## Eluned Morgan AS/MS Y Gweinidog lechyd a Gwasanaethau Cymdeithasol Minister for Health and Social Services



Llywodraeth Cymru Welsh Government

Our ref: WQ91581, WQ91582, WQ91583 & WQ91584

Russell George MS Senedd Constituency Member for Montgomeryshire

Russell.George@senedd.wales

21 March 2024

Dear Russell,

I am writing in response to your Written Questions below:

- Will the Minister clarify whether the business cases being undertaken by health boards on the transformation of stroke services will be resourced from their existing budgets only, or whether the Welsh Government will be providing additional funding on top of this to ensure that it will be properly resourced?
- What is the Welsh Government doing to engage people with lived experience of stroke in order to shape the transformation of stroke services?
- When will the engagement and involvement job roles funded by the Stroke Association for the NHS Executive be in place, to shape the transformation of stroke services, and what consideration has the Minister given to the issue that the funding may be lost if not spent by 31 March 2024?
- What reassurances can the Minister provide that people who live across mid Wales, who already have to travel long distances to access acute provision, will not be disproportionately negatively impacted by further centralisation of acute stroke services?

In 2021 we published the Stroke Quality Statement (SQS). This sets out Welsh Government's vision for good quality services for people of all ages affected by stroke in Wales, including the outcomes and standards we expect NHS organisations to achieve. Our aim remains for people of all ages to have the lowest possible risk of having a stroke, and, when it does occur, to have an excellent chance of surviving, and returning to independence as quickly as possible. The SQS was co-produced by the former Stroke Implementation Group (SIG) which was funded by Welsh Government between 2017-2023. I expect all NHS organisations in Wales to use the SQS as the basis for planning how services for people affected by Stroke are developed and delivered.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

NHS organisations will be supported to implement the SQS by the NHS Wales Executive (the Executive). This is the body responsible for driving improvements in the quality and safety of care. The Executive will do this in collaboration with a range of National Clinical Leads, and a suite of Strategic Clinical and Implementation Networks. The SIG has now transitioned into the Stroke Implementation Network (SIN) within the newly established Cardiovascular Clinical Strategic Network. The SIN continues to be supported by a national team consisting of the National Clinical Lead for Stroke, the National Allied Health Professionals Lead for Stroke, and the SIN Manager. This team has supported the establishment of regional programmes and steering boards across Wales and worked closely with these and the Stroke Association to plan and undertake extensive engagement, including those with lived experience who continue to be at the heart of the development of stroke services moving forward. This engagement will be further supported by the Engagement and Involvement job roles being funded by the Stroke Association, which the NHS Executive is committed to having in place during the first quarter of the new financial year. These roles will be a valuable addition to the team and speaks volumes of the strong working relationship between the national team and the Stroke Association.

A national patient survey is being deployed across Wales to ascertain the experiences of stroke survivors during a set period. All regions are working on the local engagement plans (which will include various mechanisms for capturing and engaging the views of their local populations, these activities will take place both digitally, paper-based and in person as appropriate). Alongside this a national engagement and involvement framework and plan is being developed to support regional work to ensure the voices of people with a lived experience of stroke are reflected and included in the co-design of our services.

Stroke changes lives in an instant and we recognise that to attain the aim set out in the SQS the model for stroke services in Wales must change to a comprehensive regional stroke (CRSC) model. The regional and national teams are working to ensure equity of access and provision of stroke services, mindful of the additional reconfiguration of services also taking place in NHS England (Hereford/Worcester and Telford/Shrewsbury) and the development of the CRSC model in Wales. We remain committed to ensuring that stroke patients across Wales, no matter their location, have timely access to cutting edge stroke intervention and highly specialised rehabilitation.

Investment will be required to ensure we can deliver an equitable, sustainable, and safe CRSC stroke model for our Welsh population, and regional and national business cases are being developed which will include any funding requirements. I look forward to receiving this information in due course.

Yours sincerely,

M. E. Maga

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