

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [dyfodol ymarfer cyffredinol yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [the future of general practice in Wales](#)

GP20 : Ymateb gan: Cysylltiad Strôc | Response from: Stroke Association



Cwestiynau am strôc? Questions about stroke?
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0303 3033 100 / stroke.org.uk
(Ffôn testun / Textphone 18001 0303 3033 100)



Stroke Association Consultation response

Health and Social Care Committee's Inquiry into the future of general practice in Wales

About the Stroke Association

The Stroke Association is the only charity in the UK providing lifelong support for all stroke survivors and their families. We provide tailored support to thousands of stroke survivors in Wales each year. This support includes digital support, telephone help and face to face, such as one-to-one and group support. It also includes funding vital scientific research into stroke prevention, acute treatment, recovery and long-term care, and campaigning to secure the best care for everyone affected by stroke.

Mums, dads, grandparents, young people, even children – anyone can have a stroke. It is sudden and unexpected, and its impact is traumatic. Stroke is a leading cause of disability and can leave survivors unable to move, see, speak or even swallow. Stroke can also lead to personality changes, anxiety and depression. We're here for stroke survivors and their loved ones, from the moment they enter the new and frightening post-stroke world, supporting them every step of the way as they find their strength and their way back to life.

There are currently around 70,000 stroke survivors living in Wales, and a further 7,400 are expected to have a stroke this year. A recent survey revealed that 45% of stroke survivors feel abandoned when they leave hospital, because they don't get the help and support they need.

Nearly half of stroke survivors told us they weren't contacted at all after leaving the hospital and 30% of those surveyed rated the care they received at home as poor or very poor.

The Stroke Association's Stroke Recovery Service provides a lifeline for survivors and their loved ones trying to make sense of the new and terrifying post-stroke

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world, one in which they might otherwise feel isolated and alone. Our coordinators work with stroke survivors and their families to provide vital, one-to-one support after discharge from hospital.

In Wales we have 34 dedicated staff, and 93 active volunteers. In 2023/2024, this team supported 3,446 stroke survivors and their loved ones.

Stroke in Wales

Stroke is estimated to cost NHS Wales £220 million annually, and for all sectors of the Welsh economy this is a combined £1.63 billion (£45,409 per patient in the first year). The latter cost is forecast to rise to £2.8bn by 2035 if no action is taken to mitigate against this. Giving thrombectomy treatment to eligible patients represents a saving of £47,000 per patient, over a 5-year period. If Welsh targets are met this would equate to a saving of £350 million over a 10-year period.

The Welsh Government's Quality Statement for Stroke outlines the essential attributes of high-quality stroke services, emphasising the need for effective prevention, early detection, and optimal management of high-risk conditions. It highlights the importance of specialist support to ensure stroke survivors can make a good recovery and rebuild their lives.¹ The statement calls for a coordinated approach to service improvement, focusing on reconfiguration, thrombectomy, thrombolysis, imaging, and rehabilitation services. It also includes reference to recognition of the importance of rehabilitation, early therapeutic intervention, self-management, peer support and group consultations to life after stroke services. By addressing unwarranted variations in care and fostering collaboration with Third Sector organisations, the Quality Statement aims to improve patient outcomes and support a long-term and consistent approach to improving stroke services in line with the Wellbeing of Future Generations Act.

The next step forward is the complete transformation of stroke services across the whole pathway, from prevention through to life after stroke. There is currently a huge opportunity to use this work in stroke to pave the way for improvements for other conditions. Prevention is a key part of this, especially since stroke is predicted to rise by 50% in the next 20 years.²

¹ [The quality statement for stroke | GOV.WALES](#)

² [The quality statement for stroke \[HTML\] | GOV.WALES](#)

The Stroke Association's Response to the Inquiry into the future of general practice in Wales.

We welcome the Senedd's Inquiry into the future of general practice in Wales. General practice plays a crucial role in the lives of people affected by stroke, both in primary and secondary prevention. For primary prevention, GPs are often the first point of contact for patients, and they can provide essential assessment and education on risk factors such as high blood pressure, diabetes, and lifestyle choices, which can affect preventable strokes. By identifying and managing these risk factors early, GPs can significantly reduce the likelihood of stroke occurrence.

In terms of secondary prevention. General practice is vital for ongoing care and support for stroke survivors by supporting access to rehabilitation and recovery services, monitoring patients' progress, and manage any complications that arise. However, Stroke Association Life After Stroke Services also provide secondary prevention support, such as preventive measures to maintain a healthy lifestyle and prevent recurrent strokes and identifying the needs of the stroke survivor, their carer and family at the right time so that they can access the care and support they need when they need it. This holistic approach not only improves outcomes for people who experience a stroke but, when done well, improves their quality of life.

This consultation response addresses the key challenges and provides recommendations.

Challenges Threatening the Sustainability of General Practice

Financial pressures

Adequate and consistent funding is crucial to support preventive measures in general practice, such as regular blood pressure screenings and public education on stroke risk factors. Recent research by the Stroke Association shows that only 53% of UK adults know that high blood pressure is a top risk factor for stroke.³

³ https://www.stroke.org.uk/sites/default/files/policy/jn_2122-283.1_-_what_we_think_about_hypertension.pdf

"36% of people who have experience of, and therefore a connection, to stroke don't know that high blood pressure is the biggest risk factor for the condition. In addition, the Stroke Association has found that awareness levels are even lower amongst people who don't have such a connection to stroke, with 43% not knowing that high blood pressure is the leading risk factor for stroke."⁴

Recommendation: investing in prevention, including through general practice will help to reduce long-term healthcare costs by decreasing the incidence of strokes.

Workforce

General practice in Wales faces significant workforce challenges, including⁵ difficulties in recruiting and retaining GPs and other healthcare professionals. High workloads and burnout among existing staff further exacerbate these issues, impacting the quality of care provided. Addressing these challenges requires targeted investment in training, support for staff wellbeing, and strategies to attract new professionals into the field.⁶

Preventive strategies for stroke and chronic diseases are actively implemented in Wales, but there is room for improvement. The Stroke Delivery Plan (2017-2020) by the Welsh Government outlined a comprehensive framework for action that emphasised the importance of prevention, early recognition, and effective care. The progression from the Stroke Delivery Plan to the Quality Statement for Stroke represents a continued commitment to improving stroke services in Wales, focusing on prevention, early recognition, and effective care. However, the implementation of these plans has been slow due to a lack of political commitment and clarity on available funding. The lack of progression of this essential work has led to fragile stroke services and the relocation of stroke units, (In January 2025, the stroke unit at Prince Charles Hospital in Merthyr Tydfil was relocated to the Royal Glamorgan Hospital in Llantrisant), which consolidates services and increases travel distances for patients.⁷ Reduced access to local stroke units, combined with a lack of clarity amongst the public on where they can access support for having a stroke can delay timely interventions, which are crucial for effective stroke prevention and

⁴ <https://www.mynewsdesk.com/uk/stroke-association/pressreleases/over-a-third-of-brits-dont-know-that-high-blood-pressure-is-the-biggest-risk-factor-for-stroke-3366838#:~:text=In%20addition%2C%20the%20Stroke%20Association,leading%20risk%20factor%20for%20stroke.>

⁵ [jn_2122-283.1 - what we think about hypertension.pdf](#)

⁶ [General practice workforce: as at 30 September 2024 \[HTML\] | GOV.WALES](#)

⁷ [Health board confirms stroke unit closure](#)

management. This delay can increase the burden on general practice, as GPs may need to manage more complex cases without immediate specialist support. Consequently, the effectiveness of preventive measures is hindered, leading to higher risks of stroke and poorer experiences and outcomes for people who experience a stroke. Ensuring timely access to specialised stroke care is essential for maintaining the effectiveness of preventive strategies in general practice

Public Health Wales also highlights the need for both individual and population-level approaches to tackle stroke risk factors, such as hypertension, smoking, and obesity.⁸ Despite these efforts, challenges remain in ensuring equitable access to preventive services and fully integrating these strategies into routine care. Addressing these gaps can significantly reduce the incidence of stroke and other chronic diseases in Wales.⁹

Recommendation: a well-trained and adequately staffed workforce can provide better preventive care, reducing the risk of strokes. The focus on preventive care, including stroke prevention, is crucial given the predicted increase in stroke incidence over the next 20 years. Training healthcare professionals in preventive care strategies involves educating them on the importance of early detection and management of risk factors such as high blood pressure, diabetes, and lifestyle choices. This training helps GPs and other healthcare professionals provide comprehensive care that can significantly reduce the likelihood of strokes.

Moreover, the investment includes funding for continuous professional development programs, which keep healthcare professionals updated on the latest preventive care strategies. By developing their skills and knowledge, healthcare professionals can offer better support to patients, ensuring timely interventions and effective management of risk factors. Overall, this investment in training is essential for building a resilient and capable healthcare workforce in Wales, capable of delivering high-quality preventive care and improving outcomes for people.

Investment in training GPs and other healthcare professionals in preventive care strategies, including stroke prevention, is essential due to the significant burden of chronic diseases. By equipping healthcare professionals with the necessary skills and knowledge, we can improve preventive support, improve patient outcomes and experiences and reduce the incidence of strokes in Wales.

⁸ phw.nhs.wales/services-and-teams/local-public-health1/cwm-taf-morgannwg-public-health-team/cwm-taf-morgannwg-public-health-documents/cwm-taf-annual-report-of-the-director-of-public-health-2018-a-public-health-approach-pdf/

⁹ welsh-english-ncd-paper.pdf

Training and professional development

Although there is ringfenced time for professional development, the reality is that GPs often struggle to find the time for continuous professional development (CPD) due to the pressures of their daily responsibilities. CPD opportunities should be provided to keep healthcare professionals updated on the latest preventive care strategies.

Recommendation: regular training sessions and professional development programs. CPD courses can focus on increasing awareness of stroke risk factors, symptoms, and the importance of early intervention. This includes training on how to recognise the signs of a stroke and provide immediate care which is crucial for improving outcomes for people who experience a stroke. Education for GPs on latest preventive care strategies, such as managing hypertension, diabetes, and lifestyle modifications helps GPs and other healthcare professionals to implement effective preventive measures and reduce the incidence of strokes. There is also a need to remind GPs and their staff members (including administrative and nursing staff) about the FAST signs and symptoms. When GPs and their staff are well-versed in the FAST signs, they can educate patients and their families about recognizing these symptoms. This knowledge empowers the community to act swiftly if they or someone they know experiences a stroke. In a healthcare setting, effective communication and coordination among all staff members are essential. When everyone, including administrative and nursing staff, is aware of the FAST signs, they can work together more efficiently to ensure rapid response and treatment. Keeping healthcare professionals informed about the latest preventive care strategies can enhance the quality of care provided to patients at risk of stroke.

Equitable access to preventative care

Access to general practice services in Wales can be challenging, particularly for those living in rural areas or facing socioeconomic barriers. These challenges can lead to delays in preventive care, which is crucial for managing risk factors like high blood pressure and preventing strokes.¹⁰

Wales has continued to build on the virtual doctor appointments initiative introduced during the pandemic. The use of digital services in NHS Wales has been expanded and integrated into routine care. Improved access to preventive services

¹⁰ phw.nhs.wales/services-and-teams/local-public-health1/cwm-taf-morgannwg-public-health-team/cwm-taf-morgannwg-public-health-documents/cwm-taf-annual-report-of-the-director-of-public-health-2018-a-public-health-approach-pdf/

can help identify and manage risk factors early, reducing stroke incidence. By developing video/telehealth appointments and mobile clinics, healthcare providers can offer timely interventions and continuous patient engagement, which are critical for effective stroke prevention.

Digital exclusion remains a significant issue in Wales, particularly affecting older adults, rural communities, and those with low incomes.¹¹ While video appointments and digital tools can greatly improve access to preventive care, it's essential to recognise that not everyone has the ability, equipment, or connectivity to use these services effectively.

Recommendation: It is crucial to ensure that patients have the choice to access face-to-face consultations if they prefer. Equal access to in-person healthcare services is vital to prevent widening health inequalities and to ensure that all patients receive the care they need, regardless of their digital literacy or access to technology. Balancing digital and traditional healthcare options can help create a more inclusive and effective healthcare system. Access to preventive services can help identify and manage risk factors early, reducing stroke incidence.

Improved awareness of preventable diseases and their connection with conditions like stroke

In HIW's National Review into Patient Flow they noted that they '...asked people in their patient survey for their views on stroke awareness and its prevention. Disappointingly, 62% of respondents said they did not believe they were at risk of having a stroke before it happened, and a further 26% had not considered the possibility of them having a stroke. It is concerning that 85% of respondents had never discussed the risk factors of a stroke with a healthcare professional, prior to this happening to them. Only 10% had discussed it with their GP, and just 5% having discussed this with other health care professionals.'

Empowering patients with knowledge and support can lead to better self-management of risk factors and reduced stroke incidence.

Recommendation: targeted stroke prevention programs should focus on empowering individuals to manage their health. Building trust with patients through

¹¹ [New report examines digital exclusion and examples of approaches to prevent widening inequalities - Public Health Wales](#)

consistent and proactive communication about stroke prevention is essential.

A shift to preventive approach to care

Emphasising the long-term benefits of preventive care in reducing the burden of chronic diseases, including stroke, is crucial. In HIW's survey, when they asked respondents about their ethnicity, they state that '...there were zero responses indicating people were from Black, Asian, or other ethnic groups. According to the Stroke Association and Different Strokes organisation, strokes may happen more often in people who are black or from Asian families. In addition, it is suggested that within these groups, people may need to get checked at an earlier age for diabetes, particularly if they have any risk factors, such as being overweight.' In addition, 'Socio-economic factors also impact on the risk of stroke. Health inequalities disproportionately affect certain communities and socio-economic deprivation is linked to worse health outcomes. Strokes occur more commonly in areas of deprivation, therefore, highlights the inequalities in people's health status. It is therefore important that when engaging with the public on stroke awareness and stroke prevention, health boards, Welsh Government and PHW should ensure they reaches out to people affected negatively by socio-economic factors.'

Recommendation: Welsh Government should ensure the urgent implementation of recommendations 1, 2 and 3 of HIW's National Review into Patient Flow:

'Recommendation 1:

Health boards should engage with each other, to learn from the good patient education practices taking place across Wales. This could help the shared learning between themselves and with GP practices in their localities, to educate patients of the risks for a stroke, to help reduce the number of strokes across Wales.

Recommendation 2:

Public Health Wales should consider the development and promotion of a national campaign to raise stroke awareness and its prevention in Wales alongside its Act FAST campaign. This should include raising awareness of stroke prevention within black and minority ethnic communities and the impact of health inequalities and socio economic deprivation.

Recommendation 3:

Health boards and PHW should work closely with Black, and minority ethnic communities and people affected by socio economic deprivation, to understand the specific issues they face with their increased risk of stroke and in accessing preventative care and ensure ongoing engagement with them to support better health outcomes.¹²

The Prevention-Based Health and Care Framework by Public Health Wales¹³ also highlights the need for a shift towards a prevention based health and care system that focuses on early intervention and collaboration across sectors. Integrating this framework with public awareness campaigns like Act FAST, which educates people on recognising stroke symptoms and seeking immediate help, can significantly improve stroke prevention and management. Addressing recommendations from the HIW National Review into Patient Flow, such as timely access to treatment and effective discharge processes, further supports this approach. By combining preventive care strategies with public education, Wales can improve patient outcomes and experiences and reduce the burden of stroke on public health in Wales.

Closer collaboration amongst health professionals

Multidisciplinary teams can provide comprehensive care that addresses various aspects of stroke prevention. In HIW's National Review into Patient Flow, they state that '...across Wales, we found that some staff working within stroke services, in collaboration with GP practices, had developed a process to educate people on stroke prevention. Their work includes communicating the risk factors for stroke and preventative measures to help reduce the risks of stroke. The aim is to educate people on healthy diets, exercise, alcohol consumption, smoking cessation, and stress reduction. However, whilst we found this positive practice in some areas of Wales, it was not consistent through all health boards and their localities.'

Improved support for lifestyle modifications can lead to better management of risk factors, thereby reducing the likelihood of strokes.

Recommendation: Use the transformation of stroke services to more effectively integrate allied healthcare professionals into multidisciplinary teams, including dietitians and physiotherapists, can enhance lifestyle modification support and

¹² [National Review of Patient Flow](#)

¹³ [Prevention Based Health and Care - Public Health Wales](#)

preventive care. Use these examples to highlight how this can work for other conditions.

Closer collaboration with the Third Sector

Collaborating with Third Sector organisations and community groups can integrate preventive both primary and secondary initiatives into routine practice and create a more joined up and holistic approach. However, the Third Sector is often seen as a 'nice to have' rather than an essential part of support across Wales.

In terms of post-discharge support, Stroke Association services, such as the Stroke Recovery Service, can be integrated into the discharge planning process to ensure stroke survivors receive continuous support after leaving the hospital, reduce demand on general practice, support consistent healthy lifestyle behaviours and reduce incidence of secondary strokes and re connect with their communities decreasing dependency.

Stroke is life changing. Besides physical health, it affects a person's emotional wellbeing, family and finances. For most survivors, recovery is not about going back to how they were before the stroke. People tell us that, for them, recovery means being supported to get on with their lives and achieve the best possible, individual, quality of life.

Our Stroke Support Coordinators provide a lifeline for survivors and their loved ones trying to make sense of the new and terrifying post-stroke world, one in which they might otherwise feel isolated and alone.

They provide vital, one-to-one support that stroke survivors and their families need along their recovery journey. They work to understand each stroke survivor's individual needs, so they can tailor support to what matters most. They help survivors to make sense of the advice of medical staff and understand their diagnosis and medication. They support and encourage survivors to commit to their rehab therapy and provide the crucial emotional support that is so often needed after the trauma of a stroke. With the wider family in mind, our Stroke Support Coordinators help to address worries about money and getting around and provide guidance on issues such as rights at work and carer support.

Stroke Support Coordinators also have extensive experience and knowledge of the health and social care service. That means they can navigate complex systems and advocate on behalf of stroke survivors and their families. They

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can also connect them with local services that provide additional support to help survivors and their families through the long and emotional journey to recovery.

The Stroke Association also provides a Community Connect Stroke Support Service in Carmarthenshire, commissioned by Carmarthenshire County Council. This service supports stroke survivors, their families, and carers re connect with their communities and build a new active life by offering information, advice, and support to help them regain skills, confidence, and independence. The service focuses on sustainable social integration and strong community relationships. It includes activities like health and wellbeing walking groups, awareness raising and peer support groups. These initiatives aim to help stroke survivors stay active, engaged, and connected with their communities

This service has helped to identify and support people who slip through the gaps in the health and social care system. For example, the Community Connector supported someone who received physiotherapy for a limited amount of time. They were then discharged and send back to their GP for further support, but unfortunately, they struggled to access appointments to explore their needs further. Accessing a Stroke Association Community Connector helps reduce demand and pressure on primary care by connecting stroke survivors with the right support at the right time. The Stroke Recovery Service and Community Connect Service, assist those with communication difficulties, such as aphasia, by providing strategies to improve communication, rebuild confidence, and enhance independence. The Community Connect Service allows Coordinators on the Stroke Recovery Service to focus on providing more intensive support. This enables them to help stroke survivors regain independence and rebuild their lives through personalised support plans, home visits, and phone calls tailored to individual needs and priorities.

The Stroke Association's Stroke Recovery Service also supports to reduce the risk of secondary strokes by helping to manage risk factors like high blood pressure, diabetes, and cholesterol levels, encouraging lifestyle modifications such as regular physical activity, a healthy diet, smoking cessation, and encouraging medication adherence with prescribed treatments, such as statins. Peer support groups are also offered to help survivors to help SS come to terms with their stroke and get support from other people with lived experience.

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Long-term support is essential for stroke survivors, as recovery and adaptation continue well beyond the initial 12 months post-discharge. Peer support and community groups, such as clubs, cafes, and various activities, are vital in reducing social isolation, boosting confidence, and fostering independence among stroke survivors. Peer groups can provide a sense of belonging and shared experience, which can support improved mental health and emotional well-being.

By providing tailored support, the Stroke Association also helps to reduce hospital readmissions and shorten hospital stays, thereby improving discharge processes. The Stroke Association also offers emotional and communication support services, which support a holistic approach to care and are critical for stroke survivors adjusting to life after a stroke.

However, the end of projects like the Stroke Association's Next Steps initiative due to funding constraints highlights a critical issue: short-term or project-based funding can severely disrupt the continuity of care. This often leaves stroke survivors without essential support, placing additional strain on statutory services.

It is imperative to recognise that long-term support should be genuinely long-term, extending beyond arbitrary funding cycles. Support services driven by funding availability rather than actual needs are not cost-effective in the long run. Although the Duty of Quality mandates that service decisions should not be driven solely by financial considerations, we continue to witness financial factors dominating these decisions. Investing in sustained, support that is led by need can prevent recurrent hospital admissions and reduce the overall burden on healthcare systems.

Therefore, a shift towards more stable and needs-based funding models is necessary to ensure that stroke survivors receive the continuous support they require for a better quality of life.

Welsh public sector procurement processes, which allow third sector organisations to bid are essential for long term commitment to fund services. However, the length of tenders is important. For example, short term contracts and annual rollovers create uncertainty and affect employment security for individuals. As a result, trained and experienced staff often seek alternative opportunities, leading to a cycle of staff turnover and gaps in service due to ongoing recruitment and training needs. Additionally, the lengthy wait for a tender is not ideal for charities, as it hampers their ability to deliver timely and effective services and often there is not the opportunity to showcase the wider benefits of what they could provide.

Recommendation: to improve support for stroke survivors, it is crucial to establish

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long-term funding models and integrate Third Sector services into health and social care plans. Simplifying procurement processes will improve employment security and service delivery. Promoting cross-sector collaboration and integrating post-discharge support will ensure continuous care. Expanding services for communication difficulties, focusing on secondary prevention, and addressing social isolation will improve survivors' quality of life. Provision for needs-based support, highlighting the economic benefits of sustained care will reduce healthcare burdens and improve outcomes for stroke survivors, their carers and families in Wales.

In addition, sharing data across different sectors and making it publicly available will help understand the bigger picture and ensure continuous improvement and flexibility to adapt to changing needs. Transparent data sharing can lead to better-informed decisions and continuous improvement in stroke prevention strategies.

Conclusion

General practice plays a crucial role in improving patient flow by managing waiting lists, expanding diagnostic testing in communities, and providing continuity of care. Strengthening the role of GPs in Wales can help address these challenges, ensuring that patients receive timely and effective care throughout the stroke pathway. By improving patient flow, general practice can improve stroke prevention and management, leading to better patient outcomes and reduced incidence of strokes in Wales. Addressing these challenges will ensure the sustainability of general practice in Wales. A focus on preventive care, supported by adequate funding, a well-trained workforce, and equitable access to services, will improve patient outcomes and experiences and reduce long-term healthcare costs.

As we approach the 2026 Senedd Cymru election, it is crucial to prioritise stroke care and support in Wales. When it comes to stroke outcomes, Wales currently ranks 21 out of 26 countries in Europe. England is positioned at 12.

Addressing the stroke pathway could be used as an example to get the whole pathway right for other conditions. By transforming stroke services, we can drive improvements in prevention, treatment and recovery across all health conditions.

For more information, please contact:

Angela Contestabile, Policy and Influencing Lead, Stroke Association