

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Effaith yr ôl-groniad o ran amseroedd aros ar bobl yng Nghymru sy'n aros am ddiagnosis neu driniaeth](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on the [impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment](#)

WT 36

Ymateb gan: | Response from: Cymdeithas Strôc | Stroke Association

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## **Stroke Association response to the Health and Social Care Committee call for evidence on the impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment**

### **Summary**

Stroke is a medical emergency and requires an emergency response. Unfortunately, at present, many are waiting too long for an ambulance during this period of extreme pressure on our health services and this is impacting on their treatment and outcomes.

Almost three quarters of Amber category patients (which includes stroke) wait over three hours for an ambulance. The latest stats show that stroke patients in Wales reach hospital 2hrs 44min slower than patients in England and 1hrs 52min slower than patients in Northern Ireland

We are concerned that some of the communications which have been published by NHS and Welsh Government do not adequately make it clear that the emergency nature of stroke means that, despite pressures, those with symptoms must phone 999 as quickly as possible.

We recommend that the Welsh Government and NHS take action to:

- Ensure all patients with suspected stroke are pre-alerted and taken directly to a stroke unit on arrival at hospital.
- Establish robust pathways so those stroke patients who make their own way to hospital, or arrive at emergency departments, are quickly put on the same pathway as those who arrive by ambulance.
- Publish communication campaigns about making appropriate health choices this winter which highlight stroke as a condition which requires a 999 response.
- Invest in re-running the FAST public health awareness campaign, raising awareness of the signs of a stroke and the importance of getting to hospital within a short space of time.
- Publish improved data on ambulance response times, which include average waiting times for stroke, covering the whole patient pathway.

**The effectiveness of messaging and engagement with the public about the demands on the service and the importance of seeking care promptly**

Our response will focus on the call for evidence on the effectiveness of messaging and engagement with the public on service demands and seeking prompt care. However, evidence on this topic must be seen within the wider context of winter pressures and how this impacting on stroke so this has also been included.

Stroke is a medical emergency, and it requires an emergency response. Treatments, such as thrombolysis (clot busting drugs) and thrombectomy (clot removal) are time limited, and more effective the sooner they are delivered. Thrombolysis must be delivered within 4.5 hours of the onset of a stroke, and thrombectomy within 6 hours<sup>1</sup>.

It is therefore vital that patients call 999 as soon as they are experiencing the symptoms of a stroke, and that they receive rapid conveyance to an acute stroke unit capable of delivering the treatments the patient requires.

This is not the experience of many stroke patients in Wales. The latest stats show that stroke patients in Wales reach hospital 2hrs44 slower than patients in England and 1hrs52 slower than patients in Northern Ireland<sup>2</sup>.

	<b>SSNAP Average</b>	<b>England</b>	<b>Wales</b>	<b>Northern Ireland</b>
<b>Time from symptom onset to arrival at first hospital (hours:mins)</b>	3:50	3:41	6:25	4:17

This data does not tell us the cause of the delay – it could be due to delays in ambulance response times but also due to patients delaying calling an ambulance. Further investigation is needed to understand the reasons behind this, and we are concerned by feedback we have received from stroke services that there is a link between deprivation and delays in phoning the ambulance. We have offered our support to the Welsh Ambulance Service in helping to understanding why this is the case.

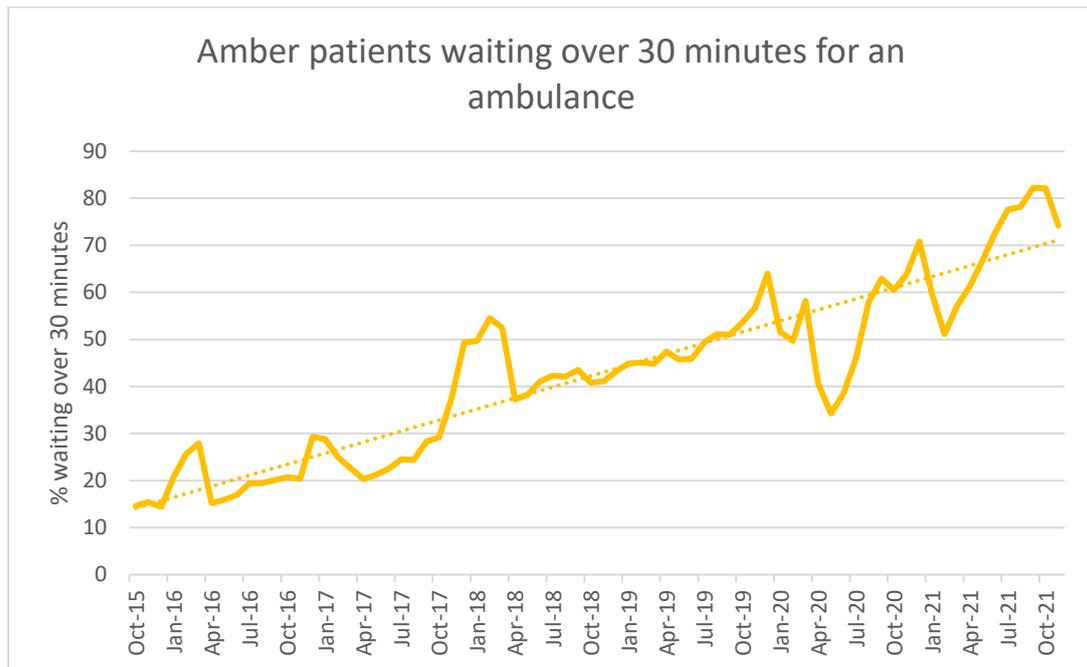
While patient delays may form part of the picture of delays in arriving at hospital in Wales, it is difficult to conclude anything other than ambulance delays being a clear cause of at least some of this difference between nations. Ambulance response times for stroke have been a cause for concern for some time. This led to the Welsh Government commissioning the “Amber Review” into amber category ambulance responses, which was published in October 2018.

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<sup>1</sup> Royal College of Physicians, *National clinical guideline for stroke: 5<sup>th</sup> 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 July - September 2021 admissions and discharges: Country Results Portfolio*. Available: <https://www.strokeaudit.org/Documents/National/Clinical/JulSep2021/JulSep2021-CountryResultsPortfolio.aspx>

Unfortunately, the situation has continued to deteriorate since the publication of the review. Covid-19 will have had an impact on this recently, but it is a continuation of a long-held pattern of lengthening response times. In November 2021, almost three-quarters of amber category calls took longer than 30 minutes to receive a response. This was an improvement of a peak of 82% of patients waiting over half an hour in September and October 2021<sup>3</sup>. No average response time for amber calls is published.



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The way information is currently published makes it difficult to understand the experience of those waiting for an ambulance. While data is published minute-by-minute, it only covers the first 30 minutes, which the majority of amber patients are waiting longer than. Data should be published which covers the whole patient episode and in further detail, as recommended by the Amber Review in 2018<sup>5</sup>.

The number of patients who do not receive thrombolysis due to being outside of the time window in Wales is higher than in England or Northern Ireland<sup>6</sup>. As previously mentioned, thrombolysis has to be delivered within 4.5 hours of the onset of a stroke. At present, the average time it takes for a patient to arrive at hospital is above this time, meaning many will not be eligible for a treatment which

<sup>3</sup> 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>

<sup>4</sup> Ibid.

<sup>5</sup> Mills, S and Whitehead, R. *Emergency Ambulance Services Committee, Amber Review: A review of calls to the Welsh Ambulance Service categorised as Amber, 2018*. Available: <http://www.wales.nhs.uk/sitesplus/documents/1134/NHS-Amber-Report-ENG-LR.PDF>

<sup>6</sup> SSNAP Portfolio for July -September 2021 admissions and discharges: Country Results Portfolio

can improve their chances of surviving a stroke and reduce the chances of them leaving hospital with a disability.

	<b>SSNAP Average</b>	<b>England</b>	<b>Wales</b>	<b>Northern Ireland</b>
<b>Patients who do not receive thrombolysis due to being outside of time window</b>	40.1%	39.2%	51.6%	44.5%

It is important to note that the figures from SSNAP relate to July to September this year, and do not cover the period of winter pressure.

We know from our own conversations with the Welsh Ambulance Service how much pressure the service has been under over the increased period of pressure so far this winter. We welcome the open and candid conversations we have had with the service. However, we are aware of a number of stories of people who have faced significant delays in being able to access emergency care, including people who have been asked to make their own way to hospital.

#### **David Amos' story**

David Amos, from Pontprennau in Cardiff was 96 when he experienced a stroke in December 2021. He was found by his son Peter after neighbours called the alarm. He was found in and out of sleep, with problems speaking and feeling uncomfortable at around 7pm. Peter phoned his daughter, a nurse who recognised her grandfather had had a stroke.

They dialled 999 and explained the stroke symptoms David was displaying. They were told they would have to wait 5 hours for an ambulance to arrive – but would be with them as soon as possible. They received a phone call during the night telling them the wait would now be 8 hours. Peter felt angry, frustrated and felt completely helpless - he knew a stroke was a medical emergency. No-one explained why it would take so long, nor was there an apology.

A paramedic eventually turned up 10 hours later at 5.30am with an RAF driver supporting him. The driver had come from Cardiff, and didn't know the roads well causing him to take wrong turns.

"The wait was horrific. I had been worried sick all night for my father. We knew how important it was to get him to hospital as quickly as possible, but there was so little information about how long he would have to wait, or why it was taking so long.

"I couldn't believe that no-one even offered an apology. Even when they did arrive, we had to help load my father onto the ambulance and help with directions. We know we did the right thing in phoning 999 quickly, but that shouldn't lead to such a long wait."

Fortunately David is now doing really well. He's beginning to walk and is talking ok. However, he is a little confused and very tired. He is also very emotional and is normally quite a reserved person. Peter worries about how much independence he's going to get back.

The Welsh Ambulance Service told us there were occasions when patients were advised to make their own way to hospital. While we understand the rationale for this, it is a cause for concern. We have written to the Minister for Health highlighting a need to ensure that when this does occur, stroke patients receive the same level of service as if they had arrived by ambulance. Call handlers should pre-alert the stroke unit of the imminent arrival of a stroke patient in the same way the ambulance service does for those arriving on an ambulance. Call handlers should also make sure patients are given accurate information about which hospitals are stroke units, as we are aware of an occasion where following a 999 call a patient made their way to their local emergency unit which was not able to meet their needs. The patient then faced a further delay as they waited to be taken to their nearest stroke unit.

As a result of the pressures on our health services, both the Welsh Ambulance Service and local health boards have undertaken communications activity to ensure the public are aware of the need to make appropriate choices during the winter. However, we are concerned that not all of these communications are highlighting the importance of calling 999 in the event of a stroke and the emergency nature of the condition.

An example of this was the statement issued by the Welsh Ambulance Service due to a "business continuity incident" in July 2021. The statement made by the service included the line ""Please only call 999 if a life is on the line – that's a cardiac arrest, chest pain or breathing difficulties, loss of consciousness, choking or catastrophic bleeding"<sup>7</sup>. Stroke is a life threatening condition, and should have been included in this statement.

We wrote to the Welsh Ambulance Service Trust, as well as local health boards in Wales, to make it clear that stroke must be included within communication activity such as these, including those over the winter pressure period.

Our concern is that without this clarity, those experience stroke symptoms may believe that their condition is not significant enough to warrant phoning for an ambulance. This was the case early on during the Covid-19 pandemic, where the number of stroke admissions in Wales fell by around 12%<sup>8</sup>.

Health services in Wales, including both the Welsh Ambulance Service Trust and LHBs, must ensure they continue to promote the importance of anyone

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<sup>7</sup> Welsh Ambulance Service Trust, *Extreme pressures lead to business continuity incident*, 20 July 2021. Available: <https://www.ambulance.wales.nhs.uk/Default.aspx?gcid=1812&lan=en>

<sup>8</sup> Comparison between April – June SSNAP admission figures for 2020 and 2019.

experiencing the symptoms of a stroke phoning 999 as soon as possible during winter pressures.

This should also including taking action to ensure all members of the public are aware of the FAST test – which covers the main symptoms of a stroke.



The FAST campaign was last run by public Health Wales in 2018. Anecdotal evidence from stroke clinicians in Wales tells us that too many people are leaving it too late to call an ambulance, therefore reducing their change of successful treatment.

In 2021, Public Health England invested in repeating this campaign in England, leading to a positive increase in the numbers of people who are aware of the signs of a stroke, and the importance of arriving at hospital as soon as possible.

We recommend that Public Health Wales should work with the Welsh Government's Stroke Implementation Group to run such a campaign. This will help ensure all those who need emergency stroke care in Wales receive it promptly.

**For further information on any of the points raised in this response please contact**

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