

Cross Party Group on Stroke Minutes

Meeting: Cross Party Group on Stroke
Date: 18 September 2018
Venue: Committee Room 5, Ty Hywel, National Assembly

Chair

Dr Dai Lloyd AM - Plaid Cymru

Speakers

Dr Jill Newman, Director of Performance, Betsi Cadwaladr University Health Board
Matt O'Grady, Stroke Association, Policy Information and Campaigns Officer, Wales

Attendees

Helen Mary Jones AM – Plaid Cymru
Mark Isherwood AM – Welsh Conservatives
Rachel Jenkins – ABPI and Pfizer
Dr Anne Freeman OBE – Hon Consultant ABHB, former Clinical Lead for Stroke, Wales
James White – Stroke Consultant, Cwm Taf University Health Board
Jeannie Wyatt-Williams – National Exercise Referral Scheme, Welsh Local Govt Assoc
Philippa Ford MBE – Public Affairs & Policy Manager, Chartered Society of Physiotherapy
David Fitzpatrick – stroke survivor
Nick Cann – stroke survivor, LAS Award winner, Wales Advisory Committee Member and Ambassador/fundraiser for the Stroke Association
Daryl Harris – Consultant Clinical Psychologist, Aneurin Bevan University Health Board
Dr Fiona Jenkins – Chair of the National Stroke Delivery Group, Exec Director of Therapies & Health Science, Cardiff & Vale University Health Board
Helen Hak – Occupational Therapist Section for Neurological Practice, Aneurin Bevan University Health Board
Stephen Davies – Stroke Implementation Group Co-ordinator
Ross Evans – Stroke Association, Head of Stroke Support
Charlotte Nicholls – Stroke Association, Public Affairs Officer (Minutes)

Attendees in north Wales:

Dr Jill Newman – Director of Performance, Betsi Cadwaladr UHB
Dr David Curran – Stroke Consultant, Betsi Cadwaladr UHB
Judith Rees – DGM Medical, Betsi Cadwaladr UHB
Gareth Evans – Head of Therapy Services, Betsi Cadwaladr UHB
Josie Wray – Matron, Betsi Cadwaladr UHB

Apologies

Nicola Davis-Job – Royal College of Nursing

Emma Henwood – British Heart Foundation

Iwan Williams – Social Care Wales

Victoria Winkler – Bevan Foundation

Caroline Walters – Royal College of Speech and Language Therapists

Malin Falck – Aneurin Bevan University Health Board

Elin Haf Edwards – RNIB Cymru

Dr Phil Jones – Clinical Lead for Stroke in Wales

Sheila Tagholm – Stroke Survivor

Carmel Donovan – Abertawe Bro Morgannwg University Health Board

1. Welcome, apologies and introductions

The Chair welcomed attendees and introductions were made. Apologies were noted as above.

2. Approval of previous Minutes and update on actions

The Minutes of the meeting held on 7 March 2018 were approved by Members as an accurate reflection of the meeting content.

The Cabinet Secretary had replied to the Chair's communication following the last meeting. He stated that the Stroke Implementation Group had reviewed its terms and would offer membership to representatives of speech and language therapy, occupational therapy and clinical psychology in order to ensure a voice from those professions across Wales. The response stated that the role of Health Education and Improvement Wales (HEIW) included conducting scoping work to increase the number of allied health professionals. It was agreed HEIW should be invited to discuss this work at a future meeting.

ACTION: Invite Health Education Improvement Wales to the next Cross Party Group on Stroke meeting.

3. Presentation: Assessing the workforce needs of hyper acute stroke units

Dr Jill Newman gave a presentation about the work undertaken to scope the workforce requirements of potential future hyperacute stroke units in Betsi Cadwaladr Health Board.

JN highlighted that final decisions on the number of hyperacute units in north Wales had yet to be taken. JN outlined the principles being used during the redesign of units and the proposed service model. She suggested implications on the workforce, noting that while there was a minimum rota of six consultants needed for a hyperacute unit, the health board was considering a rota of eight to minimise impact on the other services staffed by consultants. JN also gave attendees detail on the whole system requirements, including

those around the post-acute pathway, noting that early supported discharge would be key to preventing patient bottlenecks. Details of expected challenges were also presented, including workforce planning, affordability and communicating in the Welsh language.

FJ confirmed support from the Stroke Implementation Group for the hyperacute unit model and stated that there is a requirement to calculate how many hyperacute units are needed in the region, as three HASUs and eighteen stroke clinicians in the north Wales area would be unaffordable, unnecessary and unrealistic. Modelling has identified that north Wales needs one hyperacute unit in Rhyl, and the impact of other HASUs in the area would determine whether another was needed. FJ stated that resources would need to be consolidated. A service model was required that would drive stroke services forward pragmatically to use the resources available.

MO stated that the modelling work which Betsi Cadwaladr has performed had been very positive and encouraging. He asked about the link between acute and community services, whether the modelling work in the north had included community services and long-term therapy and whether the modelling work was private or public.

FJ replied that it was a challenge to consolidate resources, staff and equipment into specialist hyperacute units. The Royal College of Physicians recommended a minimum of three hyperacute units across Wales. Coverage challenges exist in rural areas eg Hywel Dda. Morriston Hospital has agreed a compromise arrangement due to patient travel time challenges, and would house a stroke unit that would not be fully hyperacute standard. If modelling resulted in the same number of units, this would not drive improvement.

JN stated that the Betsi Cadwaladr board had not yet made a recommendation about whether there should be one or two hyperacute units in the area. There is a preferred option but it would present challenges for travel times and therefore an imbalance of risk. In terms of critical mass, they have 1,127 confirmed strokes in the north each year, so the decision would be between one or two HASUs, not three.

4. Presentation: The workforce in the post-acute pathway

MO presented on the issue of post-acute stroke workforce and rehabilitation. He explained that the Cross Party Group on Stroke was taking a whole pathway approach to workforce, including acute and post-acute workforce in the same meeting. The Cross Party Group had covered stroke workforce in previous meetings. He presented recent SSNAP figures and the 2015 post-acute audit.

MO posed two questions to the group:

- a) What steps could be taken in the short, medium and long term to increase the number of trained therapists in Wales?

b) Where does responsibility lie for these solutions? Is there a role for the Welsh Government, health boards, other organisations?

JN stated that SSNAP recording for post-rehabilitation requires a critical mass to be able to report correctly. She explained that hospitals are discharging patients to many rehabilitation units and they process very few strokes survivors per unit. They might be receiving rehabilitation from trained therapists, but not trained therapists specialising in stroke. There is therefore a role for technical delivery.

There is a challenge in the availability of data about post-acute stroke units. Betsi Cadwaladr used the same Royal College of Physicians' guidelines for their community beds. Equally, with regard to early supported discharge planning, the Cochrane Review allows assumptions regarding post-acute staff.

DF stated that his ongoing need following stroke meant that he required much help to be able to stand and remain balanced.

SD stated there was some investment for developing community rehabilitation teams, and part of this would be an investment in community therapists. It was possible to postulate that there are more staff in the system now than in 2015. SD also highlighted that occupational therapists are taking a more psychological approach in their work.

DH said it was important to note that psychological care is not just carried out by psychologists. He said the Royal College of Physicians' guidance advising 45 minutes per day of each type of therapy, is based on the acute medical approach, and as individuals move further away from their stroke, their recovery might have different needs from a psychological perspective.

FJ stated there is a tendency for health boards to move further away from the 45 minutes a day for each distinct therapy. Instead, the patient should be at the centre of the service discussions, the patients' individual needs should be determined and the services tailored around those needs. There is also a merging of professional backgrounds in some instances; the professions are showing increasing maturity and work has been performed by the Neurological Implementation Group and Stroke Implementation Group on this issue. Health boards have made large investments in neurological services and psychological services and are working more with community. FJ thanked those who raised the matter of Life After Stroke, as she considered it a crucial issue.

JW highlighted the National Exercise Referral Scheme as an example of a project which was operating for stroke survivors outside of the traditional post-acute sector.

PF found it interesting that so little updated information was available and stated that it would be useful to be able to scrutinise further data. She suggested that this is something which the Cross Party Group on Stroke could investigate.

AF raised the issue of educating staff on stroke awareness. She highlighted the potential of the National Education Framework for Stroke in Wales and the challenge that exists where staff cannot be spared from their jobs to attend educational groups.

MO stated that the lack of data is problematic and he raised the example of how it had recently prevented the Stroke Association from being able to conduct investigative work on staffing levels. He stated that there may be other ways to garner and present information to highlight the challenge.

FJ stated that funding had been given by the Stroke Implementation Group to each health board to perform scoping work on multidisciplinary staffing for rehabilitation work. She suggested that the Cross Party Group on Stroke should write to local health boards asking for the results of this scoping. She also highlighted that the Chair of Public Health Wales had written to the Cabinet Secretary about short term funding. FJ stated that the Stroke Implementation Group had assigned funding to each health board to consider what additional resources and systems would be needed to meet the standards of a hyperacute unit.

Action: Chair to write to local health boards asking for results of multidisciplinary, neuro-rehabilitation work and hyperacute unit modelling funded by the Stroke Implementation Group.

5. Any other business

No other business was discussed.

6. Next meeting

The next Cross Party Group meeting would be held on Tuesday 11 December 2018 at 12:30.

MO suggested a new topic for the meeting, namely ambulance response times, as the Welsh Ambulance Service's amber review would have produced their report by this point; this was agreed.
