

Major Conditions Strategy Submissions: cardiovascular disease including stroke June 2023

Question: In your opinion, which of these areas would you like to see prioritised for CVD?

Preventing the onset of CVD through population-wide action on risk factors and wider influences on health (sometimes referred to as primary prevention);
Stopping or delaying the progression of CVD through clinical interventions for individuals at high risk (sometimes referred to as secondary prevention);
Getting more people diagnosed quicker;
Improving treatment provided by urgent and emergency care;
Improving non-urgent and long-term treatment and care to support the management of CVD.

Question: How can we successfully identify, engage and treat groups at high risk of developing CVD through delivery of services that target clinical risk factors (atrial fibrillation, high blood pressure and high cholesterol)?

Certain factors such as prevalence of and mortality from cardiovascular disease and stroke is higher in the in the South Asian population (Kings Fund). The King's Fund also found that black groups in the UK have a high prevalence of hypertension and diabetes (risk factors for heart disease and stroke). Research from Greater Manchester integrated stroke delivery network found that people living in low-income households have poorer access to stroke services and treatment, with poorer outcomes. They also found that cardiovascular diseases (including stroke and TIA) occur more frequently in people living in more deprived areas. We hope that the Major Conditions Strategy will commit to take action on these points.

To support speech and language therapists think about local health inequalities and at risk groups, the RCSLT has developed an audit tool with extensive reflective questions for therapists and wider teams to use to reflect on their service provision and to identify where improvements can be made. We recommend that this tool is

included in the Strategy <https://www.rcslt.org/learning/diversity-inclusion-and-anti-racism/health-inequalities/addressing-health-inequalities/>

Public awareness campaigns are not always accessible and inclusive for people who communicate differently or with difficulty. If information and communication is inaccessible people cannot follow the advice because they do not understand what is being said and what they are meant to do. Public health and primary care advice needs to address this variation and provide tailor communications. This includes advice across all areas of living well and self-management, for example uptake and adherence to guidance on healthy eating, physical exercise as per the CMO guidelines, blood pressure, alcohol and smoking cessation and vaccines. This variation needs to be addressed and tailored communication accessible information is provided so people can understand risk factors and make informed healthy choices.

Gaining timely access to healthcare services often requires a high level of health literacy. People with cognitive and communication difficulties often have lower levels of health literacy and as a result have less understanding of, and insight into, managing and maintaining their own health.

Question: How can we better support local areas to diagnose more people at an earlier stage?

Improving diagnostics in primary care is critical. However, it could be counterproductive if more people are diagnosed faster but then there is no support to manage the condition or advice on what happens next. Investment in acute, early supported discharge and community stroke teams is needed to ensure people receive the appropriate advice and support at the point of diagnosis. All people after a stroke need timely access to speech and language therapy, as well as other allied health professionals, to manage their communication and swallowing needs.

Question: How can we better support and provide treatment for people after a diagnosis?

Any measures to provide better support and treatment for people after a stroke must include actions to improve support for children and young people - more than 400 children are diagnosed with strokes every year in the UK. While the numbers are small, the impact on the child and their family can be huge, and they may require ongoing support, including from speech and language therapy, to support the child's needs as they change over time. The clinical guideline on stroke in childhood states "the full impact of stroke on the developing brain may only emerge over time, with increasing demands on neurocognitive functions, and on educational and social roles, resulting in widespread and long-lasting personal, family and societal consequences."

Support communication and swallowing should be integral to stroke services, across acute and community services. However stroke survivors have told us that they receive too little speech and language therapy, they had to wait for it to start and it ended too soon (RCSLT Stroke survey).

Stroke rehabilitation must be provided for as long as someone can make meaningful gains, and not stopped abruptly. The latest SSNAP data shows that many people post stroke are failnot receiving the quantity of speech and language therapy in hospital where it can make most impact to recovery.

Communication problems can take months, even years to improve. Being able to speak again is important for most people. Long term access to speech and language therapy is essential. Short term blocks of intervention are not sufficient to provide a service of the quality and expertise that people require.

The workforce for both community and acute stroke needs to grow, with investment in speech and language therapy and other allied health professionals, in the core stroke team. Speech and language therapy in the NHS is not a "nice to have". People need to access and receive speech and language therapy appropriate to their condition that is not allocated via a post-code lottery.

Advanced Clinical Practitioners for stroke could play a critical role in leading service redesign, to improve integration and referrals and reduce demands on doctors. Speech and language therapists in ACP roles in Liverpool and Stockport are bringing a greater focus on supporting communication, enabling timely capacity assessments for medical interventions such as consent for anticoagulation assessment and leading discussions on care planning.

Digital therapies are being offered by speech and language therapists alongside face to face therapy to increase the quantity of speech and language therapy that people can access (NICE guideline). This increases access to vital communication support to aid longer term recovery of vital speech, language and communication abilities.

Question: How can we better enable health and social care teams to deliver person-centred and joined-up services?

Joined up, and integrated, health, social care, education and primary care teams will help people to live well and independently in their preferred place and help to prevent the deterioration of their health and wellbeing and symptoms escalating.

Having access to the right workforce, with the right skills, at the right time, is key to improving the lives of all people living with communication and swallowing needs and their families.

Every person has a right to have access to vital and lifesaving speech and language therapy for their communication and swallowing needs, as well as having their physical needs met.

Speech and language therapy in the NHS is not a “nice to have”. People need to access and receive speech and language therapy appropriate to their condition that is not allocated via a post-code lottery.

Investment in the full stroke workforce, including speech and language therapists, is needed.

Expanding and joining up services, requires workforce investment. This includes the speech and language therapy support workforce and different entry points into the profession including apprenticeships. This will provide workforce flexibility and robustness over the shorter and longer term.

We need our workforce to work to the top of their professional scope, with the right staff with the right skills in the right place to meet people's need. Advanced Clinical Practitioners for stroke could play a critical role in leading service redesign, to improve integration and referrals and reduce demands on doctors. Speech and language therapists in ACP roles in Liverpool and Stockport are bringing a greater focus on supporting communication, enabling timely capacity assessments for medical interventions such as consent for anticoagulation assessment and leading discussions on care planning.

We also need to retain and develop the current allied health professional workforce including retention of therapy staff and focussing on staff wellbeing.

Integration requires rehabilitation leadership at a system level. Each Integrated Care Board needs to have a single accountable rehabilitation lead.

Question: How can we make better use of research, data and digital technologies to improve outcomes for people with, or at risk of developing, the major conditions?

Research

Stroke is a clinical area well served with evidence, data, and guidance. Ranging from the latest National Clinical Guideline for Stroke, NICE stroke acute and rehab guideline and the GIRFT Stroke programme. This allows clinicians to deliver evidence-based practice.

Delivery

Stroke has regionally based stroke delivery networks, that have been established for some years.

Data

Data is collected nationally via the Sentinel Stroke National Audit Programme (SSNAP) programme. Speech and language therapists and other allied health professionals submit data and services are assessed against evidence-based standards, including the National Clinical Guideline for Stroke.

SSNAP provides information on how well stroke care is being delivered so you can benchmark your own service and use it as a tool to improve the quality of care that is provided to your users.

Digital

The increased focus on remote monitoring and self-management can support and empower people to take control of their own care. Examples include:

- The Big Cactus study involved self-managed computer therapy to help people with aphasia. The results showed that people with aphasia can improve their word finding with extra practice provided by a computer therapy approach.
- This confirmed the findings of a previous study where using smart tablets between therapy sessions can improve communication skills in people with aphasia.
- Another study showed that people with dysgraphia improved on a functional writing measure following therapy using assistive technology.

Risk factors

Tackling the risk factors for ill health

The condition groups we are focusing on are often driven by preventable risk factors, with nearly half (42%) of ill health and early death being due to them. This includes tobacco, alcohol, physical activity and diet-related risk factors. Action on preventable risk factors is also central to our work on tackling health disparities, since people living in more deprived areas are more likely to partake in these behaviours.

Question: How can we support people to tackle these risk factors?

Quality education and opportunities for all, tackling social inequality and reducing exposure to risk factors are the best approaches to tackle preventable risk factors. Smoking, alcohol use, poor diet and physical inactivity are socioeconomically patterned and driven by health inequality.

Targeting and addressing these is critical to improving longer term health and wellbeing of the population, both supporting people with major conditions and reducing the risk of people developing one or more of the major conditions in the first place. Population level intervention, as opposed to expecting individual behaviour change, is what will make the most impact.

Speech and language therapists support individuals across the lifespan and can build relationships with people and engage on a range of different topics including risk factors. They can support people who have communication difficulties to understand preventable risk factors. They can support new mothers to establish healthy eating and exercise habits from birth and support infant feeding. They can support children and young adults with their language to allow them to engage with conversations about health and wellbeing. They can educate and support people with swallowing difficulties to make better nutritional choices and engage in exercise programmes to improve their wellbeing and muscle recovery. They can counsel against smoking and alcohol use as part of every cancer session and as part of taking care of your larynx. Speech and language therapists can provide information tailored to the person about prevention and cessation. They can support families in areas of social disadvantage where language problems are highly prevalent to access health messages about risk and prevention.

RCSLT has developed resources to support speech and language therapists in addressing health inequalities and unmet need in their practice. This includes an audit tool with extensive reflective questions for speech and language therapists (and wider teams) to use to reflect on their service provision and to identify where improvements can be made. You can see the audit tool here and the guidance here <https://www.rcslt.org/learning/diversity-inclusion-and-anti-racism/health-inequalities/addressing-health-inequalities/>.

We hope that the Major Conditions Strategy will commit to communication accessible information, to enable people to understand risks and to make informed healthy choices.

Public health information and campaigns are not always accessible and inclusive for people who communicate differently or with difficulty. If information and communication is inaccessible people cannot follow the advice because they do not understand what is being said and what they are meant to do. Public health and primary care advice needs to address this variation and provide tailor communications. This includes advice across all areas of living well and self-management, for example uptake and adherence to guidance on healthy eating, physical exercise as per the CMO guidelines, blood pressure, alcohol and smoking cessation and vaccines.

Gaining timely access to healthcare services often requires a high level of health literacy. Older people and people with cognitive and communication difficulties often have lower levels of health literacy and as a result have less understanding of, and insight into, managing and maintaining their own health.

This variation needs to be addressed and tailored written communications provided so the advice on risk factors is easy to understand.