

SRR 27

Response to Health Social Care Committee inquiry into stroke risk reduction from Powys Teaching Health Board

What is the current provision of stroke risk reduction services and how effective are the Welsh Government's policies in addressing any weaknesses in these services?

The Stroke Risk Reduction Action Plan (SRRAP) clearly links the actions required to Cardiac National Service Framework (NSF) but it is difficult to assess the impact this has had.

At present stroke specific risk reduction is focussed on secondary prevention through timely management of Transient Ischemic Attack (TIA) through the 1000 Lives Plus mini collaborative and the stroke intelligent targets in the annual Quality Framework. If being included in the AQF has the same impact on the TIA as the acute stroke bundles then this will be very effective. However the TIA care bundles are very secondary care focussed.

All other risk reduction occurs through general cardiovascular risk reduction through Public Health Wales initiatives nationally and locally, Health Social Care and Well Being Strategies (HSCWBS) and through primary care management as directed by Quality Outcome Frameworks (QOF). Current QOF targets associated with TIA and stroke secondary prevention do not align with the Intelligent Targets.

What are your views on the implementation of the Welsh Government's Stroke Risk Reduction Action Plan and whether action to raise public awareness of the risk factors for stroke has succeeded?

SRRAP took a very pragmatic approach to incorporating stroke risk reduction in all aspects of risk reduction, highlighting the excellent work that is already being undertaken. Stroke is still not always listed as one of the risks of smoking, poor diet, lack of exercise in public awareness initiatives.

The link between AF and stroke is still not widely understood by the general public.

What are the particular problems in the implementation and delivery of stroke risk reduction actions?

- Few areas of primary risk reduction are stroke specific. It should be clearly included in all risk reduction education, services and training- mentioned whenever heart attack or diabetes are- e.g. in smoking cessation, healthy eating, keeping active initiatives.

- There is currently a culture and economy that encourages unhealthy eating and a sedentary lifestyle, so that the prevalence of obesity and hypertension are much higher than they should be
- There are a lack of resources (people and money) within the NHS to give it the priority it deserves
- The NHS takes responding to disease more seriously than health promotion
- More work could be focussed on secondary prevention, particularly around TIA in line with AQF targets and also around Atrial Fibrillation (AF)-improved AF management needs to be focused in primary care with QOF targets and commissioned enhanced services to support this
- Health Boards could provide information and education sessions to those who have had TIAs and mild strokes.

What evidence exists in favour of an atrial fibrillation screening programme being launched in Wales?

- Public Health Wales was tasked with producing further analysis on primary care data on incidence of hypertension and AF in natural communities as action 28 of the SRRAP. This data could inform future plans and evaluate interventions.
- AF included in NICE high level summary of recommendations for 2012/13 QOF indicators more information is available at [NICE Menu of Indicators](#)
- Pilots have been run as part of the Stroke Improvement programme in England available on [Stroke Prevention in Primary Care AF](#) and [NHS Improvement Atrial Fibrillation- latest news](#).