

Letters not directly related to articles published in *Clinical Medicine* and presenting unpublished original data should be submitted for publication in this section. Clinical and scientific letters should not exceed 500 words and may include one table and up to five references.

Impact of stroke services on geriatric medicine in Wales

Introduction

Wales is under pressure to improve its stroke services. Consequently, various measures have been instituted to prioritise the care of stroke patients.^{1–3} Medical care for stroke patients in Wales is predominantly provided by geriatricians with a special interest in stroke. Even though stroke care constitutes only a small proportion of their job plan, in reality it may take up significantly more time and effort. Hence, there is a growing feeling that attempts to improve stroke services in Welsh hospitals occur at the expense of other geriatric medicine services. In order to explore this view we undertook an internet-based questionnaire survey of all geriatricians in Wales.

Results

At the time of the survey there were 84 whole-time equivalent geriatrician posts in Wales. Of those, 11 were unfilled and 10 were

filled by locums. We sent the questionnaire to 59 geriatricians in substantive posts of whom 30 responded. A response rate of 50% is in line with the expected web-based response rate for impact evaluation surveys.⁴ Results are shown in Table 1.

Discussion

While 57% of the respondents were geriatricians with a special interest in stroke, the survey does seem to obtain a representative view of the consultant geriatricians in Wales. An overwhelming majority (97%) felt that Wales does not have adequate resources to provide high-quality stroke services. Clinicians in the NHS would be familiar with the statement that one could improve services just by changing the way we work. However, 85% did not feel that stroke services in Wales would improve simply by readjusting existing services and work patterns without recourse to extra resources.

The majority (77%) reported that they were under pressure to prioritise stroke care at the expense of general medical and geriatric medicine services. 60% felt that the drive to improve stroke services in Wales has adversely affected other services, notably in geriatric medicine. Comments have highlighted that in some hospitals, physiotherapy and occupational therapy workforce have been moved from general geriatric to stroke services.

Many (70%) felt that geriatric medicine is losing consultants to stroke medicine as a number of these posts are taken up by

Table 1. Questionnaire results.

Question	Yes, % (n)	No, % (n)	NR, % (n)
Are you a geriatrician with a special interest in stroke?	57 (17)	43 (13)	
Do you think Wales has comparable resources as the rest of the UK to provide high-quality stroke services?	3 (1)	97 (29)	
Are services under pressure to prioritise the care of stroke patients over general medical and care of the elderly patients?	77 (23)	23 (7)	
Have clinics in your department been adjusted or replaced by TIA/stroke clinics?	43 (13)	54 (16)	3 (1)
Do you feel that we are losing consultants in geriatric medicine to stroke medicine?	70 (21)	27 (8)	3 (1)
Do out-of-programme placements for specialty trainees in geriatrics adversely affect their training in general geriatric medicine?	17 (5)	80 (24)	3 (1)
Does the drive to improve stroke services adversely affect services in geriatric medicine?	60 (18)	37 (11)	3 (1)
Would doing things differently alone without extra resources improve stroke services?	15 (4)	85 (26)	
Do you have dedicated time recognised in your job plan to provide stroke thrombolysis cover during working hours?	10 (3)	62 (18)	28 (8 not on stroke rota; 1 NR)
Do you have dedicated time recognised in your job plan to provide stroke thrombolysis cover out-of-hours?	31 (9)	38 (11)	31 (9 not on stroke rota; 1 NR)

NR = no response; TIA = transient ischaemic attack.

trainees from geriatric medicine. Despite this, the majority (80%) were supportive of geriatric medicine trainees obtaining experience in stroke through out-of-programme fellowships.

Surprisingly, the majority of physicians on the stroke rota do not have dedicated time recognised in their job plan for providing stroke thrombolysis services during working hours and out of hours. It is not uncommon for clinicians to temporarily discontinue their ward rounds or outpatient clinics to assess patients with acute stroke to consider thrombolysis. This implies that stroke thrombolysis services in Wales are largely supported by clinicians out of goodwill.

To conclude, prioritisation of stroke services in Wales is occurring at the expense of other services for the elderly. We do not know whether other devolved nations in the UK are having a similar experience. It is crucial not to drain resources from existing core clinical services to augment disease-specific services. ■

VEDAMURTHY ADHIYAMAN

Consultant geriatrician, Glan Clwyd Hospital, Rhyl, UK

INDRAJIT CHATTOPADHYAY

Consultant geriatrician, Glan Clwyd Hospital, Rhyl, UK

References

- 1 Henry G. Alarm over stroke care standards in Wales as seven hospitals rank among worst in the country. *Wales Online*, 20 May 2014. Available online at www.walesonline.co.uk/news/wales-news/alarm-over-stroke-care-standards-7147256 [Accessed 23 May 2015].
- 2 Welsh Government. *Together for health – stroke delivery plan: our vision*. Cardiff: Welsh Government, 2012. Available online at <http://gov.wales/docs/dhss/publications/121206visionen.pdf> [Accessed 23 May 2015].
- 3 Drakeford M. *Written statement – stroke services in Wales*. Cardiff: Welsh Government, 2014. Available online at <http://gov.wales/about/cabinet/cabinetstatements/2014/strokeservices/?lang=en> [Accessed 23 May 2015].
- 4 Archer TM. Response rates to expect from web based surveys and what to do about it. *J Exten* 2008;46:3.