

Cross Party for Heart Disease & Stroke
Wednesday 5th June 2013
Committee Room 5, Scottish Parliament

1. Welcome & apologies

Convenor, Helen Eadie [HE] MSP welcomed everyone to the meeting with a particular welcome to the Cabinet Secretary for Health & Wellbeing

MSP Attendance

Jackie Baillie MSP

Helen Eadie MSP

Jim Hume MSP

Nanette Milne MSP

Alex Neil MSP

Dave Thompson MSP

Maureen Watt MSP

MSP Apologies

Alison McInnes MSP

Dennis Robertson MSP

Richard Simpson MSP

2. Minutes – Wednesday 6th March 2013

Accepted as an accurate record – proposed by Carol Walford and seconded by David Clark.

3. Update from Cabinet Secretary for Health & Wellbeing

The Cab Sec provided an overview of progress within the declared national priorities for the Scottish Government; heart disease, stroke and cancer. He explained the wider public health context in Scotland and the influence of demographic change on health policy and future directions.

The Cab Sec acknowledged that despite awareness of the challenges, there had to date been little progress in combating the inequalities which could have such a major health impact. He outlined what he viewed as the three major strategic challenges facing the NHS; inequalities (in its widest sense beyond health and social care), the incidence of conditions among those from poorer backgrounds and the challenge of inflation within the cost of the NHS.

The Cab Sec concluded his introduction by describing examples of the public health changes which could have the biggest impact e.g. minimum pricing of alcohol and the aim for Scotland to be ‘smoke-free’ by 2034.

4. Submitted questions from CPG members

1. Smoking in cars where children are present

Name: **Mr Simon Gillespie [SG]**

Job Title: Chief Executive

Place of Work: British Heart Foundation

Question: To ask the Cabinet Secretary if the Government would consider giving their support to a Private Member’s Bill that would ban smoking in cars where children are present.

The Cab Sec stated that the Scottish Government were sympathetic to the position put forward by Jim Hume MSP in his proposed Bill and viewed this measure as a potential additional weapon in the fight against smoking related disease. SG added that smoking in cars was a matter of concern for BHF and they viewed this Bill as an opportunity for Scotland to lead the way.

2. Improving Care for Scottish adults born with a heart condition

Name: **Dr Liza Morton [LM]**

Job Title: Voluntary Scottish Campaign Manager/Clinical Associate of Applied Psychology

Place of Work: The Somerville Foundation / NHS Fife

Question: Congenital heart disease (CHD) is the most common birth defect, affecting 8 per 1000 live births. There is an estimated 16,800 Scots living with this condition, although many are lost to the system. We welcome the development of the new Scottish Congenital Cardiac Network (SCCN) to improve care. However, what should happen to ACHD patients while we are awaiting the development of this network, particularly around A&E care and how will the Scottish Government support the development and implementation of National Healthcare Standards for this population?

The Cab Sec outlined the development of a Scottish Cardiac Congenital Conditions network to ensure that patients and their families had access to the highest quality of care. LM expressed concern about the delay between creation of the network and services changing and the Minister replied that there may be opportunities for NHS Scotland to use data analysis techniques to identify congenital patients for follow-up through their GPs.

3. HEAT Targets for Stroke

Name: **Mr Eric Sinclair [ES]**

Job Title: Chair, Stroke Association Reference Group of people Affected by Stroke

Place of Work: Stroke Association Volunteer

Question: Why has a very basic HEAT target for stroke been dropped by the Scottish Government when 50% of Health Boards are failing to meet it? The HEAT Target is: At least 90% of patients who come to hospital with a stroke should be admitted to the Stroke Unit on the day they come in, or the day after.

The Cab Sec explained that there is a difference between a 'target' and a 'standard' and that in terms of HEAT this is explained by once you've achieved a target, it becomes a standard. The Minister added that there may be improvements to this process and he had asked officials to review. ES commented that his 'outside perception' was that a process had been dropped with the ending of the HEAT target. The Minister confirmed that he had discussed this issue with ES the previous week.

4. Managed Clinical Networks (MCNs)

Name: **Mr David Clark [DC]**

Job Title: Chief Executive

Place of Work: Chest Heart & Stroke Scotland

Question: Over the last 10 years, Managed Clinical Networks (MCNs) have contributed enormously to the improvement of services for people with stroke and heart disease. There is no mention of their future in either the original proposals for integration of health and social care, or the Government's response to the consultation. Will the Cabinet Secretary ensure that the role of MCNs is protected and promoted under the new structure of health and social care?

The Cab Sec enthusiastically confirmed the ongoing role for the MCNs and their importance in gaining consensus and representing 'the patient voice'. DC expressed concern as to the lack of mention of MCNs within the Health & Social Integration work. The Minister clarified that there are different governance and standards structures within health and social care and that there was an aim to move towards common, patient/person-centred standards.

5. Phase IV Cardiac Prevention and Rehabilitation in the community in Scotland

Name: **Mr Robert Paton [RP]**

Job Title: Chairman of the Grampian Cardiac Rehabilitation Association (GCRA)

Place of Work: Grampian Region

Question: Since the down turn in the economy the GCRA have had to work hard to continue the service of providing Phase IV cardiac rehab exercise classes in the Grampian region with no support from the NHS or local authorities. The NHS with the local authorities in Grampian has devised a 2020 plan to improve the health of the population over the next 7 years in the region. Could I ask you Mr Neil if you have such a plan to improve the provision of Phase IV cardiac prevention and rehabilitation in the community in Scotland given the fragmented nature of it at the moment?

The Cab Sec thanked GCRA and the Angus Cardiac Group (also present) for their hard work, which was well recognised. The Minister described the drop in premature deaths from heart disease and acknowledged that this then created a greater rehabilitation need, across long term conditions. RP thanked the Minister for his

support but emphasised the fragmented approach to exercise/rehab support. The Minister concluded by inviting RP to join a group due to meet on cardiac rehabilitation nationally.

6. Heart Manual Implementation

Name: **Mrs Louise Taylor [LT]**

Job Title: Heart Manual Department Lead

Place of Work: Heart Manual Department, Astley Ainsley Hospital, Edinburgh

Question: "In The Better Heart Disease and Stroke care Action Plan, 2009, Item 4.33 states, 'NHS Boards, through their cardiac MCNs, should implement the Heart Manual or equivalent to ensure that people receive structured information, education and develop skills need to help them manage their own condition'. Could Alex Neil please update the Cross Party Group on how this action point has progressed, particularly for patients unable to attend hospital based programmes, who rely on a home based evidenced alternative?"

The Cab Sec expressed Scottish Government support for the Heart Manual and acknowledged that many NHS Boards were using it. He also noted that the Govmt had provided £20,000 in funding towards a web version of the manual. LT commented on the strength of evidence behind the tool.

7. Exercise classes for long term conditions

Name: **Mr Gordon Snedden [GS]**

Job Title: Chairman of Angus Cardiac Group

Place of Work: Angus

Question: The Cabinet Secretary for Health & Wellbeing will be well aware of the importance of exercise in the rehabilitation of those with cardiac and other long-term conditions and the significant difference that it makes to both the physical and mental wellbeing of these people as well as the resultant savings to the NHS. He may not be aware of the huge variations in provision of exercise classes across different Health Boards. Could the Cabinet Secretary encourage ALL Health Boards to work in partnership with the voluntary sector and local authorities to ensure that everyone with any long-term condition can access exercise classes regardless of whereabouts in Scotland they stay.

The Cab Sec commented that it was no 'accident' that his portfolio included sport and commended the work of the Angus Cardiac Group. He also commented that the PARCS Project being run by 3 key voluntary sector organisations was intended to show the direction of travel. GS commented on the need for the NHS to make use of third sector assets and the Minister provided some suggestions on additional partnership options to explore.

8. Cardiac screening in the young

Name: **Mr Ian Broughton [IB]**

Question: It is estimated that 12 young people die every week due to undiagnosed heart problems. Would the government consider giving teenagers the option to being screen whether involved in sports or not. It is thought that 80% of heart conditions will show up during a simple ECG. While many conditions may not be life threatening at the time could cause problems in later life. Being proactive may in itself lead to a lesser burden on the health service. Helping to raise awareness may also help to educate people in symptoms to look for, how to react if someone has a heart attack and the importance of leading a healthy lifestyle. We screen people in later life for progressive conditions; why can we not screen our youngsters and help reduce this shocking statistic and waste of young life.

The Cab Sec outlined personal discussions with the Chief Medical Officer from his role as a Constituency MSP on screening and that he had found the evidence did not support widespread screening to prevent sudden cardiac deaths, although there may be some value in exploring data collation options to identify those at potential risk. IB shared his personal experience of losing a child and the work of CRY within screening.

9. Anticoagulation therapy

Name: **Nanette Milne**

Job Title: MSP

Place of Work: Scottish Parliament

Question: To ask the Scottish Government, in the drive to reduce the risk of stroke, what progress has been made to appropriately anti coagulate patients since the publication of the HIS report *Heart disease*

improvement programme – National Overview September 2011. To ask the Scottish Government what is being done to effectively manage patients on warfarin to optimise their time within therapeutic range, including support for Point of Care/Near Patient Testing and self management, as well as to share best practice approaches, such as that rolled out in NHS Grampian. To ask the Scottish Government what progress has been made to improve the transition of adolescents, who self test their INRs with a diagnostic device, so that they can continue to do so when they transfer to adult services.

The Cab Sec indicated that he had a detailed brief on the subject of AF, which he was willing to share with NM and NM agreed to raise any remaining questions through Parliamentary Questions in the Parliament.

10. A Charter for Stroke

Name: **Ms Kim Hartley**

Job Title: RCSLT Scotland Officer

Place of Work: Royal College of Speech & Language Therapists Scotland

Question: A CPG subgroup has been working on a Charter describing what people who have had a stroke should expect from health and social care service providers in the community – after their acute phase of care. The Charter already has the support of the AHP professional bodies, the AHP and Nurses Stroke Fori, the Stroke Association and CHSS. How would the Cabinet Secretary expect such a charter to be taken up by the decision making groups of the anticipated integrated Health and Social Care Boards?

The Cab Sec expressed his interest in the work and that he looked forward to receiving a copy in due course. KH outlined the intention of the Charter and asked if the Minister would potentially support the launch. Subject to viewing the final draft, the Minister agreed and the sub-group to send draft by late July/early August for consideration.

11. Palliative Care for Heart Failure Patients

Name: **Dr Karen Hogg & Mr Iain Armstrong**

Job Title: Consultant Cardiologist & Programme Manager

Place of Work: NHS Greater Glasgow & Clyde/Marie Curie Cancer Care/British Heart Foundation

Question: Heart failure is well known to be associated with high mortality and morbidity. Most patients end up having recurrent prolonged hospital admissions and most often die in hospital regardless of their preferred place of care. Accepting the pressures on acute services and that many patients wish to be cared for and to die at home, how can we prioritise and support initiatives such as Caring Together (joint funded by BHF, MCCC and GGC) to improve access to palliative care services for these patients and to facilitate realistic choice for them towards end of life?

The Cab Sec outlined the support for the approach taken by Caring Together in line with the government's 2020 Vision work and focus on patient involvement in care. YM thanked the Minister and highlighted the transferability of the work to other conditions. YM agreed to liaise with the Minister's Office post-recess to share more information on the project.

The Minister concluded by thanking the group for the invitation to attend and agreed to share his briefing notes with the Secretariat so that the detail of his answers could be distributed to the group. HE thanked him for his time and a very useful session.

5. CPG Review document

Louise Peardon [LP] presented the draft document, which provided a review of the work of the CPG between reconstitution in 2011 and the present day. LP thanked members who had contributed comments and quotes and asked that all review the draft and provide any feedback prior to the final version being circulated.

6. Discussion

HE suggested that the discussion session be structured around the questions and Cab Sec's responses. [INTRO] Carol Walford [CW] commented on the Cab Sec's introduction and that although equity of care was important, it was also vital to avoid dilution of valuable specialist services. LP commented that the forthcoming Parliamentary Debate on the SHFNF Review 2013 would highlight the value of the specialist.

[Q1] SG commented on the Cab Sec's positive response to the question on tobacco and disappointment about Westminster's lack of progress. BMcK asked that the group write to the Cab Sec to ask for his support on UK work to introduce standardised packaging for tobacco products. [Q2] LM agreed that the formation of a network for congenital cardiac problems was very positive, but expressed concern over the timescale of the network being able to influence care. HE confirmed that LM's request to present at the CPG had been scheduled for the September 2013 meeting and the issues could be explored in more depth then.

[Q3] ES questioned whether there had been clinicians involved in the decision to move from a target to a standard. Campbell Chalmers [CC] confirmed that the National Advisory Committee for Stroke [NACS] were not consulted and had been surprised by the change. KH wondered if this target could be the vehicle for the new process that the Minister had referred to and all agreed that standards have to be integrated into care. [Q4] LP commented that although very supportive for the role of MCNs there were an increasing number of Boards without an MCN and this was a concern as there seemed to be no way of preventing them being withdrawn. [Q5] RP commented that it could be good to see a structured approach to the provision of Phase IV rehab classes and links into government strategy. [Q6] – the Heart Manual representative had left. [Q7] GS agreed that he understood the challenges of the Local Authorities and NHS working together and he commented on the success of the Angus Cardiac Group exhibition in the Parliament a couple of weeks ago and thanked HE for her support.

[Q8] IB commented that although he had personal experience of the issues, he was now fighting for other people's children and he described some of the measures that he would like to see in place to safeguard against Sudden Cardiac Death [SCD]. HE suggested that it would be interesting to know what happens in other countries and what evidence may be available. LM and Vicki Hendry [VH] described some simple interventions e.g. oxygen levels of newborns which could be easily implemented to pick up some cases. There was general discussion on options for awareness raising and Linda O'Neill [LN] commented on the need for the BHF to incorporate elements of risk assessment for SCD into their Emergency Life Support Training (Heartstart).

[Q10] KH commented that the Cab Sec had given a very positive response to the Charter idea and that the sub-group would follow up with his office. HE added that after the success of this work she would like to see sub-groups form in the future with fixed objectives. [Q11] YM commented that she was pleased to see the awareness of Caring Together from the Cab Sec and it had been a very positive reply. HE updated that the request from the project to present at a future meeting had been accepted and the Secretariat would be in contact for December's date.

7. Matters Arising

Parliamentary Motion in support of the Scottish Heart Failure Nurse Forum Review [SHFNF] 2013

BMcK updated that Dave Thompson MSP had lodged the motion on the 16th April 2013, following the presentations at the March meeting. The motion had achieved Cross Party support on the first day, with a total of 32 MSPs supporting.

Members' Debate on SHFNF Review

BMcK updated that the Motion was then selected for Debate, due to take place on the 25th June 2013.

Sub-Group update

HE congratulated the sub group on the ongoing work to make the draft Charter accessible and KH updated the group that they intended to hold an event at the Parliament to raise awareness around the launch that they would invite the Cabinet Secretary to attend. KH agreed she would draft a letter on behalf of the CPG for this purpose.

8. AOCB

New Members

LP updated that a number of key organisations had been contacted to become members of the CPG and that the Royal College of GPs had so far responded positively and would be sending representation to the next meeting.

9. Next Meeting Dates

The next meeting is 1730 for a 1800 start on **Wednesday 18th September 2013**, Committee Room 5.

Additional 2013 dates:

- Wednesday 4th December

Non-MSP Attendance

Title	Forename	Surname	Organisation
Ms	Gill	Alexander	SAHPF
Mrs	Lynda	Blue	BHF Scotland
Mr	Ian	Broughton	
Mrs	Irene	Broughton	
Mrs	Jan	Buncle	Chest Heart & Stroke Scotland
Mrs	Marjory	Burns	BHF Scotland
Mr	Campbell	Chalmers	SSNF
Dr	Anna Maria	Choy	FANS
Mr	David	Clark	Chest Heart & Stroke Scotland
Ms	Carolyn	Deighan	The Heart Manual
Mr	Craig	Fraser	Highland Council
Mr	Simon	Gillespie	BHF Scotland
Ms	Gail	Grant	BMA
Ms	Sandi	Haines	SSNF
Ms	Kim	Hartley	RCSLT
Ms	Vicki	Hendry	The Somerville Foundation
Mr	Brian	Jardine	Irvine Classics Stroke Group
	Jamie	Lambie	SSNF
Prof	Chim	Lang	FANS
Mrs	Moira	Little	RCSLT Scotland Chair
Mr	Chris	Macnamee	
Ms	Diane	McGrath	BHF Scotland
Ms	Joanne	McGrath	Roche Diagnostics
Mrs	Janet	McKay	NHS Ayrshire & Arran
Mr	Ben	McKendrick	BHF Scotland
Ms	Angie	McLeod	The Scottish Association
Mrs	Yvonne	Millerick	Caring Together
Mr	Craig	Moran	Parliamentary Researcher
Dr	Liza	Morton	The Somerville Foundation
Mr	Bruce	Nicol	Marie Curie Cancer Care
Ms	Linda	O'Neill	BHF
Ms	Louise	Parkes	BHF Scotland
Mr	Robert	Paton	GCRA
Miss	Louise	Peardon	Chest Heart & Stroke Scotland
Mr	Tom	Pilcher	Scottish Government
Mr	George	Sime	Kirkcaldy Heart Support Group
Mr	Eric	Sinclair	The Stroke Association
Mr	Gordon	Snedden	Angus Cardiac Group
Prof	Allan	Struthers	University of Dundee
Mrs	Louise	Taylor	Heart Manual Lead
Ms	Diane	Thomson	Pfizer
Ms	Elizabeth	Tolmie	BHF Cardiac Care Lecturer
Mrs	Carol	Walford	
Ms	Jacqui	Young	Roche