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**This response was submitted to the [Health and Social Care](#)  
[Committee](#) consultation on [Health and Social Care Workforce](#)**

**HSC 35**

**Ymateb gan: | Response from: Y Gymdeithas Strôc | Stoke Association**

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## **Stroke Association response to the Health and Social Care Committee consultation on the HEIW/SCW Workforce Strategy**

### **Summary**

There are pressures on the workforce across the stroke pathway, which impacts on treatment and support available to those affected by stroke in Wales.

Future plans for improving stroke services, such as establishing hyperacute stroke units and development of thrombectomy, will require an increase in the number of specialist staff. A lack of staff with the appropriate skills risks delaying much-needed progress to improve outcomes for stroke patients in Wales.

Evidence received by the Cross Party Group on Stroke (CPG) showed a lack of stroke-skilled rehabilitation staff is one of the primary causes of a high level of variation in rehabilitation provision. None of the stroke units in Wales currently provide stroke rehabilitation to clinically recommended levels.

In implementing the Health Education and Improvement Wales/Social Care Wales Workforce Strategy, there must be an emphasis on addressing the specialist requirements of stroke services. Modelling should consider the future needs of stroke services, in order to deliver the objectives of the recent Welsh Government Quality Statement on Stroke. Stroke should be addressed by the reviews, targeted schemes and workforce plans which form actions under the Workforce Strategy.

### **Potential questions for the Committee**

- The strategy commits to reviewing and developing targeted schemes for professional areas with significant shortages. Stroke is an area which is experiencing shortages across the whole stroke pathway. Will this be covered by a review and will a targeted scheme be created to address this?
- One of the actions of the strategy is developing workforce plans for key professional and occupational groups. The groups prioritised within the strategy include nursing, domiciliary care, social work and medicine, but not those working in rehabilitation services. The pandemic has created additional demand on rehabilitation services, many of which were already at breaking point, such as physiotherapy for stroke survivors. Do you think there is a need to give further priority to a workforce plan for rehabilitation?

- The strategy does not contain much emphasis on addressing shortages which are relevant to highly specialised areas of practice, where a lack of staff can limit the establishment of new treatment and services. What action is HEIW taking to address those specialisms, such as Interventional Neuroradiologists who deliver thrombectomy for stroke, where there are shortages across the whole of the UK?

## **The HIEW/SCW Workforce Strategy and stroke**

The HIEW/SCW Workforce Strategy has an ambition that by 2030 “potential shortage areas are known earlier and targeted effectively”. This is an ambition we would support, and stroke services are an area where we already see an impact due to a shortage of staff. Two of the strategic themes are “attraction and recruitment” and “workforce shape and supply”. Taking action under these themes will be vital in enabling the implementation of the Welsh Government’s recent Quality Statement on Stroke.

One of the actions under the strategic theme of “attraction and recruitment” is “review and develop targeted schemes for....significant shortages in professional and occupational groups and hard to recruit areas including medicine, domiciliary care, social work and nursing”. Given the shortages which are present across the entire stroke pathway, there is a need for an urgent review and targeted scheme to address the shortages which exist. This will prevent a lack of staff causing further delays to the implementation of a new networked model of HASUs, the development of thrombectomy and to ensure all stroke survivors are able to access the rehabilitation services they need.

There are three particular areas of staff shortage which have an impact, or potential to impact, on services available for those affected by stroke in Wales. They are:

- Stroke consultants
- Interventional Neuroradiologists (INRs)
- Allied Health Professionals delivering stroke rehabilitation services

Those implementing the strategy need to provide further information on how these particular themes will be addressed to ensure all those affected by stroke are able to access the treatment and support they need to make the best possible recovery.

### **Stroke consultants**

Consultants with a specialism in stroke medicine are a vital element of delivering acute stroke services. Clinical recommendations are that an acute stroke unit should have “continuous access to a consultant with expertise in stroke” as well as consultant-led ward rounds five days a week. Hyperacute stroke units (HASUs) have

a higher level of recommended staff, and should have a minimum of six thrombolysis-trained consultant stroke physicians on rota and available 24/7<sup>1</sup>.

At present, 48.9% of stroke patients in Wales see a consultant within 12 hours, 35.6 within 24 hours and 12% within 72 hours<sup>2</sup>.

The recent Welsh Government Quality Statement on Stroke commits to a “new model of provision of stroke services through comprehensive stroke centres and a networked approach to cross boundary working that seeks to improve the whole patient pathway”<sup>3</sup>. This will include reconfiguring the existing 12 acute stroke units in Wales to a smaller number of units providing HASU services. Each of these new stroke units will require a greater number of consultants than an existing acute stroke unit.

Evidence shows that HASUs improve outcomes for patients, with reductions in mortality, lower numbers of patients leaving hospital with disabilities and a fall in patient length of stay<sup>4</sup>.

Reducing the number of stroke units in Wales will enable some of the staffing needs of new HASUs to be met through moving existing consultants to the new units, however there are not enough consultants employed at present to meet the required staffing levels. An example of this in practice is in evidence provided by Cardiff and Vale Health Board to the inquiry into implementation of the Stroke Delivery Plan conducted by the CPG on Stroke. Cardiff and Vale’s modelling suggested a shortfall of 2.5 consultants should they move to a HASU model<sup>5</sup>.

Evidence from the Welsh Association of Stroke Physicians to the inquiry highlighted that any shortfall could not be filled easily, describing a “crisis in recruitment to stroke medicine”. Their evidence suggested that in the January 2019 round of

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

<sup>2</sup> Sentinel Stroke National Audit Programme, *SSNAP Portfolio for January - March 2021 admissions and discharges: Country Results Portfolio*. Available: <https://www.strokeaudit.org/Documents/National/Clinical/JanMar2021/JanMar2021-CountryResultsPortfolio.aspx>

<sup>3</sup> Welsh Government, *The quality statement for stroke*, 22 September 2021. Available: <https://gov.wales/quality-statement-stroke-html>

<sup>4</sup> Morris, Stephen et al, British Medical Journal, *Impact of centralising acute stroke services in English metropolitan areas on mortality and length of hospital stay: difference-in-differences analysis*, 5 August 2014

<sup>5</sup> Cross Party Group on Stroke, *The Future of Stroke Care in Wales*, March 2020. Available: <https://business.senedd.wales/documents/s100374/Report%20of%20the%20inquiry%20into%20the%20implementation%20of%20the%20Welsh%20Governments%20Stroke%20Delivery%20Plan.pdf>

recruitment to stroke medicine, only 16 of the 48 posts available across the UK were filled<sup>6</sup>.

Without enough consultants, there is a risk that HASUs will not be able to be established in Wales, and that patients will not see the benefit in improved services.

The inquiry heard evidence which suggested training for consultants is due to change in 2022; and will include stroke training for those studying neurology<sup>7</sup>. This could have a positive impact.

The CPG on Stroke concluded “There are, at present, not enough stroke-skilled consultants to meet the requirements of stroke units in Wales and we are concerned that the potential move to HASU services will create additional demand for stroke consultants”. It recommended that “there is a clear role for HEIW to play in both understanding and meeting future staffing needs of our acute stroke units. We urge HEIW to work with health boards to establish and understand future service needs and ensure strategies are put in place to meet these needs as a matter of priority”.<sup>8</sup>

Given the emphasis within the Workforce Strategy on identifying and taking proactive steps to address areas where there are a shortage of staff, and the link to the Welsh Government’s Quality Statement on Stroke, this is an area in urgent need for action. We recommend that HEIW conduct a review and implement an action plan related to stroke care, which includes action to address the shortage of stroke consultants in Wales.

### **Interventional Neuroradiology and thrombectomy**

Thrombectomy is a game changing treatment for stroke. Thrombectomy involves using a specially-designed clot removal device inserted through a catheter to pull or suck out the clot to restore blood flow. Although only a relatively small number of stroke patients (around 1 in 10) are suitable for this treatment, for those that are, it is a very powerful intervention. It is able to remove clots which are too big to be broken down by clot-busting drugs and is therefore effective in preventing and reducing long-term disability in people with severe strokes.

Despite the treatment being highly effective, at present University Hospital of Wales in Cardiff is the only Welsh hospital offering the treatment. Of the more than 1,600 thrombectomies carried out in England, Wales and Northern Ireland in 2019/20, just 10 of these were carried out in Wales<sup>9</sup>. Although patients are able to

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<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> Sentinel Stroke National Audit Project, *SSNAP Annual Portfolio for April 2019-March 2020 admissions and discharges: National Results*. Available:

access thrombectomy in Bristol and Liverpool, evidence provided to the CPG on Stroke suggested barriers in delivering meant numbers accessing these services remained low<sup>10</sup>.

One of the biggest barriers to establishing thrombectomy services has been a lack of specialist trained staff to deliver the treatment. Thrombectomy is provided by Interventional Neuroradiologists (INRs), and there is a shortage of these specialists across the whole of the UK. Estimates are that 150 are needed to provide 24/7 access to thrombectomy across the UK, with only 86 available in 2016<sup>11</sup>.

This lack of specialists is having a direct impact on the availability of the service in Wales. The service in Cardiff had to be re-established in 2018 after all three previous members of staff left the service for varied reasons, causing it to cease for a time.

The Welsh Health Specialised Services Commission also noted the recruitment challenges of recruiting INRs in their evidence to the CPG on Stroke inquiry: "There is no financial barrier here. There is funding for three consultants and the issue has been recruitment and I guess [the Cross Party Group] is probably more aware than most of the challenges around recruitment of interventional neuroradiologists"<sup>12</sup>.

For further improvements to the availability of thrombectomy in Wales, including new thrombectomy services to be delivered at HASUs, to be realised, a greater number of specialists will be required. While there are opportunities for specialists in other areas to be 'credentialed' to deliver thrombectomy, this is reliant on decisions by the General Medical Council.

There is a lack of information within the Workforce Strategy on how specialists required to deliver treatments, such as thrombectomy, will be delivered. Without these specialists stroke patients in Wales risk missing out on thrombectomy, which means poorer outcomes than if they had received the treatment.

HIEW should undertake work, including work with relevant bodies in England, Scotland and Northern Ireland, to develop a UK-wide approach to meeting the needs of stroke units to ensure thrombectomy can be established as a routine part of the stroke pathway in Wales as quickly as possible. This should form part of a wider action plan for stroke services.

### **Allied Health Professionals delivering stroke rehabilitation services**

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<https://www.strokeaudit.org/Documents/National/Clinical/Apr2019Mar2020/Apr2019Mar2020-ThrombectomyReport.aspx>

<sup>10</sup> Cross Party Group on Stroke, *The Future of Stroke Care in Wales*, March 2020

<sup>11</sup> Stroke Association, *What we think about: thrombectomy*. Available:

[https://www.stroke.org.uk/sites/default/files/new\\_pdfs\\_2019/our\\_policy\\_position/psp\\_-\\_thrombectomy.pdf](https://www.stroke.org.uk/sites/default/files/new_pdfs_2019/our_policy_position/psp_-_thrombectomy.pdf)

<sup>12</sup> Cross Party Group on Stroke, *The Future of Stroke Care in Wales*, March 2020

Clinical guidance recommends that stroke survivors should receive 45 minutes per day of any therapy (speech and language therapy, occupational therapy, physiotherapy) for as long as they require it<sup>13</sup>. However, stroke survivors in Wales receive significantly less than the recommended level, and there is significant variation between provision at different stroke units. The table below compares the stroke units in Wales providing the most and the least of each therapy, and the Wales average (minutes per day while patient needs therapy, mean average)<sup>14</sup>:

<b>Therapy</b>	<b>Wales average</b>	<b>Highest performing unit</b>	<b>Lowest performing unit</b>
<b>Occupational therapy</b>	16	27.5	8.9
<b>Speech and language therapy</b>	13.5	23.9	8.3
<b>Physiotherapy</b>	21.4	30	14.6

The inquiry of the CPG on Stroke asked representatives from organisations representing therapists what their view was on the reason behind such a high level of variation. They unanimously agreed that staffing levels was the main factor<sup>15</sup>. Evidence from the Royal College of Speech and Language Therapists suggested there was an “imbalance” between the needs of acute and community services, to the detriment of community services, while the Chartered Society of Physiotherapy said challenges were created by staff sickness and maternity leave. The CSP made a specific recommendation to the CPG on Stroke that “organisations need to address their therapy staffing levels for rehabilitation”<sup>16</sup>.

The CPG on Stroke recommended that “HEIW should work with health boards as well as staff representative groups (RCSLT, CSP and RCOT) to look at how the number of trainees choosing to specialise in stroke can be increased to meet future service demands”<sup>17</sup>. We support the recommendation of the CPG on Stroke.

We note that the strategy does not look at the rehabilitation workforce specifically. Action 7 of the strategy suggests targeted schemes for medicine, domiciliary care, social work and nursing but not allied health professionals who deliver rehabilitation. We believe the rehabilitation workforce is an area which would benefit from a targeted scheme, along with the workforce plans described in Action 31.

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<sup>13</sup> Royal College of Physicians, *National clinical guideline for stroke: fifth edition 2016*

<sup>14</sup> Sentinel Stroke National Audit Programme, *SSNAP Portfolio for January - March 2021 admissions and discharges*

<sup>15</sup> Cross Party Group on Stroke, *The Future of Stroke Care in Wales*, March 2020

<sup>16</sup> Ibid.

<sup>17</sup> Ibid.

This is of particular relevance given the ongoing impact of the pandemic. Even prior to the pandemic, many rehabilitation services were already stretched. They now have to meet the additional need created by stroke survivors unable to access rehabilitation during the pandemic, as well as those experiencing “long-Covid”. Our research found that 48% of stroke survivors we surveyed in Wales had therapy appointments cancelled or postponed during the pandemic<sup>18</sup>.

In the light of the pandemic, we believe there is an even greater need for action to be taken to address the rehabilitation workforce.

**For further information on any of the points raised in this briefing please contact Policy and Influencing Lead (Wales) on**



**Mae'r ddogfen hon ar gael yn Gymraeg ar gais**

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<sup>18</sup> Stroke Association, *Stroke Recoveries at Risk: How Covid-19 has affected stroke survivors in Wales*, September 2020. Available: [https://www.stroke.org.uk/sites/default/files/campaigning/jn\\_2021-121.5\\_-\\_covid\\_report\\_wales.pdf](https://www.stroke.org.uk/sites/default/files/campaigning/jn_2021-121.5_-_covid_report_wales.pdf)