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## Health and Social Care Committee Inquiry into Stroke Risk Reduction

SRR 7 - British Heart Foundation

FAO: The Clerk: Health Committee, National Assembly for Wales

British Heart Foundation Cymru response to the National Assembly for Wales' Health and Social Care Committee inquiry into stroke risk reduction

British Heart Foundation (BHF) Cymru is the nation's heart charity. We are fighting against heart and circulatory disease – which is the UK's biggest killer and caused over 3,000 premature deaths in Wales in 2006¹. We are dedicated to saving lives through pioneering research, high quality patient care and information, and by campaigning for change. We welcome the opportunity to respond to this inquiry.

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

The BHF is committed to helping to detect undiagnosed atrial fibrillation (AF), and to help prevent the significant number of first time strokes attributed to this condition. In 2009, we ran a public awareness campaign encouraging members of the public to take their pulse and to make an appointment with their GP if they detect an irregular pulse<sup>2</sup>. This campaign was targeted at the over-55 population where the incidence of AF is higher than in younger people.

In order to ensure that as many people as possible who have AF are diagnosed and treated, BHF Cymru believes that the Welsh Government should support opportunistic pulse checks when people potentially at risk are in contact with the health service. Pilots offering pulse

<sup>&</sup>lt;sup>1</sup> See <u>www.heartstats.org</u>

<sup>&</sup>lt;sup>2</sup> http://www.bhf.org.uk/heart-health/conditions/atrial-fibrillation.aspx

checks for patients attending flu clinics and integrating pulse checks into chronic disease management templates in England have demonstrated that this is an effective and cost effective way to ensure that people living with undetected AF are identified<sup>3</sup>.

For example, North Somerset PCT introduced opportunistic AF screening in nine practices either in chronic disease clinics, on GP visits or practice nurse visits. 7,089 pulses were taken during the year period which, assuming patients only had their pulse checked once, represents 45% of the over 65 population. 66 new diagnoses were made which equates to one new diagnosis for every 107 pulses taken.

In a separate project, the North Trent Network of Cardiac Care and Sheffield PCT used opportunistic screening to identify patients with AF over the age of 65. Sixteen new patients were identified by four of the six pilot practices between April 2008 and February 2009. Although the project has now ended opportunistic screening has become part of the primary prevention phase of the PCT's stroke project.

The BHF currently funds over 400 nurses who provide expert care for a range of heart patients both in their home and in hospital. The nurses cover a range of specialisms including arrhythmia nurses who provide care for people with cardiac rhythm disorders including AF. We also conduct health checks in the community which consist of a cardiovascular risk assessment to identify those who are at high risk of developing CVD. This assessment includes a pulse check.

If you would like further information about this response, please contact:

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<sup>&</sup>lt;sup>3</sup> NHS Improvement (2009) Atrial fibrillation in primary care: making an impact on stroke prevention, National priority project final summaries