

Written Response by the Welsh Government to the report of the Health and Social Care Committee entitled Inquiry into Stroke Risk Reduction, December 2011.

January 2012

Stroke is the third most common cause of death and the greatest cause of adult disability in Wales and is an illness that has significant impact on the health of our nation and on individuals and their families.

The Welsh Government recognised stroke as a priority for the NHS in 2007 and required Local Health Boards to put action plans in place to achieve national standards and guidelines by 2015, including standards for reducing the risk of stroke.

Reducing the risk of stroke continues to be a priority for the Welsh Government and forms an important part of our broader approach to tackling cardiovascular disease. Together for Health sets out a commitment that stroke services will be progressively improved, so that by 2015, every Health Board will be fully compliant with the national standards and targets for stroke.

Tackling the major risk factors for stroke and other conditions is also relevant to new and planned Welsh Government initiatives. For example, work to deliver the Programme for Government commitment to initiate a programme of annual health checks for people aged over 50 will be an important mechanism for identifying and addressing potential issues in the context of stroke risk reduction at an earlier stage.

There is now wide recognition nationally and internationally that much has already been improved in NHS Wales for stroke patients, but there remains more to do, including making services for identifying those at risk of a stroke and then managing that risk in a more systematic and coordinated way.

To direct and guide further improvements at a national and local level, we are also developing a National Delivery Plan for Stroke. This will outline our vision for tackling stroke, our ambitions for stroke services by 2016, and our desire to measure and monitor our ongoing improvements and will be published for consultation in March. The final version will be informed by the evaluation of the Stroke Risk Reduction Plan.

The Welsh Government will expect Health Boards to review and update their existing stroke plans in the light of the Stroke Delivery Plan focussing on their local circumstances and how they will deliver patient journeys that fulfil our high expectations of stroke prevention, treatment, rehabilitation and support.

Through our 1000 Lives Plus Programme and the National Stroke Delivery Group, we are, with clinicians, identifying the key elements of clinical care that will help ensure patients receive the right care at the right time from the right people. The Programme has developed toolkits to support LHBs in delivering effective acute care, stroke rehabilitation and TIA services. Datasets have also been developed to monitor progress implementing TIA and early rehabilitation.

Work is ongoing to develop a toolkit to support life after stroke such as good discharge planning with a contact point for community support, appropriate information and follow up as well as secondary prevention, access to continuing rehabilitation where required including Early Supported Discharge, psychological/emotional support and re-integration into the community.

Detailed responses to the report's recommendations are set out below:

<p>Recommendation 1. We recommend that the Welsh Government undertake a full and robust evaluation of the implementation of the Stroke Risk Reduction Action Plan, involving all stakeholders. The evaluation should be published, and the results used to inform the development of the National Stroke Delivery Plan. (Page 15)</p>
<p>Response: Accept</p>
<p>Public Health Wales (PHW) has been asked to undertake an evaluation exercise on the Stroke Risk Reduction Action Plan. This exercise will take place in the next few months and will involve a range of stakeholders with a role in delivering the Plan's actions. It is anticipated this exercise will be completed in April 2012 and the findings will be made available following that date.</p> <p>The evaluation of the Stroke Risk Reduction Action Plan will help to inform future activity aimed at reducing the risk of stroke.</p> <p>The National Delivery Plan for stroke services (which is scheduled for consultation in the Spring) will take account of the evaluation and will set out the action that needs to be undertaken to allow people to enjoy a good quality life without developing vascular disease and stroke.</p>
<p>Financial Implications</p> <p>None. There are no direct financial implications associated with the evaluation of the Stroke Risk Reduction Action Plan, as this work will be undertaken as part of Public Health Wales' core activity.</p>

Recommendation 2. We recommend that the Welsh Government includes within the National Stroke Delivery Plan clear references to the prevention of secondary strokes and the treatment and diagnosis of TIAs as they relate to stroke risk reduction work. (Page 17)

Response: Accept

The National Delivery Plan for stroke services will set out clear action that needs to be undertaking in relation to the prevention, diagnosis and treatment of strokes and TIAs.

The reduction in secondary strokes is addressed during the recovery phase of the initial stroke and emphasised at time of discharge with appropriate secondary prevention medication and advice about risk factor management.

The 1000 Lives Plus Programme has developed a toolkit to improve services for those who have had a TIA to prevent a full stroke. This work, which looks at the assessment and management of TIA, has already started to address this issue of subsequent stroke risk reduction.

All LHBs in Wales should now be able routinely to assess a low risk TIA within a week and a high risk TIA within 24 hours (Monday to Friday). Work is ongoing with the LHB to ensure that the assessment of a high risk TIA can take place within 24 hours on a 7 day a week basis and is being supported and co-ordinated by the Delivery & Support Unit.

Financial Implications

None.

Recommendation 3. We recommend that by April 2012 and in line with its published expectation, the Welsh Government ensures patients have access to seven day TIA clinics and that clinical guidelines in relation to carotid endarterectomies are adhered to across Wales. (Page 22)

Response: Accept in principle

TIA assessment takes place on the same site that provide acute stroke services, and all LHBs in Wales should now be able routinely to assess a low risk TIA within a week and a high risk TIA within 24 hours (Monday to Friday). Work is ongoing with LHBs to ensure the assessment of a high risk TIA can take place within 24 hours on a 7-day a week basis through the acute medical assessment service with either admission or a satisfactory plan for assessment, investigation and treatment to be instigated. A single protocol is

being developed and will enable LHBs to have access to on-call medical teams. The protocol will be approved by Medical Directors with implementation from April 2012.

The need for carotid endarterectomy (CEA) patients to undergo surgery of the neck arteries as quickly as possible to prevent stroke is clearly outlined in NICE clinical guidance. This requires urgent cases to be operated on within 7 days and other cases within 14 days of the onset of symptoms.

Dr Chris Jones, NHS Wales Medical Director, wrote to Health Boards, in June 2011, seeking assurance that they address the findings the RCS carotid endarterectomy audit report and improve access to this surgery as part of their ongoing work to improve stroke services. I expect the next round of clinical audit to show a significant improvement.

Financial Implications

None. Health Boards should already be addressing these issues.

Recommendation 4. We recommend that the Welsh Government ensures that pulse checks are offered as standard to patients presenting stroke risk factors when attending primary care. Any necessary treatment which then follows should comply with NICE guidelines, and further action by the Welsh Government is needed to ensure that this takes place. Compliance should be monitored through Public Health Wales' audits of primary care record data. (Page 31)

Response: Accept in principle

NICE guidance recommends that a pulse check is performed for patients who present with breathlessness or dyspnoea, palpitations, syncope or dizziness, chest discomfort or stroke/TIA.

The UK National Screening Committee's (UK NSC) current policy position is that it does not recommend screening for atrial fibrillation. This position is currently under review and due to be completed by March 2012. The recommendations from the UK NSC review and the implications for Wales will be considered by officials and screening experts when they become available.

The Welsh Government expects all clinicians to consider such guidance to make appropriate clinical judgements in the assessment and management of such conditions.

Health Boards provide regular Continuing Professional Development events to ensure that local practice is informed by such guidance.

Practitioners also undertake an annual appraisal to review identified learning needs and educational activities undertaken, to develop appropriate skills and knowledge. Appraisal discussions will include reference to audits undertaken within the GP practice, which may include use of the Public Health Wales toolkit.

We have accepted in principle although we do not accept the recommendation that compliance be monitored through Public Health Wales' audits of primary care record data. The focus of these audits is in relation to quality improvement, not monitoring of clinical judgement.

Financial Implications

None.

Recommendation 5. We recommend that the Welsh Government develops clear guidance for primary care and community resource teams on the diagnosis, treatment and management of AF and clearly identifies professional responsibilities in each area. (Page 41)

Response: Accept in principle

There is already guidance in place. NICE guidance for the identification and management of atrial fibrillation is available to all clinical staff and a patient guide is also produced.

As part of 1000 Lives Plus, the Primary Care Quality and Information Service has designed a guide to support practices to achieve the timely management of atrial fibrillation.

The National Delivery Plan for Stroke will also clearly set-out expectations in relation to provision of stroke services.

The UK National Screening Committee's (UK NSC) current policy position is that it does not recommend screening for atrial fibrillation. This position is currently under review and due to be completed by March 2012. The recommendations from the UK NSC review and the implications for Wales will be considered by officials and screening experts when they become available.

Professional responsibilities will depend upon the skills and knowledge of team members, team structure and local pathway arrangements. For example, GPs have responsibility for the initial identification and diagnosis of atrial fibrillation, with newly diagnosed patients being referred for echo cardiography and cardiologists provide support in the management of patients.

Financial Implications

None.

These set of propositions support the recommendations made by the Committee, and outline a number of issues which the Committee feel the Government should give further consideration to.

Proposition 1: The Welsh Government should consider the shortfall in trained stroke physicians through the use of effective workforce planning. (Page 18)

Within Wales virtually all acute stroke care and rehabilitation is delivered by stroke sub specialist geriatricians who have additional medical responsibilities.

Wales has agreed the first dedicated stroke training post, which has been advertised nationally as an additional year of training in stroke medicine.

In addition, dedicated stroke care physicians have been established in some units via access to postgraduate specialist stroke training.

The need for stroke physicians going forward will be addressed within the workforce plans for medical staff.

Proposition 2: That the Welsh Government considers best practice for providing stroke leadership at Local Health Board (LHB) level and develops good practice guidance to which all LHBs should adhere. (Page 20)

Proposition 3: That the Welsh Government considers establishing Joint Cardiac-Stroke Networks across Wales. (Page 20)

Welsh Government has recognised the scope for strengthening current services to preventing cardiovascular disease, which includes stroke and cardiac disease. We have tasked Public Health Wales NHS Trust with undertaking work at an all Wales level to support Local Health Boards in developing a more systematic and co-ordinated approach to identifying those at risk of developing cardiovascular disease and managing that risk effectively. This work will be reflected in the National Stroke Delivery Plan.

The NHS Medical Director has recently decided to recognise the Wales Stroke Alliance as a formal National Specialist Advisory Group (NSAG), whose role is to provide multi disciplinary clinical leadership and advice at an all Wales level. This NSAG will be part of the Group which leads and oversees Local Health Board efforts to improve stroke services across Wales, including services to prevent stroke. The National Stroke Delivery Board will look to have strengthened clinical leaders to ensure the expectations relating to stroke services are achieved.

At a local level, effective clinical leadership and structures for collaborating with other Health Boards to plan and deliver effective stroke care such as Networks are a matter for Health Boards. However, each LHB already has an executive lead with responsibility for stroke, a clinical lead for stroke and a Stroke Delivery Board.

Good practice guidance is available already through the RCP National Clinical Guidelines for Stroke and NICE guidance.

Proposition 4: That the Welsh Government ensures that the National Stroke Delivery Plan encompasses all elements of the stroke care pathway from risk reduction through to rehabilitation and re-ablement. (Page 24)

The National Stroke Delivery Plan will encompass all elements of the stroke care pathway including prevention, diagnosis, treatment, rehabilitation and life after stroke.

Proposition 5: That the Welsh Government ensure that local authorities are involved and included in the development and delivery of the National Stroke Delivery Plan. (Page 24)

Local authorities are key partners for Health Boards in ensuring effective care for people who have had a stroke. Local authorities will, therefore, be consulted as part of the process to develop the Stroke Delivery Plan for the NHS.

Proposition 6: That the Welsh Government consider new ways in which to ensure that GPs are complying with the NICE guidelines, and that patients have the information to make an informed choice. Compliance should be monitored through Public Health Wales' audits of primary care record data. (Page 34)

NICE guidance is a key source for the delivery of clinical care. LHBs are responsible for ensuring that appropriate use is made of such guidance. However, guidance does not replace clinical responsibility; therefore, it would not be appropriate to attempt to monitor 'compliance'.

It is important for patients to be well informed through appropriate mechanisms so that they can make an informed contribution to decisions about their own treatment plans. A move towards a shared-decision process would be welcomed.

The QOF data provides individual practices with information to assess and improve their own performance. LHBs are provided with comparative data to support local peer review and to address any performance concerns. Public Health Wales supports such analysis by the provision of audit toolkits.

Proposition 7: That the Welsh Government considers supporting the proposals for changes to the AF related QOF indicators, and ensure that the QOF indicators distinguish between the prescription of anticoagulation and anti-platelet therapies for AF patients. (Page 35)

We will consider the advice provided by NICE for any proposed changes to QOF. The choice between anti-platelet and anti-coagulant is a clinical decision- we support patient choice in this matter supported by discussion of the appropriate evidence, including the risks and benefits of either approach.

Proposition 8: That the Welsh Government considers supporting the introduction and use of the GRASP-AF tool in GP practices. (Page 36)

From April 2012, changes to the Quality and Outcomes Framework will include a new indicator to ensure that all patients on Atrial Fibrillation Registers have a regular assessment using a formal risk stratification scoring system. This work may be undertaken through a computerised search (as in the GRASP AF approach) or through a review of the paper clinical record. LHBs will be expected to discuss with practices the processes in place to perform these calculations and to share such information with patients to support decisions about future management.

Proposition 9: That the Welsh Government consider a systematic evaluation system for all part, or fully funded, Welsh Government health promotion campaigns, with the findings directly feeding into the planning and development of future campaigns. Evaluations should be shared with partners to allow the dissemination of good practice and lessons learnt. (Page 38)

The Welsh Government recognises the importance of evaluating health promotion campaigns effectively, both to ensure value for money and to measure the effectiveness of campaigns. Such evaluation is also key in informing the planning and content of future campaigns. These overall principles form an important element of the planning of all health improvement campaigns funded or part funded by the Welsh Government.

The importance given to evaluation is reflected in the following current health improvement campaigns:

i) Campaign to raise awareness of the dangers of smoking in cars carrying children

Evaluations of previous mass media smoking cessations have indicated that they can have a range of positive effects, which can contribute to overall decreases in tobacco consumption and increases in smoking cessation. As part of the new campaign to raise awareness of the dangers of smoking in cars carrying children, an omnibus survey has been commissioned to establish current knowledge and attitudes towards smoking in cars. The Survey will be repeated twice a year in each of the next three years. Existing data will also be analysed and additional research will be undertaken to survey primary school aged children to estimate their exposure to second-hand smoke in cars. These combined steps will assist the Welsh Government to assess how successful the campaign has proved in reducing exposure to smoke in cars.

ii) Change4Life

Change4Life forms part of the Welsh Government's broader response to help the people of Wales achieve and maintain a healthy body weight; to eat well, move more and live longer. The campaign in Wales is building on developments in England, and the approach to evaluation in Wales utilises learning from England's substantial investment in evaluation and monitoring the campaign. This includes monitoring of web visits and health statistics, and in April 2012, families in Wales who have been part of the programme for over 12 months will be reissued with the lifestyle questionnaire that they completed for each child. The results will then be compared to determine if they have made changes to their behaviour in relation to healthy eating and physical activity.

Proposition 10: That the Welsh Government consider how the current training and development programmes for all healthcare professionals could best raise awareness and knowledge of AF. (Page 42)

As the commissioner of non-medical education, the National Leadership & Innovation Agency for Healthcare (NLIH) will explore opportunities with education providers as a long-term solution.

In the short to medium term, Health Boards will utilise the Personal Development Review (PDR) process to identify staff development needs in clinical areas.

Cardiac networks have hosted events with Arrhythmia Alliance and AF Alliance on this. This could be developed further on a regional basis to ensure more practices are included.

Welsh Government will continue to develop relationships with the Stroke Alliance/NSAG to support awareness, training and development.

