

Inquiry into stroke risk reduction Key conclusions and recommendations

The Health and Social Care Committee held an inquiry into stroke risk reduction in Wales in the autumn 2011 term.

Conclusions

More could, and should, be done to reduce the risk of strokes in Wales. This includes both the risk of a first stroke and the risk of further strokes amongst those who have suffered a first incidence. Some relatively simple measures can be taken which would produce real advances.

Current stroke risk reduction services are not as effective as they could be partly, at least, because of a lack of clarity about ownership and leadership at all levels.

Professional responsibility for detection and treatment of Atrial Fibrillation (AF) at primary care is contested, and as a result does not yet deliver best outcomes for patients.

Recommendations

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.

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.

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.

Recommendation 4

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.

Recommendation 5

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.

We will revisit the issues highlighted and recommendations made in this inquiry within the next twelve to eighteen months.

Key terms

Atrial Fibrillation (AF)

A common heart rhythm disorder, which causes episodes of irregular and often an abnormally fast heart rate.

Transient Ischaemic Attack (TIA)

A transient ischaemic attack (TIA) is a set of symptoms that lasts a short time and occurs because of a temporary lack of blood to part of the brain, usually due to a tiny blood clot. It is sometimes called a mini-stroke. However, unlike a stroke, the symptoms are short-lived and soon go.
