

Cymdeithas

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Association

The next Welsh Government: A new plan for stroke in Wales

Wales must not fall behind the rest of the UK when it comes to stroke care.

The Stroke Association calls on the next Government to develop a new national plan for stroke, to save and transform the lives of the 7,400 people who experience a stroke each year in Wales.

When it comes to preventing and treating strokes, the key focus for the next Welsh Government should be a new five-year national plan for stroke to ensure consistent action is taken across the country to improve services.

Without this, Wales will be the only nation in the UK without a plan for improving stroke services. This will mean preventable strokes continue to happen, patients miss out on life-saving treatments and stroke survivors are left unable to rebuild their lives.

About stroke in Wales

We are at a pivotal time for stroke services in Wales. There are almost 70,000 stroke survivors living in Wales, with an estimated 7,400 people having a stroke every year. The current Stroke Delivery Plan, which was extended by a year, expires in 2021. A new clinical lead for stroke will be appointed later in 2020.

In addition, we are continuing to deal with unprecedented demands on health services, due to the coronavirus pandemic. The pandemic has brought about innovation in stroke services, such as the use of virtual clinics and telemedicine. Yet it has also brought about challenges, including an increase in the amount of people dying at home from stroke, a reduction in provision of treatment and rehabilitation, and workforce pressures.

Globally more people are surviving stroke, with the number of stroke survivors living in Wales estimated to increase by 50% over the next 20 years. Stroke costs Wales an estimated £1 billion each year, with the potential to rise to £2.8 billion by 2035. The new government has the opportunity to take action now to improve stroke services in Wales for future generations.

A new plan for stroke in Wales

The Welsh Government's 2017-2020 Stroke Delivery Plan (the Plan) was published in February 2017. The Plan is the Welsh Government's vision for improving stroke services in Wales and provides a framework for health boards, NHS Trusts and their partners to deliver high-quality stroke services.

Following the Cross Party Group on Stroke's 2019 scrutiny of the Plan, we believe that there is a critical need for a new national-level plan for stroke in Wales. We want to see all the recommendations of the Cross Party Group's inquiry report (the Inquiry) included in any successor plan.

There are a number of key actions this new plan should contain in order to deliver the best possible services to all those affected by stroke in Wales. These are:

1. Reorganise services to deliver hyperacute stroke units

Stroke is a medical emergency, requiring fast and effective care. Wales currently has 12 acute stroke units. The Plan said these needed 'redefining' to 'better models of care'.

Evidence shows the best way to deliver care for stroke patients is through the development of hyperacute stroke units, commonly known as HASUs. These units have an improved ratio of expert staff and the crucial services stroke patients need to make the best possible recovery.

In other parts of the UK, where HASUs have been developed, mortality has reduced, hospital stays shortened and patients leave hospital with reduced levels of disability. The recent review of the Plan found that progress on developing these units in Wales has been slow. At the time of writing, no local health board has finalised its HASU development plans.

Health boards told the inquiry that the development of HASUs is essential to facilitate other improvements to the pathway, including improvements in access to thrombectomy, improved rehabilitation services as well as recruiting and retaining staff with stroke expertise.

Reorganisation of services must be the number one priority of a new stroke plan for Wales, to ensure all stroke patients get the best possible care.

2. Improve the governance of stroke services

Wales needs a stroke plan, but the new plan also needs independent governance to ensure that improvements can be delivered at scale and pace.

The Stroke Implementation Group (SIG) consists of stroke leads from local health boards, the Clinical Lead for Stroke in Wales and other stakeholders (including the Stroke Association). The Inquiry found that while some areas had been implemented, many commitments had not been delivered. The inquiry also found significant variation in the performance of stroke units in Wales.

One of the barriers to delivery is a lack of independent accountability arrangements between health boards and SIG. The inquiry recommends the establishment of an expert group that can provide leadership, share best practice, but also hold health boards to account.

In England, the co-chairs of the Stroke Programme Delivery Board are independent of local health organisations. One is from the Stroke Association and the other is the NHS National Medical Director responsible for stroke and cardiovascular disease. We want to see a similar approach to improving stroke care in Wales.



3. Improve measures to prevent strokes

A transient ischemic attack (known as a TIA or 'mini-stroke') is a stroke where symptoms subside within 24 hours. One in 12 of those who have a TIA will have a 'full' stroke within a week, with half of those within 24 hours .

Clinical guidance states that people who experience a TIA should be assessed by a specialist within 24 hours . However, the Inquiry found that isn't routinely the case in Wales. During the coronavirus pandemic, some health boards were able to offer seven-day TIA clinics, through the use of virtual medicine and the goodwill of staff. Where innovation and good practice has been developed due to coronavirus, this must be encouraged to continue. The next national stroke plan must establish services so all those who have a TIA can access a specialist for an assessment within 24 hours, seven days a week.

Atrial Fibrillation (AF) is a type of irregular heartbeat that can cause blood clots to form in your heart. Over 76,000 people in Wales have been diagnosed with AF. It is estimated third of people are unaware they have the condition. Having AF increases your risk of stroke by five times. The new AF pathway must be fully implemented as a key activity for preventing strokes. GPs and health care staff should also review all patients with AF who are not on anticoagulants and decrease the number who are not appropriately anticoagulated by a set deadline.

In addition, projects to screen for other cardiovascular conditions and risk factors should be rolled-out.



4. Ensure patients receive fast, effective care

Ischaemic strokes (caused by a blood clot) are often treated through clot-busting drugs known as thrombolysis. For thrombolysis to have the best effect, it must be given within four and a half hours of stroke symptoms starting.

The NHS Delivery Unit's Thrombolysis Review found variations in the delivery of thrombolysis across Wales, which has an impact on long-term disability of people who have a stroke in Wales. Variations include the patient pathways followed, ambulance pre-notification and training for staff. The review concluded the variation had the potential to impact on treatment rates and speed.

The review recommends all health board in Wales should align themselves to the latest research, clinical guidelines and best-practice pathways. We want to see this pathway adopted in the next national plan for stroke, to ensure patients receive the best possible care in the fastest possible time.

Thrombectomy is an exciting and effective new treatment that mechanically removes clots from the brain within five hours of stroke symptoms starting. This game-changing treatment

can have a big impact on reducing disability after a stroke.

In 2018/2019, of the 1,200 patients who received a thrombectomy in England, Northern Ireland and Wales, only eight of those were carried out in Wales. However, around 500 patients are eligible for thrombectomy every year.

A future national plan for stroke should contain a clear plan for the delivery of thrombectomy services in Wales, as part of the reconfiguration of stroke services.

5. Establish standards for rehabilitation services

Rehabilitation services, such as physiotherapy, occupational therapy, psychological support and speech and language therapy, are vital for stroke survivors to make the best possible recovery.

However, many stroke survivors in Wales struggle to access these services, and there is a high level of service variation in different parts of Wales. Evidence received by the Inquiry indicated that staffing challenges in rehabilitation is the biggest reason for the variation in services across Wales.

A future stroke plan needs to set national-level standards for rehabilitation services, informed by clinical guidance. The plan must also include details on how staffing problems will be tackled.

We also note that rehabilitation should be included in any HASU plans, but that action should be taken immediately to improve rehabilitation and not delayed while HASU plans are developed.





About the Stroke Association

The Stroke Association is here to support people to rebuild their lives after stroke.

We provide specialist support, fund critical research and campaign to make sure people affected by stroke get the very best care and support to rebuild their lives.

For further information please contact Matt O'Grady, Policy, Information and Campaigns Officer, Wales on **07515 586659** or **matt.ogrady@stroke.org.uk**