion:

Staff y Pwyllgor:

1. Cyflwyniad, ymddiheuriadau a dirprwyon

1.1 Ni chafwyd ymddiheuriadau.

2. Ymchwiliad i'r cyfraniad a wneir gan fferyllfeydd cymunedol i wasanaethau iechyd yng Nghymru - Tystiolaeth gan y Gymdeithas Fferyllol Frenhinol (09:30 - 10:30)

2.1 Atebodd y tystion gwestiynau a ofynnwyd gan Aelodau'r Pwyllgor ynghylch cyfraniad fferyllfeydd cymunedol i wasanaethau iechyd yng Nghymru.

2.2 Cytunodd y tystion i ddarparu gwybodaeth bellach am fodel fferyllfeydd cymunedol yr Alban, gan gynnwys ariannu gwasanaethau TG a rennir.

2.3 Cytunodd y tystion i ddarparu gwybodaeth bellach am y datganiad ar y cyd gan y Gymdeithas Fferyllol Frenhinol a Choleg Brenhinol yr Ymarferwyr Cyffredinol ynghylch cydweithredu.

3. Ymchwiliad i'r cyfraniad a wneir gan fferyllfeydd cymunedol i wasanaethau iechyd yng Nghymru - Tystiolaeth gan Fferylliaeth Gymunedol Cymru (10:30 - 11:30)

3.1 Atebodd y tystion gwestiynau a ofynnwyd gan Aelodau'r Pwyllgor ynghylch cyfraniad fferyllfeydd cymunedol i wasanaethau iechyd yng Nghymru.

3.2 Cytunodd y tystion i rannu â'r Pwyllgor ganlyniadau'r arolwg y maent yn ei gynnal i'r gwasanaethau ychwanegol a ddarperir drwy fferyllfeydd cymunedol ar hyn o bryd ac i ba raddau y mae fferyllwyr cymunedol am ddarparu gwasanaethau ychwanegol.

4. Ymchwiliad i ofal preswyl i bobl hŷn – cytuno ar y cylch gorchwyl (11:30 - 11:40)

4.1 Cytunodd y Pwyllgor y dylid nodi cydbwysedd y ddarpariaeth rhwng cartrefi gofal preifat a chyhoeddus a'r llwybr i ofal preswyl yng nghylch gorchwyl yr ymchwiliad i ofal preswyl i bobl hŷn.

4.2 Cytunodd y Pwyllgor y dylid anfon cylch gorchwyl drafft yr ymchwiliad at randdeiliaid ac y dylid caniatáu pythefnos er mwyn iddynt gyflwyno eu sylwadau arno.