

Heart Disease & Stroke Cross Party Group

Tuesday 20th February 2018

Minutes of meeting

MSPs in attendance

Colin Smyth (Co-Convenor)

Brian Whittle

Other attendees

Dr John Sharp, Golden Jubilee Foundation

Dr Fergus Doubal, NHS Lothian

Andrea Cail, Stroke Association

Colin Oliver, Stroke Association

Charlotte Nicholls, Stroke Association

Katherine Byrne, CHSS

Jill Adams, CHSS

Kylie Barclay, BHF

Jemima Traill, BHF

Dr Terry Quinn

Professor Lis Neubeck

Aidan McGlashan, RCSLT

Louise Taylor, NHS Lothian

Hannah Ranaldi, NHS Lothian

Coral Hanson, Edinburgh Napier University

Dr Lis Neubeck, Edinburgh Napier University

Mark Smith, NHS Lothian

Niall Broomfield, NHS Greater Glasgow & Clyde

Carolyn Deighan, NHS Lothian

Louise Roach, NHS Lanarkshire

1. Welcome & Introductions

Co-Convenor Colin Smyth noted the apologies from Alexander Stewart. Colin and Alexander were appointed as joint Co-Convenors at the AGM in December, after Maree Todd had to step down following her appointment as Scottish Government Minister.

Colin noted the Group's appreciation for Maree's work as Convenor.

2. Minutes of last meeting

Minutes of last meeting accepted with no amendments

3. Update on Atrial Fibrillation inquiry

Colin Smyth MSP highlighted that there is due to be a debate in parliament about AF on 1st March. He also highlighted that the inquiry had a successful launch, which was attended by the Minister for Public Health and Sport, Aileen Campbell MSP. Colin Smyth thanked all those who contributed to inquiry, and noted that the presiding officer attended the launch of the report and commented that it was entirely type of initiative CPGs should be driving forward.

The big challenge is to make sure that the recommendations are implemented. Kylie Barclay (BHF) gave an update on future work which included briefing MSPs ahead of the Parliamentary debate, and some further media activity.

Professor Lis Neubeck highlighted that Napier University will be running a training course for health professionals which focuses on implementing the recommendations of the report in practice.

4. Topic discussion – Psychological support

Kath Byrne showed two videos giving a patient perspective on the topic. First was a stroke association video about emotionalism, a symptom that can occur due to direct impact of stroke on the brain.

The second video was a CHSS video which highlights the anxiety of living with a heart disease and the benefit of attending support groups in dealing with this.

Presentations

Dr John Sharp – Consultant Clinical Psychologist, National Heart Failure Service.

- Dr Sharp described the situation for the Scottish Adult Congenital Service which works with adult congenital heart disease population. He pointed out that there is no psychological support for these patients and his team was inundated for requests for help and support for the congenital team.
- Explained that there are many psychosocial challenges – including body image, heart focused anxiety, difficult transition in to adulthood, impaired peer relationships, employment issues, repeated trauma, pregnancy, physical activity/exercise.
- 50% of congenital patients fulfil the diagnostic criteria for mood or anxiety disorder. One in two experience extreme emotional distress.
- Those with depression have worse survival outcomes.
- Highlighted the benefits of a step care model but showed that only the very initial step of this model was available for adult congenital heart disease patients.

- There is currently no psychologist with dedicated remit for congenital heart disease so nobody to deliver any intervention and no ability to escalate intensity of care. This results in a lack of co-ordination of care and follow up for these patients.
- Highlighted an example of how embedding psychologists within heart failure teams has transformed care. Forth valley example - through employing a 0.5FTE psychologist – the service increased the amount of patients being screened for anxiety and depression from 10% to 82%, doubled the number of those having difficulties identified and trebled those accessing psychological care.
- Dr Sharp pointed out that National Standards agree on the need for psychological support.
- As a result of a lack of psychological support for these patients there is huge unmet need and ongoing emotional distress, unmanaged risk, detrimental impact on outcomes, inequity and inequality, and failure to comply with quality standards.

Dr Carolyn Deighan, Heart Manual Health Psychologist, NHS Lothian

- Dr Deighan highlighted that core components of cardiac rehab such as health behaviour change, and psychosocial health are areas that health psychologists can help with.
- It was highlighted that Health Psychology is a relatively new field and that the title 'health psychologist' is a protected title. The work of a health psychologist involves undertaking behavioural analysis. They work in a range of areas – helping with lifestyle changes, and supporting people to better manage chronic conditions.
- Interventions which benefit from health psychologist input include – illness perception questionnaire, heart manual programme, motivational interviewing, NHS Education (MAP behaviour change e-learning for staff), cardiac rehabilitation.
- Health psychologists can play a part in supporting individuals to cope emotionally before levels require more intensive therapy.

Dr Niall Broomfield, Consultant Clinical Psychologist, NHS Greater Glasgow & Clyde

- Dr Broomfield's service works across nine sites in NHSGGC and see adults with confirmed stroke.
- The service is busy clinically but comparatively well off in staff levels. 50% of all territorial health boards have no dedicated stroke psychologists, although a national recommendation would be 21 FTE. Really need to challenge the level of resource, and particularly the inequity that we see across Scotland.
- 1/3 of stroke survivors will develop depression. 22% will develop clinical anxiety and 20% emotionalism. These impact on a person's rehabilitation and outcomes. They increase hospital stay length, erode quality of life and increase mortality.
- Psychological problems are the most common unmet need in stroke survivors and their carers.

- We need to ask people about their emotional needs in a standardized way using evidence based screening tools. Need to reach consensus on which tools to use.
- The service in NHS GG&C has been trying to extend clinical capacity in order to see more patients. For example, they now run group cycle programmes, which are well received by patients and colleagues. They have also developed a work book and therapist manual.
- Dr Broomfield highlighted that there is a need for more psychological research in stroke. The number of randomised control trials very low (comparison with psychosis which has lower incidence but many more RCTs).
- An important point to note is that most stroke survivors are not in acute or rehab period but are in the community. People are living with the aftermath of stroke for anything up to 50 years. Therefore psychological support must reach out into the community, rather than being solely focused on rehab period.

5. Other business

Outcomes and actions for the group were discussed after the presentations and it was agreed that this message needed to be heard by those who can affect change. With that in mind, Colin Smyth MSP agreed to write a letter to the Cabinet Secretary for health about the matter.

Potential topics for future meetings were discussed and suggestions included

- A focus on young people.
- Hypertension
- Thrombectomy
- Inherited Cardiac Conditions