

Minutes of the Cross Party Group on Stroke: 15 October 2019

Second Evidence Session of the Inquiry into the implementation of the Welsh Government's Stroke Delivery Plan

1. Welcome, apologies and introductions

In attendance:

Cross Party Group Members

Dr Dai Lloyd AM

Giving Evidence

Jyoti Atri, Public Health Wales

Joanne Oliver, British Heart Foundation

Dr Shakeel Ahmad, Stop a Stroke Project

Other Attendees

Katie Chappelle, Stroke Association

Matt O'Grady, Stroke Association

David Fitzpatrick, Stroke Survivor

Carol Bott, Stroke Association

Stephen Ray, ABPI/Bayer

Jeannie Wyatt-Williams, WLGA/National Exercise Referral Scheme

Tristan Groves, Stop a Stroke Project

Irina Erchova, Stroke Survivor

Dr Phil Jones, Welsh Government Clinical Lead for Stroke

Dr Fiona Jenkins, Stroke Implementation Group

Emma Henwood, British Heart Foundation

Bethan Edwards, British Heart Foundation

Sarah Williamson, Royal College of Physicians

Judith Morgan, Royal College of Nursing Wales

Sarah Griffiths, Royal Pharmaceutical Society

Daisy Naughton, Welsh NHS Confederation

Hywel Morgan, NHS Wales Health Collaborative

Raza Alikhan, Cardiff and Vale University Health Board

Nick Cann, Stroke Survivor

Steven Atkins, Stroke Association

Via Video Link

Jill Newman, Betsi Cadwaladr University Health Board

Apologies:

Alex Smith, Cardiff University
Anne Freeman, Former Clinical Lead for Stroke
Helen Hak, Aneurin Bevan University Health Board
Carmel Donovan, Bridgend Council
Niki Turner, Cardiff and Vale University Health Board
Paul Mayberry, Mayberry Pharmacy

2. Approval of minutes

Approved by group.

3. Update on progress from actions agreed from last meeting; the way forward

MO updated on the call for evidence issued by the group, noting that XX organisations had responded. Hywel Dda and Swansea Bay Health Boards were yet to respond. The Chair agreed to write to ask for information.

ACTION: DL to write to Hywel Dda and Swansea Bay Health Boards.

4. Evidence session: Preventing Stroke

Joanne Oliver, British Heart Foundation

JO gave an overview of the goals of BHF of tackling heart diseases and associated risk factors, including the numbers with the conditions and risk factors in Wales. She said that heart conditions cost the Welsh NHS £100s of millions per year. JO highlighted that those with AF were at a 5x risk of stroke but only 1/3 on right medication. Over 500,000 with hypertension in Wales, with an additional 200,000 undiagnosed. 1/15 people in Wales not diagnosed. 55% of stroke patients had hypertension prior to stroke.

BHF investing £3.8m on medical research on heart conditions in Wales.

BHF working collaboratively with the health sector, including HCIG, SIG, WCN and LHBs. Worked with Stop a Stroke project on All Wales AF pathway and Inverse Care Project. Pleased HCIG contains representation from SIG and DIG which ensures key priorities in cross-cutting prevention is aligned and preventions duplication.

Stop a Stroke important example of HCIG and SIG joint working. Inverse Care Project ran two pilots in Aneurin Bevan and Cwm TAF LHBs funded by three implementation groups. BHF supported delivery and funded by Implementation Groups. Full evaluation currently being conducted. Some Health Boards not taken opportunity to role this project out.

Work underway on communication strategy for AF pathway. BHF also involved in Atlas of Variation, published in March 2019. Atlas shows where variation occurs, including unwarranted variation, such as the deprivation link to risk factors.

JO noted the recommendation within the Atlas of Variation that stroke and cardiac network work with GP clusters on anti-coagulation in future and Welsh Government needs to consider how AF will be prioritised.

Urged Welsh Government to consider how circulatory conditions are prioritised. No transformation funding under Healthier Wales currently awarded to cardiovascular conditions, but some projects are being developed which could meet funding criteria.

BHF wants to see SIG and HCIG maintained and strengthened in future.

Jyoti Atri, Public Health Wales

JA highlighted the publication of 'Health and its determinates' by PHW, looking at the main preventable causes of disease and their consequences. JA noted that hypertension is the predominant risk factor for stroke and despite incentivisation of risk factors through QOF they are not optimally managed.

Patients much more likely to survive stroke but that has consequences in terms of ongoing disability. Rate of emergency admissions is stable and burden remains the same on secondary care. Survival creates additional burden for primary care.

Stroke Delivery Plan recognises importance of prevention but investment in prevention limited. Stroke related projects included Stop a Stroke, the Inverse Care Project and a small project on blood pressure monitors.

JA highlighted that while mortality for strokes has reduced, the number having strokes has been static. Strong evidence base for what we need to do around prevention but will need to keep an eye on figures post-QOF.

JA said PHW advocate a funded co-ordinated approach rather than a disease specific approach, with the role of primary care to be recognised, directed and incentivised.

Dr Shakeel Ahmad, Stop a Stroke Project

SA noted the support the project had from a number of organisations from across the health service. SA advised that AF caused a 5x increase in the risk of stroke, accounting for 20% of all strokes and causing the most disabling strokes with the highest mortality.

NICE guidance changed in 2014 so all patients suitable should be anti-coagulated, with aspirin no longer recommended.

SAS website contains engagement, information for patients and guidance for those who provide care. Each health board can upload their own guidance.

Four phases of project, reviewing patients, switching them to anti-coag, decreasing stroke rates and detecting. In Cardiff and Vale doubling of anti-coagulant rate and

there has been a cut since 2014 of 26% of patients on aspirin to only 6%. Primary care portal allows monitoring of numbers of patients at varied levels.

At present 6.1% of patients in Wales on Aspirin, 5.78% in Cardiff – 532 patients. 47% of patients in Wales are on NOACs. 5737 patients, (7.56%) not on the right treatment for AF.

Framework within GMS allows identification of patients at risk of stroke but doesn't contain numbers. Everything now ready to go but also support of secondary care, which is key to the success of project.

Aspirational target is for 2020 is that less than 5% of patients in Wales are on aspirin. Need to identify key leaders in primary care and health boards, as well as control of INR in those patients who are anticoagulated.

Questions from Cross Party Group to the panel:

SR said there was a range of pharmaceutical companies involved in prevention and increasing access to treatments to prevent stroke and there was success in partnership working. However LHB willingness to engage with industry varies and there is a need to increase recognition of value of pharmaceutical industry expertise and closer partnership.

DF raised the issues of manual workers being left behind in prevention campaigns, with class and employment issues. Highlighted need for individuals to tackle high-blood pressure.

EH noted that disease risk factors with cardiovascular conditions are similar and support a joined up approach. However there is still a need for separate delivery approach.

PJ said there was an issue with whether some health boards were engaging with prevention to the same degree as other boards.

JA said there was a need to focus on behavioural change. JO highlighted barriers existed in enabling people to access blood pressure testing. SIG and HCIG have been trying to improve engagement with industry.

EH added that organisations needed to look at how we engage with difficult to reach groups, with a need for innovative approaches. Also ensure medication is both taken and reviewed which required collaboration.

IE raised the issue of the contraceptive pill as a risk factor.

DF raised the issue on the role of pharmacy in prevention particularly with GP appointments being difficult to access. SR said that pharmacy had a key role and TG said pharmacists were doing medication reviews at GP cluster level.

FJ said SIG was supportive of bringing together prevention across conditions but some conditions such as AF require a more specific approach. Need to engage with primary care and make prevention more multidisciplinary. SR added that podiatrists identifying AF an example of this.

CB asked if there were plans to expand the SAS project across Wales. SA answered that TG was working with Cwm Taf to replicate ongoing project in that area. TG said role of project was to upskill primary care to manage AF themselves on an ongoing basis. FJ added that SIG funded several models around AF and SAS was the best one. SA advised that Audit+ was available. The tools are there but is now down to engagement.

KC said AF awareness was low, despite the seriousness of the condition and asked who should be responsible. JA responded that raising awareness doesn't lead to behaviour change. SA said that there is a need for a campaign like FAST to raise awareness of the condition. JO added there was a need for collaboration and a duty to try and tackle the issue.

CB raised workplace issues, giving an example of a workplace where 6 of 500 people had a stroke in 18 months showing value of blood pressure testing.

MO asked about the future of the Inverse Care Law project and why some health boards had not engaged. JO answered that it was currently awaiting evaluation to show effectiveness of project. JA said there were difficulties with data, and further work required to demonstrate effectiveness. Will be continued in the two health boards currently running project post-SIG funding.

DF asked if it was possible to get access to good examples from England. MO said this was the responsibility of all organisations, including the Stroke Association.

Dates, time and venue of next meeting: 3 December, 12.30-13.30. Room TBC.

Topic for next meeting: Fast and Effective Acute Care

Meeting ends