Cross Party Group on Stroke

The Future of Stroke Care in Wales

Report of the inquiry into the implementation of the Welsh Government's Stroke Delivery Plan

March 2020

The Cross Party Group on Stroke

The following Assembly Members are members of the Cross Party Group on Stroke:

- Dr Dai Lloyd AM (Chair)
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- Adam Price AM
- Nick Ramsay AM

The Cross Party Group on Stroke is facilitated by the Stroke Association, which compiled this report. The Cross Party Group on Stroke would like to thank all those individuals and organisations who took part in the inquiry, particularly those who gave either oral or written evidence. A full list of those who provided evidence can be found in Appendix Two.

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Foreword

My fellow members and I are pleased to present the final report of the Cross Party Group's inquiry into the implementation of the Welsh Government's Stroke Delivery Plan.

Great strides have been made in modern medicine, meaning that people who have a stroke are now far more likely to survive. Yet, as a GP, I have seen first-hand how a stroke can affect a person's life; for some the effects may be relatively minor, while others may be left with more serious long-term problems such as a physical disability, mental health problems, fatigue and more.

As the population ages, and medical treatments advance further, it's expected that the numbers of stroke survivors living in Wales will increase significantly over the next 20 years. It is vital we have services which can prevent stroke, minimise the effects of a stroke and help people rebuild their lives.

The Welsh Government set out their ambitions for stroke in the Stroke Delivery Plan in 2017, and this plan comes to an end this year. Over the last ten months the Cross Party Group on Stroke has been analysing how well this plan has been implemented. This report is a summary of our findings taken from the wealth of evidence provided by a wide range of stakeholders on stroke in Wales, including stroke survivors themselves.

It is clear there is much work to be done. Wales cannot fall behind and stroke care must remain a priority.

To achieve this, Wales must have a new national, strategic plan outlining the Welsh Government's approach to stroke care in Wales. We know that Delivery Plans are being reviewed, and governance in the Welsh NHS is bound to change with the introduction of a new National Clinical Plan and NHS Wales Executive. But there must be a plan for stroke, supported by a group able to drive implementation, share best practice and hold health boards to account. We believe an independent Chair would enable this group to better fulfil this important role.

This plan needs to prioritise tackling the reconfiguration of stroke services. Evidence shows hyperacute stroke units provide the best care to stroke patients and act as a driver for improvements along the stroke pathway. National reconfiguration of stroke services is essential if we are to meet demand and ensure Wales delivers the highest quality of stroke care and rehabilitation.

A new, strengthened model of delivery and accountability accompanied by the highest quality hyperacute stroke units would enable the other challenges set out in this report to be overcome, such as attracting the best possible staff to deliver vital rehabilitation and game-changing treatment such as thrombectomy.

I urge the Welsh Government to establish a new stroke plan in Wales, utilising the recommendations of this report to ensure all those affected by stroke are able to access the services they need across the whole stroke pathway.

The Cross Party Group on Stroke will continue our work to hold the Welsh Government and health boards to account on their performance on stroke and examine whether the recommendations we have made are implemented by those working in stroke care in Wales.

Dr Dai Lloyd AM
Chair, Cross Party Group on Stroke

Executive summary

The Cross Party Group on Stroke began our inquiry into the Welsh Government's Stroke Delivery Plan in June 2019, with the aim of scrutinising how well the plan had been implemented in Wales. We took evidence from a wide range of stakeholders, including both oral and written evidence, as well as gathering the views of stroke patients and survivors.

The evidence showed that while some elements of the Stroke Delivery Plan had been successful (such as on preventing stroke), there remained areas where implementation had not been fully achieved.

Our central recommendation is that there is a need for a new national level plan for stroke to replace the Stroke Delivery Plan, with the reconfiguration of existing stroke units into hyperacute stroke units as the plan's priority.

A summary of our main recommendations can be found below.

Welsh Government should:

- Publish a new strategic plan for stroke services in Wales, which includes the recommendations contained in this report.
- Appoint a governance group to oversee delivery of the new stroke plan, with an impartial Chair who sits outside of the NHS.
- Detail how it plans to ensure ambulances respond in a timely way to people who suspect they are having a stroke, and ensure this is reflected in any future stroke delivery plan.

Welsh Government and health boards in Wales should work in conjunction to:

- Undertake national-level reconfiguration of stroke services and the introduction of hyperacute stroke units (HASUs).

Health boards in Wales should:

- Fully implement the new Atrial Fibrillation (AF) pathway.
- Roll-out projects to screen for cardiovascular conditions and risk factors.
- Develop services so all patients with a suspected Transient Ischemic Attack (TIA or mini-stroke) are able to access a specialist clinic within 24 hours, seven days a week. Health boards should also collect data on TIA clinic access.
- Work with Health Education and Improvement Wales (HEIW) to model future workforce service level requirements and establish a strategy for the training, recruitment and retention of the stroke workforce in Wales.
- Implement the findings of the Delivery Unit's thrombolysis review.
- Include rehabilitation in their HASU plans, but also take action immediately to improve rehabilitation for stroke survivors.

GPs and healthcare staff should:

- Review all patients with AF who are not on anticoagulants and decrease the number who are not appropriately anticoagulated.
- Support stroke survivors to return to employment and access vocational rehabilitation.

Background

A stroke occurs when the blood supply to the brain is cut off, either by a clot (ischemic stroke) or a bleed on the brain (haemorrhagic stroke). While stroke is more common in older people, it can happen to anyone and changes lives in an instant. It is the fourth biggest killer in Wales and a leading cause of disability[1].

There are currently almost 70,000 stroke survivors living in Wales[2], and an estimated 7,400 people experience a stroke each year[3]. More people are surviving stroke[4] and the number of stroke survivors is expected to increase by 50% during the next 20 years[5]. Estimates are that stroke costs Wales £1billion a year, potentially rising to £2.8billion by 2035[6].

There are 12 acute stroke units in Wales providing emergency stroke care. There are also a number of other stroke services, such as non-admitting stroke units providing longer term care, early supported discharge services and rehabilitation services.

The Welsh Government's **2017-2020 Stroke Delivery Plan** was published in February 2017. The Plan provides a framework for health boards, NHS Trusts and their partners to deliver high-quality stroke services in all areas of Wales.

The Stroke Implementation Group (SIG) is intended to "oversee health boards' efforts to deliver the Welsh Government's vision for improving stroke services in Wales"[7]. The group is made up of representatives related to stroke from each health board in Wales, as well as other organisations with an interest in stroke, including the Stroke Association. It is chaired by Dr Fiona Jenkins of Cardiff and Vale University Health Board.

1 Stroke Association, **State of the nation: Stroke statistics**, February 2018. Available: **https://www.stroke.org.uk/sites/default/files/state_of_the_nation_2018.pdf**
2 StatsWales, **Patients on Quality and Outcomes Framework (QOF) disease registers by local health board, 2018-19**. Available: **https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Primary-and-Community-Activity/GMS-Contract/patientsonqualityandoutcomesframework-by-localhealthboard-diseaseregister**
3 Welsh Government, **Stroke Delivery Plan 2017-2020**, February 2017. Available: **https://gov.wales/sites/default/files/publications/2018-12/stroke-delivery-plan-2017-to-2020.pdf**
4 Ibid.
5 Wales Online, **Number of people surviving strokes in Wales to rise by 50% in the next 20-years**, 19 September 2017. Available: **https://www.walesonline.co.uk/news/health/number-people-surviving-strokes-wales-13638090**
6 Stroke Association, **Current, future & avoidable costs of stroke in the UK**, 2017. Available: **https://www.stroke.org.uk/sites/default/files/current_future_avoidable_costs_of_strokesummary-report.pdf**
7 Welsh Government, Stroke Delivery Plan 2017-2020

About the inquiry

The Cross Party Group on Stroke's inquiry was conducted between June 2019 and February 2020.

The terms of reference of the inquiry were:

- What progress has been made on implementing the commitments contained within the Welsh Government's Stroke Delivery Plan 2017-2020 related to prevention, delivering fast and effective care and life after stroke?
- Have national and local strategic approaches to implementation been successful?
- What systems and approaches have been successful in enabling commitments to be fully implemented?
- What barriers exist which may have contributed towards any commitments not being fully implemented?
- Should the Stroke Delivery Plan be replaced? If not, what should be developed in its place to ensure stroke remains a 'tier one Ministerial priority'?

The Cross Party Group specifically focused on the following elements of stroke care:

- Preventing stroke
- Fast and effective acute care
- Life after stroke and rehabilitation

The inquiry included:

- Four oral evidence sessions (12 organisations and individuals)
- A written call for evidence (30 responses)
- A survey of stroke survivors (25 responses)
- A survey of stroke professionals (45 responses)
- Opinion gathering at a number of events, including the Welsh Stroke Conference

A complete list of those who gave evidence can be found in Appendix Two. Evidence from other sources, such as Sentinel Stroke National Audit Programme (SSNAP) data and the Royal College of Physicians (RCP) Stroke Guidance has also been used in the final report of the Cross Party Group.

Preventing stroke

"Being 36 and fit and healthy I didn't expect to have a stroke."
Stroke survivor

An estimated nine out of 10 strokes are due to modifiable risk factors[8], including high blood pressure, smoking, drinking too much alcohol or AF. Stroke prevention is part of the Stroke Delivery Plan's 'Wales Stroke Care Pathway and Priorities'[9]:

> **Stroke Prevention**
> **Promote primary and secondary prevention through the intervention of treatment and advice to manage lifestyle ands provide the appropriate pre-hospital interventions.**

Recent Welsh Government approaches have emphasised the importance of preventing ill-health, such as the Long Term Plan for Health and Social Care 'A Healthier Wales', which sets 'focusing on prevention, health improvement and inequality' as one of the core values of the Welsh NHS[10].

"Pharmacists have a potential role to play in preventing stroke. I think that the skills and ability of pharmacists are underused. Primary care and community pharmacists can contribute to both primary and secondary prevention."
Stroke professional

The importance of preventing stroke was heard throughout the evidence received by the Cross Party Group. All health boards were able to highlight activity which they undertook to improve their prevention services:

> "Cardiff and Vale UHB recognises its responsibility for population health as well as ill-health and has a strategy with its Public Health team to embed this in all services."[11]

However, evidence suggested there was still a need to continue to improve the approach to stroke prevention across Wales, with a small number of stakeholders detailing a lack of improvement:

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8 NHS, **'Nine out of 10 strokes preventable,' claims study**, 18 July 2016. Available: **https://www.nhs.uk/news/neurology/nine-out-of-10-strokes-preventable-claims-study/**
9 Welsh Government, **Stroke Delivery Plan 2017-202**
10 Welsh Government, **A Healthier Wales: our Plan for Health and Social Care**, June 2018. Available: **https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf**
11 Written Evidence, Cardiff and Vale University Health Board

> "Members told us that they have not seen any progress in promoting primary and secondary prevention through the intervention of treatment and advice to manage lifestyle and provide the appropriate pre-hospital interventions. Specifically, GPs across Wales told us that the lack of progress has been both in the commissioning of this and in the fostering of it."[12]

Three main themes emerged which were specific to stroke prevention:

- Atrial Fibrillation (AF);
- Public Health and cardiovascular disease detection, including high blood pressure (hypertension); and
- Transient ischemic attacks (TIAs).

Atrial Fibrillation

"Targeted case finding for atrial fibrillation and optimisation of management would have impact. Progress made but needs more work."
Stroke professional

Atrial fibrillation, commonly known as AF, is a type of irregular heartbeat which causes the heart to beat rapidly. There are over 76,000 people diagnosed with AF in Wales[13], with estimates suggesting another third as many people may be undiagnosed[14].

Evidence highlighted the development of the Stop a Stroke project. The project aims to support health boards in Wales to review the treatment of patients with AF and reduce their risk of having a stroke. It was one of a number of AF-related projects funded by the Stroke Implementation Group (SIG), and was determined to be the most suitable for a national roll-out[15]. Evidence presented by the project highlighted that AF accounts for 20% of all strokes, raising the risk of stroke five times and causing the most disabling strokes with the highest mortality[16].

Evidence indicated that 6.1% of AF patients are currently treated with aspirin, despite NICE guidance advising against the treatment since 2014[17]. Evidence provided to the Cross Party Group showed this varied between GP clusters between 11% and just under 4%[18]. In Cardiff, the Stop a Stroke project has reduced this number from 26% to 6% since 2014. Various other organisations highlighted this project as a positive development on AF.

12 Written Evidence, BMA Cymru
13 StatsWales, **Patients on Quality and Outcomes Framework (QOF) disease registers by local health board**, 2018-19. Available: **https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Primary-and-Community-Activity/GMS-Contract/patientsonqualityandoutcomesframework-by-localhealthboard-diseaseregister**
14 British Heart Foundation, **Thousands of people undiagnosed with irregular heartbeat increasing risk of stroke**, 19 May 2017. Available: **https://www.bhf.org.uk/what-we-do/news-from-the-bhf/news-archive/2017/may/thousands-of-people-undiagnosed-with-irregular-heartbeat-increasing-risk-of-stroke**
15 Minutes, Cross Party Group on Stroke Meeting 15 October 2019. Available: **http://www.senedd.assembly.wales/documents/s92801/Minutes%20of%2018%20June%202019.pdf**
16 Oral Evidence, Dr Shakeel Ahmad, Stop a Stroke Project, 15 October 2019
17 Oral Evidence, Dr Shakeel Ahmad, Stop a Stroke Project, 15 October 2019
18 Groves, Tristan. Stop a Stroke Project, **Stroke prevention through appropriate anticoagulation: Where are we now in Wales**, January 2020

> "The Stop a Stroke Campaign has been a particularly important joint campaign which in the last year HCIG [the Heart Conditions Implementation Group] and SIG have worked together to drive forward effective value-based and improved service across Wales."[19]

Evidence also highlighted work undertaken on the AF pathway. The aim of the pathway is to "to improve outcomes through the identification, diagnosis, risk stratification and optimal management of known patients with AF"[20]. The pathway was developed in conjunction with SIG and the Heart Conditions Implementation Group (HCIG).[21]

> "Getting the pathway flowing right is important for outcomes. Prevention is key and we have had significant success with AF management, as well as primary prevention for: hypertension management, smoking cessation and obesity – which are part of other public health elements that cross several long term condition areas."[22]

Less evidence was received on opportunistic testing for AF. However evidence from Powys Teaching Health Board stated they had integrated AF testing into the flu vaccination programme.

> "As part of the flu vaccination campaign in 2017/18 patients were screened for irregular heartbeats, with all irregular heartbeats followed up with an ECG to identify AF. This was repeated in 2018/19."[23]

Management of AF has been added to the Quality Assurance and Improvement Framework for General Practitioners this year, with the expected outcome being an increase in the percentage of patients with AF on anticoagulants (or documented evidence around a shared decision not to anticoagulate)[24].

Public Health and cardiovascular disease detection, including hypertension

"My husband had a stroke in 2017. This was caused by a clot from his mechanical valve which he received in 2014. He was on warfarin but we were never told that a mechanical valve could cause a clot."
Carer for stroke survivor

High blood pressure, known as hypertension, is one of the biggest risk factors for stroke. It usually has no symptoms but is a contributing factor in around half of all strokes[25]. More than 500,000 people in Wales have been diagnosed with

19 Written Evidence, British Heart Foundation Cymru
20 Ibid.
21 Written Evidence, Wales Cardiac Network
22 Written Evidence, Stroke Implementation Group
23 Written Evidence, Powys Teaching Health Board
24 Quality Assurance and Improvement Framework, **Guidance for the GMS Contract Wales - 2019/20**. Available: **http://www.wales.nhs.uk/sites3/Documents/480/Guidance%20for%20GMS%20Contract%20Wales%20-%20Quality%20and%20Improvement%20Framework%202019-20.pdf**
25 Stroke Association, **High Blood Pressure**. **https://www.stroke.org.uk/what-is-stroke/are-you-at-risk-of-stroke/high-blood-pressure**

high blood pressure, 15.8% of the population[26]. This is a higher rate than England, Scotland or Northern Ireland.

There are 198,883 people aged 17 or over with diabetes in Wales[27]. According to Diabetes UK, around 90% of this number have Type 2 diabetes and they estimate a further 61,000 people in Wales have the condition, but have not yet been diagnosed[28]. 17% of those aged over 16 in Wales smoke[29].

The Stroke Delivery Plan states that health boards, Public Health Wales and the third sector should "Lead a comprehensive prevention programme to minimise population level risk of disease, including stroke". All health boards who responded to the call for evidence were able to highlight work they were undertaking to increase the health of their population.

> "Work is therefore, focused on enabling people to reduce their lifestyle risk factors and thereby reduce the development of clinical risk factors such as high blood pressure, high cholesterol and AF. This in turn will reduce their risk of developing non-communicable conditions such as stroke."[30]

"In other fields of stroke prevention, such as lifestyle and dietary management of risk factors, smoking cessation and blood pressure management, there is a need for directed stroke prevention work more in line with the AF progress."

Stroke professional

However, some of those who gave evidence highlighted a lack of a co-ordinated approach for the delivery of preventative services in Wales.

> "We are concerned that there appears to be no co-ordinated plan to deliver these actions across Wales. The only investment in prevention in the plan appears to be in encouraging better management of atrial fibrillation in primary care and in the inverse care law project currently being run in Cwm Taf and Aneurin Bevan Health Boards."[31]

The Inverse Care Law project running in Cwm Taf and Aneurin Bevan Health Boards was highlighted by a number of those providing evidence as an example of prevention delivery under the Plan. The project has been supported by funding from SIG, the Heart Conditions Implementation Group and the Diabetes Implementation Group.[32]

26 StatsWales, **Patients on Quality and Outcomes Framework (QOF) disease registers by local health board, 2018-19**
27 Ibid.
28 Diabetes UK, **Diabetes in Wales**. Available: **https://www.diabetes.org.uk/in_your_area/wales/diabetes-in-wales**
29 StatsWales, **National Survey for Wales 2018-19: Adult smoking and e-cigarette use**, 6 November 2019. Available: **https://gov.wales/sites/default/files/statistics-and-research/2019-11/adult-smoking-and-e-cigarette-use-national-survey-wales-april-2018-march-2019-437.pdf**
30 Written Evidence, Betsi Cadwaladr University Health Board
31 Written Evidence, Public Health Wales
32 Written Evidence, British Heart Foundation Cymru

> "Appointments include measuring blood pressure, pulse, height and weight, blood testing, patient history and assessment of lifestyle factors. Based on this information, a revised "heart age" and risk of developing CVD over the following 10 years are calculated and explained to the patient."[33]

The Cross Party Group was told this project is currently being evaluated to determine the effectiveness of the approaches in each health board, but it is planned to continue in the two health boards running the project.[34] British Heart Foundation Cymru raised the issue that a final project review has been completed and sent to HCIG, but not been made public.

> "It is clear further information is required to ensure we understand the success of the programmes, and if something worked well and hasn't been rolled out nationally, why this is."[35]

Transient Ischemic Attacks (TIAs)

A TIA is defined as a stroke where the symptoms subside within 24 hours. This is sometimes referred to as a 'mini-stroke'. One in 12 who experience a TIA will experience a 'full' stroke within a week, half of which occur within 24 hours of the TIA.[36]

The RCP's National Clinical Guidelines for Stroke state that suspected TIAs should be "assessed urgently within 24 hours by a specialist physician in a neurovascular clinic or an acute stroke unit"[37]. The Stroke Delivery Plan states that those who have a TIA should "have rapid access to specialist vascular services, so a swift decision can be made as to whether or not they should have surgery".[38] The Wales Stroke Care Pathway and Priorities lists early access to evidence based treatment for TIA[39].

Evidence from health boards suggested that TIA patients in Wales are not routinely seen by a specialist within 24 hours.

> "All TIAs arriving at the hospitals Monday to Friday are assessed by a Specialist within 24 hours. This only happens at weekends and bank holidays when stroke consultants are on call for general medicine. There is not seven day a week Stroke Consultant ward rounds."[40]

> "Patients presenting to the emergency unit or medical assessment unit are assessed and managed on the TIA pathway within 24 hours. This group represents approximately 17% of our TIA patient group."[41]

Hywel Dda Health Board said they did not capture information on the number of patients with suspected TIAs who were seen within 24 hours.

33 Written Evidence, Cwm Taf University Health Board
34 Minutes, Cross Party Group on Stroke Meeting 15 October 2019
35 Written Evidence, British Heart Foundation Cymru
36 Stroke Association, **State of the Nation 2018**
37 Royal College of Physicians, **National clinical guideline for stroke, Fifth Edition**, 2016. Available: **https://www.strokeaudit.org/SupportFiles/Documents/Guidelines/2016-National-Clinical-Guideline-for-Stroke-5t-(1).aspx**
38 Welsh Government, **Stroke Delivery Plan 2017-2020**
39 Ibid.
40 Written Evidence, Betsi Cadwaladr University Health Board
41 Written Evidence, Cardiff and Vale University Health Board

Evidence suggested TIA services were not routinely available seven days a week:

> "There is ongoing work to assess our capability to deliver a seven day service (5 day per week service currently)."[42]

BMA Cymru raised the issue of long waits for TIA assessments directly:

> "Concerningly for the treatment of TIAs there are areas of Wales where patients are being seen at TIA clinics within 1-2 weeks as opposed to within 72 hours. As patients who experience a TIA are extremely likely to experience a 'full' stroke within 1 week of the TIA, we feel this is unacceptable and needs to change urgently."[43]

All health boards who addressed the question on TIAs stated that they had plans in place which aimed to increase the percentage of patients being seen within 24 hours.

The Welsh Government's Clinical Lead on Stroke advised the inquiry that the draft Welsh Government Clinical Plan would contain the following commitment on TIAs:

> "All patients suspected of having suffered a TIA should be assessed by a stroke specialist within 24 hours and undergo appropriate investigations to guide the best stroke risk reduction plan. This means that health boards will have to ensure access to clinical expertise to confirm the diagnose (and exclude alternative causes for the symptoms), ensure same day access to MRI for confirmation of diagnosis and to carotid artery imaging (ultrasound or CT angiography) and have robust arrangements in place for rapid vascular surgical assessment and operation where required."[44]

The Cross Party Group's view

The Cross Party Group believes good progress has been made on implementing elements of the Stroke Delivery Plan related to preventing stroke. There are a number of projects which appear to demonstrate prevention has been a priority for stroke services in Wales. Joint working between SIG and other implementation groups on projects such as the AF pathway and Inverse Care Law projects is a sign of these groups working in a co-ordinated and strategic way relevant to the cross-condition nature of prevention. Future national approaches to stroke should ensure this co-ordination continues.

The Cross Party Group particularly welcomes the development of the Stop a Stroke project. Given the changes to NICE guidance on treating AF in 2014, we do not believe it is appropriate that there are still patients in Wales who have not been considered for anticoagulation. The Stop a Stroke project offers an opportunity to ensure these patients are reviewed. We welcome the recent changes to the Quality and Improvement Framework to add AF management to the GP contract. This process should continue, and Welsh Government should continue to work with GP clusters to ensure this is delivered, providing additional resources if required.

42 Written Evidence, Swansea Bay University Health Board
43 Written Evidence, BMA Cymru
44 Oral Evidence, Welsh Government Clinical Lead on Stroke, Cross Party Group meeting, 3 December 2019

Delivery structures in Wales should ensure the new AF pathway is fully implemented.

Recommendation 1: GP surgeries in Wales should review all patients with AF who are not on anticoagulants and aim to decrease the number who are not appropriately anticoagulated. Welsh Government should set a date by which all patients should have been reviewed. The new AF pathway should be fully implemented.

We also welcome the continued implementation of the Inverse Care Law projects, although are concerned by the slow roll-out of this on a national level. We recognise there is a need to ensure projects are appropriately evaluated before being up-scaled. Once this work is completed, steps should be taken to deliver this on a national level. Should the evaluations not show the results expected, consideration should be given to other models which may achieve the desired results and build on the learning from previous pilots.

Recommendation 2: After suitable evaluation is conducted, Inverse Care Law projects to screen for cardiovascular conditions and risk factors should be rolled out on a national level.

The Cross Party Group has concerns over progress made on TIAs. Despite the Stroke Delivery Plan highlighting the importance of early access to treatment, the evidence we have received indicates this is not currently the case for many who experience a TIA in Wales.

Given the high risk of someone experiencing a stroke following a TIA, we believe steps need to be taken to improve access to TIA clinics. This includes ensuring all health boards have seven-day a week TIA clinics with clear and effective pathways which are easily accessed by patients. We are pleased to see this will be part of the Welsh Government's Clinical Plan, and this must be fully implemented by health boards.

Some health boards were not able to provide the data requested by the Cross Party Group around TIAs. A standardised way of gathering information on TIA clinic access is needed, to ensure health boards can report on progress and be held to account.

Recommendation 3: All health boards should develop services so all patients with a suspected TIA are able to access a specialist TIA clinic within 24 hours, seven days a week Data on TIA clinic access should be collected and standardised across health boards.

Fast and effective acute care

"Staff at my A+E were brilliant and efficient, made me feel better by explaining what they were going to do and why, put me at ease and looked after my family too."

Stroke survivor

The medical treatment of stroke has improved in recent years, with the availability of new and more effective treatments such as thrombolysis and thrombectomy.

However, it is still essential that stroke care is fast as well as effective, so patients can access those treatments in time to ensure the best outcomes. This is recognised within the Stroke Delivery Plan, which contains providing fast, effective care in the 'Wales Stroke Care Pathway and Priorities'[45]:

> **Fast Effective Care**
> **For those with confirmated stroke, rapid access to evidence based interventions, treatments and care in the most appropriate hospital and ward.**

The Stroke Delivery Plan states that health boards should:

> "Continue to work towards achieving fast effective care for stroke patients across all services in Wales. This includes taking into account all relevant evidence and guidance, including the National Institute for Health and Care Excellence (NICE) guidelines and quality standards."[46]

Whether services are delivered in line with relevant guidelines, principally the RCP National Clinical Guidelines for Stroke, are therefore of particular interest to the Cross Party Group.

Hyperacute Stroke Units

"It is imperative that decisions are taken on HASU, there continues to be prevarication around HASU configuration due to the unpopularity of downgrading hospitals, which is frankly detrimental to patient outcomes."

Stroke professional

45 Welsh Government, **Stroke Delivery Plan 2017-2020**
46 Ibid.

There has been an increasing base of evidence since publication of the Delivery Plan on hyperacute stroke units (HASUs). Evidence shows HASUs are the best way to structure stroke services[47]. When reconfiguration was implemented in London, studies found a relative drop in stroke mortality of 5% after 90 days, saving 168 extra lives over the course of a 21 month study[48], or an estimated 96 lives per year. The study also showed a fall in the average hospital stay of 1.4 days in London, and 2 days in Manchester[49]. More recent research in Manchester found a "significant decline in mortality was seen among patients treated at a hyperacute stroke unit"[50]. Research has also shown benefits to patient outcomes in rural areas[51].

The Stroke Delivery Plan mentions that:

> "There is a review of stroke services underway which is considering the most appropriate hyperacute stroke pathways in Wales. The impact of this work may provide a more rapid assessment of patients in the emergency department and direct transfer to a hyperacute stroke unit (HASU). This review will require some re-defining of the current Wales stroke units, with timely repatriation to local stroke services and better configuration models of care."[52]

The RCP's review, commissioned by SIG, looked at a variety of potential configurations of HASUs in Wales, ranging from three units to 12. The review found:

> "equivalent clinical benefit could be obtained from as few as 3 HASUs, provided those units consistently achieved an average door-to-needle time of 45 minutes as typically seen in HASUs and large acute stroke centres elsewhere in the UK."[53]

The need to reconfigure was supported by organisations who provided evidence:

> "We have about twelve or thirteen centres taking acute stroke. We really need to rationalise that if we're going to concentrate expertise."[54]

"Staff shortages. Doctor run ragged. Nurses forgetting requests."

Stroke survivor

Several health boards presented evidence that work was underway to look at reconfiguration of their own stroke services. However, none had finalised their future model of stroke services. Some health boards noted they had experienced a barrier by not being able to agree on funding within the health board for HASU development:

47 Morris et al. British Medical Journal, Impact of centralising acute stroke services in English metropolitan areas on mortality and length of hospital stay: difference-in-differences analysis, 2014. Available: **https://www.bmj.com/content/349/bmj.g4757**
48 Ibid.
49 Ibid.
50 Ramsay, A et al. British Medical Journal, **Impact and sustainability of centralising acute stroke services in English metropolitan areas: retrospective analysis of hospital episode statistics and stroke national audit data**, 24 January 2019. Available: **https://www.bmj.com/content/364/bmj.l1**
51 Elameer, M et al. Future Healthcare Journal, **The impact of acute stroke service centralisation: a time series evaluation**, October 2018. Available: **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6502604/**
52 Welsh Government, **Stroke Delivery Plan 2017-2020**
53 Royal College of Physicians, **A new hyperacute stroke service for Wales**, December 2016
54 Oral Evidence, Welsh Association of Stroke Physicians, 3 December 2019

"A Business Case for the development of Stroke Services in North Wales has been presented to the HB for consideration [...] Given the overall financial position of the health board, in the absence of a revenue stream to support this development the Health Board has not been able to approve this business case for 2019-20."[55]

"The key challenge to Cardiff and Vale UHB in implementing the Stroke Delivery Plan to date has been the limited funding resource available. The reconfiguration of this Health Board's service towards HASU delivery, alongside continued investment in rehabilitation and life after stroke services and will continue to present this challenge."[56]

Some health boards also raised the potential challenge of recruiting sufficient staff for HASUs:

"Against current British Association of Stroke Physicians guidelines (2019), to progress towards a Hyperacute Stroke Unit (HASU) model, we have identified a shortfall of 2.5 consultant posts for the Health Board. Securing the funding for these posts will be addressed through a business case submission for HASU. To progress the nursing workforce towards a HASU model, the Health Board has a shortfall in the region of 11 registered nursing posts."[57]

The need for resources and staff was echoed by SIG:

"...to make the step change needed to develop HASUs, and really provide capacity for community rehabilitation, early supported discharge and life after stroke services more staff are needed, and therefore more resource."[58]

"Thrombolysis is now a mainstream treatment for stroke and patients in Wales now all have access to thrombolysis and admission to an acute stroke unit. However, this is not yet on a pathway which provides full 24/7 access for all patients to this fast urgent care – there is a need to reorganise our stroke services into the HASU model, and this may mean Health Boards need to work collaboratively to deliver on this nationally."

Stroke professional

It was also noted that HASUs can help to recruit and retain staff in Welsh stroke units, including specialisms such as thrombectomy:

"If we have HASUs setup and services focused it will help to attract more professionals and it should help to attract trainees."[59]

Evidence indicated many other developments in stroke services, such as improvements to rehabilitation, would be tied to the development and introduction of HASUs.

55 Written Evidence, Betsi Cadwaladr University Health Board
56 Written Evidence, Cardiff and Vale Health Board
57 Ibid.
58 Written Evidence, Stroke Implementation Group
59 Oral Evidence, Welsh Association of Stroke Physicians, 3 December 2019

"The UHB does not currently have an ESD service for stroke survivors. The establishment of ESD will be an integral part of the Stroke Service Re-design Programme."[60]

"To increase [the percentage of TIAs seen by a specialist within 24 hours], the Health Board are reviewing clinic make-up and including TIA management in the pathway design in reconfiguring towards HASU services."[61]

Despite reconfiguration of stroke units being in the Stroke Delivery Plan, significant discussions within health boards and work by SIG in this area, no Health Board has finalised their plans for reconfiguration[62]. There was agreement from those who provided evidence there was a need to make progress on implementation.

"It's not my experience, at least in the ones I've been involved with, where [health boards are] at that stage where I would refer to them as final plans."[63]

Evidence was also presented, showing the draft Welsh Government Clinical Plan's direction on HASUs:

"Health boards need to work co-operatively to identify a HASU for their population. This is likely to mean a single unit in the north, one in the south west, one in the south east and the comprehensive unit in Cardiff. For those health boards with (or serving) significant rural populations (Hywel Dda, BCU and Powys) an additional solution will be required to ensure those populations have the best possible access to urgent interventions and immediate care which may involve outreach (real and/or virtual) from the nearest HASU 24/7 or immediate treatment and then transfer to the nearest HASU. Health boards need to ensure that the emergency treatments (thrombolysis, blood pressure lowering) are given as quickly as possible to gain best benefit and to ensure the more advanced imaging techniques to identify those who need transfer for expert care (eg thrombectomy) are available 24/7 and the images can be rapidly transferred across borders to receiving units."[64]

Variation in services

"1st stroke, more staff available during day. 2nd not so many during early hours."

Stroke survivor

Evidence was provided to the Cross Party Group on how stroke units in Wales were performing under SSNAP, which audits all stroke units in England, Wales and Northern Ireland. Results have improved since Wales joined SSNAP, with a minor improvement since the start of the Delivery Plan in 2017. Prior to the Delivery Plan, three stroke units were scored as a B, eight received a C and one a D. The most recent SSNAP scores rated five as B and five as C, however two were now rated as D.

60 Written Evidence, Hywel Dda University Health Board
61 Written Evidence, Cardiff and Vale University Health Board
62 Royal Gwent Hospital has previously been referred to as having a hyperacute stroke unit. However, figures from the last SSNAP acute audit show it does not currently meet the staffing requirements to be classified as a HASU.
63 Question during oral evidence, Stroke Implementation Group, 3 December 2019
64 Oral Evidence, Welsh Government Clinical Lead for Stroke, 3 December 2019

SSNAP data also showed variation in the performance of different stroke units in Wales in their most recent annual figures[65]:

Measure	Best performing stroke unit	Worst performing stroke unit
Percentage of all strokes thrombolysed	22.2%	9.5%
Median time from clock start to thrombolysis (hr:min)	0:43	1:29
Median time from clock start to scan (hr:min)	0:16	1:39
Percentage scanned within 1 hour	82.7%	39.1%
Median Time to first arrival on a stroke unit (hr:min)	2:00	6:43

The Board of Community Health Councils also raised the issue of variation in their written evidence:

> "Through their scrutiny of local health services, CHCs report that there continues to be variation in the services available and patient outcomes for stroke patients both within health board areas and across Wales."[66]

Evidence from the NHS Delivery Unit, who recently conducted a review into thrombolysis, found a high degree of variation in practices and approaches to thrombolysis in Wales. They have made recommendations to each health board about how they could potentially improve.

> "The review found significant differences in the content and format of [thrombolysis] protocols across the Welsh hospital sites some of which included out-of-date and contradictory content."[67]

"In hours patients access to fast, effective care is very good, but out of hours the access is not as smooth. Until a 7 day working / 24 hour service is provided it is a lottery for patients with regards to the service they will receive."

Stroke professional

This work was referenced by a number of health boards in their own evidence and one Health Board suggested specific national level action on thrombolysis:

> "It would be helpful to have an all-Wales thrombolysis protocol, managed and updated by an all-Wales "Expert Board" as a gold standard to work against. We believe the Stroke Implementation Group (SIG) may be best placed to address this."[68]

This was supported by a recommendation of the Thrombolysis Review, which was to establish a national All-Wales stroke-working group to review stroke thrombolysis protocols in-line with the latest evidence and develop a new All-Wales protocol for thrombolysis[69].

In an explanation of why there is such a high level of variation, the Welsh Government's Clinical Lead on Stroke drew attention to whether best practice identified by SIG was always implemented:

> "I have some reservations whether all health boards within their own service improvement groups are actually implementing shared knowledge that we already know [...] I think that comes down to performance management from outside but within health boards as well."[70]

In response to a question on how SIG ensures accountability of health boards, the Chair of SIG drew attention to how health boards held each other to account, including the role of the Clinical Lead of Stroke:

> "The short [answer] is by peer support we hold each other to account."[71]

The Chair of SIG also highlighted the other performance monitoring mechanisms which exist within Welsh Government.

Ambulance response times

"Acute stroke care is dependent on improving ambulance response and A&E performance, as they impact on prompt care delivery."

Stroke professional

A number of respondents to the call for evidence raised the issue of ambulance response times. Evidence provided to the Cross Party Group showed response times in 2018-19 were now over 24 minutes, with 42% of responses taking over 30 minutes[72].

Evidence from two groups representing clinicians highlighted ambulances as one of the challenges, along with the number of acute units:

> "A number of barriers exist which may have contributed towards any commitments not being fully implemented. These include the facilities on the wards which are not designed for large multidisciplinary teams to work effectively, the pressures on the Welsh Ambulance Service, and the number of centres offering thrombolysis, which probably needs to be reduced."[73]

65 Sentinel Stroke National Audit Programme, **SSNAP Annual Portfolio for April 2018-March 2019 admissions and discharges, 2018-19**. Available: **https://www.strokeaudit.org/results/Clinical-audit/National-Results.aspx**
66 Written Evidence, Board of Community Health Councils
67 NHS Delivery Unit, **All-Wales Thrombolysis Review**, December 2019
68 Written Evidence, Hywel Dda University Health Board
69 NHS Delivery Unit, **All-Wales Thrombolysis Review**
70 Question during oral evidence, Stroke Implementation Group, 3 December 2019
71 Question during oral evidence, Stroke Implementation Group, 3 December 2019
72 StatsWales, **Ambulance services in Wales, 2018-19**, 26 June 2019. Available: **https://gov.wales/sites/default/files/statistics-and-research/2019-06/ambulance-services-april-2018-to-march-2019-761.pdf**
73 Written Evidence, Welsh Association of Stroke Physicians

> "There are examples of ambulance delays that we have been given which have sometimes meant patients being transported in private transport in order to get them into hospital quicker."[74]

Others specifically mentioned the categorisation of stroke in the Amber category as being a problem:

> "We note that the stroke delivery plan states that "stroke is a medical emergency" and this is something that we wholeheartedly agree with. We are disappointed that the Welsh Ambulance Service NHS Trust does not categorise stroke as a 'red' call."[75]

"WAST and A & E staff were quick, professional and sympathetic."
Stroke survivor

Health boards were able to highlight work undertaken to improve pre-arrival information about patients:

> "Following the recent delivery Unit review of Thrombolysis services – one of the actions was to improve communication of patient information between the ambulance crew and A & E department in terms of content and timeliness – this has been taken on board and has improved the departments understanding of the patient condition on arrival."[76]

Thrombectomy

Thrombectomy is a game-changing treatment for ischemic stroke. An estimated 10% of ischemic strokes could be treated by the condition, however at present, numbers receiving the treatment remain low across the UK[77]. Across England, Wales and Northern Ireland 1,200 patients received thrombectomy in 2018/19, with only eight being carried out in Wales[78]. It is unknown how many patients from Wales were treated in thrombectomy centres elsewhere in the UK.

Evidence provided by the Welsh Health Specialised Services Committee (WHSSC) was that they had been responsible for the national commissioning of thrombectomy since April 2019:

> "National commissioning now offers the opportunity to increase access and improve the patient pathway. WHSSC has been pivotal in engaging with NHS England providers to allow this access and is currently working with the Welsh Ambulance Service to improve access and repatriation."[79]

74 Written Evidence, Royal College of General Practitioners
75 Written Evidence, BMA Cymru
76 Written Evidence, Swansea Bay Health Board
77 Stroke Association, **What we think about: thrombectomy**, 2019. Available: **https://www.stroke.org.uk/sites/default/files/new_pdfs_2019/our_policy_position/psp_-_thrombectomy.pdf**
78 Sentinel Stroke National Audit Programme, **National thrombectomy figures for patients admitted April 2018-March 2019**. Available: **https://www.strokeaudit.org/results/Clinical-audit/National-Results.aspx**
79 Written Evidence, Welsh Health Specialised Services Committee

SIG however highlighted that there had been challenges in the provision of the treatment, specifically around repatriation:

> "Wales has experienced difficulties in proving this service within its borders and in spring 2019 WHSSC agreed a contract with Bristol NHS trust to provide a service to the population of mid and south Wales (there are some conditions around rapid repatriation which are being resolved)."[80]

WHSSC informed the inquiry that funding had been identified for 32 patients to be treated with thrombectomy in 2019/20, but as of February 2020 only five had actually received treatment in Bristol[81]. Repatriation of patients was identified as one of the reasons behind this:

> "There have been two specific problems with implementing [the thrombectomy contract with Bristol]. The first problem relates to repatriation and there have been hold-ups with the Welsh Ambulance Service and the Commissioner of the Welsh Ambulance Service in putting that in place and Bristol have made a specific requirement that we can repatriate our patients within six hours."[82]

Image transfer times between Welsh health boards and the thrombectomy service in Bristol was also raised as an existing barrier which WHSSC were working to overcome[83].

In north Wales, funding for 20 patients had been identified but only three patients had received the treatment. WHSSC said it was unclear why so few patients were receiving the treatment in north Wales. One patient received the treatment in mid-Wales. No formal contact is in place in mid-Wales and patients access the treatment via the NHS England pathway[84].

Betsi Cadwaladr noted that the service they access at the Walton Centre in Liverpool is only available Monday to Friday until 7pm, but discussions were ongoing for improvement to availability[85].

Evidence from WHSSC highlighted a longer term plan to increase the availability of thrombectomy at Cardiff and Vale Health Board, but this was constrained due to the availability of interventional neuroradiologists. This was also highlighted by the Welsh Association of Stroke Physicians.

> "Progress with thrombectomy has been slow, as a direct result of a shortage of suitable qualified neuroradiologists."[86]

This challenge is looked at in greater detail later in this report in the chapter on the stroke workforce.

80 Written Evidence, Stroke Implementation Group
81 Oral Evidence, Welsh Health Specialised Services Committee, 11 February 2020
82 Ibid.
83 Ibid.
84 Ibid.
85 Written evidence, Betsi Cadwaladr University Health Board
86 Written Evidence, Welsh Association of Stroke Physicians

The Cross Party Group's View

While there can be no doubt that acute stroke services in Wales have improved, there is a concerning, and significant, level of variation between different stroke units in Wales. It is difficult to find any justification for such a high level of difference in a country as small as Wales. The Stroke Delivery Plan, and SIG, should provide leadership to reduce unwarranted variation, acting as conduits for best practice and setting national level standards for compliance. We have concerns over whether the current arrangements are sufficient to address these challenges.

A consequence of this lack of accountability has been the slow progress on reshaping acute stroke services. Modelling was completed on the potential for HASUs in Wales over three years ago with very little progress made since then. No health boards have made any final decisions on reconfiguration, let alone begun the potentially difficult stage of explaining the need and rationale for changes to their local population. We recognise there are challenges for more rural areas of Wales and that bespoke solutions may be required, however this should not be a reason for delay.

The evidence we have received has shown that HASUs are the best way of structuring stroke services to deliver improved patient outcomes, but also have the potential to act as a driver for service development. We recommend the delivery of HASUs should be the number one priority of national level approaches to stroke in Wales.

We welcome the commitment to HASUs in the draft Welsh Government Clinical Plan. This needs to be accompanied by details as to how it will be achieved, including timescales and clear expectations from Welsh Government.

Recommendation 4: Reconfiguring stroke service in Wales and the introduction of HASUs should be the number one priority for national and local approaches to the treatment of stroke in Wales.

The Cross Party Group has previously examined ambulance response times in Wales, receiving information from those who authored the Amber Review.

We remain concerned that ambulance response times seem to be increasing in the Amber category. Action needs to be taken to address this. While we are aware of work being undertaken to change how ambulance response times for stroke are measured, and welcome this work, this alone will not be enough to lower response times.

We are aware the Welsh Government does not accept the need for a target, so we would like to see how they plan to address rising ambulance response times, and this should be reflected in any future national plan on stroke.

Recommendation 5: Welsh Government should detail how they plan to address the issue of ambulance response times in Wales, and ensure this is reflected in any future Stroke Delivery Plan.

We note the recent publication of the NHS Delivery Unit's All-Wales Thrombolysis Review which provides a high degree of analysis of the current picture of thrombolysis in Wales. It is clear from the review that differing practices and approaches exist with regards to the treatment, which is likely to be a key reason behind the variation in the number of people who receive thrombolysis.

They highlight that some hospitals are using out-of-date or contradictory protocols for thrombolysis and recommend the development of an All-Wales protocol. We support this recommendation and believe it is an appropriate step to take to bring all Welsh stroke units in line with the most recent evidence and best practice in the provision of thrombolysis.

This should also include health boards ensuring they have processes in place for reviewing all relevant RCP and NICE guidance to identify where it is not being followed and ensure action is undertaken to address this.

Recommendation 6: The Welsh Government should implement the recommendations of the All-Wales thrombolysis review.

We welcome the progress made on the national level commissioning of thrombectomy, and the re-establishment of thrombectomy in University Hospital of Wales. However, we are disappointed to note the small numbers who have received the treatment this year, despite commissioned arrangements now being in place.

Evidence indicates the reason for the delay was due to repatriation transport arrangements, as well as difficulties sharing imaging. Given the game-changing nature of this treatment, these delays are ones we believe could have been addressed sooner. Given funding was available for 32 people to receive the treatment in Bristol and 20 in north Wales, yet only nine people have, it appears these avoidable delays have caused people to miss out this treatment.

We are aware of the challenges that the lack of interventional neuroradiologists creates and this is not an issue which can easily be overcome. However, given the effectiveness of thrombectomy, a plan for developing these services is required. Any future Delivery Plan must contain details on the expectations, including timings, for the delivery of thrombectomy services in Wales. HEIW should be involved in this process, to advise on and support workforce needs of future services.

Recommendation 7: A future Stroke Delivery Plan should contain a clear plan for the delivery of thrombectomy services in Wales.

Life after stroke

Recent research by the Stroke Association found 21% of stroke survivors in Wales did not receive enough support after a stroke[87]. The services required by stroke survivors are varied, such as physiotherapy, occupational therapy, speech and language therapy, psychological support as well as information, advice and peer support. Services may be provided in hospital, in the community or at home. The right support can enable stroke survivors to make the best possible recovery.

> **"Stroke survivors are abandoned upon discharge, whether for a minor or major stroke. Our services are not able to meet the demand and most stroke survivors have a large number of unmet need in the community."**
>
> **Stroke professional**

Rehabilitation, recovery and life after stroke forms part of the Wales Stroke Care Pathway and Priorities within the Stroke Delivery Plan[88]:

> **Rehabilition, Recovery and Life after Stroke**
> **Recognising and addressing the life long affects of stroke on the patient and their family and carers and providing the right amount of therapy from the right therapistsin the environment, acute hospital, community hospital or home.**

The Stroke Delivery Plan highlights several areas in need of improvement:

> "Building on progress made over the past three years there are several elements of services for people living with stroke that still need improvement. These include: improved access to six month and annual review services; better self management and peer support; lifelong access to specialist assessment and treatment in a timely way."[89]

Two specific themes were highlighted during our oral evidence sessions; staffing levels and conducting six month and annual reviews of stroke survivors.

87 Stroke Association, **Lived Experience of Stroke - Chapter 4 Rebuilding lives after stroke**, 2018. Available: **https://www.stroke.org.uk/sites/default/files/leos_one_pager_wales_chapter_4.pdf**
88 Welsh Government, **Stroke Delivery Plan**
89 Ibid.

Post-stroke reviews

> **"It would be a great comfort if we had annual check ups."**
>
> **Stroke survivor**

Clinical guidelines on stroke recommend that: "people with stroke, including those living in a care home, should be offered a structured health and social care review at six months and 1 year after the stroke, and then annually."[90] This is also endorsed by the Stroke Delivery Plan, which states "all stroke survivors should receive a six month post stroke review of their health and social needs. Six month and annual reviews should provide a mutually agreed way forward with the service user" and health boards, social care and third sector services should "Develop structured services for patients who have had a stroke at six months and one year after the stroke, and then annually" [91].

Figures from SSNAP show the percentage of stroke survivors receiving six month reviews varied significantly. 91% of stroke survivors at Cwm Taf UHB ESD Team received a six month review, but at two stroke units this number was less than 10%[92]. Oral evidence from the Stroke Association described the situation as 'ad hoc'[93].

Evidence received from health boards suggested the picture was more positive:

> "The Health Board has established a system for provision of its 6 month review service. All patients are offered a review at 6 months post stroke with escalation of this to a nurse led assessment or multidisciplinary clinical intervention as indicated."[94]

> "The stroke team at PCH are achieving 100% in the 6/12 review target, as monitored by SSNAP, consistently and are amongst the top performers in the UK against this target."[95]

Some health boards indicated they had plans to improve the provision of six month reviews:

> "We are currently reviewing the six month review for stroke providers as part of the ongoing quality improvement work within stroke."[96]

The Royal College of GPs suggested there was a lack of clarity within the Stroke Delivery Plan over who should undertake reviews and did not think they were being undertaken as standard:

90 Royal College of Physicians, **National Clinical Guidelines for Stroke**
91 Welsh Government, **Stroke Delivery Plan**
92 Sentinel Stroke National Audit Programme, **SSNAP Annual Portfolio for April 2018-March 2019 admissions and discharges, 2018-19**
93 Minutes, **Cross Party Group on Stroke Meeting 18 June 2019**. Available: **http://www.senedd.assembly.wales/documents/s92801/Minutes%20of%2018%20June%202019.pdf**
94 Written Evidence, Cardiff and Vale University Health Board
95 Written Evidence, Cwm Taf University Health Board
96 Written Evidence, Aneurin Bevan University Health Board

> "At present, given the current service pressures if 6 months reviews were to be embedded into primary care this could only become a reality with appropriate funding."[97]

Little evidence was received on the subject of twelve month and annual reviews:

> "Consultant therapist and MDT carry out six month reviews and the co-ordinator has a process in plan to ensure these are undertaken. Annual reviews do not currently take place within the Health Board."[98]

Stroke survivors present during the inquiry's oral evidence session on life after stroke indicated they had not received six month reviews.

The Royal College of Psychiatrists said six month and annual reviews had the potential to reduce mortality among stroke survivors with depression:

> "The element of the Stroke Delivery Plan related to access to six month and annual review services, if properly implemented may lead to detection of more post stroke depression, enabling referral and access to treatment which may reduce the risk of mortality that stroke survivors with depression face."[99]

Variation in provision

"Was given far more rehabilitation in hospital, after discharge had to travel 20 miles to the hospital once a week for a 1hr session, now has to pay to have private rehabilitation."
Carer for a stroke survivor

RCP guidelines state that:

> "People with stroke should accumulate at least 45 minutes of each appropriate therapy every day, at a frequency that enables them to meet their rehabilitation goals, and for as long as they are willing and capable of participating and showing measurable benefit from treatment."[100]

The Stroke Delivery Plan endorses this figure, stating that health boards and the third sector should:

> "Follow the RCP rehabilitation and recovery guidelines and measure progress through the SSNAP clinical audits and participation in the Patient Experience Outcome Measures (PREMs) and the Patient Related Outcome Measures (PROMs) programme."[101]

97 Written Evidence, Royal College of General Practitioners
98 Written Evidence, Powys Teaching Health Board
99 Written Evidence, Royal College of Psychiatrists
100 Royal College of Physicians, **National Clinical Guidelines for Stroke**
101 Welsh Government, **Stroke Delivery Plan**

Figures from SSNAP indicated that currently stroke survivors are receiving nowhere near the figure of 45 minutes per day.

Hospital	Percentage receiving 45 minutes per day, five days per week		
	Speech and language therapy	Occupational therapy	Physiotherapy
Morriston Hospital	61.6	30.3	26.1
Princess of Wales Hospital	9.3	40	12.6
Royal Gwent Hospital	11.5	15.9	17.4
Glan Clwyd Hospital	37.2	25.2	26.5
Wrexham Maelor Hospital	14	13	10.7
Ysbyty Gwynedd	14	18.8	31.2
University Hospital of Wales	15	9.4	10.6
Prince Charles Hospital	5.7	44.3	14.3
Bronglais Hospital	5.1	23.6	12.5
Prince Philip Hospital	5.7	20.7	8.7
West Wales General Hospital	14.7	22.3	18.6
Withybush Hospital	7.3	49.1	39
SSNAP Average	**15**	**33.2**	**27.1**

It was noted in discussion that for some stroke patients, 45 minutes of an individual therapy may be too intense during their recovery, so this would not always be desirable.

"There have been advancements in the provision of community services for stroke patients in Wales, with some excellent examples of services really tailored to patients' needs post stroke including psychology services and vocational rehabilitation."
Stroke professional

A question was asked during the oral evidence session on the reason behind variation in service provision during our oral evidence on life after stroke, to which there was unanimous agreement from the panel that staff levels was the main factor[102].

The Royal College of Speech and Language Therapists said there are approximately 100 Speech and Language Therapists (SLTs) working in adult services in Wales. They expressed concern over an imbalance between the prioritisation of speech and language therapy in the acute and rehab sectors, with SLTs performing

102 Minutes, Cross Party Group on Stroke Meeting, 18 June 2019

swallow assessments in acute settings instead of rehabilitation. The Chartered Society of Physiotherapy highlighted staff sickness and maternity leave created challenges due to low staffing levels[103].

Hywel Dda Health Board specifically noted the number of rehabilitation services they currently provide as being a challenge from a staffing point of view:

> "We currently provide stroke care across all four acute hospital sites [...] which is a contributory factor to our inability to provide adequate specialist therapy staffing levels for stroke care across the UHB."[104]

Health boards indicated they had plans to improve their provision of therapies, with several highlighting business cases which were currently being considered, including plans to improve seven-day access to therapies or the availability of early supported discharge.

> "A business case has been produced for both PCH and POW which outlines to options, from a medical, nursing and therapy perspective, for moving to a 7 day stroke service. This case will be submitted again this year into the organisations IMTP prioritisation process for consideration."[105]

Early Supported Discharge

"Big help from the early discharge team at Llandough."
Stroke survivor

Availability of early supported discharge (ESD) also varied between stroke units. While at University Hospital of Wales 46% of stroke survivors received ESD, at half of stroke units in Wales this figure was less than 2%[106]. The Stroke Delivery Plan states that health boards and the third sector should "have a specialist supported discharge service to enable people with stroke to receive rehabilitation at home or in a care home"[107].

While some health boards highlighted existing ESD services, at other health boards the development of these services was interlinked to the wider reconfiguration of stroke services:

> "A Business Case for the development of Stroke Services in North Wales has been presented to the HB for consideration. The 5 year plan would see the introduction of 3 Early Supported Discharge Services (ESD) and 3 specialist inpatient rehabilitation units across BCU with the provision of a Hyper Acute Stroke Unit (HASU) by year 5."[108]

> "Whilst the future service model is not yet defined, it is certainly expected to include appropriate staffing levels across the multi-disciplinary team and incorporate an ESD service with community neuro-rehabilitation available to all citizens this is appropriate for."[109]

Swansea Bay University Health Board highlighted financial challenges as a barrier to providing ESD:

> "These are mainly financial constraints which have hindered the development of a stroke ESD."[110]

Neurological and Vocational Rehabilitation

"Stroke is a major traumatic episode and I would have valued support coming to terms with the reality of life after stroke; it was particularly difficult for my wife and daughters to come to terms."
Stroke survivor

The important role of neurological rehabilitation was highlighted in evidence from a Clinical Psychologist in Aneurin Bevan Health Board[111].

> "People with neurological conditions can experience a range of complex needs. These can significantly impact on their lives and those of their families. These needs are not only physical, but also psychological and social."

Evidence highlighted progress made on neurological rehabilitation. Investment from SIG and NCIG was detailed as being one of the reasons behind the progress being made.

> "This included both groups pooling some of their respective Delivery Plan funding (SIG £300k, NCIG £900k annually) to invest in neuro-rehabilitation services across Wales, recognising this as an area with significant inconsistency and lack of investment across Wales."[112]

"Large unmet needs. Many areas of mid Wales can't access any life after stroke services (non-health). Rural isolation is a hidden need. Little – no support for return to work."
Stroke professional

Less evidence was presented to suggest significant progress on vocational rehabilitation, despite the Stroke Delivery Plan highlighting a need to "improve vocational rehabilitation and provide opportunities for volunteering"[113]. Where a service was available, it was part of a more general rehabilitation service rather than a specialised service.

> "No formal vocational service within the health board, but the community therapy neurological team provide signposting and general advice about returning to work."[114]

103 Ibid.
104 Written Evidence, Hywel Dda University Health Board
105 Written Evidence, Cwm Taf Morgannwg University Health Board
106 Sentinel Stroke National Audit Programme, **SSNAP Annual Portfolio for April 2018-March 2019 admissions and discharges**
107 Welsh Government, Stroke Delivery Plan
108 Written Evidence, Betsi Cadwaladr University Health Board
109 Written Evidence, Hywel Dda University Health Board
110 Written Evidence, Swansea Bay University Health Board
111 Written Evidence, Dr Daryl Harris and Roger Roberts
112 Written Evidence, Neurological Conditions Implementation Group
113 Welsh Government, Stroke Delivery Plan
114 Written Evidence, Powys Teaching Health Board

"The aim of our service is support people to access, maintain or return to employment following a stroke. We typically provide an assessment of memory and concentration following a stroke and write to employers to make recommendations."[115]

"Funding provided to improve community stroke services in our area which has led to the development of a community neuro specific rehab team. Life after stroke group set up was initially funded via the delivery plan objectives."

Stroke professional

Several health boards noted the importance of services provided by the Stroke Association and other third sector organisations.

"The Stroke Association is a valued partner and has strong partnerships with the Stroke Rehabilitation Centre and ESD Services in particular. There are also strong links with other third sector services such as Age Connect."[116]

"In addition to the above there is evidence of good working relationships and partnership working across the organisation with the Stroke Association and other community based activities such as the National Exercise Referral Scheme."[117]

The Stroke Association noted their services were available across most of Wales, but not everywhere.

"The Stroke Delivery Plan recognises the role of peer support, but the fact is current commissioning means these services are likely to decrease."[118]

Carers Wales noted the Stroke Delivery Plan focused only on the need of stroke survivors and did not recognise the important role played by carers following a stroke.

"My husband had severe mental problems after his stroke but we were not offered any psychiatric help and we were not aware that this was available."

Carer for stroke survivor

115 Written Evidence, Swansea Bay University Health Board
116 Written Evidence, Cardiff and Vale University Health Board
117 Written Evidence, Cwm Taf Morgannwg University Health Board
118 Oral Evidence, Stroke Association, 18 June 2019

The Cross Party Group's View

Access to rehabilitation is vital in enabling stroke survivors to make the best possible recovery, yet there is a clear gap between the commitments made in the Stroke Delivery Plan and the reality of life after stroke services in Wales.

This is particularly evident in the provision of rehabilitation therapies. Despite the commitments of the Stroke Delivery Plan, only a minority of stroke survivors receive therapies at guideline levels.

We recognise these issues are not unique to Wales. Health boards face challenges in recruiting and maintaining the staff levels required to deliver therapies at the appropriate levels. But there is an urgent need to improve therapy provision.

Similar criticism can be made of ESD services. Despite being highlighted in the Stroke Delivery Plan, in many areas of Wales these services are not routinely used (or even used at all). As access to ESD services are recommended by clinical guidance this needs to be addressed.

Plans which are being developed to improve access to therapies and ESD from health boards are linked to the development of HASUs. The evidence suggests HASUs are a key driver for the improvement of many elements of the stroke pathway, as well as the acute care they deal directly with.

However, given the lack of progress to date on the delivery of HASU services, the Cross Party Group is concerned that it may be several years before the benefits of these services are available to stroke patients and survivors. Health boards must take immediate steps to improve their therapy provision and bring delivery of therapies closer to RCP guidelines.

Recommendation 8: Improvement is needed in access to therapies and ESD services in both the short and medium term, as well as this being a key consideration during all HASU developments in Wales.

Only one Health Board appears to be providing six month reviews as standard to stroke survivors. Others lag behind, some delivering very small numbers of reviews. Evidence did not provide any indication that twelve month or annual reviews are routinely undertaken with stroke survivors.

Clinical guidance, along with the Stroke Delivery Plan, supports the undertaking of stroke survivor reviews. Evidence showed the importance of reviews in understanding the mental health needs of stroke survivors.

The Cross Party Group is disappointed that this element of the existing Stroke Delivery Plan has not been implemented, and recommends this is addressed as a matter of urgency. Given it is already an element of the Delivery Plan and is yet to be achieved, action needs to be taken at a Ministerial level to ensure all stroke survivors are able to access six month, twelve month and annual reviews.

Recommendation 9: Welsh Government should provide direction to health boards to ensure all stroke survivors are offered six month, annual and twelve month reviews as recommended by guidance.

Progress appears to have been made on neurological rehabilitation, with partnership working between SIG and NCIG being a clear driver behind this. The Cross Party Group welcomes this work.

There has been less progress made on vocational rehabilitation, which evidence suggests is patchy and suffers from a lack of prioritisation. Health boards appear to use different methods for the delivery of these services, which do not have the specialism required by the Stroke Delivery Plan.

Given the different models of providing vocational rehabilitation, there should be pilots to explore models most suitable for a national rollout, in a similar approach to the AF projects considered by SIG.

Recommendation 10: Review vocational rehabilitation models with a view to a national rollout of a best practice led approach.

The stroke workforce

"Paramedics, A&E staff and the staff on the ward were fantastic, superheroes don't always wear capes."
Stroke survivor

Our survey of stroke professionals showed a low level of awareness of the Stroke Delivery Plan. Of those surveyed (45), 38% said they were either 'very familiar' or 'quite familiar' with the Stroke Delivery Plan, as opposed to 47% who said they were either 'not that familiar' or had 'never heard' of the Stroke Delivery Plan. 16% said they were 'somewhat familiar' with the Stroke Delivery Plan[119].

Throughout the discussions and evidence gathered by the inquiry, the stroke workforce was a recurring issue, affecting the whole stroke pathway.

The foreword of the Stroke Delivery Plan highlights the recruitment of specialist staff as one of the issues which needs to be addressed, noting the link to the planning of stroke services. The plan mentions previous investment in 'multidisciplinary staff', including previous investment by SIG under the last Stroke Delivery Plan[120].

RCP guidance provides recommended levels of staffing for both hyperacute and acute stroke units. While no set staffing levels are recommended for rehabilitation units, the guidance does specify that a stroke rehabilitation unit should have a multi-disciplinary team, with guidance detailing what this should contain.[121].

SSNAP's recent acute organisational audit looked at staffing and organisation of stroke units. A key indicator was whether there was at least one stroke specialist nurse per ten beds during out of hours care. Only five of the 12 stroke units in Wales met this key indicator[122]. Another indicator looked at the number of nurses available in-hours on weekdays[123,124]. Three of the 12 stroke units in Wales met this indicator. However, half of stroke units in Wales met criteria for band six and seven nurses[125,126].

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119 Survey carried out by the Stroke Association on behalf of the Cross Party Group on Stroke
120 Welsh Government, **Stroke Delivery Plan**
121 Ibid.
122 Sentinel Stroke National Audit Programme, **SSNAP Acute Organisational Audit 2019 - Named site results**, December 2019. Available: **https://www.strokeaudit.org/results/Organisational/National-Organisational.aspx**
123 Criterion: Met if have 3.0 nurses per 10 type 1 and 3 beds (average number of nurses on duty on type 1 and type 3 beds
124 Sentinel Stroke National Audit Programme, **SSNAP Acute Organisational Audit 2019 - Named site results**
125 Criterion: Sum of band 6 and 7 (WTE) nurses per 10 stroke unit beds is equal to/above 2.375 per 10 beds for ALL stroke beds
126 Sentinel Stroke National Audit Programme, **SSNAP Acute Organisational Audit 2019 - Named site results**

Despite the RCP guidance on access to a clinical neuropsychologist or psychologist, just one of the 12 stroke units met criteria relating to accessing these specialists. Only three stroke units had at least two types of therapy available seven days a week[127].

Evidence received from health boards indicated their analysis was that moving to HASU services would require additional staffing in different areas of the stroke pathway.

> "These are point in time vacancies, however BCU in preparing the business case for sustainable stroke care has identified an overall shortfall in specialist stroke posts and limited training opportunities to develop the workforce of the future."[128]

SIG also expressed a similar concern, noting that funding was required to achieve this.

> "However to make the step change needed to develop HASUs, and really provide capacity for community rehabilitation, early supported discharge and life after stroke services more staff are needed, and therefore more resource."[129]

Concerns were expressed over the training places available for future consultants in stroke. In the SSNAP audit, two stroke units reported that they had unfilled consultant posts[130].

> "We have a crisis in recruitment to stroke medicine. In the most recent round of stroke recruitment, which was in January 2019. There were 48 posts available in the UK, 16 were filled [...] We didn't fill any posts in Wales. The future of a department, the future of a service can be predicted from its trainees and training must be prioritised within Wales through close links with HEIW."[131]

> "There are currently not enough trained stroke physicians available, and stroke training posts based in Wales are unfilled."[132]

HEIW have however given evidence to the Cross Party Group that both posts for August 2020 had been filled[133].

The shortage of interventional neuroradiologists was highlighted by a number of those providing evidence as a barrier for the expansion of thrombectomy services in Wales. Evidence noted the lack of this specialism was not limited to Wales itself, but a problem across the whole of the UK.

> "Across the UK there is a shortage of interventional neuroradiologists with only one or two units offering 24/7 access to this service. We have experienced difficulties in providing a thrombectomy service within Wales."[134]

127 Ibid.
128 Written Evidence, Betsi Cadwaladr University Health Board
129 Written Evidence, Stroke Implementation Group
130 Ibid.
131 Oral Evidence, Welsh Association of Stroke Physicians, 3 December 2019
132 Written Evidence, Royal College of Physicians/Association of British Neurologists
133 Oral Evidence, Health Education and Improvement Wales, February 2020
134 Written Evidence, Hywel Dda University Health Board

WHSSC noted the lack of interventional neuroradiologists as a challenge for the thrombectomy service in Cardiff and Vale.

> "There is no financial barrier here. There is funding for three consultants and the issue has been recruitment and I guess [the Cross Party Group] is probably more aware than most of the challenges around recruitment of interventional neuroradiologists."[135]

WHSSC highlighted the potential benefits of enabling those who are not interventional neuroradiologists to be 'credentialed' as being able to provide thrombectomy as a potential solution to the staffing challenge. This formed part of their longer term strategy but was reliant on decisions being taken by the General Medical Council[136].

"Definitely not enough rehab staff providing ongoing therapy. We need more than just life after stroke clinics useful as these are."
Stroke professional

The number of staff available was not just identified as a concern in the acute part of the pathway, but also in rehabilitation. This has already been noted in this report as part of the discussion around life after stroke services. Health boards also noted their own gaps in staffing for rehabilitation:

> "There are specific challenges within Speech and Language Therapy, which also impacts on MDT working. [...] In addition, it is particularly difficult to cover capacity gaps arising from sickness and maternity leave, given that short term contracts do not attract the right calibre of staff."[137]

> "Investment by SIG in the CNRS has also addressed identified workforce gaps, particularly with the therapy workforce in the community setting, enabling a provision of the service."[138]

The CSP made a specific recommendation to the Cross Party Group that "organisations need to address their therapy staffing levels for rehabilitation"[139].

"We were told stroke is not considered to be a brain injury so psychological therapy was not an option."
Carer for a stroke survivor

The recent All-Wales Thrombolysis Review highlighted issues with keeping staff skills and knowledge up to date in order to deliver care based on the most recent evidence.

> "Six hospitals in Wales provided up-to-date evidence of training both medical registrar and nursing teams. Three of these hospitals delivered exceptional training and, in order to reinforce learning, they delivered training in a variety of formats. [...] In six hospitals, either training was out of date or stroke teams were not able to provide any examples to evidence staff training in thrombolysis.

135 Oral Evidence, Welsh Health Specialised Services Committee, 11 February 2020
136 Ibid.
137 Written Evidence, Cwm Taf Morgannwg University Health Board
138 Written Evidence, Aneurin Bevan University Health Board
139 Written Evidence, Chartered Society of Physiotherapy

However, for some of these hospitals, there was anecdotal evidence of on-the-job mentoring."[140]

Stroke Hub Wales noted improvements to stroke education in recent years, including additional funding to facilitate a stroke leadership programme.

> "Stroke education has also made significant steps in the last few years. The Welsh Stroke Conference (WSC) goes from strength to strength attracting increasing numbers of delegates from Wales and the rest of the UK and the programs attract the very best of internationally renowned speakers."[141]

It was noted that training for stroke consultants is due to change in 2022, and that this could have a positive impact. The change will see those studying neurology also trained in stroke[142].

> "From 2022 onwards the stroke curriculum will be incorporated into neurology training so that all those completing training will be eligible to deliver stroke services. This should help improve the number of clinicians with the expertise to engage fully with the care of stroke patients, in Wales and across the UK."[143]

However evidence from HEIW indicated this was still subject to ratification from the General Medical Council and the Joint Royal College of Physicians Training Board, so some uncertainty remains[144]. HEIW said they would prefer to see stroke better integrated into the curriculum, but noted their role was not to set the curriculum but in implementation of what is set elsewhere. Changes to the neurology curriculum showed this was already the direction of travel.

> "Moving forward we would much prefer to see stroke as an integral part of the medical curricula, rather than something people opt-in to, so that people are coming out with that qualification built in to their standard training programme."[145]

The Royal College of Nursing provided details of their new UK Career Framework for Stroke Nurses:

> "This framework aims to support the development of a robust stroke nursing workforce, as well as attract and retain nurses. The UK Career Framework for Stroke Nurses will be fundamental to addressing the challenges of the rise in the number of people having a stroke, and people surviving stroke to live with disability."[146]

140 NHS Delivery Unit, **All-Wales Thrombolysis Review**
141 Written Evidence, Stroke Hub Wales
142 Greenway, David. General Medical Council, **Shape of Training: Securing the future of excellent patient care**. Available: **https://www.gmc-uk.org/-/media/documents/Shape_of_training_FINAL_Report.pdf_53977887.pdf**
143 Written Evidence, Royal College of Physicians/Association of British Neurologists
144 Oral Evidence, Health Education and Improvement Wales, 11 February 2020
145 Ibid.
146 Written Evidence, Royal College of Nursing

The Cross Party Group's View

There is no doubt that the lack of availability of skilled staff in Wales is having a direct impact on the ability to provide the best possible care. Some of these issues are reflective of wider NHS recruitment and retention barriers (including some at a UK level), but there are issues specific to stroke in Wales which need to be addressed.

The most striking of these issues is the training of both existing and future staff. The Cross Party Group is concerned by the current state of stroke training in Wales.

There are, at present, not enough stroke-skilled consultants to meet the requirements of stroke units in Wales and we are concerned that the potential move to HASU services will create additional demand for stroke consultants. It is unclear how health boards and the Welsh NHS intend to meet this demand. We note the evidence from Welsh Association of Stroke Physicians that a service's future is predicated on training. With no trainees currently being developed it is difficult to see how future service needs will be met.

There is a clear role for HEIW to play in both understanding and meeting future staffing needs of our acute stroke units. We urge HEIW to work with health boards to establish and understand future service needs and ensure strategies are put in place to meet these needs as a matter of priority.

There is also a role for HEIW and Cardiff and Vale University Health Board to play in supporting the training of interventional neuroradiologists in Wales, to enable the existing service to be strengthened, hours of availability increased and to act as a potential 'hub' for future thrombectomy services across Wales in the longer term.

Recommendation 11: HEIW and health boards should model future consultant level service requirements (utilising a HASU model) and establish a strategy for the training, recruitment and retention of staff in Wales to ensure the future-proofing of Welsh stroke units. This should also include interventional neuroradiology.

Gaps in therapy services are evident and already having an impact on stroke survivors in Wales. Evidence suggests staffing is the biggest factor behind current RCP guidelines not being met.

There is a clear link between the development of HASU services and planned investment from health boards into their rehabilitation services, as explored in the previous chapter. However, these services can only be established should sufficient therapy staff be available for recruitment.

As with acute care, there is a role for HEIW in addressing this in the medium to long term. Part of this includes working with those who choose to undertake training in the therapy sector to encourage specialism within stroke, to ensure staff are available to meet future service needs.

Recommendation 12: HEIW should work with health boards as well as staff representative groups (RCSLT, CSP and RCOT) to look at how the number of trainees choosing to specialise in stroke can be increased to meet future service demands.

The Cross Party Group is concerned that those working on the front-line of stroke care in Wales are not receiving up-to-date training on the latest medical evidence, including thrombolysis. This should fall under the sharing of best practice remit of SIG and ensuring adequate training for staff has to be the foundation for providing the best possible care for stroke patients in Wales.

Training should focus on the competencies needed by staff to deliver the best services for stroke patients and survivors, rather than being based just on job titles and role specifications.

All those working with stroke patients and survivors in Wales should receive regular, compulsory and up-to-date training on the most recent evidence-based treatments and best practice. HEIW should support this through ensuring the availability of this training as part of their workforce development functions.

Recommendation 13: HEIW and SIG should ensure up-to-date compulsory role-based training is developed for and undertaken by all those working in stroke care in Wales.

The future of the Stroke Delivery Plan

"There has to be a strategy for parity across Wales. It is still a postcode lottery. We need a document which will guide us long term and the outcomes monitored. Stroke is too devastating to be left to chance."
Stroke professional

We asked stroke professionals whether they felt stroke services in Wales had improved or declined since 2017. They responded as follows:

Improved a great deal	11%
Somewhat improved	43%
Neither improved or declined	30%
Somewhat declined	11%
Declined a great deal	5%

We also asked what impact professionals felt the Stroke Delivery Plan had on the services they provided:

A great deal of impact	11%
Some impact	42%
Not a lot of impact	37%
No impact	11%

Throughout this inquiry the Cross Party Group has been aware of the recommendation within the 'A Healthier Wales' to review delivery functions, which includes the Welsh Government's Delivery Plans[147]. The Cross Party Group has asked those providing evidence what form they believe future national level planning for stroke should take.

The vast majority of those who responded favoured renewing the Stroke Delivery Plan for a further period.

> "WNA believes that for both stroke and neurological conditions, it is vital both continue to have stand-alone national strategic level plans for improving services for patients and others affected by these conditions."[148]

147 Welsh Government, **A Healthier Wales**
148 Written Evidence, Welsh Neurological Alliance

"The Stroke Delivery Plan has been helpful for ABUHB as a strategy, mandate and lever to progress improvements in local stroke services and prevention, but also with the associated financial support from Welsh Government."[149]

"It is notable that in NHS England's Long Term plan they name Stroke as being a new national priority. With this approach from England it would be concerning if, here in Wales, Stroke was treated as a lesser priority issue."[150]

There were a variety of opinions on what should be contained within any future Delivery Plan.

"We would like to see any replacement plan focus on issues of prevention and reduction of risk factors for stroke and stroke related dementia."[151]

"The plan needs to be more specific with the content and define recommendations that can be measured. Moreover, the Welsh Language Act is not referenced within the document, given communication is a key issue in stroke, there is no specific guidance to promote the importance of assessment in first language."[152]

Most respondents were positive about the role played by SIG. Particular focus was on the positive collaboration which existed between SIG and the other conditions specific delivery groups, notably the Heart Conditions Implementation Group and the Neurological Conditions Delivery Group.

"We would be very supportive of HCIG and SIG continued collaboration and operation post 2021 [...] It is therefore our view, that in particular the stroke and heart conditions delivery plan groups should be maintained and strengthened past 2021 and through the National Clinical Plan."[153]

"Recognising a number of areas of interest with significant implications for both stroke and other neurological conditions, the NCIG has worked closely with the SIG over the past five years on a number of developments."[154]

"The current plan is vague in it's recommendations and there is no 'penalty' for not delivering. If it is replaced, there needs to be more specific recommendations. Health boards will not prioritise unless there are reporting measures in place."

Stroke professional

Several respondents also noted uncertainty over the future of delivery plans meant the funding which is provided as part of the delivery plans was also uncertain. Respondents stated that removal of this funding could have a potential negative consequence on services in Wales.

149 Written Evidence, Aneurin Bevan University Health Board
150 Written Evidence, Welsh Conservatives
151 Written Evidence, Alzheimer's Society Cymru
152 Written Evidence, Royal College of Speech and Language Therapists
153 Written Evidence, British Heart Foundation Cymru
154 Written Evidence, Neurological Conditions Implementation Group

"As with all delivery plan funding, if this funding stream ceases there will be a reduced ability to continue to progress developments."[155]

In July 2019, the Stroke Association asked attendees at the Welsh Stroke Conference what they thought the priorities should be for a new Delivery Plan.

"I think that access to care has improved generally, and that is linked to the focus on acute stroke care. I do worry about provision for the future with an increase in younger people having stroke, with increased complexity and high need for rehabilitation and that there is not enough forward planning around that."

Stroke professional

Responses were grouped and the following themes emerged (in order of popularity):

- Improvements to therapy, including care in the community
- Availability of thrombectomy
- Greater availability of nursing staff on the ward
- Stroke prevention
- Vocational rehabilitation
- Greater availability of stroke training and research

Of these, improvements to therapy was by far the most popular theme.

The Cross Party Group's View

The Cross Party Group is pleased to see the level of support for both the Stroke Delivery Plan and the Stroke Implementation Group. Evidence suggests both enjoy the support of stakeholders within the stroke sector in Wales. However, the results of the survey show that staff aren't necessarily reporting an impact from the Stroke Delivery Plan, with only 54% reporting an improvement in stroke services and 48% saying the plan had either had 'no' or 'not a lot' of impact.

We recognise the potential changes to delivery structures are currently being explored by Welsh Government as well as the creation of the new Welsh NHS Executive. However it is clear those working in stroke support a national, strategic approach to continuing post-2020, to ensure stroke retains the prioritisation required.

Whatever the final decision is regarding the future of delivery plans and implementation groups, there must be a high level, national and strategic approach to stroke services to drive forward much needed improvements to stroke services.

155 Written Evidence, Hywel Dda University Health Board

This may or may not take the form of a refreshed Stroke Delivery Plan, but the Welsh Government must ensure a coherent, cohesive plan for stroke services in Wales succeeds the current Delivery Plan, working to support the new National Clinical Plan. The recommendations contained within this report should be addressed when developing the new plan.

A new plan should also take into account the most recent guidance from the RCP and NICE.

We did not find any appetite for strategic approaches to stroke to be incorporated within strategic planning for other conditions, such as neurological or ardiovascular conditions.

Not all of the commitments made within the current iteration of the Delivery Plan have been met. We found evidence to suggest not all elements of the Delivery Plan were treated as the same degree of priority, either by SIG or health boards themselves. It should not be the case that commitments in a Delivery Plan remain undelivered. We note that the Delivery Plan did not provide any details on expected timescales for delivery and who was responsible for each element.

In developing a new plan for stroke in Wales, Welsh Government should ensure all commitments have clear timescales, milestones and details on organisations responsible. This may mean a smaller number of commitments, enabling a clear focus by health boards in ensuring implementation.

Recommendation 14: The Welsh Government should publish a new national approach to stroke services upon the expiration of the current Stroke Delivery Plan addressing the recommendations made within this report.

Previous chapters have noted the high degree of variation in stroke services, and the lack of formal mechanisms for holding health boards to account. We believe there remains a need for a group providing oversight to a new stroke plan. A group should be established as a successor to SIG, with a remit of both providing clear leadership and sharing of best practice, but also a role in holding health boards to account when national plans related to stroke have not been fully implemented. This group should work in conjunction with the new NHS Wales Executive to focus on the delivery of national plans.

One area of concern is in the independence of accountability arrangements of the current SIG. Both the Chair of the Stroke Implementation Group and the Clinical Lead for Stroke are also employed by health boards which are in turn members of SIG. In a new group, there is a need for a greater degree of independence between health boards and those who may need to hold them to account. The Chair of any future group should have greater independence from health boards.

We note that in England the co-Chairs of the Stroke Programme Delivery Board are both independent of local health organisations, with one from the Stroke Association and the other co-Chair being the NHS National Medical Director. We recommend a similar approach should be undertaken in Wales in creating new arrangements to support and deliver future national strategic approaches to stroke.

This would support improvements to the governance around stroke in Wales, and enable a greater focus on the commitments of any new stroke plan and the new National Clinical Plan. This group and Chair should act as a conduit between health boards and the new NHS Executive as structure to provide focus on the implementation of future plans.

Recommendation 15: Future arrangements should create a group to deliver a new stroke plan, with a greater role in holding health boards to account for their progress in implementation working in conjunction with the new NHS Wales Executive. The Chairing arrangements for this group should enable greater independence to the Chair, to improve their ability to hold health boards to account.

Appendix One:
Full list of recommendations

Recommendation 1: GP surgeries in Wales should review all patients with AF who are not on anticoagulants and aim to decrease the number who are not appropriately anticoagulated. Welsh Government should set a date by which all patients should have been reviewed. The new AF pathway should be fully implemented.

Recommendation 2: After suitable evaluation is conducted, Inverse Care Law projects to screen for cardiovascular conditions and risk factors should be rolled out on a national level.

Recommendation 3: All health boards should develop services so all patients with a suspected TIA are able to access a specialist TIA clinic within 24 hours, seven days a week. Data on TIA clinic access should be collected and standardised across health boards.

Recommendation 4: Reconfiguring stroke service in Wales and the introduction of Hyperacute Stroke Units should be the number one priority for national and local approaches to the treatment of stroke in Wales.

Recommendation 5: Welsh Government should detail how they plan to address the issue of ambulance response times in Wales, and ensure this is reflected in any future Stroke Delivery Plan.

Recommendation 6: The Welsh Government should implement the recommendations of the All-Wales thrombolysis review.

Recommendation 7: A future Stroke Delivery Plan should contain a clear plan for the delivery of thrombectomy services in Wales.

Recommendation 8: Improvement is needed in access to therapies and Early Supported Discharge services in both the short and medium term, as well as this being a key consideration during all HASU developments in Wales.

Recommendation 9: Welsh Government should provide direction to health boards to ensure all stroke survivors are offered six month, annual and twelve month reviews as recommended by guidance.

Recommendation 10: Review vocational rehabilitation models with a view to a national rollout of a best practice led approach.

Recommendation 11: HEIW and health boards should model future consultant level service requirements (utilising a HASU model) and establish a strategy for the training, recruitment and retention of staff in Wales to ensure the future-proofing of Welsh stroke units. This should also include interventional neuroradiology.

Recommendation 12: HEIW should work with health boards as well as staff representative groups (RCSLT, CSP and RCOT) to look at how the number of trainees choosing to specialise in stroke can be increased to meet future service demands.

Recommendation 13: HEIW and SIG should ensure up-to-date compulsory role-based training is developed for and undertaken by all those working in stroke care in Wales.

Recommendation 14: The Welsh Government should publish a new national approach to stroke services upon the expiration of the current Stroke Delivery Plan addressing the recommendations made within this report.

Recommendation 15: Future arrangements should create a group to deliver a new stroke plan, with a greater role in holding health boards to account for their progress in implementation working in conjunction with the new NHS Wales Executive. The Chairing arrangements for this group should enable greater independence to the Chair, to improve their ability to hold health boards to account.

Appendix Two:
Organisations who provided evidence

The Cross Party Group on Stroke would like to thank
the following organisations who provided evidence during the inquiry:

Alzheimer's Society Cymru
The Board of Community Health Councils
British Heart Foundation Cymru
BMA Cymru
Carers Wales
Chartered Society of Physiotherapists
Community Pharmacy Wales
Health Education and Improvement Wales
Heart Conditions Implementation Group
National Institute for Clinical Excellence
Neurological Conditions Implementation Group
Neurostute Project
NHS Delivery Unit
Public Health Wales
Royal College of General Practitioners
Royal College of Nursing
Royal College of Physicians /Association of British Neurologists
Royal College of Psychiatrists
Royal College of Speech and Language Therapists
Stop a Stroke Project
Stroke Association
Stroke Hub Wales
Stroke Implementation Group and the Clinical Lead for Stroke in Wales
Welsh Association of Stroke Physicians
Welsh Conservatives
Welsh Health Specialised Services Committee
Welsh Neurological Alliance
Aneurin Bevan University Health Board
Betsi Cadwaladr University Health Board
Cardiff and Vale University Health Board
Cwm Taf Morgannwg University Health Board
Hywel Dda University Health Board
Powys Teaching Health Board
Swansea Bay University Health Board