# Promoting Cardiovascular Health:
## the Stroke Risk Reduction Action Plan

### Introduction

Strokes are the leading cause of adult disability in Wales and the third most common cause of death after cancer and heart disease. Although stroke is predominantly a disease affecting older people, it can affect people of any age. The 2006 National Service Framework for Older People in Wales contains a standard that requires action to prevent stroke by reducing risk factors across the whole population, as well as those at relatively greater risk of stroke.

Risk factors for stroke are generally the same as risk factors for a range of other conditions such as heart disease and diabetes; although hypertension and atrial fibrillation are particularly important factors. Action is needed to increase levels of physical activity, healthy eating, smoking cessation, sensible drinking and better management of high blood pressure and atrial fibrillation.

Welsh Health Circular (2007) 58, emphasised that tackling stroke is one of the top priorities for the health service in Wales. It included the requirement that Local Health Boards and local government work in partnership to ensure risk factors for stroke are addressed within the next round of Health, Social Care and Well Being (HSCWB) strategies.

The following Welsh Health Circular ((2007) 082) required an assessment to be made of gaps in the availability of local and national resources or services that sought to reduce the risk factors for stroke. The resulting Stroke Services Improvement Programme included an action to address stroke risk and was taken forward by Public Health Wales as work stream 'E'.

In developing the Risk Reduction Action Plan, Public Health Wales conducted a mapping exercise, delivered a locality questionnaire and held a series of national meetings with stakeholders. The draft action plan was then put through a two week consultation with stakeholders and wider partners.

The stroke risk reduction action plan contains actions that build on the work already being delivered in order to create added value and minimise additional services costs. It focuses on primary prevention but takes into account that risk reduction applies to the entire stroke care pathway. As well as taking a population level approach, the plan makes links to specific individual level interventions such as National Exercise Referral and pharmaceutical public health.

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In addition, following recommendations by the Health, Well Being and Local Government Committee and the Wales Stroke Alliance, it includes actions that will raise public awareness of the risk factors for high-blood pressure, atrial fibrillation, transient ischaemic attack and stroke; and it will support health professionals in diagnosis and treatment.

The action plan aligns with the Welsh Assembly Government's public health framework – Our Healthy Future – under the following priorities:

- Reducing inequities in health
- Improving health in the workplace
- Reducing the level of smoking
- Increasing physical activity
- Reducing unhealthy eating


The Minister for Health and Social Services approved the Action Plan on 22 June 2010.

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# Stroke Risk Reduction Action Plan

| Key action required | Link to NSF for Cardiac Disease Strategic Aim One (Prevent cardiovascular disease) & additional themes | Lead organisations | Timescale |
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| 1. Seek opportunities to provide a nationally co-ordinated approach to introductory public health/community health development training to Communities First staff | Cardiac NSF action 1: As part of the local response to *Health Challenge Wales*, provide ill health prevention information & promote local activities, particularly in disadvantaged communities | Public Health Wales<br>WAG - Communities First Unit<br>Wales Council for Voluntary Action | March 2012 |
| 2. Review opportunities to appropriately link local *Health Challenge* web sites, literature and activities with stroke prevention | Cardiac NSF action 1 | Local authorities<br>Local Health Boards with Health, Social Care & Well being partners | March 2012 |
| 3. Review the range of approaches that are and could be used to tackle inequities and inequalities in health, the tools that can help and opportunities to enhance current practice | Cardiac NSF action 1 | Public Health Wales with Health, Social Care & Well being partners | March 2012 |
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| 4. All 22 unitary authority areas to have updated tobacco control action plans, covering the areas of:<br>• discouraging children from starting | Cardiac NSF action 2: Make available Stop Smoking Wales services to every smoker who wants to quit smoking within one month of referral, and support local smoke free | Local Health Boards<br>Public Health Wales<br>Local authorities | March 2011 |

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| to smoke<br>• encouraging young people and adults to quit smoking<br>• reducing exposure to environmental tobacco smoke | policies and activities | | |
| 5. Ensure continued implementation of smoking prevention programmes targeting young people i.e. Smokebugs!; Smokefree Class Competition; ASSIST | Cardiac NSF action 2 | WAG – Health Improvement Division<br>Public Health Wales | March 2011 |
| 6. Review opportunities to further target smoking cessation services in areas of disadvantage and with population groups at particular risk | Cardiac NSF action 2 | Public Health Wales | March 2011 |
| 7. Roll out accredited brief intervention training for smoking cessation to health and social care professionals and community workers | Cardiac NSF action 2 | Public Health Wales | March 2012 |
| 8. Identify opportunities to introduce a smoking cessation component to the core curricula of medical, nursing, midwifery and pharmacy professionals' training | Cardiac NSF action 2 | Public Health Wales<br>Universities | March 2011 |
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| 9. Pilot an expansion of the dietetic capacity grants scheme to target training towards people who work with older people | Cardiac NSF action 3 Participate in the delivery of the action plan resulting from the Welsh Food Debate/ Nutrition Strategy for Wales, the Food and Fitness Implementation Plan for Children and Young People, and the Climbing Higher: Creating an Active Wales Strategic Action Plan | WAG – Health Improvement Division<br>Food Standards Agency Wales | April 2010 - March 2011 |
| 10. Publish the prevention component of an All Wales Obesity Pathway | Cardiac NSF action 3 | WAG – Health Improvement Division | May 2010 |
| 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 | Cardiac NSF action 3 | Local authorities<br>Food Standards Agency Wales | March 2012 |
| 12. Identify opportunities to increase action to support sedentary adults become more physically active | Cardiac NSF action 3 | Local authorities<br>Local Health Boards<br>Public Health Wales with Health, Social Care & Well being partners | March 2012 |
| 13. Review potential to develop local partnership approaches to healthy urban planning, in line with the | Cardiac NSF action 3 | Public Health Wales<br>Local authorities | March 2012 |

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| Physical Activity Network for Wales planning toolkit | | | |
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| 14. Continue to deliver National Exercise Referral Scheme to patients at risk of stroke | Cardiac NSF action 4 Support the National Exercise Referral Scheme and ensure that all exercise referral schemes confirm to the national standard protocol and take account of the exercise referral trial when available | WAG – Health Improvement Division<br>WLGA<br>Local authorities | March 2012 |
| 15. Expand National Exercise Referral Scheme community-based exercise opportunities to include opportunities for patients with a history of Transient Ischaemic Attack and stroke | Cardiac NSF action 4 | WAG – Health Improvement Division<br>WLGA<br>Local authorities | March 2012 (depends on when training course becomes available) |
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| 16. Sixty per cent of maintained schools achieve Phase 3 of Welsh Network of Healthy Schools 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 action 5 Increase participation in the Welsh Network of Healthy Schools Schemes | Local authorities<br>Schools<br>Public Health Wales | March 2012 |

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| 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 action 6 NHS organisations to achieve the gold or platinum level of the Corporate Health Standard and encourage other organisations to participate | WAG – Health Improvement Division<br>Public Health Wales | March 2012 |
| 18. Provide support to small workplaces to meet the requirements of the Small Workplace Health Award | Cardiac NSF action 6 | Public Health Wales | March 2011 |
| 19. Update the "General Health" section of the Corporate Health Standard pack to specifically mention stroke prevention (as part of cardiovascular risk) | Cardiac NSF action 6 | WAG – Health Improvement Division | March 2011 |
| 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 | Cardiac NSF action 6 | Public Health Wales | March 2012 |

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| improvement work). | | | |
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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 site where appropriate. | Cardiac NSF action 6 | WAG – Health Improvement Division<br>Public Health Wales | March 2012 |
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| 22. Ensure development and delivery of health improvement action to promote the cardiovascular health of older people in line with the Healthy Ageing Action Plan for Wales | Additional theme: promoting health of older people | Local Health Boards<br>Local authorities<br>Public Health Wales with Health, Social Care & Well being partners | March 2012 |
| 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 | Additional theme: promoting health of older people | Local Health Boards<br>Local authorities<br>Public Health Wales with Health, Social Care & Well being partners<br>WAG – Health Improvement, Health Protection, Energy Efficiency and fuel Poverty | March 2012 |

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| during heatwaves. | | team | |
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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 | WAG - Health Improvement Division | March 2012 |
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| 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 campaigns) | Additional theme: pharmaceutical public health | Local Health Boards | Annually to March 2012 |
| 26. Provide information to Community Pharmacies to enable signposting on services associated with cardiovascular prevention | Additional theme: pharmaceutical public health | Local Health Boards | Annually to March 2012 |

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| 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:<br>• a section on risk reduction and what this means to patients (importance of complying with medication, alcohol intake, smoking, diet, exercise etc);<br>• a section asking about OTC medicines, especially those with a high sodium content or that increase blood pressure (provide a list);<br>• a section asking about medicines known to interact with antihypertensives (provide a list);<br>• With respect to stroke - additional information on drugs that may cause problems (e.g. | Additional theme: pharmaceutical public health | Local Health Boards | Annually to March 2012 |

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| HRT) and how pharmacists should manage these. | | | |
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| 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. | Additional theme: primary care data analysis | Public Health Wales | March 2011 |
| 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) | Additional theme: primary care data analysis | Public Health Wales | March 2012 |
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| 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 | Local Health Boards | March 2011 |

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| 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) | Additional theme: awareness raising | Stroke Association<br>Public Health Wales<br>Local Communities First teams | March 2012 |
| 32. Raise awareness of the links between stroke risk and health improvement work through community food co-operatives' newsletter and networking days | Additional theme: awareness raising | WAG - Health Improvement Division<br>Stroke Association | March 2011 |
| 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 | Public Health Wales<br>Stroke Association | March 2011 |
| 34. Link the issue of stroke prevention (as part of cardiovascular risk) with health improvement work in the next round of Corporate Health | Additional theme: awareness raising | Public Health Wales<br>Stroke Association<br>WAG - Health | March 2012 |

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| Standard regional event workshops and newsletter | | Improvement Division | |
| 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 | Public Health Wales<br>Stroke Association<br>WLGA | March 2012 |
| 36. Use the Healthy Ageing Programme to raise awareness of stroke prevention amongst older people | Additional theme: awareness raising | WAG - Health Improvement Division<br>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. | Additional theme: awareness raising | WAG - Health Improvement Division | June 2010 |
| 38. Conduct an awareness raising campaign for health professionals in diagnosis and treatment of high-blood pressure, atrial fibrillation | Additional theme: awareness raising | WAG - Health Improvement Division | June 2010 |

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| and stroke risk (including TIA). | | | |
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| 40. Develop targets for reducing stroke mortality (all ages) and for reducing incidence of stroke (all ages). | | WAG - Health Improvement Division<br>Wales Stroke Alliance | July 2010 |

## Evaluation measures

(1) Expected OUTPUT

i) Improved lifestyles i.e. improved diet, weight and physical activity; reduced salt, alcohol intake and smoking rates.

*Data sources: the Welsh Health Survey and the National Diet and Nutrition Survey*

(2) Expected OUTCOME

i) Comparable incidence rates with the lowest world quartile by 2015. *Data source: QOF stroke register*

ii) To reduce the European Age Standardised Rate (EASR) for stroke deaths (mortality) by 20 per cent in 65 to 74 year olds by 2012. *Data sources: Office for National Statistics*

iii) <TO BE DEVELOPED incidence target – all ages>

iv) <TO BE DEVELOPED mortality target – all ages>