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Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref SF/MD/0537/14

David Rees AM
Chair
Health and Social Care Committee
National Assembly for Wales
Ty Hywel
Cardiff Bay
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19 February 2014

Dear David,

Thank you for your letter of 9 January 2014 in which you outline the follow up work of the Committee.

Annex 1 sets out my response to the Committee's recommendations and views on progress in relation to stroke risk reduction.

Best wishes
Mark.

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Stroke risk reduction – follow up inquiry – Welsh Government Response

Recommendation	Response
Welsh Government publish a timetable within 6 weeks of receipt of this letter clearly setting out when it expects to fully deliver the Committee's recommendations, all of which it accepted – at least in principle – in December 2011	Reject We agree with the sentiment of the recommendation however we do not feel it is necessary to publish a timetable as suggested in light of the fact that the Welsh Government published the Stroke National Delivery Plan in December 2012 which set out Welsh Government expectations and a timetable for stroke improvement. The first Annual Report on progress against that plan was published in October 2013, and will continue to be published on an annual basis. The Government therefore has a clear set of actions for which it is accountable and we wish to avoid the duplication and compilation of different timetables. The recommendations are covered within the Delivery Plan as set out below: Recommendation 1 of the original Committee Report refers to undertaking an evaluation of the Stroke Risk Reduction Action plan and utilising this to inform the Delivery Plan. Public Health Wales undertook the evaluation and it was used to inform the actions within Delivery theme 1 of the plan on the prevention of stroke. Recommendation 2 refers to the prevention of secondary strokes and the diagnosis of TIA. Running through the plan is an emphasis on stroke prevention and appropriate discharge arrangements which would include providing advice on secondary stroke prevention. Delivery theme 2 detecting stroke quickly has an action specifically on providing fully functional 7 day a week TIA services. Recommendation 3 refers to access to TIA services and carotid endarterectomies. As mentioned above this is covered within delivery theme 2 and also in delivery theme 3 delivering fast and effective care which has an action specifically on providing access to vascular surgery for carotid intervention within the timescales set out in national guidance. Recommendations 4 and 5 related to the identification and treatment of Atrial Fibrillation this is covered within delivery theme 1 and highlighted as a specific risk factor which must be managed in line with NICE guidelines.

Views	Response
1. There is clearly strong support for a national clinical network for stroke to be established, and a consensus amongst witnesses that the Welsh Stroke Alliance could form such a network if resourced appropriately. Whilst welcoming the Minister's intention to consider a stroke network in the context of work underway to examine the pattern and effectiveness of networks more generally, the Committee would urge the Government to undertake this examination with pace so that concerns regarding a lack of leadership and accountability in this area are addressed quickly. The Committee asks that the Minister includes a timetable for the completion of the work on clinical networks within the wider timetable requested in our letter above.	I agree that we need to ensure that the wider network review is completed rapidly in order to provide certainty and national coordination of vital services, such as stroke care, and to ensure coherence with the ongoing review of professional advisory structures. Officials are holding discussions with the NHS lead for the network review, Chief Executive Adam Cairns, over detailed time scales. I expect recommendations from this review to be presented by May 31st 2014.
2. It is clear from our inquiry and the follow-up work undertaken that data on stroke patients and their care is inadequate. This data is needed to inform service developments. Participation in clinical audits is too low to provide an accurate picture of performance and, although some data may be held locally (e.g. about transient ischaemic attack and atrial fibrillation), it appears that it is not routinely reported or shared. The issues of inadequate data collection/sharing – and lower than desirable participation in clinical audit – are not unique to this inquiry. The Committee recommends that work is undertaken with pace to improve data collection, facilitate the sharing of data, and increase participation in clinical audits as part of the roll out of the Stroke Delivery Plan. Furthermore, we recommend that consideration is given to the development of a stroke register for Wales.	The National Clinical Audit & Outcome Review Advisory (NCA&OR) Committee was established in April 2011. It is working to achieve the aims of this set of views. Its objective is to provide advice on Welsh participation and performance in the National Clinical Audit and Patient Outcomes Programme and, to maximise the benefit from audits and reviews by encouraging widespread learning to improve the quality and safety of patient treatment and care. Since its establishment in April 2011, the Committee has: - Encouraged LHBs and Trusts to improve their performance in National Clinical Audits and Outcome Reviews. - Encouraged LHBs and Trusts to appoint a clinical lead for each of the NCAs and Outcome Reviews - Published two National Clinical Audit and Outcome Review Annual Plans - Held two all Wales Annual Workshops (in collaboration with 1000 Lives Plus) - Issued five NCA&OR eBulletin's - Placed information on the Governance eManual website http://www.wales.nhs.uk/governance-emanual/ - Are currently in the process of finalising a standard "Assurance" proforma to be used by all LHBs and Trusts. - Provided support and information from audits

	to be published on the Welsh Government “My Local Health Service” website http://mylocalhealthservice.wales.gov.uk/#/en During the last year the Committee Chair and members have visited most LHBs and Trusts to meet with MDs and Clinical Audit / Quality Improvement leads to discuss their NCA&OR activities. Over the next year the Committee will focus on ensuring audit is an essential part of the quality improvement cycle, driving up participation in audit and transparently publishing the results of audit. I have asked the Stroke Implementation Group to consider the merits of establishing a stroke register for Wales.
3. The Committee notes that one of the key themes of the Greenaway review of medical training is a shift in balance away from specialism towards a more generalist approach. The Committee would welcome further information from the Minister on how he intends to consider the stroke workforce within this context, and what specific action he is taking to ensure there are sufficient numbers of adequately-trained clinicians to deliver quality stroke services in the short, medium and long-term.	While focussing on the need to move to a greater degree of generalist medical training, the Greenaway review also acknowledges the need for specialties. A UK wide group has been established to consider the review in more detail and to identify timescales for action. The first meeting of this group was held on 4th February. There was a range of issues discussed which will need to be addressed as part of any future plans and it is likely that it will be some months before the way forward is agreed. I expect the Local Health Boards to consider the workforce issues across all professions as part of their routine planning and delivery of services.
4. It is a matter of concern to the Committee that, nearly 18 months after the Government’s published expectation, access to TIA services is not uniform across Wales. We would welcome further detail about what corrective action is being taken in North Wales to address the delays in the Betsi Cadwaladr area, and seek detail from the Minister – as part of the timetable requested in our letter above – about when services will be available across the whole of Wales within target timescales. Furthermore, we seek an indication of what action the Minister will take if Health Boards fail to meet these targets by the deadlines outlined in his forthcoming response to this letter.	All Health Boards, with the exception of Betsi Cadwaladr have confirmed that they complied with the requirement from the original set of recommendations to have a TIA service in place from April 2012. This service would give them the ability to provide access to high risk TIA assessment within 24 hrs. A review of stroke services has been undertaken in Betsi Cadwaladr University Health Board covering the first week of care including TIA. There are recommendations for improvements including access to assessment 7 days a week. Significant improvements in stroke care are expected by the end of April 2014 and a full TIA service by October 2014.
5. The Committee concludes that insufficient progress has been made in improving adherence to clinical guidance relating to carotid endarterectomies since the	A paper on the results of the Carotid Endarterectomies Audit (CEA) Round 5 has been presented and shared within Wales. This report highlights the poor progress made in this area. In response to a letter from the DCMO issued in

Committee reported two years ago. The Committee would welcome clarification from the Minister of the target timescales within which he expects patients to receive carotid intervention, and confirmation of the deadline by which he expects Health Boards to meet these targets. The Committee seeks an indication of what action the Minister will take if Health Boards do not meet the expectations he outlines in this regard.	October 2013, we have received confirmation from the five Welsh LHBs who treat CEA patients that action is being taken to ensure they meet the 7 and 14 day timescales for providing surgery. We have also received assurance of full participation in the audit in the future. The Welsh Government will be monitoring compliance with these requirements as part of the routine performance management arrangements. The need to review and improve the whole pathway from symptom onset to surgery needs is recognised. This issue will be discussed at the Welsh Stroke Alliance meeting at the end of February, and a half day session on carotid intervention will be included in the Welsh Stroke Conference in June.
6. It is not clear what progress has been made in the identification, treatment and management of AF. Furthermore, it appears that a consistent approach to providing manual pulse checks in primary care is lacking. A more strategic and coordinated development of methods to identify and treat AF in line with published NICE guidance, across primary and secondary care, is needed - this should include consideration of those who cannot be identified by a simple pulse check alone. The Committee awaits the outcome of the UK National Screening Committee's review of screening for AF.	Local Stroke delivery plans of Health Boards in Wales will address the treatment and management of AF. A strategic and co-ordinated approach across Wales for AF will be in place by October 2014. Health boards will then implement this strategic approach from October 2014. UK NSC's review of screening for AF is currently being reviewed and it is anticipated that the review will be completed by May 2014. I have recently considered a proposal from the Stroke Association relating to a pilot with communities pharmacies to detect AF in the community and agreed to assist.
7. There remains a need to increase public awareness of stroke risk factors, including AF and TIA. The value of community pharmacy campaigns in raising awareness and identifying people at risk of stroke is something the Committee has previously highlighted and the need for successful campaigns (such as FAST) to be sustained is clear. The Committee would welcome an indication from the Minister as to what plans there are for further action to increase public awareness of stroke risk and prevention (as well as the symptoms of stroke), and whether any specific work is underway to target young people as well as older generations.	I recognise the need to sustain messages about stroke risk factors in the public domain. As part of the Welsh Government's commitment to national health campaigns, in 2014/15 a priority will be given to stroke awareness. My officials in the coming months will work closely with Public Health Wales and third sector organisations in delivering a targeted campaign.