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

### SRR 25 – Hywel Dda Health Board

Ein cyf/Our ref:	KP/SSG	Hywel Dda Health Board
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Cadeirydd / Chairman  
**Mr Chris Martin**  
Prif Weithredwr /Chief Executive  
**Mr Trevor Purt**

Dear Mr Drakeford

Re Inquiry into Stroke Risk Reduction

This response is sent on behalf of the Hywel Dda Health Board Stroke Steering Group. This Group is charged with improving stroke care across the Health Board and is a multi-professional, multi-organisational group.

*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?*

Hywel Dda Health Board has a number of initiatives aimed at reducing the burden of cardiovascular risk for all high risk groups. These initiatives include smoking cessation, exercise services (jointly with local authority and voluntary sector). Raising public awareness of cardiovascular risk through annual blood pressure "roadshows" has also been implemented. Additionally local initiatives to raise the profile of hyper-acute stroke services (thrombolysis) have been run to improve public awareness of the need to seek urgent attention if stroke is suspected.

*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?*

It is always difficult to gauge the effect of public health initiatives in a robust manner. Anecdotally it seems that we are seeing more patients presenting sooner with symptoms of stroke than has been the case in the past. More patients and relatives seem to be aware of the early symptoms of stroke and the need for rapid assessment and attention. Given the rurality of our catchment area (particularly in the west and the north of Hywel Dda) the time taken to transport patients to the receiving hospitals is a significant factor; whilst this will be ameliorated when the license for thrombolysis is extended to four and a half it will still be the case that the sooner we treat the better the outcomes. Continued public education in this domain would be of most benefit – this is a national and local responsibility.

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

The risk factors for stroke are (almost) identical to those for cardiac disease – hypertension, diabetes, smoking, inactive lifestyle and cholesterol – all of which are potentially modifiable through changing the behaviour of the at risk group. This is the perennial challenge in preventative medicine. Increasing age is a non-modifiable (but significant) risk factor. The challenge is to improve the health of our ageing population.

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

Whilst the evidence is clear about the links between AF and stroke the cost benefit of a screening programme must be clearly proven. Resources will be required to deliver such a training programme and this must be adequately supported. We suggest that a proper economic appraisal is carried out and further discussion with any providers of the screening programme is required.

Yours sincerely

Karen Preece  
On behalf of Hywel Dda Stroke Steering Group

