

Health, Wellbeing and Local Government Committee

HWLG(3)-19-09-paper 18

Committee Inquiry into Stroke services in Wales – Written evidence from Dr Ailsa Dunn

AMD/BD/stroke/sgeorge

17 August 2009

Mr S George
Clerk to the Community National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Mr George

Re: Call for Evidence on Stroke Services in Wales

I am a consultant physician with a particular interest in Old Age Medicine and have been employed in Powys for over 20 years. Powys is an intensely rural area with a sparse population that has an above average population of older people who, by virtue of age, are more at risk of stroke. I have taken an interest in developing Stroke Services. Staff in Powys helped to pilot the original stroke audit proforma developed by the College of Physicians and have been involved also in developing audits on other aspects of stroke care with the Royal College and participated in every round of the National Sentinel Audit of Stroke. After participation in the first National Stroke Audit we developed a Care Pathway and Action Plan, which aimed to address deficiencies in the Service and there was incremental improvement in Stroke Services in Powys as judged by the audit until the last 5 years.

It is still apparent that the areas of care actually delivered by Powys remain of a high standard and closely adhere to National Guidelines. There is a good standard of primary care, which addresses primary, secondary and tertiary prevention and QOF compliance is high. Rehabilitative Care follows national guidance and is delivered in Powys.

Unfortunately, Powys relies on a number of district general hospitals to deliver acute stroke care and the care there is quite variable, although now improving. Powys relates to at least 5 district general hospitals and many of these are now investing in Stroke Services with the development of Stroke units and Care Pathways that adhere to National Guidance. My review of district general hospital notes for the last round of the Sentinel audit for Stroke did show better adherence to guidance from a number of district general hospitals.

TIA services are best developed and delivered in a DGH as this can be developed as a "one stop shop" whereas investigation of TIAs in Powys would increase delays in accessing tests. The elements of rehabilitative care that are tested in the National Sentinel Audit and delivered by Powys show (an average of) over 80% adherence to the guidance, which is in the upper quartile for the U.K.

There are plans within Powys to develop two stroke units but there has been a delay in this development awaiting the appointment of key staff and a decision on the number of beds.

It is known that patients like returning to Powys for rehabilitation and ongoing support by Powys Health Services.

The continuing challenges for Powys are:-

The designation and development of 2 small stroke units in Powys to act as centres of excellence for the county.

Being able to bring patients back nearer home when appropriate in a timely manner, which should be helped by the development of stroke units

Being able to offer hospital at home services due to logistics of offering care over a wide area.

Insufficient clinical psychology availability and shortages at times of all therapies. In part, this is mirroring the National picture but can be more acute due to lack of overall numbers within the Powys service and the size of the county.

Occasional nursing shortages although the development of Healthcare assistants appropriately trained in rehabilitation techniques has at times helped to offset the therapy shortages and can start to offer 24 hour 7 day a week rehabilitation.

Medical staff shortages – in particular shortages of middle grade medical staff is problematic as the staff grade contract still remains contentious and the disparity in pay between primary care and secondary care now makes it very difficult to attract GPs to work in hospital, which was traditionally how these hospitals were staffed.

Longer term support has been problematic for the last few years due to the inability of the Stroke Association to appoint to the Stroke Family Support Worker role. This role is important in smoothing the transition home and ensuring patients are able to adhere to

important aspects of secondary prevention as well as acting as a bridge to refer patients back to appropriate services. Plans are now in hand to re-advertise these posts.

The recently funded role of the Stroke Consultant Therapist is seen as key to the continued successful development of stroke services in Powys but additional appointments, in particular, of a clinical psychologist but also of other members of the MDT will be crucial to the continued functioning of the service to patients.

Continued development and resourcing of community hospitals in Wales will allow them to continue to offer much needed rehabilitation and longer term support to stroke sufferers and their families.

In addition, I would like to signal my support for 1) the development and implementation of a funded, target driven and monitored stroke strategy with locally agreed and funded implementation plans. These should include plans for multidisciplinary staffing increases to enable services to flourish 2) continued monitoring of progress via the Sentinel Stroke Audit 3) the appropriate development across Wales of Acute Stroke Services including thrombolysis and TIA management 4) the continuing helpful role of the Welsh Stroke Alliance and Stroke Services improvement programme in leading development of high quality services.

Please don't hesitate to contact me if you require further information or clarification.

Yours sincerely

Dr Ailsa Dunn
Consultant Physician – Age Care