

Stroke priorities for the next Welsh Government

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Together we can conquer stroke

cymdeithas
Strôc | Stroke
association

Introduction

Stroke is a devastating condition. It strikes in a moment, but its effects can last a lifetime. In Wales, around 7,000 people every year have a stroke, while nearly 65,000 people are living with the long term effects of stroke.¹

Stroke kills twice as many women in the UK as breast cancer and more men than prostate and testicular cancer combined.^{2 3 4}

Fortunately, more people now survive stroke, but this brings its own significant challenges in terms of rehabilitation and long-term care; stroke is the largest single cause of complex disability, and half of all stroke survivors have a disability.^{5 6}

Despite this, research into stroke treatment and care lags very far behind other major conditions. For every cancer patient in the UK, £241 is spent each year on medical research compared with just £48 a year for every stroke patient.⁷

At the Stroke Association, we want to see a future where fewer people have strokes and those who do are given the treatment and support they need to enjoy life, be active in their communities, and contribute to society.

To achieve this, we call on all political parties in Wales to support the following priorities for the next Welsh Government for the prevention and treatment of stroke.

1. Ensuring the best stroke care and support

The National Stroke Delivery Plan sets out two clear outcomes for stroke prevention and care in Wales:

- People of all ages to have the lowest possible risk of having a stroke and, where it does occur, to have an excellent chance of surviving, returning to independence as quickly as possible
- Stroke services in Wales to be of a standard comparable with the best in Europe

While progress has been made, the Royal College of Physicians' Sentinel Stroke National Audit Programme (SSNAP) shows that improvements are still needed in some areas of stroke care in Wales to bring them up to the best clinically recognised standards. (For more information on SSNAP standards, please see Appendix 1).

With regard to thrombolysis, more attention needs to be given to improving door-to-needle times so that more eligible patients receive timely treatment and increase their chance of making a good recovery.

Beyond this, there must be a commitment to understanding the complex needs of stroke survivors post-stroke, including providing support and appropriate rehabilitation therapies on a longer-term basis, tailored to the individual needs of the stroke survivors.

It is vital therefore that the National Stroke Delivery Plan, which has now been extended to 2020, strengthens leadership and accountability and focuses strongly on supporting health boards to make the necessary service and structural changes, to ensure the best treatment and care for stroke survivors.

The monies invested so far in stroke and neuro therapies need to be closely monitored to ensure that they are delivering the maximum benefit in an equitable manner across Wales. All reconfiguration processes and consultations must fully involve stroke survivors, their families, and their carers.

2. Building a strong stroke research base

There is an urgent need for targeted investment and support to develop a strong, innovative stroke research base in Wales. This should be based on the principles of prudent healthcare, and focus on co-production and actively involving stroke survivors in the research that could benefit them.

Work is currently underway on developing a strategy for stroke research in Wales. It is essential that this is adequately funded and supported at the highest level.

Investment in stroke research still lags very far behind other comparable conditions, such as cancer and heart disease, despite the significant challenges stroke presents to health and social care services.

The development of a strong stroke research base would attract further investment and high quality research talent to Wales, accelerating improvements in the understanding, prevention, treatment and rehabilitation of stroke within the health and social care sectors.

It would also raise Wales's profile as an attractive place to work for stroke specialists and other healthcare professionals with an interest in stroke, helping to address longstanding challenges around recruitment and retention.

3. Preventing **more** avoidable strokes

It is estimated that half of all strokes could be prevented if people were treated for high blood pressure and atrial fibrillation (AF), yet many people with these conditions are not on appropriate medication and many more are not even aware that they are at risk.

There are currently a number of practical and public information initiatives being carried out by different groups across Wales to identify and treat people with high blood pressure and AF.

The new Welsh Government should actively support these efforts by working with partners to agree national targets and outcomes and to ensure greater co-ordination and consistency.

AF also needs to be much higher priority in primary care. Current NICE guidelines recommend only opportunistic screening for AF by pulse palpation of patients presenting with relevant symptoms (for example breathlessness, palpitations, dizziness, chest discomfort or who have had a stroke or TIA).

Many people with AF, however, do not have any symptoms, which is why the new Welsh Government should consider initiating and supporting a screening programme.

There are NICE-approved devices that can check blood pressure and AF simultaneously so it should not present an additional burden to GPs or other primary care staff who already carry out blood pressure checks.

4. Mandatory basic training in stroke care for care home staff

The high incidence of complex disabilities among stroke survivors means that many will need full time residential care. Yet there is currently no requirement for care home staff to have any training in understanding the specific needs of people affected by stroke.

The effects of stroke are far more than just physical – stroke survivors frequently also have complex cognitive, communication, and visual problems, all of which require particular knowledge and understanding to ensure that they are cared for with respect and dignity.

In Scotland, anyone who works with stroke survivors is required to complete an NHS approved online training course on the effects of stroke. In addition, the Scottish Government funds a Vascular Health and Stroke Care 'Train the Trainers' programme for any organisations providing social care services or community support. The course trains staff in the fundamentals of stroke prevention and care and gives them the skills to pass on that knowledge to their colleagues.

The new Welsh Government should consider supporting a similar model in Wales as a cost-effective way of increasing the professional skills of care home staff and improving care for stroke survivors.

For further information, please contact **Ceri Dunstan**, Head of Communications and External Affairs, Wales, on **029 2052 4420** ceri.dunstan@stroke.org.uk

Appendix 1

The overall SSNAP score is a grade between A and E, with A as the top possible score. The scores are absolute rather than relative – all sites could score an A. The audit report is divided into 10 domains of care, each of which is scored and graded. This allows quick identification of what is done well and what is not done well for each site.

The data looks at process rather than outcome and so a low score in a domain **does not** mean that the service is poor or that the clinicians working in that domain are poor. **Does** highlight that processes might be improved and that improvement is likely to mean better care for patients.

In Wales, the key area of concern is getting patients into an acute stroke unit within four hours of admission to hospital. If this could be achieved then it is likely that specialist assessments would take place sooner and a sequence of improvements would be noted further down the line.

Further information is available on the **SSNAP website**.

¹ StatsWales. (2014). Quality and Outcomes Framework (QOF) by local health board and disease registers. Available: <https://statswales.wales.gov.uk/Catalogue/Health-and-SocialCare/NHS-Primary-and-Community-Activity/GMS-Contract/PatientsOnQualityAndOutcomesFramework-by-LocalHealthBoard-DiseaseRegister>.

² Office of National Statistics. (2014). Deaths Registered in England and Wales, 2013. Available: <http://www.ons.gov.uk/ons/rel/vsob1/death-reg-sum-tables/2013/sb-deaths-firstrelease--2013.html>.

³ General Register Office for Scotland. (2014). Number of deaths from selected causes, by sex, 1980-2013. Available: <http://www.gro-scotland.gov.uk/files2/stats/annual-review-2013/tables/rgar2013-table3-1.xls>

⁴ Northern Ireland Statistics and Research Agency (NISRA). (2015). Deaths, by sex, age and cause, 2013. Available: http://www.nisra.gov.uk/archive/demography/publications/annual_reports/2013/Table6.4_2013.xls.

⁵ Adamson J, Beswick A, Ebrahim S. (2004). Is Stroke the Most Common Cause of Disability? *J Stroke Cerebrovasc Dis.* 2004 Jul-Aug;13(4):171-7

⁶ Royal College of Physicians Sentinel Stroke National Audit Programme (SSNAP). Clinical audit April - June 2014 report prepared by Royal College of Physicians, Clinical Effectiveness and Evaluation Unit on behalf of the Intercollegiate Stroke Working Party

⁷ Stroke Association. (2014). Research Spend in the UK: Comparing stroke, cancer, coronary heart disease and dementia. Available: <http://www.stroke.org.uk/research-spend-uk>

We are the Stroke Association

We believe in life after stroke. That's why we support stroke survivors to make the best recovery they can. It's why we campaign for better stroke care. And it's why we fund research to develop new treatments and ways of preventing stroke.

**We're with you every step of the way,
together we can conquer stroke.**

Stroke Helpline: 0303 3033 100

Website: stroke.org.uk

Email: info@stroke.org.uk

From a textphone: 18001 0303 3033 100

We are a charity and we rely on your support to change the lives of people affected by stroke and reduce the number of people who are struck down by this devastating condition.

Please help us to make a difference today.



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