

Cross Party Group for Heart Disease & Stroke
Wednesday 19th September
Committee Room 4
1730 for 1800 start - 2000

Cardiac Rehabilitation

1. Welcome & Apologies

MSP Apologies received from:

- Dave Thompson (Vice-Convenor)
- Dennis Robertson (Vice-Convenor)
- Malcolm Chisholm
- Alison McInnes
- Nanette Milne
- Mary Scanlon
- Jean Urquhart

2. Minutes:

Wednesday 21st March 2012 accepted as an accurate record.

Proposed by Carol Walford, seconded by Gordon Snedden.

3. Matters arising

None

4. Presentations & Discussion:

- **Cardiac Rehabilitation [CR] Audit Data; Adam Redpath [AR], ISD Scotland**

AR presented the results of a national audit, collected 2010-11, but some 2011-12 data still to be analysed. In summary the data showed that availability of CR for those post-MI and CABG in Scotland had risen, but little change for those living with angina and heart failure. The post-procedure patients were on a wide range across Scotland, but some improvement in the averages.

Richard Simpson [RS] MSP raised the question of co-morbidities and the impact on uptake of CR. This information was not included in the data and also missing were 'CHI' numbers which would have provided a huge potential for further data analysis (thought to be due to confidentiality concerns). Prof Allan Struthers [AS] questioned any correlation between rates of referral and staff capacity. This data was also not included. There is some data from the NACR UK Audit, but not currently broken down by country.

Discussion on the variations of the data across NHS Boards and the links between referral rates, staff capacity and expenditure on CR. Reasons for lower figures, such as age, co morbidities, accessibility were discussed and Frances Divers [FD] highlighted that the post-procedure group were new to CR and therefore challenges with capacity to include them across Scotland. It was acknowledged that CR programmes which had evolved on good will had complex structures and it was hard to compare like with like. Concerns were raised that there was no Scottish Government [SG] plan to continue data collection in CR and Scotland was no longer part of NACR.

All agreed that with over 20,000 hand written forms submitted to the audit, there was great willingness among CR professionals. Need for meaningful, adequately resourced national data collection,

avoiding duplication with local audits. Agreed that there had been a long process to beginning 2010-12 audit and disappointment this was to be abandoned. Helen Eadie [HE] congratulated the excellent work of the CR professionals in participating in this work.

ACTION:

- Letter from CPG to be sent to Cab Sec Health to question decision to stop CR audit and include suggestions around improving efficacy and quality.
- RS MSP to consider some Parliamentary Questions regarding an overall NHS Scotland strategy on data collection

- **Cardiac Rehabilitation Standards; Mima Traill, British Association Cardiovascular Prevention & Rehabilitation [BACPR] Secretary**

MT presented the new BACPR 2012 Standards and Core Components for Cardiac Rehabilitation (available from the BACPR website). The key change has been a move away from rigid 'phases' to a more fluid and holistic model, which is centred around the needs of the patient.

MT discussed the evolution of CR from exercise programmes in the early years to the wide variety of disciplines and considerations now applied to rehabilitation; lifestyle/risk factor management, psychosocial health, cardio-protective therapies, medical risk factor management and key roles for long-term management strategies and audit and evaluation. MT also highlighted that comprehensive CR only costs in the region of £400-800 per patient, in comparison to the thousands spent on a hospital admission and has been proven to significantly reduce mortality and unplanned admissions and improve quality of life.

Gordon Snedden [GS] highlighted the role of the voluntary Phase IV groups and their contribution to continuing CR and promoting self-management, based on his own experience with the Angus Long Term Conditions model. Discussion on the role of the BACPR Standards in relation to Healthcare Improvement Scotland [HIS] and SIGN guidance. Acknowledged that NHS Boards have been given CR standards but instructed to implement within existing budgets, which all agreed is unrealistic.

Speaking on behalf of the Scottish Campaign for Cardiac Rehabilitation, Ben McKendrick [BMcK] asked what could be done to ensure standards were met in local boards and Janet McKay [JMCK] highlighted that if CR were a drug it would be funded! Discussion on the potential role for a HEAT Target for CR and all agreed that (particularly based on experience with stroke) it may be the driver to change practice.

ACTION:

- HE to lodge a Parliamentary Motion in support of the BACPR Standards and to congratulate their work
- Letter from CPG to be sent to Cab Sec Health to request consideration is given to funding for CR standards (existing) to be met in NHS Boards

- **Cardiac Rehabilitation for Heart Failure patients; Dr Aynsley Cowie [AC], NHS Ayrshire & Arran**

AC presented on the impact that heart failure has on health and wellbeing of those living with the condition and evidence that showed the role of CR in relation to heart failure. AC discussed the current scarcity of evidence for CR in HF although anecdotal benefits well recognised. Melbourne study has demonstrated improvements in fitness and quality of life with reductions in unplanned hospital admissions and concluded that CR is safe and effective in heart failure. The study also showed that for every \$1 (AUS) investment in CR, there was a saving of \$11.50.

AC also presented her own PhD research, which compared the effectiveness of hospital and home based CR programmes for heart failure. Her findings included that confidence to keep active was a big factor in the continuation of the activity levels and that this was improved most in the hospital based programmes, although all programmes demonstrated improvements for the patient and only cost around £383 per patient to run.

Discussion focused on the need for more evidence in this patient group and John Braynion [JB]] related his personal experience of the positive impact CR has had on him as a heart failure patient. HE summarised ongoing discussion that there was a need to keep repeating the message for investment in CR for heart failure at every level; media, government, parliament, locally and nationally. Martin Coombes [MC] suggested that perhaps CR should be regarded in the same way as funding for a new medicine or medical device.

- **Progress of the Lunar Trek; Nicola Cotter [NC], Chest Heart & Stroke Scotland (on behalf of the Inverclyde Globetrotters)**

NC presented an update on the Lunar Trek (first at Jan 2012 meeting). The Lunar Trek was devised by the Inverclyde Globetrotters (CHSS affiliated heart group) as a fun way to inspire their members to keep active. At the end of 2011, over 40 heart groups from across Scotland, Glasgow Caledonian University, CHSS staff and many other individuals and groups participated, keeping a note of miles/steps via pedometers and the Inverclyde Globetrotters 'made it to the moon' (over 230,000 miles)! HE had lodged a very successful Parliamentary Motion in support and there was extensive media coverage.

Since 'reaching the moon', Duncan Galbraith who leads the Inverclyde Globetrotters classes has set up a Facebook page and is working on a website to continue to inspire activity across Scotland. A postcard has also been devised to encourage participation and was circulated at the meeting. Morag Thow [MT] thanked CHSS for their work in promoting the initiative and highlighted the spirit of cooperation across communities and teamwork behind the fun.

ACTION:

- Members asked to spread the message about the Lunar Trek and encourage participation (donation of steps/miles) through the Facebook page and/or information on the CHSS website.

6. Short Updates:

- **Atrial Fibrillation [AF] Awareness work; David Rosier [DR], Co-Chair of the AF and Stroke Special Interest Group and The Stroke Association.**

DR updated on the group, which had been started by The Stroke Association to provide a focus for AF awareness work and had been in operation for a year. DR updated that they had taken time to identify suitable objectives and a wide ranging membership and were meeting quarterly to hone in on specific work, avoiding any duplication of work.

ACTION:

- DR requested the opportunity to further update the CPG on progress at a later date

- **Allied Health Professionals [AHP] Sub-group; Kim Hartley [KH], Royal College of Speech and Language Therapists**

KH updated that the sub-group had met a couple of times, since being tasked with mapping the availability of AHP services for stroke across Scotland. The membership included professional organisations, key individuals and patients. Rather than map services, the group had decided to look

at the formation of a 'Stroke Care Charter' and asked the CPG endorsement for the exploration of this.

ACTION:

- Agreement was given for the concept to be explored and updates to be brought back to the CPG for further endorsement in due course.

8. AOCB

- **Visual Impairment CPG Event**

BMcK updated on a request to participate in a joint event focusing on visual problems after stroke, to be held in the Scottish Parliament on the 13th December 2012.

ACTION:

- Agreement was given for joint working and Secretariat to circulate invite

HE thanked all the presenters and the group for another lively and fascinating meeting and also the Secretariat for coordinating the CPG and Lily and Dan on her own staff for their support in organising the meetings.

9. Date & time of next meeting:

Wednesday 28th November 2012, Committee Room 4

2013 dates:

Wednesday 6th March 2013

Wednesday 5th June 2013

Wednesday 18th September 2013

Wednesday 4th December 2013

Meeting Seventeen

Cardiac Rehabilitation/Atrial Fibrillation

Title	Forename	Surname	Organisation
Mr	John	Braynion	Highland Heart Failure Forum
Mrs	Suzanne	Bell	Scottish Heart Failure Nurse Forum
Mr	Ian	Broughton	CAYA Project
Mrs	Irene	Broughton	CAYA Project
Mrs	Jan	Buncle	Chest Heart & Stroke Scotland
Mr	David	Clark	Chest Heart & Stroke Scotland
Mr	Martin	Coombes	Astra-Zeneca
Mrs	Nicola	Cotter	Chest Heart & Stroke Scotland
Ms	Aynsley	Cowie	NHS Ayrshire & Arran
Dr	Carolyn	Deighan	Heart Manual
Mrs	Frances	Divers	CRIGS
Mrs	Jacquie	Forde	Health Inequalities Alliance
Ms	Kim	Hartley	RCSLT
Mr	Brian	Jardine	Irvine Classics Stroke Group
Ms	Joanne	McGrath	Roche Diagnostics Ltd
Mrs	Janet	McKay	NHS Ayrshire & Arran
Mr	Ben	McKendrick	BHF Scotland
Ms	Angela	McLeod	Stroke Association
Ms	Ros	Meek	Medtronic
Mr	Gordon	Murch	CRY
Mrs	Hazel	Murch	CRY
Prof	Dave	Newby	NHS Lothian
Miss	Louise	Peardon	Chest Heart & Stroke Scotland
Mrs	Christine	Quigg	Stroke Matters Inverclyde
Mr	Adam	Redpath	National Services Scotland
Mr	David	Rosier	The Stroke Association
Mr	George	Sime	Kirkcaldy Heart Support Group
Mr	Eric	Sinclair	Stroke Association
Mr	Gordon	Snedden	Angus Cardiac Group
Prof	Allan	Struthers	University of Dundee
Ms	Louise	Taylor	Heart Manual
Mrs	Irene	Thomson	Cardiac Rehabilitation Lothian
Ms	Morag	Thow	Glasgow Caledonian University
Dr	Iain	Todd	NHS Lothian
Ms	Mima	Traill	BACPR
Mrs	Carol	Walford	Individual Member
Mr	Richard	Walker	Merck Sharp & Dohme Limited
Mr	Robert	Wilson	Inverclyde Stroke Matters
Ms	Jacqui	Young	Roche Diagnostics Ltd

MSP Attendance

Helen Eadie MSP

Richard Simpson MSP