

Ysbyty Athrofaol Cymru University Hospital of Wales UHB Headquarters

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Eich cyf/Your ref: Ein cyf/Our ref: AC-jb-10-2954 Welsh Health Telephone Network: Direct Line/Llinell uniongychol: 02920 745681

Adam Cairns
Chief Executive

4 October 2013

David Rees AM
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear David

Thank you for your letter of 23 July 2013 requesting a follow up on the Stroke Risk Reduction Inquiry in December 2011. As a UHB we recognise the importance of stroke reduction and this is a key element of our stroke delivery plan. Our Stroke Lead Dr Hamsaraj Shetty has also provided evidence on behalf of his Royal College and he will be giving verbal evidence.

I can therefore provide the following information:

- Every high risk TIA patient is seen within 24 hours at the Stroke Prevention Clinic on week days and at Medical Assessment Unit over weekends (followed by early review in Stroke Prevention Clinic);
- Non-high risk Transient Ischaemic Attack (TIA) patients are seen mostly within a week, almost all of them within 2 weeks;
- Facilitating early anticoagulation for Atrial Fibrillation (AF) patients at the Stroke Prevention Clinic;
- Currently collecting data on the prevalence and the management of AF primary care in selected Surgeries;
- The stroke physicians work very closely with Vascular Surgeons to facilitate early Carotid Endarterectomy in suitable patients;
- Consultant clinical lead provides telephone advice to GPs during week days on suspected TIA patients;
- The stroke physicians seek advice of Diabetologists and Medical Biochemists in managing complex diabetic and hyperlipidemic patients;
- We hold a public education program at the Concourse, UHW on the World Stroke Day annually (29TH October this year);
- Facilitate smoking cessation through the smoking cessation Counsellor;
- Dietary advice provided through Dietetics department for selected patients;
- The Stroke coordinator gives health education to patients and carers on encounter at UHW;
- Primary care clinicians prioritise the management of cardio vascular risk factors eg BP management, smoking cessation, lifestyle management (weight and exercise) as well as TIA management as outlined in the Quality and Outcomes Framework:

- The UHB has adopted an optimising outcomes framework which aims to ensure that people being referred for routine surgery are required to attend smoking cessation (if they are a smoker) and attend a lifestyle programme (if they have a high BMI) – this signals our intention to focus on self management of lifestyle risk factors, which if better controlled will reduce stroke incidence;
- The UHB further extended our no smoking policy on UHB sites after our September Board meeting.

Yours sincerely

Adam Cairns Chief Executive

