**Cwestiynau am strôc? Questions about stroke?**
Ffoniwch ein llinell gymorth neu ewch at y wefan:
Phone our helpline or visit our website:
**0303 3033 100 / stroke.org.uk**
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Cymdeithas Strôc | Stroke Association

Janet Finch-Saunders MS
Chair, Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1NA

25 February 2021

Dear Ms Finch-Saunders,

**Petition P-05-942 The Golden Hour when Suffering a Stroke - Ambulance Response Times to be recategorised from Amber back to Red Status**

Thank you for your letter dated 20 March 2020 regarding the petition submitted to the committee on ambulance response times for stroke. I apologise for the delay in responding to you. The original letter was sent to a member of staff who left the organisation in 2020.

Ambulance response times is a subject we have expressed significant concerns about over the last couple of years. Ambulance response times in Wales have increased over recent years, particularly within the amber category.

In 2018/19 the average amber category ambulance response time In Wales was 24 minutes and seven seconds. 42% of calls were responded to within 30 minutes[1]. In 2018 ITV Wales conducted an FOI on the number of amber calls which waited over an hour for a response. They found that between October 2016 and August 2017 over 22,500 amber calls waited over an hour for a response, an increase of almost 49% on the previous year[2]. The FOI showed 891

[1] Statistics for Wales, *Ambulance services in Wales, 2018-19*, 26 June 2019. Available: https://gov.wales/sites/default/files/statistics-and-research/2019-06/ambulance-services-april-2018-to-march-2019-761.pdf
[2] ITV Wales, ITV News investigation: Suspected stroke patients waiting up to ten hours for an ambulance in Wales, 4 December 2017, http://www.itv.com/news/wales/2017-12-04/itv-news-investigation-suspected-stroke-patients-waiting-up-to-ten-hours-for-an-ambulance-in-wales/

stroke calls waited over an hour for a response during this period, including 43 calls which waited over four hours for a response[3].

Covid-19 appears to have increased pressure on ambulance waiting times. In December 2020 over 70% of amber category ambulances took longer than 30 minutes to arrive. In Cwm Taf Morgannwg Health Board less than 13% of amber category ambulances arrived within 30 minutes[4].

Despite these disappointing figures, we do not support the proposal for returning stroke to the 'red' category for ambulance responses. While stroke is a medical emergency and requires an emergency response, the type of response required is substantially different to conditions currently in the red category. The most important element of the response is being able to take stroke patients directly to hospital. Sending a vehicle as quickly as possible means unsuitable vehicles may be sent which are unable to take the patient to hospital.

We believe sending the right vehicle, to take the patient to the right stroke unit, is the most appropriate way of providing an emergency response to stroke.

The Welsh Ambulance Services Committee published a review of the amber category in November 2018. One of the commitments made within the review was to change how ambulance responses in Wales are measured, moving towards a 'whole episode' measurement of care. This would be similar to the approach undertaken in England, where there is a target of the 180 minutes between the initial call for an ambulance and the patient receiving a brain scan, or if appropriate, thrombolysis (clot busting drugs). The Welsh Government have said they do not support the introduction of such a target in Wales.

Prior to the pandemic, we were working with the NHS in Wales to support design of this new measure and believe this is more appropriate way to measure how stroke is responded to by the Welsh Ambulance Service and wider NHS. A whole episode measure allows for the measurement of the speed of treatment once the patient arrives at hospital to be included and monitored. We hope to see a prompt recommencement and implementation of this work after the Covid-19 pandemic.

We strongly believe the Welsh Government should introduce a new national plan for stroke when the current Stroke Delivery Plan expires in 2022. This new plan should include details on how the recent increase in amber response times will be tackled, as well as how other elements

[3] ITV Wales FOI data provided to the Stroke Association

[4] StatsWales, *Emergency responses: minute-by-minute performance for amber calls, by Local Health Board and month*. Available: https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Performance/Ambulance-Services/emergencyresponsesminutebyminuteperformanceambercalls-by-localhealthboard-month

of the stroke treatment pathway will be prioritised so all patients receive treatment as quickly as possible.

We note the petition mentions the 'golden hour' for stroke treatment. This is no longer a clinically recognised definition. It is the case that treatments for stroke, such as thrombolysis or thrombectomy, are more effective the faster they are delivered. However, treatment windows are longer than an hour. Clinical guidance is that thrombolysis (clot busting drugs) should be delivered within 4.5 hours[5], and NHS England guidance for thrombectomy is for treatment within 6 hours[6]. It can therefore be misleading for patients to talk about a 'golden hour', when accessing treatment should remain a priority even after the first hour has expired.

If you have any questions or would like any further information then please do not hesitate to contact me.

Matt O'Grady
Policy, Information and Campaigns Officer, Wales
Stroke Association

[5] Royal College of Physicians, *National clinical guideline for stroke*, 2016. Available: https://www.strokeaudit.org/SupportFiles/Documents/Guidelines/2016-National-Clinical-Guideline-for-Stroke-5t-(1).aspx

[6] NHS England, *Clinical Commissioning Policy: Mechanical thrombectomy for acute ischaemic stroke (all ages)*, January 2018. Available: https://www.england.nhs.uk/wp-content/uploads/2019/05/Mechanical-thrombectomy-for-acute-ischaemic-stroke-ERRATA-29-05-19.pdf