GIG CYMRU NHS WALES
Bwrdd Iechyd
Aneurin Bevan
Health Board

Our Ref: DL/lb

26 October 2011

Catherine Hunt
Deputy Clerk
National Assembly for Wales
Cardiff

Dear Ms Hunt

Further to the Health & Social Care Committee I attended two weeks ago to present evidence on the Stroke Risk Reduction Plans, Aneurin Bevan Health Board's response was given at the Committee and is contained in the transcript.

As a result of this, Lynne Neagle AM has asked specifically about the ownership of the Stroke Risk Reduction Plans and what structures do the Health Boards/Public Health in Wales have within organisations to take their Stroke Risk Reduction Plans forward.

All LHB's across Wales are committed to meet the 2012 timescales in each of their plans although the actions to reduce the risk of stroke will obviously need to continue beyond that date.

Within ABMU Local Health Board they have a stroke development group that is taking forward work on Af, Tia, smoking cessation etc. This meets monthly and has an action plan that is constantly being taken forward. The ABMU public health priorities include tackling obesity, smoking cessation and alcohol consumption. Where they think they need to do even better is in reduction of hypertension. They have engaged their pharmacists in Tia work and are currently examining how they introduce dabigatran. They are in the early stages of considering how we develop interventional neuro-radiology. They are involved in research with Swansea University to examine the theoretical basis of formation of blood clots. They are hopeful that they will gain research funding with Ceri Phillips to examine meteorological effects on stroke, they would then want to work with partners in local authorities to see how housing and heating can be improved to reduce stroke.

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The stroke risk reduction plan in Cardiff & Vale includes Primary prevention & Secondary prevention strategies. Primary prevention (smoking cessation, healthy life style, obesity prevention/reduction, lowering cholesterol. reduced salt intake, blood pressure control, anticoagulation for AF etc) strategy is driven by Public Health & Primary Care. Secondary prevention (control of blood pressure, lowering cholesterol, anticoagulation for AF, antiplatelet therapy, carotid endarterectomy, smoking cessation, life style modification etc) is mainly driven by secondary & primary care. The QOF targets incorporate most of the stroke risk factors.

Once patients are admitted with TIA or Stroke they follow the Health Boards secondary prevention pathway. In Cardiff & Vale, there is a formal link between Primary & Secondary care and they meet regularly through the Stroke Steering Group. At present they do not have a representative from Public Health, which they ought to have in their steering group. The South East Wales Stroke Group has been mainly involved in developing thrombolysis service until now, but theye need to have discussions about regional Stroke risk reduction strategies in future meetings. They currently report all activities to the Delivery Support Group, with whom they work very closely.

Hywel Dda have a Stroke Steering Group and a Stroke Delivery Group who are responsible for implementing the stroke action plan. The Stroke Risk Reduction Plan is part of their stroke action plan and is taken forward and monitored by these groups.

The actions within the Stroke Risk Reduction Plan forms part of the work programme of the local Public Health Team. There is also a Primary Care Vascular Risk Reduction Group to which some of the actions have been assigned. Primary Care are represented on the Steering Group by Prof Jonathan Richards, GP and Locality Clinical Director.

The lead for the Cwm Taf Stroke Risk Reduction Plan sits with the Director of Public Health, who is represented on the Cwm Taf Stroke Steering Group by a Consultant in Public Health (currently Dr Dyfed Huws). He is responsible for reporting on progress with implementation at the bi-monthly Steering Group meetings.

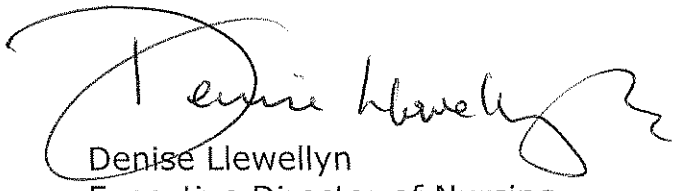
Betsi Cadwaladr Health Board utilises the arrangements in place to identify disease, treat, and manage risk factors which are associated with stroke under the quality and outcomes framework within the General Medical Services Contract. In addition the Health Board has commissioned a specific Cardiovascular Risk Assessment Enhanced Service within primary care, aimed at identification and early engagement with patients at risk of developing cardiovascular disease.

The Health Board is actively utilising its resources to promote health in all settings of care and has prioritised smoking cessation as a key intervention, which will have a direct impact in stroke risk reduction. Health Social Care and Wellbeing Strategies agreed with Local Authority partners identify risk factors such as diet, exercise, smoking and alcohol consumption for multi-agency action. The Stroke Forum will be reviewing the public health focus of its activities as part of the Board's planning for 2012/13.

These are the responses I have received from the other LHB's in answer to Lynne Neagle's enquiry at the Committee.

If you require any further information please do not hesitate to contact me.

Yours sincerely



Denise Llewellyn
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