

Health, Wellbeing & Local Government Committee

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Inquiry into Stroke Services in Wales - Evidence from the Royal College of Nursing

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Rel: Committee Inquiry into Stroke Services In Wales

Dear Sir

The Royal College of Nursing welcomes this Inquiry as it is vital that the underperformance in the delivery of care to patients suffering stroke in Wales is addressed. It should be a serious goal of the Welsh Assembly Government and NHS to develop a service for stroke patients which matches that in existence for individuals who suffer myocardial infarction (heart attack). This system is characterised by facilities for rapid transfer to a specialist unit, facilities for early diagnosis and treatment, specially trained staff working in specially equipped units with ongoing monitoring facilities to ensure rapid recovery and minimisation of complications.

It is essential that prevention of stroke continues to be a core activity in Wales. This can be achieved through health promotion to highlight the benefits of preventive activities and lifestyle factors but also to prevent the underlying health conditions which lead to stroke. It also requires improved management of Transient Ischaemic Attacks (TIAs) to ensure that there is a reduction in the risk of individuals with suspected TIA developing a stroke.

For those individuals who suffer stroke the emphasis must be on:

minimising the risk of extension to stroke through early diagnosis and appropriate use of thrombolysis when relevant

preventing complications of stroke

improving acute stroke care within the first 7 days

enabling individuals to achieve maximum independence through intensive care and therapy in the first four to six weeks following stroke

This can only be achieved through the provision of specialist stroke units across Wales. Appropriate geographic location of these units is essential as recognition of symptoms and diagnosis MUST take place within the first three hours following stroke. There must be sufficient number of stroke units to ensure rapid transport of the stroke patient to begin such clinical assessment.

The specialist stroke units must have the necessary diagnostic equipment (such as CT scanners) to make accurate diagnosis (particularly to exclude haemorrhage) and to introduce rapid thrombolytic therapy.

The staff working in the specialist stroke units must be specially trained and available in sufficient numbers to provide adequate specialist care. There must be sufficient numbers of specialist staff from a range of services including nursing, speech and language therapy, physiotherapy and occupational therapy to ensure an effective multidisciplinary approach to stroke management.

I hope you find our comments helpful and if you or the Committee would find it helpful to receive further evidence whether generally or on a specific clinical aspect of this topic please do not hesitate to contact me at my office.

Kind regards

Yours sincerely

Tina Donnelly
Director, RCN Wales