

**Cross Party Group for Heart Disease & Stroke**  
**Wednesday 7<sup>th</sup> December 2011**  
**Committee Room 4**  
**1730 for 1800 - 2000**

Allied Health Professional [AHP] Support in the Community

Convenor: Helen Eadie MSP  
Secretariat: Ben McKendrick and Louise Peardon

**1. Welcome & Apologies**

MSP Apologies from:  
Alison McInnes  
Mary Scanlon  
Dave Thompson

Helen Eadie MSP extended a special welcome to Amanda McEwan who joined us as a guest. Amanda is a member of the Volunteer Stroke Service, run by Chest Heart & Stroke Scotland in Fife and presented at the very first meeting of our Cross Party Group, back in November 2008. Her moving presentation covered her experiences of a stroke she suffered with the birth of her son Owen and the recovery and rehabilitation in the months that followed. Amanda also presented on both the benefits and limitations of the Allied Health Professional support that she received as a young mother living with the impact of stroke. The presentation was heard by the Cabinet Secretary for Health (Nicola Sturgeon) who having listened to Amanda, agreed with the need for greater focus on the emotional and psychological support for both those living with stroke and heart disease. This emphasis as highlighted by Amanda, was then reflected in the final version of the Better Heart Disease & Stroke Care Action Plan, which had been in draft at the time of the meeting.

Duncan McNeil MSP and Nanette Milne MSP in attendance for start of the meeting.

**2. Minutes:** 5<sup>th</sup> October 2011

Proposed by Carol Walford [CW], seconded by Helen Eadie [HE].

**3. Matters arising**

ELS Training in schools – Parliamentary Debate 17<sup>th</sup> November 2011

HE updated on an excellent debate in the Scottish Parliament involving 9 MSPs and with the response from Michael Matheson MSP (Public Health Minister). The debate was led by Siobhan McMahon and the work of various organisations as well as the Cross Party Group were praised for their promotion of the need to have ELS training available in every school in Scotland; a campaign which received wide support during the debate. ACTION: Secretariat to circulate the link to the debate.

Planned meetings 2012

The Secretariat updated that two meetings have currently been booked for 2012:

- 25<sup>th</sup> January
- 21<sup>st</sup> March

Further information to follow in due course.

**4. Presentation: Introduction to the Allied Health Professional [AHP] role**

Patient perspective on AHP provision in a rural setting – Eric Sinclair

HE introduced ES who had a major stroke in July 2004, while visiting his son, who works in Oslo, so experienced the Norwegian health service at the sharp end, as well as spending several months in the stroke unit at Woodend Hospital in Aberdeen. Since then he has returned to work, running courses for teachers, as well as undertaking voluntary work for The Stroke Association and for the NHS through Healthcare Improvement Scotland.

ES described his experience of suffering a stroke in Oslo in July 2004. 2 weeks in hospital there, great standard of care. Transferred to Royal Infirmary- in ward for people in their 80s and 90s, which was a challenge but he got good treatment. The staff in particular were hugely helpful in helping him get back on

his feet, although he was aware of gaps in provision in his own rural area. ES finished his presentation with three key messages from his experience:

- He would like to see a stated minimum national standard of the care expected on discharge after stroke (current guidelines vague)
- He would like to see the relationship between private/independent and NHS provision improved in the field of AHP support and therapy
- He would like to see the inadequacies in AHP service provision addressed; particularly in rural areas, such as his own experience

HE thanked ES for an excellent and thought provoking presentation

## **5. Presentations: Allied Health Professional roles/service provision**

### Occupational Therapy [OT]: Therese Jackson – College of Occupational Therapists

HE introduced TJ as the clinical lead for the Stroke Rehabilitation Unit in Fraserburgh Hospital and lead AHP for the Grampian Stroke MCN. She is also Occupational Therapy Advisor to the National Advisory Committee for Stroke and has contributed to various national stroke initiatives; Stroke Care Standards, SIGN Guidelines, Action Plan and STARS on-line learning tool. Therese also holds honorary positions at both Robert Gordon's and the University of Aberdeen.

Economic benefits of OTs, why they were highlighted in Heart Disease and Stroke Action Plan. Rehab only effective when delivered by multi-disciplinary team. Staffing cuts can impact on e.g. quality of life for patients. Patchy cover in some parts of the country. Some rehab provided via social services, and these link to acute services. Services do exist but are inequitable.

Good work going on in 'tele-rehabilitation'- big potential for the future. Various pilots- lots of potential to support a patient centred approach, and deal with issues of equity.

### Physiotherapy: Mark Smith, Consultant Physiotherapist Stroke Rehabilitation - NHS Lothian

HE introduced MS as AHP Consultant working as a clinician, educator, researcher and service developer within stroke rehabilitation and as well as the role with NHS Lothian, he is a visiting lecturer at Queen Margaret University, physiotherapy representative on the National Advisory Committee for Stroke and a member of The Stroke Association Committee.

Physio a hands on profession. Getting people back on their feet. Physios involved in cardiac rehab, for which there is a strong evidence. Broad spread of CR across Scotland less clear how many have physio involvement. Exercise after stroke has a good evidence base, although only 5 NHS Boards provide access to this in the community. Only 2 NHS Boards have kept to Action Plan commitment for longer term support for stroke patients. One problem for Boards is the difference between NHS Board and local authority boundaries. HEAT target on specialist stroke units and key targets on workforce- can be difficult to prioritise rehab when funds are being cut.

### Dietetics: Marion Ireland – British Dietetic Association

HE introduced MI as involved with cardiology and stroke care for most of her dietetic career, in both acute and primary care, since qualifying in 1995. She presently has a particular interest in Stroke and Cardiac Rehabilitation and has written a chapter on stroke management for a dietetic textbook "Advancing Dietetics and Clinical Nutrition" published in 2010.

Deal with stroke and heart patients. Big part of work is in getting stroke patients to swallow. Up to 60% have problems. Tube feeding and management of dysphasia. Smallest AHP profession, can get overlooked. In CHD work to upskill other AHPs. Facilitating Chronic Disease Management in Primary Care needs to be a priority - Prevention rather than Treatment. Use Dietitians as advisors in development of patient services as often forgotten due to being a small profession of Physios/OTs. Use Dietitians in the development of patient and carer information to ensure that clear and consistent health messages with a strong evidence base are available to the public

Stroke:

- Dysphagia management and Enteral Feeding support essential to support patients and carers post-stroke and in the community
- Education about primary prevention in the community needs a higher profile

Cardiac:

- Health promotion and Chronic Disease management in the community is essential to ensure these targets are met
- Big variation in involvement by NHS Board across the country.

Speech & Language Therapy [SLT]: Laorag Hunter – Royal College of Speech & Language Therapists  
HE introduced LH as an SLT with NHS Tayside, and has been working in brain injury for the past 15 years. She is joint RCSLT representative on the CPG, a clinical educator and supporter of the Tayside Speakeasy aphasia support group. The presentation focused on four real life stories. Jennifer and Helen, brought together by their shared experience of stroke and aphasia, a communication impairment after stroke. Jennifer was 18 years old and in her second year of a degree when she suddenly collapsed in the university library. Helen was a practicing physio which she combined with international level research when aged 44 she developed PSA.

30-40% of individuals post stroke have a communication or swallowing problem requiring intervention from SLT. Communication can be altered because of aphasia, as in the case of Jennifer and Helen. SLTs also work with individuals who's communication is affected because of motor impairments affecting the speech musculature or because of alteration to cognitive skills such as memory, planning and organisation. A large amount of the work of the SLT in the acute stage post stroke is around the management of dysphagia, swallowing disorders. This is essential to reduce the risk of chest infection post stroke and prevent the need for hospital and community medical care. For some individuals dysphagia can be a longer term problem requiring SLT involvement post acutely. All health professionals have a role in promoting healthy living. For people with communication disorders SLTs can be especially involved in facilitating communication around issues such as medication, smoking cessation, drug and alcohol interventions and diet and exercise advice. Multi-disciplinary working; wide range of effects on individual post stroke and also the people around them

Already seen from Helen's perspective some of the impacts communication disorder has on life. Wide ranging effects not only to the individual post stroke but also to everyone around the person. Oliver's story flags up a number of issues that our consultation with SLTs flagged up areas of concern. Patients tell us and research shows that improvement requires, practice, practice and more practice. Major concern of our SLT group was variation in the ability to provide therapeutic quantities of therapy. A national study recently found that less than half of therapists could provide the quantity of therapy required and even the respondents in our consultation who said they could deliver amount of therapy patients needed that added that this was "fragile" and vulnerable to changes in staffing levels. Depts are small in number and quantity of therapy is very vulnerable to factors such as maternity and compassionate leave which are frequently not back filled. Oliver tells us how the therapists helped him to get messages in and out. SLTs are involved in changing the environment and skills of communication partners: Public information, increased use of simplified and visual information, training services providers by SLTs. Variability in vocational rehab and advocacy services around the country.

He thanked all of the presenters for their excellent insight into AHP support.

## **6. Presentations: Experiences of AHP support in the community:**

Christine Quigg – Inverclyde Stroke Matters

HE introduced CQ as a survivor of a stroke in 2002 Christine is actively involved with 'Stroke Matters Inverclyde' (SMI), which was started by Robert Wilson with support from Christine, less than a year ago and is affiliated to Chest Heart & Stroke Scotland. She will give a presentation about the services provided by the Allied Health Professionals in the community from her own experience and hopes to give a brief insight into the care given from various aspects of neurological & stroke support in the both in the past, following through to the present day and how she sees how the current changes in provision are already having an impact on the professionals working within this remit and the people who most in need of their care.

CQ updated that her stroke was over 10 years ago and she had received support from Headway and Epilepsy Groups at the time acting as a committee member and facilitator. 16 yrs experience being helped by AHPs. Had her first TIA in 1994, had them for a year before seeing GP. When diagnosed, the AHP 'troops her were mobilized' and she got what she needed- feels skills were invaluable and everyone who has suffered as she did should also get that level of support. Big support for her husband too- e.g. in

dealing with stress and anger. After she had an additional diagnosis of a tumour last year, AHP support kicked in again.

After discharge given Robert's name at Inverclyde Stroke Matters- AHP actively involved in that group. Crucial to support AHP services at times of financial difficulty. *"AHP's are the professionals within our hospitals, outreach and community services and each and every one of them has a special skill which allows many others like me, to climb out of what seems....at the time, a very dark and lonely place:*

*They help others to stand and still stand by them.*

*Help them to walk and continue to walk with them.*

*Help people to talk and still talk to them.*

*Help some to see and keep watch over them"*

### Brian Jardine – Irvine Stroke Group

HE introduced BJ as from Glasgow, and now lives in Kilwinning in Ayrshire. He has had 4 minor strokes and is currently Secretary of Irvine Stroke Support Group (affiliated to Chest Heart & Stroke Scotland). Brian worked for T-Mobile in Greenock for a total of 12 years, until recently retired through ill health. His employer was very supportive, offering phased returns options when he was considering returning to work. At work he helped to train and coach new starts to provide a world class service from a world class company. As well as work with the Irvine Stroke Group, Brian also enjoys babysitting his 2 1/2 year old granddaughter.

In hospital for a fortnight after stroke. Invited to attend stroke clinic, swap stories and meet people with similar experiences and the Irvine Stroke Group was formed. The group now meets every week, and covers subjects of relevance for members. Two centres for AHP care in Ayrshire and two staff members trained to help. Stroke survivors may take on more when told to by other survivor. Peer led support has massive positive impact on recovery and simple conversations among stroke survivors as to what worked for them are very valuable. BJ gave the example that when a professional asks you to 'jump' you do and when a peer asks the same, you ask 'how high'?

## **7. Discussion on AHP support in the community**

Carol Walford asked are specialist physios available in rural settings? Mark Smith replied yes, on occasion but service patchy. Kim Hartley felt it had been a very positive response from group on AHPs issues. Interested in issues about access to service provision and what could CPG do to advance those; perhaps something on targeting minimum provision? TJ updated that involved with MS in some work on developing audit of existing services. BMcK wondered if we could come back to this issue when that information available?

ES interested in how is good practise being shared across NHS and private practice e.g. exercise classes available but sometimes not being advertised by NHS? MS answered that there can be issues about insurance/liability etc, and that the audit data looking to pick that up. Darren Brand [DB] is an Orthoptist and highlighted that also many inequalities across the country in his profession. KH raised delayed discharge targeting and whether the CPG could offer to support view that more effort needed to meet those targets? CQ added that she was already in the system when she had her stroke which is perhaps why her support was so easily on hand.

HE stated that it was clear that there is an information gap and suggested that the CPG could establish a sub-group on particular subject, if the group felt that would be worthwhile? Is a precedent for this with other CPGs. KH felt this was an excellent idea, and was joined in support by the other professionals present and the group as a whole. ACTION: Secretariat to explore potential of AHP Sub-Group, members to send notes of interest to Secretariat.

## **8. AOCB**

Gill Alexander [GA] updated on the formation of the new Scottish Stroke Allied Health Professional Forum [SSAHPF], supported by Chest Heart & Stroke Scotland. The committee is representative of all NHS Boards and a wide range of professions. A first meeting has been held in October 2011 to define aim and objectives and the forum is expected to launch soon involving many professions and organisations.

Louise Peardon read out an update from Prof. Dave Newby that subsequent to the last meeting of the CPG, the issue of the Adults with Incapacity Act preventing research in cardiac arrest has been taken up by the Chief Scientists Office and he was confident that progress had now been made on resolving this issue.

**9. Next meeting date:**

Wednesday 25<sup>th</sup> January 2012, Committee Room 3

## Non-MSP Attendance

### Meeting Fourteen - 7th December 2011 AHP Support in the Community

Title	Forename	Surname	Organisation
Ms	Gill	Alexander	Scottish Stroke AHP Forum
Mr	Darren	Brand	NHS Ayrshire & Arran
Mr	Rosi	Capper	Chest Heart & Stroke Scotland
Mrs	Jacqueline	Forde	Health Inequalities Alliance
Mrs	Katheen	Frew	Chest Heart & Stroke Scotland
Ms	Kim	Hartley	RCSLT
Ms	Laorag	Hunter	RCSLT
<b>Ms</b>	<b>Marion</b>	<b>Ireland</b>	<b>British Dietetics Society</b>
<b>Ms</b>	<b>Therese</b>	<b>Jackson</b>	<b>Occupational Therapists</b>
<b>Mr</b>	<b>Brian</b>	<b>Jardine</b>	<b>Irvine Classics Stroke Group</b>
Mrs	Amanda	McEwan	Patient Representative
Mr	Aidan	McGlashan	NHS Fife
Mr	Ben	McKendrick	BHF Scotland
Ms	Linda	O'Neil	BHF
Miss	Louise	Peardon	Chest Heart & Stroke Scotland
<b>Ms</b>	<b>Christine</b>	<b>Quigg</b>	<b>Stroke Matters Inverclyde</b>
Mr	David	Rosier	Patient Representative
Mr	George	Sime	Kirkcaldy Heart Support Group
<b>Mr</b>	<b>Eric</b>	<b>Sinclair</b>	<b>The Stroke Association</b>
<b>Mr</b>	<b>Mark</b>	<b>Smith</b>	<b>Chartered Society of Physiotherapy</b>
Mr	Gordon	Snedden	Angus Cardiac Group
Mrs	Carol	Walford	
Mr	Robert	Wilson	Stroke Matters Inverclyde