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Deputy Louise O'Reilly, TD
Dáil Éireann
Leinster House
Kildare Street
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RE: 21106/21

To ask the Minister for Health the status of the implementation of recommendation 5.24 of Changing Cardiovascular Health: National Cardiovascular Health Policy 2010 – 2019; the actions that were taken to ensure full implementation; the aspects outstanding; and if he will make a statement on the matter

Dear Deputy O'Reilly,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Programme (NCP) for Stroke on your question and have been informed that the following outlines the position.

RECOMMENDATION 5.24

Clinical management of carotid disease should involve the following:

- All patients with recent TIA or non-disabling stroke should have urgent ipsilateral carotid assessment by Doppler ultrasound or CTA/MRA.

Where $\geq 50\%$ stenosis of a carotid artery is detected on a symptomatic side, patients should have the opinion of a vascular surgeon within 7 days and surgery, if recommended and appropriate, within 14 days of symptoms.

The National Clinical Programme (NCP) for Stroke recommends that, at an organisation level, each hospital receiving acute stroke has access to a rapid access stroke prevention clinic within their network with defined care pathways including:

- Access to expertise in carotid imaging;
- Onward referral to a vascular surgery opinion within 7 days;
- Governance of surgical decision making to be underpinned by multidisciplinary neurovascular meetings involving geriatricians/stroke physicians, neurologists, vascular technicians, neuroradiology and vascular surgeons;
- Surgery to be performed, where indicated, in units experienced in performing carotid endarterectomy and, where appropriate given clinical circumstances, within 14 days of symptoms;

- Regular audit of carotid interventions to ensure high standards; this could contribute to a national register of carotid surgery.

Lead organisation: HSE, in collaboration with Irish Association of Vascular Surgeons and other relevant professional organisations

The National Clinical Programme (NCP) for Stroke recommends that patients with transient ischemic attack (TIA)/minor stroke should be referred to a hospital with a specialist stroke service for immediate assessment, investigation and treatment. Stroke unit care is the cornerstone and foundation of all stroke care and no acute hospital should be receiving acute stroke patients without providing such care.

Stroke unit care serves all stroke patients, regardless of stroke type or time of onset. Acute stroke units have been shown to reduce stroke mortality and dependency. All hospitals receiving acute stroke patients should have an acute stroke unit and should provide 24/7 acute stroke care and treatment. All patients admitted should have access to emergency acute stroke assessment and treatment by stroke specialist. This can occur in person or by telemedicine.

The Irish Heart Foundation National Audit of Stroke Care (2008) was published in association with the Department of Health. The document states “It is estimated that over 30,000 people in Ireland are survivors of stroke, many of whom have significant residual disability including hemiparesis (48%), the inability to walk (22%), need for help with activities of daily living (24-53%), clinical depression (32%) and cognitive impairment (33%) (IHF Council on Stroke, 2001)”. The document does not provide details on geographical spread or location of survivors of stroke.

A more recent audit was completed in 2015. This audit shows encouraging improvement in many areas of stroke care, with mortality reduced significantly. Data is collected at hospital level for all aspects of stroke care. Clinical and organisational management of carotid disease was audited by the National Stroke Programme through the Irish Heart Foundation/HSE National Stroke Audit 2015 (IHF/HSE NSA 2015) and is recorded case by case in the National Stroke Register.

The IHF/HSE NSA (2015) audit found that 93% of hospitals admitting acute stroke patients have access to Doppler ultrasound Monday-Friday and 89% have access to MRI Monday-Friday. Emergency imaging is limited in many hospitals with availability of emergency MRI within 24hrs at 48% and emergency Doppler ultrasound within 24hrs at 63%. 74% of hospitals provide a service that enables patients to be seen and investigated within 7 days of a minor stroke/TIA. This is in comparison to the UK, where 98% of TIA patients are seen and investigated on the same day.

In 2015, 3.9% of stroke patients were identified as having symptomatic carotid stenosis and of those 21.5% went on to have a carotid endarterectomy in eleven vascular surgery units nationally and 5.4% had carotid stenting.

Annual reports generated from the National Stroke Register give detail on the number of individuals who survive stroke. The annual reports also provide information on the level of disability persons have post-stroke. They do not, however, provide detail on the number of individuals living with disability post-stroke in the community.

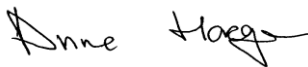
The National Stroke Register has now been incorporated into the Irish National Audit of Stroke (INAS), under the governance of the National Office of Clinical Audit (NOCA). As INAS establishes its remit, it is expected that further data may become early 2022 as INAS plans to undertake an organisational audit of our stroke services later this year.

The National Clinical Programme (NCP) for Stroke has recently completed its national stroke strategy for the next 5 years which, in conjunction with implementation of the Neuro-Rehabilitation Model of Care and National Integrated Care Programme for Older People (NICPOP), will ensure that comprehensive stroke rehabilitation is available in the acute, recovery and ongoing chronic disease management phase post-stroke. From a national stroke programme perspective, emphasis has specifically concentrated on this phase of the National Stroke Strategy 2021-2026, to address gaps in rehabilitation therapy staff in acute stroke services, where most of stroke rehabilitation is started, ensuring we have comprehensive early supported discharge services across the country to facilitate a successful discharge home.

The government has given a commitment in its programme to full implementation of the strategy, which will see an increased designation of 148 acute stroke unit beds and an extra 157 therapy staff for stroke services across our health service.

I trust this information is of assistance to you.

Yours sincerely



Anne Horgan
General Manager

