

Health and Social Care Committee

Inquiry into Stroke Risk Reduction

SRR 17 – Abertawe Bro Morgannwg University Health Board

Response to stroke risk reduction inquiry for ABMUHB Stroke Steering Group

Introduction

Risk factors for stroke are generally the same as risk factors for a range of other conditions such as heart disease and diabetes; although hypertension and atrial fibrillation are particularly important factors. Therefore many of the actions that need to be taken to reduce the risk of stroke are generic for improving health and reducing the risk from a range of conditions.

The Stroke Reduction plan covers areas such as increase levels of physical activity, healthy eating, smoking cessation, sensible drinking and better management of high blood pressure and atrial fibrillation. While there is no debate that all of these factors will have an impact in principle on reducing the risk of stroke, many of the actions within the risk reduction plan appear untargeted at citizens who are more likely to develop stroke.

For example greater analysis of the gender, age, community, ethnicity or patient histories of those who have had a stroke or a TIA in the last year, potentially may enable the health boards and their partner organisations to focus their health improvement resources at those who are more likely to suffer a stroke or a TIA.

- ***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?***

It was important that the Stroke Risk Reduction Plan aligned itself to “Our Healthy Future” a Public Health Framework for Wales. Many if not the majority of actions in the risk reduction plan are delivered by organisations other than Local Health Boards. Our Healthy Future provides the framework to ensure that Stroke is not just seen as a Health Board issue but a partnership issue which many organisation in the third, public and private sector can all contribute to reducing.

As with other areas of Wales, across ABMU Health Board there will be a range of Health Improvement services which are addressing / contributing to the aims of increase levels of physical activity, healthy eating, smoking cessation, sensible drinking and better management of high blood pressure. These include National Exercise Referral Schemes, Health in the workplace schemes, Stop Smoking Wales provision, links to regeneration schemes which promote walking and

cycling, Healthy Schools Schemes all of which are identified in the Stroke Risk Reduction plan and many of which will be being operated by ABMU Health Board partners. Coverage of services can be inconsistent, and few of these services would recognise the impact they are having on reducing the risk of stroke. Greater awareness of the stroke risk reduction plan with partner organisations could lead to improved targeting of resources at those with higher risk factors.

- ***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?***

There has been considerable focus and scrutiny given to the quick and effective diagnosis and treatment of Stroke and TIA. This is welcome and must continue. Stroke diagnosis and treatment have been and continue to be effectively championed. A similar priority must now be given to preventing Stroke and TIA by reducing the risk factors. Championing the services that prevent stroke by reducing the factors is required.

Greater focus on public awareness is needed. Formal / traditional communications methods such as media releases, radio campaigns etc are an important element of raising awareness but are only one element. Developing a stroke engagement / communication 'bundle' is required. Along with more formal methods of communication these bundles would consider groups within society who are more likely to be at risk of stroke and identify appropriate / targeted engagement methods with these groups. Engagement / Communication bundles should include traditional communication methods, social media, use of established local networks such as the Health in the workplace networks, Older peoples Forum in Neath Port Talbot and SHOUT in Bridgend. Many of these methods are low or no cost but once established would need some resource to maintain, to ensure that there is a consistent message flow and not 'one off noise' about stroke.

More specifically increasing the public's perception of stroke as a medical emergency is a priority. The "Brain attack" to describe a stroke may have more impact, much like the familiar term "Heart attack" for MI. Improving awareness that age does not spare you from TIA/ stroke is also vital.

Implementation of the Stroke Risk reduction plan would be improved through the development of appropriate and effective outcomes for the plan and the development of SMART measures which local implementation groups can evaluate their own progress against. Currently it is difficult to prove a clear link between implementing many of the actions within the risk reduction action plan a reduction in Stroke. While not perfect the transparent measures for stroke and TIA diagnosis and treatment services which have been established have been an effective driver for improvement. Although far more difficult to establish, a set of

measures for the stroke risk reduction plan that were consistently applied across Wales to enable benchmarking, would also be a driver for improvement.

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

There little or no dedicated resource to support the delivery of the Stroke Risk Reduction Plan at a local level. Therefore ensuring that all partners recognise their role in reducing the risk of Stroke and that it is seen as a high enough priority is crucial to the delivery of the plan. The plan refers to Welsh Health Circular (2007) 58, which has a requirement that “Local Health Boards and local government work in partnership to ensure risk factors for stroke are addressed within the next round of Health, Social Care and Well Being (HSCWB) strategies.” This circular refers to the 2008 – 2011 HSCWB strategies which have since been updated for 2011- 2014 and which will shortly be superseded by a single plan for each local authority area. These new single partnership plans will be developed during 2012 to be launched during 2013. There will be many competing priorities for inclusion in these plans. Reminding partner organisations of the importance of stroke reduction and the priority with which it should be given is important.

Increased intelligence, through auditing the information already held regarding which citizens are most at risk and therefore who will benefit the most from the range of health improvement services would improve the implementation and delivery of the plan.

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

The UK National Screening Committee (NSC) advises Ministers and the NHS in the four UK countries about all aspects of screening and supports implementation of screening programmes. Using research evidence, pilot programmes and economic evaluation, it assesses the evidence for programmes against a set of internationally recognised criteria covering the condition, the test, the treatment options and the effectiveness and acceptability of the screening programme. Assessing programmes in this way is intended to ensure that they do more good than harm at a reasonable cost. (<http://www.screening.nhs.uk/about>). Population screening programmes should not be introduced in the NHS if they are not recommended by the NSC.

The NSC has reviewed the evidence for screening for atrial fibrillation, and concluded that screening should not be offered. Supporting evidence for this policy is the Health Technology Assessment ‘A randomised controlled trial and

cost-effectiveness study of systematic screening (targeted and population screening) versus routine practice for the detection of atrial fibrillation in people aged 65 and over: the SAFE study. (available from <http://www.hta.ac.uk/project/1129.asp>)

The NSC policy is currently under review. The review process is estimated to be completed by March 2012. Wales should not make any plans for a systematic population based screening programme for atrial fibrillation until the outcome of the NSC policy review is published.