

Health and Social Care Committee
HSC(4)-05-11 paper 1

Inquiry into Stroke Risk Reduction – Evidence from Aneurin
Bevan Health Board

Aneurin Bevan Health Board

**Response to National Assembly for Wales Health and Social Care
Committee inquiry into Stroke Risk Reduction.**

**What is the current provision of stroke risk reduction services and
how effective are the Welsh Government’s policies in addressing any
weaknesses in these services**

Our reply:

It is reflected in our Action plan. It is linked with the priority areas in Our Healthy Future, the Annual Quality Framework and the ABHB five year service, workforce and financial framework:

- Reducing smoking prevalence
- Increasing participation rates in physical activity
- Reducing unhealthy eating
- Stopping the growth in harm from alcohol and drugs
- Reducing accident and injury rates (falls prevention)
- Improving mental wellbeing
- Improving health at work
- Reducing health inequities
- Vascular assessment.

It is also linked with Gwent Frailty programme. The 3 priority areas of the Health Board relating to stroke risk reduction services are tackling alcohol misuse, reducing smoking prevalence and reducing obesity rates.

**What are your views on the implementation of the Welsh
Government’s Stroke Risk Reduction Action Plan and whether action
to raise public awareness of the risk factors for stroke has
succeeded.**

Our reply:

A lot of work is being done at present and links in with the Public Health Strategic Framework. Those actions have been prioritised on evidence of effectiveness and reflect the local and national priorities as set out in the Health Board’s Annual Plan, Health, Social Care and Wellbeing Strategies, Children and Young People’s Plans and Annual Quality Framework targets.

What are the particular problems in the implementation and delivery of stroke risk reduction actions?

Our reply:

It is difficult to change culture. Behavioural change takes time especially linked with smoking, obesity and alcohol. Measuring the change is difficult. .

What evidence exists in favour of an atrial fibrillation screening programme being launched in Wales?

A review of the evidence on screening for Atrial Fibrillation (AF) found that active screening for atrial fibrillation does detect additional cases over current practice. However, the preferred method of screening in patients of 65 or over in primary care is opportunistic pulse taking with follow up ECG rather than systematic screening of patients. SAFE Study: Hobbs FDR, Fitzmaurice DA, Jowett S, Mant J, Bryan S, Raftery J, Davies M and Lip G.

It is clear that patients with Atrial Fibrillation usually have a significantly increased risk of stroke. However, the level of increased stroke depends on the number of additional risk factors. If a person with AF has none, the risk of stroke is similar to that of the general population. However, many people that do develop AF also have additional risk factors and in those patients, AF is a risk for stroke.

Efforts in primary care should be centred on two groups of patients. The first are those patients known to have AF and to ensure that this is treated appropriately. The second aims at detecting new patients with AF and this should involve opportunistic testing rather than systematic screening.

Outlined below is the ABHB Stroke Risk Reduction Action Plan which is monitored through the ABHB Stroke Board

Aneurin Bevan Health Board Stroke Reduction Risk Action Plan

Key action required	Link to NSF for Cardiac Disease Strategic Aim One (Prevent cardiovascular disease) & additional themes	Current Position	Progress up to September 2010	Progress up to September 2011	Lead organisation s/Links to Strategies	Timescale
1. Seek opportunities to provide a nationally co-ordinated approach to introductory public health/community health development training to Communities First staff	Cardiac NSF Key action 1	As part of the local response to <i>Health Challenge Wales</i> , provide ill health prevention information & promote local activities, particularly in disadvantaged communities	Continuation of initiatives focused on CHD prevention centred on nutrition, physical activity and smoking cessation. The schemes target people of all ages and involve working with Community First areas, local Authority, voluntary, secondary	Continuation of initiatives focused on CHD prevention centred on nutrition, physical activity and smoking cessation. The schemes target people of all ages and involve working with Community First areas, local Authority, voluntary, secondary care and community	Public Health Wales/ WAG - Communities First Unit Wales/ Council for Voluntary Action / NSF for Cardiac Diseases	March 2012

			care and community.			
2. Review opportunities to appropriately link local <i>Health Challenge</i> web sites, literature and activities with stroke prevention	Cardiac NSF Key action 1	Links on Healthy eating and living on Health Challenge Wales web sites.	To include stroke prevention in the Health, Social Care and Well being Strategy.	Developing content and resources (links) for ABHB staff, public and professionals on Obesity, Food and Fitness (OFF) for ABHB website. Working with local Health Challenge partners and have secured agreement to standardise content on 5 local sites and to link to ABHB website for health literacy and resources. The ABHB site will link back to the local health challenge websites for local OFF interventions and opportunities.	Local authorities/ ABHB/ Health, Social Care & Well being partners/ NSF for Cardiac Diseases	March 2012
3. Review the range of approaches that are and could be used to tackle inequities and inequalities in health, the tools	Cardiac NSF Key action 1	A Health, Social Care and Well being Strategy in development for each locality and will include inequities in health.	To develop an Inequities Action Plan as part of AOF1. Needs Assessment being undertaken in Prisons in Monmouth	Needs Assessment completed in Prisons in Monmouth To extend the cardiovascular primary prevention risk assessment programme – Healthy Hearts – into Blaenau	Public Health Wales with Health, Social Care & Well being partners / Fairer	March 2012

<p>that can help and opportunities to enhance current practice</p>		<p>Healthy Hearts cardiovascular primary prevention screening programme in Caerphilly locality.</p> <p>Blaenau Gwent British Heart Foundation project in place for reducing smoking in young people.</p> <p>Newport has instigated MECHANIC (Minority & Ethnic Community Health Needs Association Instigating change) to oversee needs assessment for minority & ethnic communities in Newport. Incorporates over 60 groups active in area with communities</p>	<p>Torfaen have developed a Direct Enhanced Services for the homeless and hard to reach people</p>	<p>Gwent and parts of Newport.</p> <p>Meeting held with 2 members of Healthy Hearts team and Nurses in Prescoed Prison – part of Health Promotion Action group. To help develop nursing skills in cardiovascular assessments</p> <p>Blaenau Gwent engaged with Communities first partners to develop a pilot healthy retailing scheme to improve availability to health food. Have costed the intervention and are seeking funding opportunities.</p> <p>ABHB Board Paper produced outlining the “Fairer Outcomes for All” document on health inequities</p>	<p>Outcomes for All/ NSF for Cardiac Diseases</p>	

<p>4. All 22 unitary authority areas to have updated tobacco control action plans, covering the areas of:</p> <ul style="list-style-type: none"> - discouraging children from starting to smoke - encouraging young people and adults to quit smoking - <input type="checkbox"/> discouraging children from starting to smoke 	<p>Cardiac NSF Key action 2:</p>	<p>Part of the Stop Smoking Wales National work plan. Blaenau Gwent British Heart Foundation project in place for reducing smoking in young people.</p>	<p>To be included in Health and Social Care Wellbeing Strategy.</p>	<p>National Tobacco Control Action Plan for Wales consultation in May. Final plan will set out the action that is needed to:</p> <ol style="list-style-type: none"> 1. promote leadership in tobacco control, 2. reduce smoking uptake 3. reduce smoking prevalence 4. reduce exposure to second-hand smoke. <p>The Conference to be held on 29 September 2011 will translate the national into local plans</p>	<p>ABHB/ Public Health Wales/ Local authorities/ Draft National Tobacco Action plus for Wales/ <i>Fairer Health Outcomes for All/</i> Public Health Strategic Framework/ Children and Young People's plan</p>	<p>March 2012</p>
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				<p>The Smoke Free Environment Policy introduced by ABHB in October 2010, banned smoking in the hospital grounds of all new hospitals and children/health centres. Ysbyty Aneurin Bevan is completely</p>		
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				smoke free with the exception of a designated room within the mental health unit for in-patients. This will be extended to Ysbyty Ystrad Fawr and the new South Gwent Children Centre.		
5. Ensure continued implementation of smoking prevention programmes targeting young people i.e. Smokebugs!; Smokefree Class Competition; ASSIST	Cardiac NSF Key action 2	<p>In place in all localities as part of the Children and Young People plan.</p> <p>Children of primary school age participate in SmokeBugs and Smokefree Class Competition as part of a national programme.</p> <p>Smoking prevention team based in Cardiff – working with secondary schools that participate in the ASSIST programme which is supported by WAG.</p>	Yearly plan for Smokebugs in all localities.	<p>Mapping exercise carried out on all Smokebug programmes in the localities.</p> <p>Audit conducted on the existing SmokeBugs.</p> <p>A working group of Newport Youth Service, Health Challenge Newport and Public Health Wales been established to develop a prevention and cessation programme. This work is supported by the wider Gwent Tobacco Group.</p> <p>A 3 year BHF funded Hearty Lives programme run in Blaenau Gwent. Some themes include:</p> <p>1. Smoke Free Settings Awards will encourage nurseries, schools and youth clubs to adopt smoke free policies that</p>	WAG – Health Improvement Division Public Health Wales/ NSF for Cardiac Diseases/ Children and Young People’s plan	March 2012

				actively support smoking prevention by asking staff, students and visitors not to smoke on-site 2. Smoke free homes and cars 3. community and youth advocacy in supporting smoking prevention work		
6. Review opportunities to further target smoking cessation services in areas of disadvantage and with population groups at particular risk	Cardiac NSF Key action 2	Part of the Stop Smoking Wales National plan. SSW plan covers 4 areas: 1. Pre-operative 2. Maternity 3. Mental health 4. Young people	SSW working locally with midwives to assist pregnant women in disadvantaged areas. Prisons and Workplace health in disadvantaged community areas are part of ongoing work in the SSW work plan	Newport Maternity Smoking Cessation Referral project plan - increase number of pregnant women who access the SSW service. 4 maternity staff in 2 areas of Newport to be trained to deliver the pilot project in September.	Public Health Wales/ Annual Quality Framework3/ NSF for Cardiac Diseases	March 2012
7. Roll out accredited brief intervention training for smoking cessation to health and social care professionals and community workers	Cardiac NSF Key action 2	Part of National Stop Smoking Wales National work plan. Brief intervention training programmes run in all areas. 44 courses held in Wales – 2 per locality - minimum of 10 courses held in ABHB. There is open access for	Plan and deliver brief intervention training for health professionals employed by ABHB as part of the smoking cessation pre-operative and maternity work.	Brief Intervention training promoted to all staff through the ABHB intranet site. Brief intervention training delivered to health and social care professionals and community workers: Caerphilly: 23 people Newport: 24 people Blaenau Gwent: 13 people	Public Health Wales Annual Quality Frameworks// NSF for Cardiac Diseases	March 2012

		Healthcare Professionals and community workers to the course.				
8. Identify opportunities to introduce a smoking cessation component to the core curricula of medical, nursing, midwifery and pharmacy professionals' training	Cardiac NSF Key action 2	Mapping exercise currently being undertaken by SSW. Being introduced as part of the curriculum for midwives being trained in Swansea	Address the areas identified from the mapping exercise.	SSW lead responsibility for delivering on action An e-learning package of smoking cessation modules has been developed by Stop Smoking Wales to support staff across the NHS to provide effective intervention and information for smoking cessation. The e-learning package is currently in the process of being piloted with NHS staff groups including nursing, midwifery and pharmacy staff. It incorporates the key messages of brief intervention and sign posting to the service. Over the next year, it will be available to all staff with an NHS email address.	Public Health Wales/ Universities/ NSF for Cardiac Diseases	March 2012
9. Pilot an expansion of the dietetic capacity grant scheme to target training	Cardiac NSF Key action 3	The Welsh Assembly Government (WAG) funded dietetics capacity grant scheme aims to increase	The grant funding was initially available from September 2006 for two years and has been extended until	The grant funding has been extended to March 2012. Caerphilly Locality team were reassessed and obtained	WAG – Health Improvement Division Food Standards	March 2012

<p>towards people who work with older people</p>		<p>dietetic capacity in the community, so that community dietitians can provide the necessary professional input and training to enhance the efforts of community workers and/or peer educators to work with people in the community on food and nutrition skills.</p> <p>The delivery of Agored accredited Food and Nutrition courses have been one of the priorities of the grant scheme in increasing nutrition capacity across Wales.</p>	<p>March 2011. An Evaluation of the All-Wales Dietetic Capacity Grant Scheme: Analysis of Dietetic Grant Scheme Minimum Data Sets (2008-2010) has been completed.</p> <p>Future funding dependent on WAG</p>	<p>reaccreditation to be an AGORED approved centre which will allow continued support to building capacity towards a number of the PHSF actions such as green travel planning and food and fitness policies in schools and workplaces and as part of the brief intervention/advice training for Families and therapies and Primary Care Division partners.</p>	<p>Agency Wales /NSF for Cardiac Diseases</p>	
<p>10. Publish the prevention component of an All Wales Obesity Pathway</p>	<p>Cardiac NSF Key action 3</p>	<p>Currently an Obesity mapping exercise is being carried out by all Health Boards in Wales. To be completed and sent to WAG by December 2010.</p>	<p>Address the areas for development identified in the Obesity pathway mapping</p>	<p>Reviewed the evidence base for obesity across life stages creating an obesity working plan to address the actions.</p> <p>Working with Midwifery and Obstetrics to develop first level of pathway.</p> <p>Ongoing progress with the BHF funded obesity pathway project</p>	<p>WAG – Health Improvement Division/ ABHB/ Public Health Wales/ NSF for Cardiac Diseases/ All Wales Obesity</p>	<p>March 2012</p>

				<p>in Torfaen. All parts of the pathway are now operational and collecting information on participants to enable evaluation developed through PHT.</p> <p>Initiation of work to support the development of adult weight management services across operational divisions.</p> <p>ABHB steering group to agree development and implementation of Obesity Pathway</p> <p>Developed level 2 obesity/weight management service, secured investment and currently recruiting to coordinate a community dietetics weight management programme with NERS specifically for patients with orthopaedic problems.</p> <p>Slim for Life and NERS Co-location of both in Caerphilly Leisure Centre – 1 Sept 2011</p>	<p>Pathway/National Exercise Referral Scheme</p>	
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<p>11. Review local food and health strategies and action plans to enhance action around the Food Standards Agency reformulation (to produce healthier products) and catering agendas</p>	<p>Cardiac NSF Key action 3</p>	<p>A Food and Fitness Strategy and Action Plan for children and young people 2008-2011 are in place</p>	<p>To be included in Health, Social Care and Well being Strategy.</p>	<p>As part of Gwent Obesity workplan the areas of retail and catering are address and the Healthy options awards is due to be relaunched in November 2011</p> <p>Gwent forum of health schools established and an Obesity lead for Healthy Schools in Gwent agreed.</p> <p>School aged Children Obesity Food and Fitness Forum (SCOFFF) in early planning stages to be established to ratify and take forward multi-sectoral evidence based actions plans.</p> <p>Three key elements agreed for focus on marketing strategy through Change for Life are:</p> <ol style="list-style-type: none"> 1. MEND marketing 2. active school travel marketing 3. healthy lunchboxes and the gold standard healthy snack awards <p>Supported WG healthy vending in leisure centres work by identifying healthier products</p>	<p>Local authorities/ Food Standards Agency /Wales Public Healthy Strategy/ NSF for Cardiac Diseases</p>	<p>March 2012</p>
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				within the LA supplier product lists.		
12. Identify opportunities to increase action to support sedentary adults become more physically active	Cardiac NSF Key action 3	Increased access opportunities for sedentary adults as part of the GP Referral to Exercise Scheme	To be included in: Health, Social Care and Wellbeing Strategy. Change 4 Life and Health Challenge websites updated with physical activity information for general public	To be included in: Health, Social Care and Wellbeing Strategy. Change 4 Life and Health Challenge websites updated with physical activity information for general public	Local authorities Local Health Boards Public Health Wales with Health, Social Care & Well being partners / NSF for Cardiac Diseases	March 2012
13. Review potential to develop local partnership approaches to healthy urban planning, in line with the Physical Activity Network for Wales planning toolkit.	Cardiac NSF Key action 3	Health Impact Assessment training with local authority regeneration departments.	Health Impact Assessment of the local development plan for Monmouth and Blaenau Gwent currently being carried out.	Health Impact Assessments have been conducted on the Torfaen, Blaenau Gwent and Newport deposit LDPs so far, commenting specifically on their potential to create infrastructures and urban design that is conducive to promoting physical activity and healthy eating (in an attempt to highlight their role in helping to address the obesity agenda).	Public Health Wales/ Local authorities/ NSF for Cardiac Diseases/ Creating and Active	March 2012

				<p>The HIA on the Monmouth LDP is currently taking place.</p> <p>There are regular HIA training events provided by the Welsh Health Impact Assessment Support Unit (WHIASU – Cardiff Uni).</p> <p>Support given to 5 Local Authority “Creating and Active” strategic development, including integration of the evidence and strategy base on increasing physical activity into their planning processes and facilitation/support of process towards plan and partnership production.</p> <p>Engagement with the M4 corridor enhancement measures project to consider development of more specific measure to promote cycling as active transport within the Newport area.</p>		
14. Continue to deliver National Exercise Referral	Cardiac NSF Key action 4	All areas are starting to link in with the National Exercise referral	A falls and stability class is run and although not	Specific L4 stroke training has not been undertaken yet. Stroke training in the future may have	WAG – Health Improvement	March 2012

<p>Scheme to patients at risk of stroke</p>		<p>(NERS) scheme and adhering to the national standard protocol.</p> <p>The NERS schemes are part of an all Wales Welsh Assembly Government funded scheme which has been the subject of a randomised controlled trial. It is expected that the RCT will report in Autumn 2010.</p> <p>The GP Referral Scheme include risk factors of CHD and stroke as eligibility criteria to their scheme</p>	<p>specifically for Stroke/TIA patients, it is very well suited and patients are directed to these classes.</p>	<p>to be integrated the sessions with the falls. Exercise fitness personnel will have to undertake the stroke course and follow the protocols.</p>	<p>Division /WLGA/ Local authorities/ NSF for Cardiac Diseases/ National Exercise Referral Scheme</p>	
<p>15. Expand National Exercise Referral Scheme community-based exercise opportunities to include opportunities for patients with a history of Transient Ischaemic Attack</p>	<p>Cardiac NSF Key action 4</p>	<p>Patients with both Stroke and TIA are able to access the NERS. 17 have attended this year (6 of which have been TIA) in Caerphilly locality. The referral form does not specifically state at risk of stroke however it does state CHD risk factors.</p>	<p>To look at ways of expanding NERS to include opportunities for patients with a history of TIA and stroke</p>	<p>Specific L4 stroke training has not been undertaken yet. Stroke training in the future may have to be integrated the sessions with the falls. Exercise fitness personnel will have to undertake the stroke course and follow the protocols.</p>	<p>WAG – Health Improvement Division/ WLGA/ Local authorities/ NSF for Cardiac Diseases</p>	<p>March 2012 (depends on when training course becomes available)</p>

and stroke						
16. Sixty per cent of maintained schools achieve Phase 3 of Welsh Network of Healthy School Schemes by March 2012. Three per cent of maintained schools achieve Welsh Network of Healthy Schools Schemes National Quality Award by March 2012	Cardiac NSF key action 5	<p>Included in Children and Young Peoples' action plan.</p> <p>60% of maintained schools have achieved Phase 3 of the Welsh Network of Health School Schemes within ABHB</p>	<p>In some areas 77% of schools have achieved accreditation at phase 3 or beyond.</p> <p>The NQA target is much more challenging, schools will require intensive support - no schools are eligible to be entered for the National Quality Award until spring 2011. The 3% by 2012 providing WAG funding for Healthy Schools is renewed (currently only have confirmed funding to March 2011)</p>	<p>2% schools across Gwent are required to obtain the National Quality Award by March 2012 as part of their targets.</p> <p>The Gwent Public Health team will link with a WG central data base to assess the number of schools in Gwent with a food and fitness policy.</p> <p>The schools will receive support to implement these effectively to gain maximum value for pupils.</p>	Local authorities/ Schools/ Public Health Wales / NSF for Cardiac Diseases	March 2012

17. Identify opportunities to target involvement of private sector companies and businesses in the Corporate Health Standard and the Small Workplace Health Award	Cardiac NSF Key action 6	Public Health Wales Workplace Health team work with business to get schemes up and running.	Working towards engaging employers in the Healthy Working Wales programmes	WAG – Health Improvement Division/ Public Health Wales/ NSF for Cardiac Diseases	March 2012
18. Provide support to small workplaces to meet the requirements of the Small Workplace Health Award	Cardiac NSF Key action 6	Regional offices to support this action.	Regional offices to support this action	Public Health Wales / NSF for Cardiac Diseases	March 2012
19. Update the “General Health” section of the Corporate Health Standard pack to specifically mention stroke prevention (as part of cardiovascular risk)	Cardiac NSF Key action 6	Part of WAG – Health Improvement Division	Corporate Health Standard action plan progressing to achieve Platinum Award.	WAG – Health Improvement Division/ NSF for Cardiac Diseases	March 2012

20. Prioritise the development of Corporate Health Standard support materials around cardiovascular risk (including stroke and coronary heart disease) on the issues of physical activity; nutrition and safe drinking (include reference to links between conditions, inc. stroke and health improvement work).	Cardiac NSF Key action 6	Part of Regional office work action	Workshop held to review the Improvement plan and provide an update of progress for Quarter 1 (April – June 2011).	Public Health Wales/ NSF for Cardiac Diseases	March 2012
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21. Link the issue of stroke prevention (as part of cardiovascular risk) with health improvement work to new materials and web sites where appropriate.	Cardiac NSF Key action 6		To be included in Health Challenge Wales and Change 4 Life.	Developmental work on Public Health section of ABHB website. Summary of Smoke Free Policy included in the Newline publication issued to every household in Caerphilly.	WAG – Health Improvement Division Public Health Wales/ NSF for Cardiac Diseases/Smoke Free Policy	March 2012
22. Ensure development and delivery of health	Additional theme: promoting	Health Promotion plans developed by Older People	Being taken through the Older People Partnership Health	Linked in with: - SSW work on Pre op smoking - Creating an Active Wales	ABHB/ Local authorities/ Public Health	March 2012

improvement action to promote the cardiovascular health of older people in line with the Healthy Ageing Action Plan for Wales	health of older people.	Partnership within 5 localities of AB HB Health promotion elements are within each of NSF Action plans	Promotion plans	Action plan including physical activity promotion in older population and integrated physical activity element of falls prevention programmes	Wales with Health, Social Care & Well being partners	
23. Take action to mitigate the impact of extremes of weather conditions on the incidences of stroke: including training and awareness raising through Keep Well This Winter, improvements in home energy efficiency and measures that reduce fuel poverty; in addition raising awareness among health professionals and the public about protecting vulnerable people during heatwaves.	Additional theme: promoting health of older people	Links with National Service Framework for Older People. Older people are encouraged and supported to take advantage of the various grant schemes available for home heating and insulation, and to claim benefits to which they are entitled. Training is provided by NEA to update frontline staff on these issues. In the event of a heatwave, health, social care and voluntary sector	To continue dissemination to older people through local events, distribution of literature and media article.	Public health team working with the local authority (Older Persons Development Officer, Health Challenge Co-ordinator, Communities First Officers) and GAVO to deliver wellbeing packs to identified older people in Communities First areas. The packs include thermometers, information on saving energy, claiming benefits and the importance of having the seasonal flu vaccination Supporting Trading Standards in their electric blanket testing events, by supplying thermometers and booklets on energy saving advice Promoting details of the NEA energy efficiency awareness course to those who have regular contact with older	ABHB/ Local authorities/ Public Health Wales with Health, Social Care & Well being partners/ WAG – Health Improvement, Health Protection, Energy Efficiency and fuel Poverty team./NSF for Older people	March 2012

		partners would utilise the existing WAG advice and guidance.		people and who can pass on information and advice		
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24. Continue to raise awareness of sensible drinking levels and risks of excessive drinking, with a particular focus on drinking in the home, through the medium of Health Challenge Wales, and identify other avenues and opportunities beyond 2011	Additional theme: preventing harm from alcohol	Health Challenge Wales web sites Community Safety Partnership web sites Change 4 Life web sites	Continue to promote awareness of sensible drinking levels on a variety of websites.	A project initiation document was produced by Caerphilly BART (Behaviour and Risk Taking) for a social marketing campaign to tackle binge drinking in young people. A literature review was produced by Public Health Wales on best practice to tackle binge drinking to inform the development of an intervention/campaign. A briefing paper was produced	WAG - Health Improvement Division /Public Health Wales	March 2012

				<p>by Public Health Wales in April 2011 to support practitioners in delivering brief advice on alcohol use. It outlined: 5 alcohol brief approaches Appropriate referral to another service or professional.</p> <p>Public Health Wales has rolled out a programme of Alcohol Brief Advice training for Primary Care staff (November 2010).</p>		
<p>25. Seize opportunities through the pharmacy contract to encourage Community Pharmacies in supporting one health promotion campaign each year associated with cardiovascular risk (No Smoking Day; Health Challenge; Food Standards Agency Wales salt and saturated fat</p>	<p>Additional theme: pharmaceutical public health</p>	<p>Community pharmacies in ABHB carry out 4 health promotion campaigns per year. Currently supporting: Cervical screening No Smoking Flu</p> <p>It is within all pharmacy contracts to provide health related information.</p>	<p>Public Health Wales to work with community pharmacies initiatives each year</p> <p>All pharmacies are likely to promote weight management programmes after December 2010.</p> <p>Community pharmacies to continue to support health promotion materials.</p>	<p>4 health promotion campaigns have been carried out in community pharmacy this year including a diabetes screening programme.</p> <p>No Smoking day is always actively supported as one of the campaigns</p>	<p>ABHB</p>	<p>Annually to March 2012</p>

campaigns)		All pharmacies signed up to supporting No Smoking day 2010-2011				
26. Provide information to Community Pharmacies to enable signposting services associated with cardiovascular prevention	Additional theme: pharmaceutical public health	<p>Signposting information has been made available as part of the community pharmacy contract requirements.</p> <p>Additionally Stop Smoking Wales information cards have been distributed to all pharmacies to allow signposting of patients to the smoking cessation services.</p>	To include patient information within signposting information pack	All pharmacies have been in receipt of a sign posting guide from ABHB.	ABHB	Annually to March 2012

<p>27. Local Health Boards should encourage community pharmacists to carry out Medication Usage Reviews for antihypertensive drugs in support of cardio / cerebro-vascular related public health campaigns. To support pharmacists, they should consider developing templates (or aides-memoire) to include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> a section on risk reduction and what this means to patients (importance of complying with medication, alcohol intake, smoking, diet, exercise etc); <input type="checkbox"/> a section asking about OTC medicines, especially those with a high sodium 	<p>Additional theme: pharmaceutical public health</p> <p>Medication Usage Reviews undertaken holistically.</p>	<p>The MUR service at the moment is fragmented and lacking in outcome information.</p> <p>Pharmacies have been asked to prioritise MURs on patients with chronic disease on four or more medicines; this will include a cohort on antihypertensives and with cardiovascular disease.</p>	<p>Post stroke/ cardiovascular risk has been identified as future guidance sheet(s); liaison with older persons pharmacist ongoing to develop information pack for pharmacists on stroke and stroke services in the localities, to cover all issues listed in column a.</p> <p>To encourage pharmacies to direct their MUR's at particular patient types – such as a target group for stroke prevention where MUR's will provide more clinical support for patients and tackle the waste agenda – will include domiciliary visits where necessary.</p> <p>As part of the ABHB CCM plans - to</p>	<p>MUR's cannot be directed to chronic conditions groups at the moment, however national initiatives may be set up to direct a certain percentage of MUR's to patients on high risk medicines or patients with stipulated conditions/polypharmacy.</p> <p>WCPPE has supplied postgraduate education for pharmacists around stroke in 2011.</p>	<p>ABHB</p>	<p>Annually to March 2012</p>
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<p>content or that increase blood pressure (provide a list);</p> <ul style="list-style-type: none"> <input type="checkbox"/> a section asking about medicines known to interact with antihypertensives (provide a list); <input type="checkbox"/> With respect to stroke -additional information on drugs that may cause problems (e.g. HRT) and how pharmacists should manage these. 			<p>"commission" community pharmacists to carry out directed MUR's in patients >70 on polypharmacy, patients who may be housebound.</p> <p>A central template would be beneficial and ABHB could cover training needs for this group of pharmacists.</p>			
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<p>28. Calculate European Age-Standardised Rates of QOF reported hypertension and atrial fibrillation for natural communities (groups of practices in communities at sub-LHB level) across Wales and correlate these with Townsend deprivation.</p>	<p>Cardiac NSF Key action 7 Additional theme: primary care data analysis</p>	<p>Work should be done centrally and disseminated locally</p>		<p>Work should be done centrally and disseminated locally</p>	<p>Public Health Wales</p>	<p>March 2012</p>
<p>29. Consider the utility of further analyses regarding the management of hypertension and atrial fibrillation (informed by the emerging literature about interpretation of QOF data)</p>	<p>Cardiac NSF Key action 7 Additional theme: primary care data analysis</p>	<p>All practices are maintaining QOF disease registers for CHD, stroke, hypertension, diabetes, smoking, atrial fibrillation, heart failure and obesity.</p>	<p>Work should be done centrally and disseminated locally</p>	<p>All GP practices in ABHB participate in the Quality and Outcomes Framework (QoF). This means that all GP practices have disease registers relating to clinical domains such as Hypertension. It provides a reasonably accurate estimate of prevalence of hypertension, by GP practice, by new NCN area, by Local Authority, by Health Board and at an all Wales level.</p> <p>In ABHB we have an above average age standardised prevalence of hypertension at 11.8 % of the population compared to the Welsh average</p>	<p>Public Health Wales</p>	<p>March 2012</p>

				<p>of 11.1%. However, one of our Local Authority areas in ABHB has the highest recorded prevalence in Wales. This is in Blaenau Gwent at 13.5%. This would be consistent with higher levels of hypertension in areas of deprivation.</p> <p>This information will soon be collected at Neighbourhood Care Network (NCN) level which will allow peer review between practices on hypertension control.</p> <p>GP practices have QOF targets to achieve on patients with a diagnosis of asthma, hypertension, coronary heart disease, stroke or TIA in relation to:</p> <ul style="list-style-type: none">- a record of smoking status,- advice given for smoking cessation- or referral to a specialist service in previous 15 months <p>A review of the evidence on screening for Atrial Fibrillation (AF) found that active screening for atrial fibrillation does detect</p>		
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				<p>additional cases over current practice. However, the preferred method of screening in patients of 65 or over in primary care is opportunistic pulse taking with follow up ECG rather than systematic screening of patients. SAFE Study: Hobbs FDR, Fitzmaurice DA, Jowett S, Mant J, Bryan S, Raftery J, Davies M and Lip G.</p> <p>It is clear that patients with Atrial Fibrillation usually have a significantly increased risk of stroke. However, the level of increased stroke depends on the number of additional risk factors. If a person with AF has none, the risk of stroke is similar to that of the general population. However, many people that do develop AF also have additional risk factors and in those patients, AF is a risk for stroke.</p> <p>Efforts in primary care should be centred on two groups of patients. The first are those patients known to have AF and to ensure that this is treated appropriately. The second aims</p>		
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				at detecting news patients with AF and this should involve opportunistic testing rather than systematic screening		
30. Review the linkage of pertinent health improvement work (tobacco control; physical activity; food and health; older people) to health services planning for stroke services, cardiac services and chronic conditions	Additional theme: tying health improvement work into health service planning	Common step One Map of Medicine being developed	To be included in CCM Steering group workplan	Taken through a number of groups: 1. ABHB Stroke Board 2. ABHB Chronic Conditions Steering group – High Impact changes targeting four levels of CCM. Development of an action plan for the Local Delivery plan completed. 3. ABHB Cardiac Planning Groups. Quarterly update on the Cardiac Strategic Framework Delivery Plan to WAG.	Local Health Boards/ NSF for Cardiac diseases/ Annual Quality Framework	March 2012

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<p>31. Raise awareness of the contribution that local community health development action makes to cardiovascular health and stroke prevention through Communities First communication mechanisms (bulletin; regional meetings; annual conference and local activities)</p>	<p>Additional theme: awareness raising</p>	<p>The Public Health Team are engaged with Communities First areas.</p>	<p>To raise awareness through communication mechanisms</p>	<p>Appropriate activities for Communities First to be explored</p>	<p>Stroke Association/ Public Health Wales/ Local Communities First teams</p>	<p>March 2012</p>
<p>32. Raise awareness of the links between stroke risk and health improvement work through community food co-operatives' newsletter and networking days</p>	<p>Additional theme: awareness raising</p>	<p>Work should be done centrally through WAG and Stroke Association</p>	<p>To be included in Health, Social Care and Wellbeing Strategy</p>	<p>Included in Health, Social Care and Wellbeing strategy</p>	<p>WAG - Health Improvement Division/ Stroke Association</p>	<p>March 2012</p>

33. Raise awareness of the links between stroke risk and health improvement work through the physical activity and nutrition networks' events, e-bulletin and newsletter Bitesize	Additional theme: awareness raising	Work should be done centrally through WAG and Stroke Association		Summary of Smoke Free Policy included in the Newsline publication issued to every household in Caerphilly.	Public Health Wales/ Stroke Association	March 2012
34. Link the issue of stroke prevention (as part of cardiovascular risk) with health improvement work in the next round of Corporate Health Standard regional event workshops and newsletter	Additional theme: awareness raising	Work should be done centrally through WAG, Public Health Workforce team and Stroke Association		Work should be done centrally through WAG, Public Health Workforce team and Stroke Association	Public Health Wales/ Stroke Association/ WAG -Health Improvement Division	March 2012

35. Provide awareness-raising sessions on stroke, stroke risk and stroke prevention (as part of cardiovascular prevention) to Health, Social Care and Well being Co-ordinators within the 3 regional Health, Social Care and Well being networks	Additional theme: awareness raising	Work should be done centrally through WAG, Stroke Association and 3 Regional Health Social Care and Well Being Networks		Contacted and secured the support of a range of professionals, including Health Challenge Representatives, Health Social Care and Wellbeing Facilitators and Communities First to deliver a Five ways to Wellbeing Network in ABHB.	Public Health Wales/ Stroke Association /WLGA//Health , Social Care and Well being networks	March 2012
36. Use the Healthy Ageing Programme to raise awareness of stroke prevention amongst older people	Additional theme: awareness raising	Work should be done centrally		Work should be done centrally	WAG - Health Improvement Division Age Concern Cymru/Help the Aged in Wales	March 2012
37. Conduct an awareness raising campaign 'know your blood pressure, know your pulse; including targeted action for BME groups at greater risk.	Cardiac NSF Key action 31 Additional theme: awareness raising	General Practice provides information leaflets to patients on all aspects of illness and disease. BHF patient information available on all cardiac conditions	Work should be done centrally and disseminated locally To continue to raise awareness of the 'know your blood pressure, know your pulse;' campaign locally, including targeted action for	The MECHANIC meeting is being held on 19 th September that will involve work with BME groups	WAG - Health Improvement Division/ NSF for Cardiac Diseases	March 2012

			BME groups at greater risk in particular localities			
38. Conduct an awareness raising campaign for health professionals in diagnosis and treatment of high-blood pressure, atrial fibrillation and stroke risk (including TIA).	Cardiac NSF Key action 33 Additional theme: awareness raising	SE Wales Cardiac Network running cardiac CPD courses for GPs in localities, annual PCCS meeting for primary care, periodical study days, training / awareness raising conferences, presentations at Network meetings and sub groups	<p>To continue providing input to primary care training.</p> <p>Work with Primary Care CPD leads to develop nationally accredited courses for GP revalidation</p> <p>Patient and carer information continue to be available from a variety of sources e.g. BHF, hand held record education booklets on CHD, Heart Failure and Diabetes.</p> <p>A GP Platform meeting in Monmouthshire was utilised to promote awareness of</p>	<p>To continue providing input to primary care training.</p> <p>Patient and carer information continue to be available from a variety of sources e.g. BHF, hand held record education booklets on CHD, Heart Failure and Diabetes.</p> <p>To continue to identify opportunities to support the WAG campaign and raise awareness with health professionals in diagnosis and treatment of high blood pressure, atrial fibrillation and stroke risk (including TIA)</p>	WAG - Health Improvement Division / NSF for Cardiac Diseases	March 2012

			<p>developments in cardiology</p> <p>Identify opportunities to support the WAG campaign and raise awareness with health professionals in diagnosis and treatment of high blood pressure, atrial fibrillation and stroke risk (including TIA)</p>			
39 (states action 40 in published action plan). Develop targets for reducing stroke mortality (all ages) and for reducing incidence of stroke (all ages).		Work should be done centrally		Work should be done centrally	WAG - Health Improvement Division Wales Stroke Alliance	March 2012