

Cross Party Group for Heart Disease & Stroke
Wednesday 5th October 2011
Committee Room 4
1730 - 2000

Emergency Life Support: the skills and confidence to save a life

1. Welcome & Apologies

Helen Eadie [Convenor]

Ben McKendrick & Louise Peardon [Secretariat]

Helen Eadie [HE] extended a particular welcome to MSP colleagues in attendance:

- Margaret Burgess
- Fiona McLeod
- Nanette Milne
- Dennis Robertson
- Richard Simpson
- Dave Thompson

Apologies were accepted from Jackie Baillie and Mary Scanlon.

2. Minutes: 15th June 2011

The minutes were accepted as an accurate record.

3. Matters arising

Emergency Life Support (ELS) Press Release

Ben McKendrick [BMCK] updated that the action of a press release for individual MSPs on ELS Training had been completed and there was some coverage as a result in the local press.

ELS demonstration event to MSPs

Louise Peardon [LP] updated that earlier in the day at the Parliament an ELS Event had been held to raise awareness among MSPs. The demonstration of ELS skills featured pupils from St Ambrose High School (North Lanarkshire) and Portree High School (Isle of Skye) and representatives from BHF Scotland, Chest Heart & Stroke Scotland, Lucky 2B Here and St Andrews Ambulance. The event was well supported, with 6 MSPs attending and a number of Parliamentary Researchers. Work continues to implement a 'case study' of what can be achieved by incorporating ELS training into the individual school curriculum and the Education Dept. had agreed to circulate this to all schools in Scotland. The ELS campaign lead organisations (BHFF/CHSS/L2BH and the Scottish Ambulance Service) are currently awaiting confirmation from the Education Dept to take this work forwards.

Ross Cowie updated on a letter which L2BH had received from Cabinet Sec for Education (Mike Russell MSP), concerning ELS in schools.

Letter from Kim Hartley [KH]

In her absence a letter received from KH (Royal College of Speech & Language Therapists) was read out concerning a request to feature Allied Health Professional [AHP] support at a meeting of the CPG. HE was supportive of this as an agenda topic for the next meeting and KH was requested to liaise with the Secretariat.

4. Presentations on ELS in schools:

Case study of ELS Training in Portree High School, Isle of Skye – Neil Campbell & Helen Gilpin (Heartstart Skye)

NC and HG presented on the work undertaken with Portree High School which through Heartstart Skye (and with the support of L2BH) has provided ELS training to all 150 senior pupils. HG outlined the content of the course and NC updated that the next stage is to fully integrate ELS training into the curriculum at second year for all pupils with refreshers as they move through the school and continue the training of the teachers who will then (with the continuing support of the Heartstart team), be able to deliver the course. L2BH have also placed a defibrillator in the school and the training incorporates its use, which has been a successful addition to the standard Heartstart course. The feedback from the pupils has been excellent and was demonstrated by their enthusiasm at the lunchtime event in the Parliament today. Over 500 people across Skye have now received ELS and defibrillator training. NC also updated that Heartstart Skye have been approached by the Gaelic Dept. to look at developing a Gaelic version of the training.

Evaluation of ELS Training in St. Ambrose High School, North Lanarkshire – Charles Fawcett (Heartstart Coordinator)

CF presented on the evaluation of ELS training undertaken across the 102 Primary Schools and 24 High Schools in North Lanarkshire, working alongside St Andrews Ambulance and using the BHF Heartstart training programme. CF discussed the poor Scottish record with heart disease and how this impacts on the number of heart attacks. CF presented the Curriculum for Excellence and demonstrated the areas in which ELS training could complement and enhance the learning, skills and knowledge in Scottish schools. The model implemented in North Lanarkshire involves cascade training of the senior S5/6 pupils who then lead training as buddies with the S1s and across local Primary Schools, enhancing their own skills and creating a sense of responsibility (the pupils led the development of many of the resources and sessions). CF also described some of the challenges faced, particularly by pupils from more deprived areas and how ELs Training could enhance their self-esteem and confidence in achieving a life skill not based in academic learning. CF emphasised the all round positive impact that the project had achieved.

Lucky 2B Here Update – Ross Cowie

RC introduced the statistic that only 1 in 100 people in Scotland will survive an out-of-hospital cardiac arrest and the work undertaken by L2BH to improve this. Defibrillators have been placed in communities across Skye and training undertaken for around 500 people. L2BH were encouraged by the reception given by the CPG to their work last year and at the event earlier in the day. The charity is working to three key objectives; community empowerment, co-operation and education and RC cited examples of how all of these have been achieved within the local community working alongside health professionals, the Scottish Ambulance Service, schools, corporate partners (Zurich Insurance) and national charities; Chest Heart & Stroke Scotland and BHF. RC joined the previous speakers in emphasising the perfect fit that ELS training has with the Curriculum for Excellence (providing a certificated life skill), and the need to encourage every school in Scotland to ensure a future where everyone is confident to save a life.

Public Access Defibrillation – busting the myths

LP gave a brief overview of the key myths surrounding PAD and credited Cardiac Science (Steve Jelfs) and the Resuscitation Council UK who provided the information presented. LP highlighted that the SAS receive 25 cardiac arrest calls a day and that in many of these circumstances lives could be saved by the use of a PAD. PAD has proven to be extremely effective in cardiac arrest caused by ventricular arrhythmias (up to 75% success within 3 minutes of arrest) and chances of saving a life decrease by 10% with every minute that defibrillation is delayed. LP highlighted some of the concerns raised about the safety of PADs and emphasised that concerns are usually unfounded as the equipment is extremely safe, no litigation has ever been brought in the UK for an attempt to save a life using ELS skills/PAD and that it is impossible to do any harm with a PAD as it will just not shock unless appropriate. LP finished by highlighting the commitment to review the provision of PAD within the Better Heart Disease & Stroke Care Action Plan [2009] and the statement from the Resuscitation Council UK: *“Given their proven effectiveness, safety, modest cost and minimal (or even no) training requirements, we believe that we all have an obligation to encourage the wider availability of AEDs”*

5. Discussion and questions on ELS in schools work

HE opened the discussion by stating that the agenda had motivated her to check the provision of PAD within the Scottish Parliament and that she had been encouraged to find that Automated Defibrillators were present within the building and that 25 members of staff were trained in ELS. Gordon Snedden responded that it was important for everyone to know where the PAD were located and that the BHF had a poster which could be used for this purpose.

Richard Simpson [RS] commented that it would be interesting to know how many schools had already engaged with the Heartstart schools and that he would be writing to his local schools to find out. He also wondered whether some kind of phone 'app' may be effective in communicating the location of defibrillators. BMcK added that the next stage of the ELS Campaign work was to look at sustainable models of supporting the training in Scottish schools and putting pressure on local authorities to add their support and resource to the roll-out. Discussions are ongoing with COSLA to achieve this. HE suggested that MSPs could carry an article in their newsletters to encourage schools to get involved and encourage them to make contact with Portree and St. Ambrose High Schools for advice. (ACTION: Secretariat)

Scott Clarke [SC] added that he wasn't sure how effective a phone 'app' would be for defib locations and perhaps it would be better for organisations such as CHSS/BHF to coordinate. He also cited some work undertaken in the Netherlands in this area. Anne Harrison [AH] updated that the SAS had five Community Resuscitation Development Officers [CRDO] posts initially funded by the BHF and continued by the SAS. Part of their role is to look a PAD and Heartstart ELS training. AH also updated on the systems being put in place by SAS to be able to access a patient's electronic record and mapping the locations of defibrillators. HE queried whether tourists would know where PADs were located. RC updated that L2BH have plotted their locations on the L2BH website and shared this information with the SAS so that anyone phoning '999' will be directed to the nearest PAD site.

Martin Coombes [MC] proposed that defibrillators could be regarded in the same way as fire extinguishers and therefore available routinely in the same way. HE stated that MSPs would be pleased to support the increase in PAD availability and wondered whether this was something that required legislation in the way that fire safety is legislated as LPs presentation had showed how safe and easy to use they were. BMcK highlighted that much of the ongoing work was to raise awareness of PAD and dispel myths. RS added that his local shopping mall in Stirling had PAD available and had been more than happy to offer this additional safeguard. HE proposed that the MSPs present could write to the government on this point to encourage and promote further PAD placement and feed back the response to the group. [ACTION: MSP members] Prof Allan Struthers pointed out that everyone goes to annual fire lectures and that this could as easily be an ELS update, also that a side benefit of ELS training in schools would be the increase in awareness of general health issues.

CF commented that impact of ELS training would be beyond pupils and would have benefits for parents and grandparents. Need to start in Primary School with an holistic approach and perhaps demonstrations at Parents' Nights – the health message needs to start at nursery level. HE added that the enthusiasm of young people adds to the success of any training.

Gareth Clegg [GC] raised that we still don't have accurate statistics on cardiac arrest in Scotland and that there is a need for a national information strategy. HE agreed that there needed to be a means of accurate data capture in this area and the group could write to the government on this issue. [ACTION: Secretariat].

David Clark [DC] contributed that there was more than just PAD to be considered as businesses/communities needed to take on board the requirement for ongoing training, particularly in areas of high staff turnover. Ideally training would be mandatory. SC raised the viewpoint that perhaps training for CPR was not required as there was evidence to say that a simple message of 'push hard on the chest' could work. HE enjoyed the trial of training with the pupils at the earlier event and LP added that training was important to improve confidence to act and this was clear in the testimonies of the pupils and members of the public that had undertaken ELS training – more than the message. RC added how much the pupils enjoyed the training and that schools want to participate as they can see the benefits; ELS training has been routinely available in Scandinavia since

1961. AH agreed that the ELS training was needed with PAD and agreed with LPs notion of a 'balance' between providing training and getting the message across in a simple way. AH raised the issues of maintenance with PADs and the need for someone to take responsibility for this.

HE closed the discussion with the need for MSPs to consider all options in the areas of ELS training and PAD (including legislation) and that the issues may need some creative thinking. HE keen that work continues to raise awareness and saw a role for the CPG to be an Ambassador of this; she congratulated the pupils from St. Ambrose and Portree for their achievements.

6. Presentation on Scottish Ambulance Service (SAS) Community Resilience Strategy – Stephanie Phillips

SP presented on the key strands of the SAS work in Community Resilience; '*To deliver the best patient care for people in Scotland, when they need us, where they need us.*' SP also emphasised the need for the SAS to understand work already in place as presented during the meeting. SAS plan to extend the knowledge of their call centres to cover community resources and they are working to exploit the potential offered by telehealth. SAS Paramedics now have enhanced roles and are acquiring new skills. 1,200 First Responders have been trained across Scotland and along with the Paramedics are aiming to reduce admissions to A&E by 75%; over 60,000 people were treated under protocols through the 'see and treat' initiative in 2010. The first retained ambulance service in the UK has been launched in Shetland. SP highlighted the work with voluntary sector organisation on awareness raising campaigns e.g. FAST (signs and symptoms of stroke with CHSS) and Chest Pain Awareness (BHF and CHSS). SP concluded that the new strategy would be available shortly and was a chance for SAS to 'think outside the box' and identify all the resources available in communities. The strategy aims to improve the patient experience and improve community confidence.

7. Discussion on community resilience

Brain Jardine [BJ] raised the increasing role of telemedicine within stroke care and how much involvement SAS had with this. SP answered that this was part of the SAS national work and that they continue to look at further potential. HE updated that new technologies were a key subject of discussion within the Health Committee. DC commented on the significant progress within thrombolysis for stroke, which had included work from the SAS to implement, SP added that there was also good progress with thrombolysis for heart attacks.

GS asked about the progress on SAS being able to access the patient record and SP confirmed that they had access with consent, based on need since April 2011 with pilots in progress. MC mentioned that as a member of a rural community, he was aware that priorities could be different. SP emphasised that the SAS would like communities to be involved in service provision and that the SAS is working on Joint Improvement Plans with Health Boards. With relevance to the previous discussion, Christine Quigg [CQ] commented that the roles of Health & Safety Officers could be extended to cover ELS/PAD issues.

8. AOCB

Adults with Incapacity [Scotland] Act

Prof Dave Newby [DN] raised the issue that the current interpretation of the Adults with Incapacity Act [2000], although well intentioned, prevents research at the time of cardiac arrest and this inhibits emergency medical research within Scotland (apart from clinical trials for new medicines). GC added that attitudes around the time of cardiac arrest could be negative as to chances of survival and therefore it was even more important to carry out research to change this. Kim Hartley [KH] raised that there was a relevant consultation ongoing and Andy Carver [AC] added that this issue had been raised at the NACHD. [ACTION: Convenors Office to clarify position]

HE thanked everyone for their attendance and lively discussion with special thanks to the presenters for their excellent presentations.

9. Next meeting date:

- Wednesday 7th December 2011 (Committee Room 4)

Non-MSP Attendance

Title	Forename	Surname	Organisation
Prof	Gavin	Boyd	Chest Heart & Stroke Scotland
Mr	Iain	Brotchie	RPS
Ms	Aileen	Bryson	RPS
Mrs	Jan	Buncle	Chest Heart & Stroke Scotland
Mr	Neil	Campbell	Heartstart Skye
Mr	Andy	Carver	BHF Scotland
Mr	David	Clark	Chest Heart & Stroke Scotland
Mr	Scott	Clarke	University of Edinburgh
Mr	Gareth	Clegg	TOPCAT
Mr	Martin	Coombes	AZ
Mrs	Helen	Corrigal	NHS Highland
Mr	Ross	Cowie	Lucky 2B Here
Mr	Jim	Dorman	St. Andrew's First Aid
Ms	Martine	Douglas	Bayer Plc
Mr	Brian	Finlay	Scottish Ambulance Service
Ms	Jacqueline	Forde	Health Inequalities Alliance
Ms	Helen	Gilpin	Heartstart Skye
Ms	Gail	Grant	British Medical Association
Ms	Anne	Harrison	Scottish Ambulance Service
Mrs	Laorag	Hunter	RCSLT
Mr	Richard	Lyon	TOPCAT
Mr	Chris	MacNamee	Patient Representative NACHD
Mr	John	MacGill	Morhamburn
Mr	Steve	McGlynn	RPS
Ms	Joanne	McGrath	Roche Diagnostics
Ms	Anna-marie	McGregor	RPS
Mr	Ben	McKendrick	BHF Scotland
	Grainne	Morrison	MSD
Mrs	Kirsa	Munro	
Mr	Neil	Munro	
Prof	Dave	Newby	NHS Lothian
Mr	Donnie	Nicolson	Lucky 2B Here
Mr	Pat	O'Meara	Scottish Ambulance Service
Ms	Claire	O'Neill	BHF
Mr	Robert	Paton	GCRA
Miss	Louise	Peardon	Chest Heart & Stroke Scotland
Ms	Stephanie	Phillips	Scottish Ambulance Service
Mrs	Christine	Quigg	Stroke Group
Mr	Greg	Quinn	SCVIG
Mr	George	Sime	Kirkcaldy Heart Support Group
Mr	Eric	Sinclair	The Stroke Association
Mr	Gordon	Sneddon	Angus Cardiac Group
Mrs	Carol	Walford	
Mr	John	Waugh	Nairn Cardioactives
Mrs	Sheena	Waugh	Nairn Cardioactives
Ms	Vanessa	White	Scottish Ambulance Service
Mr	Robert	Wilson	Stroke Matters Inverclyde
Ms	Jacqui	Young	Roche Diagnostics Ltd