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Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref SF/MD/3446/13

David Rees AM
Chair
Health and Social Care Committee
National Assembly for Wales

11 October 2013

Dear David

I am writing to provide you with an update on progress since the Welsh Government's response to Health and Social Services Committee's Inquiry into Stroke Risk Reduction.

Please find attached an Annex setting out an update on each of the Report's recommendations and propositions.

A handwritten signature in black ink that reads "Mark Drakeford".

Mark Drakeford AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Stroke risk reduction – follow up inquiry – Welsh Government update against Recommendations and Propositions

Recommendations	Welsh Government Response	Progress
<p>Recommendation 1. We recommend that the Welsh Government undertake a full and robust evaluation of the implementation of the Stroke Risk Reduction Action Plan, involving all stakeholders. The evaluation should be published, and the results used to inform the development of the National Stroke Delivery Plan. (Page 15)</p>	<p>Accept.</p> <ul style="list-style-type: none"> • Public Health Wales (PHW) has been asked to undertake an evaluation exercise on the Stroke Risk Reduction Action Plan. This exercise will take place in the next few months and will involve a range of stakeholders with a role in delivering the Plan’s actions. It is anticipated this exercise will be completed in April 2012 and the findings will be made available following that date. • The evaluation of the Stroke Risk Reduction Action Plan will help to inform future activity aimed at reducing the risk of stroke. • The National Delivery Plan for stroke services (which is scheduled for consultation in the Spring) will take account of the evaluation and will set out the action that needs to be undertaken to allow people to enjoy a good quality life without developing vascular disease and stroke. 	<p>Public Health Wales undertook an exercise to evaluate the implementation of the Stroke Risk Reduction Action Plan in spring 2012. This exercise involved consideration of progress made in implementing the actions contained in the plan, as well as discussion with stakeholders involved in its delivery. The exercise took account of written and verbal responses as well as discussion at a stakeholder workshop.</p> <p>Public Health Wales’ report supported the view that good progress was made in implementing the actions in the Stroke Risk Reduction Action Plan. It also made a number of recommendations, which mainly focused on informing the prevention elements of the subsequent National Stroke Delivery Plan.</p> <p>The findings of Public Health Wales’ work were used to inform the development of the Stroke Delivery Plan, and the majority of Public Health Wales’ recommendations were addressed in the Plan. However, the Delivery Plan is a high level document and so did not seek to address the level of detail suggested in some recommendations.</p>

Recommendations	Welsh Government Response	Progress
<p>Recommendation 2. We recommend that the Welsh Government includes within the National Stroke Delivery Plan clear references to the prevention of secondary strokes and the treatment and diagnosis of TIAs as they relate to stroke risk reduction work. (Page 17)</p>	<p>Accept.</p> <ul style="list-style-type: none"> • The National Delivery Plan for stroke services will set out clear action that needs to be undertaken in relation to the prevention, diagnosis and treatment of strokes and Transient Ischaemic Attacks (TIAs). • The reduction in secondary strokes is addressed during the recovery phase of the initial stroke and emphasised at time of discharge with appropriate secondary prevention medication and advice about risk factor management. • The 1000 Lives Plus Programme has developed a toolkit to improve services for those who have had a TIA to prevent a full stroke. This work, which looks at the assessment and management of TIA, has already started to address this issue of subsequent stroke risk reduction. • All Health Boards in Wales should now be able routinely to assess a low risk TIA within a week and a high risk TIA within 24 hours (Monday to Friday). Work is ongoing with the Health Board to ensure that the assessment of a high risk TIA can take 	<p>One of the delivery themes within the Stroke Delivery Plan published on 6 December 2012 focusses on preventing strokes including Transient Ischaemic Attack (TIA), Atrial Fibrillation and secondary strokes. It contains clear actions for Health Boards to take forward.</p> <p>My Local Health Service (mylocalhealthservice.wales.gov.uk), launched by the First Minister for Wales on 30th September 2013, is part of the Welsh Government's plans to enhance transparency in the health system and provide public access to information on health services in their local area. Two indicators, relevant to stroke, were released in the first tranche of data. The first is the rate of people aged between 35 and 74 who had an emergency admission for a stroke that died in hospital within 30 days. The second is an indicator of primary care from the Quality and Outcome Framework. The launch of the site was successful and plans are being developed to publish and update more data.</p> <p>For example, in Cardiff and Vale University Health Board primary care clinicians prioritise the management of cardio vascular risk factors e.g. Blood Pressure management, smoking cessation, lifestyle management (weight and exercise) as well as TIA management as outlined in the Quality and Outcomes Framework (QoF).</p> <p>Cardiff and Vale University Health Board has adopted an optimising outcomes framework which aims to ensure that people being referred for routine surgery are required to attend smoking cessation (if they are a smoker) and attend a lifestyle programme (if they have a high</p>

	<p>place within 24 hours on a 7 day a week basis and is being supported and co-ordinated by the Delivery & Support Unit.</p>	<p>Body Mass Index) – this signals their intention to focus on self management of lifestyle risk factors, which if better controlled will reduce stroke incidence.</p> <p>Primary and secondary care medical staff at Aneurin Bevan Health Board are working together with education on the role of anticoagulation in atrial fibrillation. Three education sessions are currently planned and being delivered by secondary care physicians annually through established primary care education sessions. Funding is being sought for work with the Welsh Ambulance Service and Aneurin Bevan Health Board to improve early identification of patients with suspected stroke or TIA using validated algorithms and scoring assessment systems such as 'FAST' (test to recognise stroke symptoms) and 'ROSIER' (tool for assessing whether a person has had a stroke and 'ABCD2' (prediction tool for patients most likely to have a TIA). There is particular concern to identify as many potential TIA patients as possible for follow-up in primary and secondary care to prevent further episodes of TIA and possible stroke .</p>
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Recommendations	Welsh Government Response	Progress
<p>Recommendation 3. We recommend that by April 2012 and in line with its published expectation, the Welsh Government ensures patients have access to seven day TIA clinics and that clinical guidelines in relation to carotid endarterectomies are adhered to across Wales. (Page 22)</p>	<p>Accept in principle.</p> <ul style="list-style-type: none"> • TIA assessment takes place on the same site that provide acute stroke services, and all Health Boards in Wales should now be able routinely to assess a low risk TIA within a week and a high risk TIA within 24 hours (Monday to Friday). Work is ongoing with Health Boards to ensure the assessment of a high risk TIA can take place within 24 hours on a 7-day a week basis through the acute medical assessment service with either admission or a satisfactory plan for assessment, investigation and treatment to be instigated. A single protocol is being developed and will enable Health Boards to have access to on-call medical teams. The protocol will be approved by Medical Directors with implementation from April 2012. • The need for carotid endarterectomy (CEA) patients to undergo surgery of the neck arteries as quickly as possible to prevent stroke is clearly outlined in NICE clinical guidance. This requires urgent cases to be operated on within 7 days and other cases within 14 	<p>All Health Boards are now able to routinely assess low risk TIA within a week and a high risk TIA within 24 hours.</p> <p>1000 Lives Plus have produced a How to Guide to improve the reliability of TIA Services. There is in this a driver diagram comprising the 4 bundles of care for TIA assessment and management. Health Boards are expected to collect the data and aim for continual improvement month on month.</p> <p>The proportion of high risk TIA patients managed appropriately both medically and surgically is in the outcome framework published with the delivery plan.</p> <p>All the Health Boards action plans mention TIA assessment and management.</p> <p>In addition, the Royal College of Physicians (RCP) have now launched the Sentinel Stroke National Audit Programme (SSNAP) and we are in a phased entry. The audit does not include a section on TIA management but the RCP will be performing some additional spotlight audits and TIA will be one of these. We will be ensuring that these spotlight audits are also done at Welsh sites.</p> <p>Aneurin Bevan Health Board assesses the majority of high score TIA patients within 24 hours and those needing a Doppler scan on the same day. All low risk patients are assessed within 7 days.</p> <p>Hywel Dda Health Board has services in all of their hospitals for patients referred with a TIA. Assessment and initiation of treatment for a TIA is available every day through their emergency</p>

	<p>days of the onset of symptoms.</p> <ul style="list-style-type: none"> • Dr Chris Jones, NHS Wales Medical Director, wrote to Health Boards, in June 2011, seeking assurance that they address the findings the RCS carotid endarterectomy audit report and improve access to this surgery as part of their ongoing work to improve stroke services. I expect the next round of clinical audit to show a significant improvement. 	<p>departments. TIA “hot clinics” for patients most at risk are well developed in Carmarthenshire and a key priority within their local development plan is to improve TIA services throughout the Health Board, in particular to increase access to carotid investigations. They also work closely with their neighbouring Health Board, Abertawe Bro Morgannwg University Health Board, through the vascular network to improve timely access for carotid surgery.</p> <p>We are disappointed that been little improvement in Welsh participation rates in the SSNAP audit and whilst there has been some improvement towards meeting the requirement to undertake surgery within 14 days of symptoms (7 days for urgent cases), we still generally lag behind other countries in the UK. Dr Chris Jones, Deputy Chief Medical Officer, will be raising this issue with Health Boards.</p>
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Recommendations	Welsh Government Response	Progress
<p>Recommendation 4. We recommend that the Welsh Government ensures that pulse checks are offered as standard to patients presenting stroke risk factors when attending primary care. Any necessary treatment which then follows should comply with NICE guidelines, and further action by the Welsh Government is needed to ensure that this takes place. Compliance should be monitored through Public Health Wales' audits of primary care record data. (Page 31)</p>	<p>Accept in principle.</p> <ul style="list-style-type: none"> • NICE guidance recommends that a pulse check is performed for patients who present with breathlessness or dyspnoea, palpitations, syncope or dizziness, chest discomfort or stroke/TIA. • The UK National Screening Committee's (UK NSC) current policy position is that it does not recommend screening for atrial fibrillation. This position is currently under review and due to be completed by March 2012. The recommendations from the UK NSC review and the implications for Wales will be considered by officials and screening experts when they become available. • The Welsh Government expects all clinicians to consider such guidance to make appropriate clinical judgements in the assessment and management of such conditions. • Health Boards provide regular Continuing Professional Development events to ensure that local practice is informed by such guidance. • Practitioners also undertake an annual appraisal to review identified learning needs and educational 	<p>The Stroke Delivery Plan places a requirement on Health Boards to implement NICE guidance relating to stroke and ensure through audit that services are performed in line with the guidance.</p> <p>1000 Lives Atrial Fibrillation (AF) programme will be looking at introducing a screening tool similar to GRASP –AF (risk stratification tool) for those already known to GPs as having AF. The UK NSC has estimated the review of AF screening will be completed in November 2013. A UK NSC meeting is taking place in November; officials will seek an update on progress at that meeting.</p> <p>In May 2013 a nation wide stroke awareness campaign was delivered through the 712 community pharmacies in Wales. The campaign was supported by the Stroke Association, Health Boards and Community Pharmacy Wales and was coordinated by Public Health Wales.</p> <p>During the campaign pharmacies provided advice on lifestyle measures that could reduce the risk of having a stroke and offered medicines use review (MUR) consultations for people who were taking antihypertensive or oral anticoagulant medication</p>

	<p>activities undertaken, to develop appropriate skills and knowledge. Appraisal discussions will include reference to audits undertaken within the GP practice, which may include use of the Public Health Wales toolkit.</p> <ul style="list-style-type: none">• We have accepted in principle although we do not accept the recommendation that compliance be monitored through Public Health Wales' audits of primary care record data. The focus of these audits is in relation to quality improvement, not monitoring of clinical judgement.	<p>to reduce their stroke risk. The MUR consultation provided an opportunity to improve individuals' understanding and use of medicines and reinforce the importance of medicines adherence as a way in which their risk of having a stroke could be reduced. Pharmacists were encouraged to prioritise patients taking antihypertensive or oral anticoagulant medication for MUR consultations during the campaign period.</p> <p>During the campaign period 10,059 MUR consultations were with undertaken with people whose medication indicated they were at an increased risk of stroke.</p>
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Recommendations	Welsh Government Response	Progress
<p>Recommendation 5. We recommend that the Welsh Government develops clear guidance for primary care and community resource teams on the diagnosis, treatment and management of AF and clearly identifies professional responsibilities in each area. (Page 41)</p>	<p>Accept in principle.</p> <ul style="list-style-type: none"> • There is already guidance in place. NICE guidance for the identification and management of atrial fibrillation is available to all clinical staff and a patient guide is also produced. • As part of 1000 Lives Plus, the Primary Care Quality and Information Service has designed a guide to support practices to achieve the timely management of atrial fibrillation. • The National Delivery Plan for Stroke will also clearly set-out expectations in relation to provision of stroke services. • The UK National Screening Committee's (UK NSC) current policy position is that it does not recommend screening for atrial fibrillation. This position is currently under review and due to be completed by March 2012. The recommendations from the UK NSC review and the implications for Wales will be considered by officials and screening experts when they become available. • Professional responsibilities will depend upon the skills and knowledge of team members, team structure and local pathway arrangements. For example, GPs have 	<p>1000 Lives Plus/Public Health Wales published the Primary Care AF Rapid Improvement Guide in June 2013.</p> <p>The "CHADsVASc" clinical prediction tool for stroke risk for patients with atrial fibrillation is now available to determine need for antiplatelets or anticoagulants and will follow on from the 1000 Lives programme as will be used to determine correct prophylactic management.</p> <p>The introduction of the newer oral anticoagulants will also be contributing to the better care of AF patients.</p>

	<p>responsibility for the initial identification and diagnosis of atrial fibrillation, with newly diagnosed patients being referred for echo-cardiography and cardiologists provide support in the management of patients.</p>	
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Proposition	Welsh Government Response	Progress
<p>Proposition 1: The Welsh Government should consider the shortfall in trained stroke physicians through the use of effective workforce planning. (Page 18)</p>	<ul style="list-style-type: none"> • Within Wales virtually all acute stroke care and rehabilitation is delivered by stroke sub specialist geriatricians who have additional medical responsibilities. • Wales has agreed the first dedicated stroke training post, which has been advertised nationally as an additional year of training in stroke medicine. • In addition, dedicated stroke care physicians have been established in some units via access to postgraduate specialist stroke training. • The need for stroke physicians going forward will be addressed within the workforce plans for medical staff. 	<p>There have been developments in medical staffing levels in Wales. The first Speciality Registrar (StR) in stroke undertaking a one year training post leading to a Certificate Completion of Specialist Training (CCST) in stroke medicine finished his year in Cardiff and Vale in August 2013 and is waiting to apply for the post in Morriston. He will be eligible to apply on or after Dec of this year approx.</p> <p>As from August 2013, we now have 4 StR training posts in Wales based in Cardiff and Vale, Aneurin Bevan, Abertawe Bro Morgannwg and Betsi Cadwaladr University Health Boards.</p> <p>In addition, we now have 2 full time stroke consultants in post in Cardiff and Vale and in Aneurin Bevan who have done training posts in London and Aberdeen and who have CCST in stroke. 2 more consultants have been appointed in Betsi Cadwaladr (Wrexham & Bangor) and both of these will have stroke in their job plans.</p> <p>Another Care of the Elderly StR in Betsi Cadwaladr has already done a stroke training post in England.</p>
<p>Proposition 2: That the Welsh Government considers best practice for providing stroke leadership at Local Health Board (LHB) level and develops good practice guidance to which all</p>	<ul style="list-style-type: none"> • Welsh Government has recognised the scope for strengthening current services to preventing cardiovascular disease, which includes stroke and 	<p>Adam Cairns, Chief Executive of Cardiff and Vale University Health Board has been appointed as the Lead Chief Executive for Stroke and Chair of the Stroke Delivery Group.</p>

LHBs should adhere.
(Page 20)

Proposition 3: That the Welsh Government considers establishing Joint Cardiac-Stroke Networks across Wales.
(Page 20)

cardiac disease. We have tasked Public Health Wales NHS Trust with undertaking work at an all Wales level to support Health Boards in developing a more systematic and co-ordinated approach to identifying those at risk of developing cardiovascular disease and managing that risk effectively. This work will be reflected in the National Stroke Delivery Plan.

- The NHS Medical Director has recently decided to recognise the Wales Stroke Alliance as a formal National Specialist Advisory Group (NSAG), whose role is to provide multi disciplinary clinical leadership and advice at an all Wales level. This NSAG will be part of the Group which leads and oversees Health Board efforts to improve stroke services across Wales, including services to prevent stroke. The National Stroke Delivery Board will look to have strengthened clinical leaders to ensure the expectations relating to stroke services are achieved.
- At a local level, effective clinical leadership and structures for collaborating with other Health Boards to plan and deliver effective stroke care such as Networks are a matter for Health Boards.

We are currently reviewing the arrangements for the clinical leadership of stroke in Wales and will be considering the need for a Stroke Network as part of this work.

	<p>However, each Health Board already has an executive lead with responsibility for stroke, a clinical lead for stroke and a Stroke Delivery Board.</p> <ul style="list-style-type: none"> • Good practice guidance is available already through the RCP National Clinical Guidelines for Stroke and NICE guidance. 	
<p>Proposition 4: That the Welsh Government ensures that the National Stroke Delivery Plan encompasses all elements of the stroke care pathway from risk reduction through to rehabilitation and re-ablement. (Page 24)</p>	<p>The National Stroke Delivery Plan will encompass all elements of the stroke care pathway including prevention, diagnosis, treatment, rehabilitation and life after stroke.</p>	<p>The delivery themes within the Stroke Delivery Plan cover the entire stroke pathway from prevention to life after stroke.</p>
<p>Proposition 5: That the Welsh Government ensure that local authorities are involved and included in the development and delivery of the National Stroke Delivery Plan. (Page 24)</p>	<p>Local authorities are key partners for Health Boards in ensuring effective care for people who have had a stroke. Local authorities will, therefore, be consulted as part of the process to develop the Stroke Delivery Plan for the NHS.</p>	<p>Local authorities were provided with opportunity to comment on the stroke delivery plan during the consultation and are represented on Stroke Delivery Group.</p>
<p>Proposition 6: That the Welsh Government consider new ways in which to ensure that GPs are complying with the NICE guidelines, and that patients have the information to make an informed choice. Compliance should be monitored through Public Health Wales' audits of primary care record data. (Page 34)</p>	<p>NICE guidance is a key source for the delivery of clinical care. Health Boards are responsible for ensuring that appropriate use is made of such guidance. However, guidance does not replace clinical responsibility; therefore, it would not be appropriate to attempt to monitor 'compliance'.</p> <p>It is important for patients to be well informed through appropriate mechanisms so that they can make an informed contribution to decisions</p>	<p>There is continuing work on the development of personal care plans with an emphasis on informed patient choice and shared decision making.</p> <p>Health Boards continue to monitor prescribing data to analyse the uptake of a variety of therapeutic options. This work will be taken forward through the Stroke Delivery Group.</p>

	<p>about their own treatment plans. A move towards a shared-decision process would be welcomed.</p> <p>The QOF data provides individual practices with information to assess and improve their own performance. Health Boards are provided with comparative data to support local peer review and to address any performance concerns. Public Health Wales supports such analysis by the provision of audit toolkits.</p>	
<p>Proposition 7: That the Welsh Government considers supporting the proposals for changes to the AF related QOF indicators, and ensure that the QOF indicators distinguish between the prescription of anticoagulation and anti-platelet therapies for AF patients. (Page 35)</p>	<p>We will consider the advice provided by NICE for any proposed changes to QOF. The choice between anti-platelet and anti-coagulant is a clinical decision- we support patient choice in this matter supported by discussion of the appropriate evidence, including the risks and benefits of either approach.</p>	<p>There are currently no proposals from NICE to amend the relevant QOF indicators.</p> <p>The QOF guidance uses the CHADS2 risk stratification system to guide the offer of treatment options - this is in line with European Society of Cardiology Guidelines.</p>
<p>Proposition 8: That the Welsh Government considers supporting the introduction and use of the GRASP-AF tool in GP practices. (Page 36)</p>	<p>From April 2012, changes to the Quality and Outcomes Framework will include a new indicator to ensure that all patients on Atrial Fibrillation Registers have a regular assessment using a formal risk stratification scoring system. This work may be undertaken through a computerised search (as in the GRASP AF approach) or through a review of the paper clinical record. Health Boards will be expected to discuss with practices the processes in place to perform these calculations and to share such information with patients to</p>	<p>The Public Health Wales Primary Care Quality and Information Service has produced a toolkit to support individual practices to review the delivery of AF care to support a quality improvement. This work includes support local data extraction.</p> <p>The new 1000 Lives Program utilises a Welsh version of GRASP – AF for those already known to have AF.</p>

	support decisions about future management.	
<p>Proposition 9: That the Welsh Government consider a systematic evaluation system for all part, or fully funded, Welsh Government health promotion campaigns, with the findings directly feeding into the planning and development of future campaigns. Evaluations should be shared with partners to allow the dissemination of good practice and lessons learnt. (Page 38)</p>	<p>The Welsh Government recognises the importance of evaluating health promotion campaigns effectively, both to ensure value for money and to measure the effectiveness of campaigns. Such evaluation is also key in informing the planning and content of future campaigns. These overall principles form an important element of the planning of all health improvement campaigns funded or part funded by the Welsh Government. The importance given to evaluation is reflected in the following current health improvement campaigns:</p> <p><i>i) Campaign to raise awareness of the dangers of smoking in cars carrying children</i></p> <p>Evaluations of previous mass media smoking cessations have indicated that they can have a range of positive effects, which can contribute to overall decreases in tobacco consumption and increases in smoking cessation. As part of the new campaign to raise awareness of the dangers of smoking in cars carrying children, an omnibus survey has been commissioned to establish current knowledge and attitudes towards smoking in cars. The Survey will be repeated twice a year in each of the next three years. Existing data will also be analysed and additional research will be undertaken to survey</p>	<p>Evaluation continues to form an important component of health improvement campaigns funded or part funded by the Welsh Government. We recognise the importance of robust evaluation in enabling success to be measured appropriately, and in providing valuable evidence to inform future campaigns.</p> <p>The Welsh Government's approach to evaluation can be illustrated with reference to a number of current campaigns:</p> <p>Evaluation of the Fresh Start Wales campaign to raise awareness of the dangers of smoking in cars carrying children is ongoing. Work has included the commissioning of Omnibus Surveys to monitor awareness of the campaign, as well as commissioning Cardiff University to carry out a study of primary school age children's exposure to second hand smoke in cars and elsewhere. Evidence collected through evaluation work and any associated research is used to inform the campaign and our policy direction on an ongoing basis.</p> <p>Change4Life Wales continues to mirror the programme in England and has recently expanded into new areas (such as alcohol and salt). We continue to utilise learning from</p>

	<p>primary school aged children to estimate their exposure to second-hand smoke in cars. These combined steps will assist the Welsh Government to assess how successful the campaign has proved in reducing exposure to smoke in cars.</p> <p><i>ii) Change4Life</i> <i>Change4Life</i> forms part of the Welsh Government's broader response to help the people of Wales achieve and maintain a healthy body weight; to eat well, move more and live longer. The campaign in Wales is building on developments in England, and the approach to evaluation in Wales utilises learning from England's substantial investment in evaluation and monitoring the campaign. This includes monitoring of web visits and health statistics, and in April 2012, families in Wales who have been part of the programme for over 12 months will be reissued with the lifestyle questionnaire that they completed for each child. The results will then be compared to determine if they have made changes to their behaviour in relation to healthy eating and physical activity.</p>	<p>England's evaluation and research activities, and collect information based on a number of indicators including registrations and web visits. In addition, families who joined the programme in 2010 were contacted again in 2012 to assess the impact of the programme on the reported behaviours of their children, and questions aimed at measuring awareness of the campaign were included in a recent Welsh Omnibus survey. The information collected through this work is used to inform the ongoing management of the programme.</p> <p>In addition to specific health improvement campaigns, evaluation considerations are also incorporated into new programmes and initiatives. This enables us to monitor the effectiveness of a number of interventions. For example, evaluation is being built in to the development of our health checks programme for people aged over 50 in Wales.</p> <p>Over the past year Public Health Wales has conducted a review of a number of health improvement programmes, such as Stop Smoking Wales and the National Exercise Referral Scheme, which contribute to stroke risk reduction. The review report has been published and work is underway to develop an implementation plan which will build on the report's recommendations.</p>
Proposition 10: That the	As the commissioner of	The UK Forum for Stroke

<p>Welsh Government consider how the current training and development programmes for all healthcare professionals could best raise awareness and knowledge of AF. (Page 42)</p>	<p>non-medical education, the National Leadership & Innovation Agency for Healthcare (NLIAH) will explore opportunities with education providers as a long-term solution.</p> <p>In the short to medium term, Health Boards will utilise the Personal Development Review (PDR) process to identify staff development needs in clinical areas.</p> <p>Cardiac networks have hosted events with Arrhythmia Alliance and AF Alliance on this. This could be developed further on a regional basis to ensure more practices are included.</p> <p>Welsh Government will continue to develop relationships with the Stroke Alliance/NSAG to support awareness, training and development.</p>	<p>Training produced a comprehensive - Stroke Specific Educational Framework (SSEF) to help to underpin the introduction of the English Stroke Strategy. The Education subgroup of Welsh Stroke Alliance, has been reformed and are considering how SSEF can be introduced into Wales and provide the necessary training and education to cover the necessary elements of this for Wales.</p>
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