

# **Minutes of the Cross Party Group on Stroke: 22 September 2020**

## **Follow-up to 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 MS

#### **Presenting**

Dr Fiona Jenkins, Stroke Implementation Group

Dr Chris Jones, Deputy Chief Medical Officer for Wales

Katie Chappelle, Stroke Association

#### **In attendance**

Matt O'Grady, Stroke Association

Nicola Davies-Job, Royal College of Nursing

Abdul Seckam, Stroke Hub Wales

Anna Morgan, Stroke Survivor

Ross Evans, Stroke Association

Daryl Harris, Aneurin Bevan University Health Board

Craig Lawton, BMA Cymru

Calum Higgins, Chartered Society of Physiotherapists

Liz Kenward, Welsh Health Specialised Services Committee

Caroline Walters, Royal College of Speech and Language Therapists

Steven Ray, ABPI Cymru Interest Group

Anne Freeman, Former Clinical Lead on Stroke in Wales

Llinos Wyn Parry, Stroke Association

Nick Cann, Stroke Survivor

Rachel Jenkins, Pfizer

Hywel Morgan, NHS Wales Collaborative

Naila Noori, Royal College of Speech and Language Therapists

Jeannie Wyatt-Williams, WLGA

Dr Shakeel Ahmad, Welsh Health Specialised Services Committee

Dr Raza Alikhan, Cardiff and Vale University Health Board

Heledd Roberts, Office of Rhun ap Iorweth MS

Bethan Edwards, British Heart Foundation

### **2. Annual General Meeting**

KC took over the Chair for the AGM. The Annual Report of the CPG had been emailed to members for advance. KC asked for nominations for Chair and Secretariat.

Dr Dai Lloyd MS was re-elected as Chair and Matt O'Grady was re-elected as Secretariat.

### **3. Welsh Government response to the inquiry into implementation of the Stroke Delivery Plan**

CJ was asked by Minister to attend. Gave context that pandemic has consumed healthcare policy and as a result stroke care has suffered quite considerably along with many other aspects of central service provision. Massive drop in presentations of stroke. People fearful of coming to hospital and other challenges such as ambulances and diagnostics.

Stroke care has always been seen as an essential service. WHO published essential services guide early in pandemic making it clear stroke care should continue. Wales published its own plan as well as LHBs being held to account by essential services response group. Pandemic creates four types of harm; direct, displacement of other health care, harm if the NHS overwhelmed and long term harm from economic damage. Talking about second category of harm.

AF module now an option for GPs and 90% of GP practices have selected that module. Framework rolled over to next year and based on stop a stroke model.

CJ said the existing Stroke Delivery Plan has been extended. Welsh Government considering over winter what next approach should be. Haven't fully worked through what new approach should be. SDP extended to March 2022. SIG still in existence with £1m per year for improvements in stroke care. Once everything has settled down will need to consider way forward. New NHS Executive could lead on approach and could mean new stroke plan or based around cardiovascular conditions. Possible high level policy statement from Welsh Gov and NHS Exec could produce its own plan.

HEIW working to improve workforce situation for INRs and credentialing. A challenge to attract people at present. Hard to lead on encouraging Doctors into stroke medicine at present. Chicken and egg – difficult to attract people without a fully functioning workforce already being in place.

Ambulance service struggling at the moment as it comes to terms with infection control processes. Cleaning, PPE etc. As second peak develops likely some repetition of problems which were experienced in first peak. Likely people will become fearful and stroke admissions go down. Second wave of harm yet to come.

FJ gave additional context on guidance from WG on essential services. LHBs looking at their plans within transition phase and on reactivating services. LHBs

bracing for second wave of Covid-19. Doing the best they can in the situation they find themselves. Ethical framework to meet all needs, including impact on BME populations. Responsibility for patients in all walks of life. Looking at governance arrangements and leadership models as well as plans for transition and risk mitigation.

Achieved a lot of current SDP but still more to do.

Inverse Care Law a bigger issue than stroke itself. SIG worked with cardiac group and colleagues in Cwm Taf to consider how they can reach out to populations who need them most. Need to look at population health moving forward. Broader and wider than stroke implementation group. Will have focused attention as we move out of pandemic.

TIA management challenged when pandemic started. Virtual technology helping people see specialist within 24 hours. All LHBs looking at how improvements can be made. Positive that TIA service in Cardiff has improved as a result. More work will go on.

FJ raised the issue of HASUs. LHBs have been on journey for some time and pandemic has not helped pace of change. LHBs looking at capital and revenue pots. Pandemic will create financial challenges. HASUs should still remain longer term aim and progress being made but not at pace originally hoped.

FJ said that SIG was grateful to NHS Delivery Unit for their thrombolysis review. Requires emergency units to be operating in a different state than they are in the pandemic. Processes won't be quite as LHBs can hope during pandemic.

Thrombectomy remains cornerstone of where we need to take services to. Not on backburner. SIG funding looking at innovation and funds this year looking at innovation technology (AI) for diagnosing patients who might benefit from thrombectomy or thrombolysis. Grateful to colleagues in WHSSC and one of their priorities. Link to need for workforce change. Still more to do.

FJ said that therapies and ESD were needed to enable people to get back into their normal lives. FJ said the Stroke Association would be aware life after stroke services affected as well as health services. Patients have had good access to care but not in traditional way. Need to give more attention to how we restart services, but some have not stopped. Will likely be different after Covid.

Welsh Government will respond in due course to the full recommendations of the inquiry.

FJ gave an update on the recruitment for a new Clinical Lead for Stroke – Dr Phil Jones has now retired. Interview date 14 October. Could come from any allied profession. Will be support from whatever other professions required.

Pressures on acute services have been high. Cardiff SU has had to be relocated three times. Ability to discharge has also been compromised. Have had to keep patients in hospital longer than they would have previously. Take hats off to all working in services and stroke staff have been pulled into other work than stroke.

## **Questions**

KC said the Stroke Association had worked with Governments across UK to reinforce FAST message. Hadn't seen as much in Wales and asked CJ whether there was any plan to publicise this in event of second wave. Also asked whether 111 had received any additional training about stroke as part of triage.

CJ said not just stroke admissions impacted. Massive communication campaign about NHS being open during first wave. Likely to have to do again during a second wave but not sure if will be about FAST as not just about stroke. CJ asked if there was a problem with stroke advice and will feedback if there is.

RA thanked SIG and SA for support for stop a stroke project. Primary care during peak switched significant number of patients to NOACs and increased number of AF patients who were anticoagulated. Hats off to primary care for phenomenal work under immense pressure. Further vaccinations an opportunity for screening. DL said sounded like a great idea. CJ wasn't aware of progress and welcomed. Said would be very challenging to screen during pandemic due to PPE and social distancing. Step too far practically. One of the most difficult years to do this.

## **4. Findings of Stroke Association research into Covid-19 and stroke**

KC outlined Peter's story. Stroke in 2017 and experienced depression. Felt abandoned by the system after six weeks of generic psychological support. Had engaged with SA services prior to pandemic but lockdown has had negative impact.

Stroke Association had carried out an online survey in June this year. 2000 responses including 133 in Wales (104 stroke survivors, 29 carers). Most comprehensive survey of stroke community since pandemic started. Evidence from wider stroke community was also utilised. Most respondents had stroke in 2018 or earlier. Anecdotal evidence available from those who had stroke during pandemic.

KC said there was some limitations to the data, with low numbers from some areas. Older people over-represented, BME under-represented.

Themes from the research:

- Lack of access to rehabilitation and support
- Mental health and wellbeing impacted
- Carers feeling strain of more caring duties

Rehab and support – main impact SA heard about. Stroke survivors felt abandoned. 48% had therapies cancelled or postponed. 23% didn't have any other form of

support. Risk of forgotten cohort. Patients who did have virtual support happy to have received it.

Mental health and wellbeing – Some have coped well, but for those who haven't feelings quite stark. 68% feeling more anxious or depressed and 72% feeling worried about their health. SA have managed to carry out support online, such as choir practice over zoom. However still impact for those who miss day to day contact.

Carers – 57% feeling overwhelmed and unable to cope and 68% carrying out more caring. Good news was 55% said they had been receiving the right information and support.

### **Questions**

SA worried about how this impacts on national progress. Pandemic mustn't impact on recoveries. Pandemic has had some positive impacts such as rapid production of rapid development of guidance. Health systems adapting quickly and must welcome work of clinicians. However concerned that Welsh Government doesn't overlook existing commitments and findings of inquiry.

Recommendations include new delivery plan, six month reviews, carers support and investment in FAST messaging. Mental health support must also be part of this. People need to know stroke services still open for business. Stroke survivors also confused about shielding and guidance somewhat unclear for them.

DH asked whether there needed to be more emphasis on mental health in the community. KC said SS sometimes didn't feel the need for mental health support until further in their recovery so need for MH to be built into their recovery. Needs to be addressed. DH said evidence six to 12 months peak time for need.

### **5. Any other business.**

Agenda item not reached.

### **6. Dates, time and venue of next meeting**

To be confirmed and circulated in due course.