

Meeting to reconstitute - **Cross Party Group
for Heart Disease & Stroke**
Wednesday 15th June 2011
Committee Room 4
6pm-8pm

Review of achievements, reconstitution and highlights of the last term

1. Welcome & Apologies

MSPs present- Helen Eadie and Derek Mackay

Apologies received from the following MSPs, all of whom indicated they wanted to be members of the group-

Jackie Baillie

Malcolm Chisholm

Ruth Davidson

Alison McInnes

Fiona McLeod

Nanette Milne

Mary Scanlon

Richard Simpson

Dave Thompson

Maureen Watt

2. Minutes: 16th March 2011

HE moved to accept all amendments submitted by Christine Quigg and Aidan McGlashan; seconded by Jan Buncle (JB).

3. Matters arising

- Review of achievements from the last term
– Helen Eadie MSP

4. AGM / Reconstitution of CPG

- Review of Mission Statement

One modification suggested by Maddy Haliday (MH) that it should include commitment to review progress of strategy and its success.

- Election of Office Bearers

Convenor- Helen Eadie [HE] nominated by Ben McKendrick (BM), seconded by MH

Vice Convenor – Dave Thompson MSP not able to attend but had expressed interest in continuing role. Nominated by HE and seconded by Louise Peardon (LP).

Vice Convenor- Derek MacKay (DM) introduced himself to the group, talked about his background in local government, his interest in heart disease due to a family connection and his experience working for NHS Greater Glasgow and Clyde and on their Community Health Partnership. Derek Mackay nominated by HE, seconded by Louise Peardon (LP).

Secretariat - Ben McKendrick (BMck) and LP nominated by HE and seconded by Chris McNamee (CM).

5. Presentation: Air Pollution and the links with CVD

Professor Dave Newby, Consultant Cardiologist, Royal Infirmary Edinburgh

Evidence on link between pollution and CVD growing. Similar impact on blood vessel stress to second hand smoke and similar inhibition of clot dissolving abilities.

Nick Boon and Nick Mills random meeting on a team, led to collaboration in this area on link between MI and stroke incidence and pollution exposure. Asked by BHF if it was ethical to test impacts of pollution exposure on humans in this way DN suggested that levels no worse than in central London, where the meeting to discuss it was taking place!

Scotland had led the way with the Smoking Ban and within the first year of the ban the incidence of Myocardial Infarction [MI/heart attack) had dropped by 17%. DN's write up of this impact won the American Heart Association Top Paper prize in 2008!

What was it in diesel pollution that had the impact; seems to be the concentration of minute particles? Conclusions of all this are that air pollution causal factors for CHD; making blood more sticky and causing vessels to constrict and increasing ischaemia (lack of blood flow to tissues). Hard to combat effectively and needs a combination of masks, traps and bans.

Discussion

Eric Sinclair asked about the impact on health outcomes if someone stopped smoking. DN suggested that CVD outcomes could improve within a month of stopping smoking, and this can lead to a 2 or 3 fold improvement in outcomes.

DM asked if filters could be added to cars? DN: explained that the majority of cars run on petrol which is less damaging, but that the levels of pollution inside cars were a problem! Research shows that the level inside a car with A/C on is high and that winding down a window to improve air circulation helps.

MH asked if Scotland could lead the way on what was a public health issue by, for example, legislating for the introduction of particulate filters? DN: yes, they could be built into cars, but that pollution levels in Scotland were significantly lower than many other parts of the UK/Europe.

Andy Carver (AC) would masks work to protect people? DN: yes, but only if they are so tight fitting that they feel uncomfortable and can inhibit breathing, especially when cycling at high exertional levels (still only 50% protection).

Keith Irving (KI) How can this evidence be used to encourage local authorities to improve e.g. central urban zones? Can these potential savings in health terms ever be costed? DN: In the 1950s pollution levels were much higher. Scottish issues are relatively modest due to lower pollution levels, as well as rainfall etc. Edinburgh levels relatively low and also controlled by the sea air in the city. Glasgow levels should be high but the West Coast rain lowers impact! Robert Dalrymple (RD) asked about the impact of the smoking ban on passive smoking. DN: challenge to measure exposure levels.

HE asked EU could look at vehicle design? Derek Mackay (DM) all of this evidence adds to the imperative behind moves towards a carbon free economy. Christine Quigg (CQ) could filters be retrofitted/ could people be given grants? ES could signs along roads be used to give people an indication of relative pollution levels? DN: taxation is helpful to reduce pollution though hard to justify design changes as pollution in UK low in relative terms.

HE highlighted health inequality of Eastern European countries where HGV routes are and creating high diesel pollution levels. ES raised the relationship between climate and pollution and asked where advice on high levels could be sought. DN: BBC website provides updates.

HE thanked DN for excellent and thought-provoking presentation.

6. Updates:

TOPCAT 2 – Improving survival from cardiac arrest

Dr Gareth Clegg (GC), Consultant in Emergency Medicine/Senior Clinical Lecturer, Royal Infirmary Edinburgh / Edinburgh University

Evidence from South East Scotland showed that survival from out of hospital cardiac arrest to discharge was 4.7% in 1997, but by 2002 it had fallen to 0.7%. This has the danger of leading to the attitude- 'they all die anyway'; Scotland among the worst for cardiac arrest survival. GC stated that there is no secret ingredient to survival; just the Chain of Survival.

What to do?

A: Need for accountability. Need to know how many cardiac arrests there are in Scotland and for a strategy to tackle them.

B: Basic life support - need more people called to each cardiac arrest to improve survival. Key thing is good chest compression and need to measure skills in this area (TOPCAT 1 doubled survival by having expert to coach on scene). TOPCAT2 approach, with funding from CHSS, maps a potential way forward nationally.

C: Clinical targets. Need to also protect the brain during cardiac arrest and cooling could save 1 in 7. GC expressed concern that Scottish Adults with Incapacity legislation might inhibit further necessary research into survival from cardiac arrest (and protection of brain), as consent from patient/relatives impractical to obtain in emergency situation. This situation is unique to Scotland due to the application of the legislation, which only allows drug trials by proxy consent.

GC concluded by stating that TOPCAT shows the potential to save 300 lives a year in Scotland. HE thanked GC for the immensely valuable presentation and was impressed by the extent of the work presented.

Atrial Fibrillation Campaign update

Maddy Halliday Director Scotland, The Stroke Association

MH reminded the group that AF (irregular heartbeat) is a significant risk factor for stroke and strokes secondary to AF tend to be more severe. There remains a low public awareness of AF and still opportunities for improvement in the clinical standards and guidelines and their implementation.

Seems that GPs are reluctant to prescribe preventative medication. MH presented at April 2010 meeting on the AF campaign work to encourage primary care staff and the public to look out for AF. TSA have led some radio campaigns in the West of Scotland and are monitoring public awareness, whilst providing encouragement and support to GPs and PNs, as well as briefings. A special interest group has been set up to look at practical ways of improving stroke prevention and MH updated the National Advisory Committee for Stroke [NACS] who were very supportive of the campaign. More information available from TSA website.

FAST Campaign update

Jan Buncle, Director of Public Relations, Chest Heart & Stroke Scotland

JB presented that FAST is a campaign to raise awareness of the symptoms of stroke to call for FAST response; Face, Arm, Speech, Time to call 999. The FAST campaign was included as an Action Point in Better Heart Disease & Stroke Care Action Plan [2009]. JB updated on the coverage across Scotland of the campaign and how NHS Boards have integrated the campaign. Also the story of Mr & Mrs Stalker who presented at the CPG on their experience of Mrs Stalker recognising a stroke in her husband from FAST. HE commented that it was good to see developments in the continuation of the campaign.

Familial Arrhythmia Network Scotland [FANS] update

Greg Fearn, FANS, National MCN Manager

Network now well established, focused on inherited congenital conditions, which are extremely rare, rather than AF. Working with genetic services and also working on building a registry. Two years since the launch at the CPG, which was attended by Nicola Sturgeon MSP. Lots of structures in place now; Aberdeen, Glasgow and Edinburgh centers and holding a symposium as well as having social networking and expanding the website provision.

Inherited cardiac conditions are like a jigsaw of trying to match up all the services and track the genetic path as well as offering counseling and psychological support. GF thanked the CPG, BHF and CHSS for their support. HE thanked GF for the thorough update.

Questions to speakers

Gordon Sneddon (GS)- has done chest compressions in rural area and expressed concern about breaking ribs- any views on that? GC widely held belief that if you haven't broken a rib, you haven't pressed hard enough! There is a wider issue around lack of public willingness to intervene; less than 50% of bystanders would intervene, but bystander CPR increases survival to discharge by 2.5 times.

DM- very interested in Out of Hospital Cardiac Arrest [OHCA]. Do we need more trained first aiders and is there access to a defib in the Parliament? GC- yes many more people in e.g. Scandinavia trained than here and people need to be retrained regularly.

Robert Watson (Stroke Matters Inverclyde) conflicting views in his family between health professionals. Should people do chest compressions and breaths or just chest compressions? GC- the former, for people who aren't trained, is usually best as better to do chest compressions than nothing at all. CPR harder than people think though and tire within 5 mins meaning less efficient, so need to swap with someone else ideally.

HE need to publicise the importance of bystander CPR. Suggests that Secretariat prepare a draft Press Release for MSPs to issue to encourage other local authorities to follow North Lanarkshire approach and provide ELS and CPR in all schools. BMcK updated that BHF and CHSS along with other organisations are planning some campaigning work around ELS in schools for this autumn.

RD wondered if it could be legislated that all schools provide ELS/CPR training? Scott Clark (SC) stated that there could be a case for just encouraging people to 'push hard and fast in the middle of the chest'. MH updated on the training delivered by St Andrews Ambulance.

DM would be useful to know extent of provision just now and situation within the Scottish Parliament on those trained etc... as useful to have greater intelligence on the situation moving forward. Secretariat to draft a letter to Scottish Govt on this.*

7. Discussion on the term ahead for the CPG

HE suggested that after very good discussion on ELS/CPR and survival from cardiac arrest it would be good to have a focus on this at the next meeting.
Topic suggestions to be sent to BM and LP by email.

8. AOCB

CM and GS mentioned they had contacted all of their MSPs (constituency and regional) to attend the meeting but very few had replied. HE apologised on their behalf and said she would raise this with them.

9. Next meeting date:

- *Confirmed post-meeting: Wednesday 5th October 2011* from 1730, Committee Room 4.

NON-MSP ATTENDANCE

Title	Forename	Surname	Organisation
Mrs	Suzanne	Bell	Scottish Heart Failure Nurse Forum
Mrs	Lynda	Blue	BHF Scotland
Mrs	Jan	Buncle	Chest Heart & Stroke Scotland
Mr	Duncan	Cantor	Boehringer Ingelheim Ltd
Mr	Andy	Carver	BHF Scotland
Mr	Scott	Clark	University of Edinburgh
Dr	Gareth	Clegg	NHS Lothian/University of Edinburgh
Mr	Robert	Dalrymple	The Stroke Association
Mr	Greg	Fearn	FANS
Ms	Hazel	Fraser	Scottish Stroke Nurse Forum
Mrs	Kathleen	Frew	Chest Heart & Stroke Scotland
Ms	Gail	Grant	British Medical Association
Ms	Maddy	Halliday	The Stroke Association
Mr	Keith	Irving	Living Streets
Mr	Brian	Jardine	Stroke Group
Mr	Chris	MacNamee	Chest Heart & Stroke Scotland
Mr	Thomas	Marshall	Roche Diagnostics Limited
Mr	Steve	McGlynn	Royal Pharmaceutical Society
Ms	Joanne	McGrath	Roche Diagnostics Limited
Mr	Ben	McKendrick	BHF Scotland
Prof	Dave	Newby	NHS Lothian
Miss	Louise	Peardon	Chest Heart & Stroke Scotland
Mr	David	Rosier	Stroke Patient Representative
Mrs	Christine	Quigg	Inverclyde Stroke Matters Group
Mr	George	Sime	Kirkcaldy Heart Support Group
Mr	Eric	Sinclair	The Stroke Association
Mr	Keith	Small	Morhamburn
Mr	Gordon	Sneddon	Angus Cardiac Group
Ms	Liz	Thorburn	The Stroke Association
Mrs	Carol	Walford	Lothian Heart Failure Working Group
Mr	Robert	Wilson	Inverclyde Stroke Matters Group