Heart Disease & Stroke Cross Party Group
Annual General Meeting
Wednesday 12th March 2014,
Committee Room 5, 1800-2000

Rural issues in the treatment of stroke and heart failure

1. Welcome & Apologies

Convenor, Dennis Robertson (DR) MSP welcomed everyone to the first meeting of 2014.

MSP Attendance	MSP Apologies
Dennis Robertson MSP	Fiona MacLeod MSP
Nanette Milne MSP	Jackie Baillie MSP
	Dave Thompson MSP
	Alison McInnes MSP

ANNUAL GENERAL MEETING
Financial Return

The draft financial return was circulated to the group, which showed the costs of catering and the contributions from BHF Scotland and Chest Heart & Stroke Scotland who have provided the Secretariat. No donations were received by the group. There were no objections to the return, which will now be submitted to the Scottish Parliament.

Nomination and election of Office Bearers

Dennis Robertson (DR) introduced the nomination and election process and then stood down to allow for a fair process.

Convenor
The only nominee for Convenor was Dennis Robertson MSP. The group approved the nomination and DR was reinstated as Convenor.

Vice-convenors
The only nominees for Vice-Convenors were Dave Thompson MSP (DT) and Margaret McCulloch (MM). The group approved the nominations and DT and MM were reinstated as Vice-Convenors.

Secretariat
The only nominees for Secretariat were Laura Hastings (LH), Chest Heart & Stroke Scotland and David McColgan (DM), BHF Scotland Chest Heart & Stroke Scotland. The group approved the nominations and LH and BM were reinstated as the Secretariat.

2. Matters arising

2.1 Minutes from previous meeting of 4 December 2013
Proposed by Jan Buncle and seconded by Iain Armstrong.

2.2 ACHD (adult congenital heart disease): Progress of Scottish Congenital Cardiac Network Petition

This petition will be on the agenda for the Public Petitions Committee on the 1st of April. An update will be given at the next CPG on June 11th.

2.3 Sub-group Update

From Kim Hartley (KH): The Stroke Charter was launched on 11th December 2013. The sub-group have received 20 supporting statements including MSPs, service user groups, local authorities, health boards, voluntary organisations and the cabinet secretary. 4,000 copies of stroke charter are still available and can be ordered through Stroke Charter website.

DR congratulated the sub-group and thanked them for the hard work that had gone into the development of the Charter. At the CPG meeting in June the sub-group will present their recommendations for the next steps with the Charter.

3. Presentations

3.1 **My Experience of a Stroke**

A presentation was given by Councillor Craig Fraser (CF), Councillor for Highland Council and stroke survivor. CF described his experience of having a subarachnoid haemorrhage in 2009. He gave an account of the "excellent" clinical care and treatment he received, and the lack of understanding and support he experienced from staff in benefits and employment offices. CF advocated a multi-agency approach to improving stroke treatment in rural areas, as well as enhanced facilities on ambulances for early effective diagnosis.

3.2 **Rural issues in the treatment of Stroke: Research for patient benefit**

A presentation was given by Dr Alasdair Mort (AM), Research Fellow at the Centre for Rural Health, University of Aberdeen about Research for patient benefit. AM's research focuses on the evaluation of healthcare technology for remote settings, particularly in response to emergencies and the delivery of timely assessment and advice using technology.

AM explained two pieces of research that The Centre for Rural Health is currently involved in that are highly relevant to stroke care. The first is a study of the primary care of stroke patients in the Highlands and Islands, funded by Chest Heart & Stroke Scotland. The second, 'Satellite Ultrasound for Rural Stroke', is exploring whether brain ultrasound could be used by remote clinicians (e.g., ambulance staff) to identify the nature of a stroke much earlier than is possible currently. The remote clinicians would be supported by an expert located at a centre of excellence, who would be able to see the ultrasound images in real-time and help guide the ultrasound scan.

AM suggested a Rural Emergency Stroke Assessment service could be next, and also a link with national bodies such as the Scottish TeleStroke Programme, the Stroke National Advisory Committee and the Scottish Ambulance Service.

3.3 Rural issues in Heart Failure

A case study of a typical heart failure patient was presented by Mandi Smith (MS), Lead Heart Failure Nurse, NHS Highland. MS manages a team of 5 part-time specialist nurses who cover the Highlands in caring for patients and carers living with heart failure. The service was started in 2006 with funding from the British Heart Foundation and to date they have supported over 700 patients and their families. The case study highlighted the following issues: a lack of nurses to cover a large and diverse geographical area; the diagnostic BNP blood test for heart failure is

not available in the Highlands and blood samples need to be sent south for testing; implantation of CRT pacemakers is not available locally so patients need to travel 200 miles for this procedure; there is poor general awareness of heart failure and prognosis; and a lack of financial support for people with heart failure and their families.

3.4 Living with Heart Failure

John Braynion (JB) is a retired pharmacist who has been living with heart failure for the past 7 years. JB described his heart failure journey and his experience of the medical and nursing care he received which was "second to none". He feels that he has particularly gained a great deal of support from the Highland heart failure nurse service.

JB made the point that Health Inequalities should include living in a rural area. He gave examples from his person experience such as having to travel 200 miles for procedures such as having stents inserted for blocked arteries (only available during office hours in Inverness), and for implantation of a CRT defibrillator device (not available in the Highlands). JB also highlighted issues of public transport, eg having to travel 8 hours on two buses for a 10 min appointment with his GP. He acknowledged that mobile phone apps and Skype would be helpful, but mobile signal is variable and internet very slow in many areas, so new technology is "not a practical solution yet in the Highlands".

3.5 Rural Issues for The Scottish Ambulance Service in the Treatment of Heart Disease and Stroke

A presentation was given by David Garbutt (DG), Chairman of the Scottish Ambulance Service. Before his appointment to the Chair in 2009, David had a long and distinguished career with the police service, notably being awarded the Queens Police Medal in 1992.

DG provided statistics to show that Scotland has achieved a world-class standard of reaching cardiac arrest patients in an average of 6.1 minutes. The 3RU (The Resuscitation Rapid Response Unit) in Edinburgh and the Lothians uses new technology to monitor and train paramedics: 3RU paramedics wear video cameras, and attach a device called a 'puck' to their defibrillators to measure whether CPR is being performed correctly. 3RU paramedic Donald McPhail demonstrated a device which wraps around the chest and delivers continuous CPR in any situation, even when a patient is being carried down a flight of stairs. Blood analysis for Troponin (a protein which helps diagnose a heart attack) can be carried out in an ambulance within 15 mins. of a patient collapsing.

There is still a need to improve stroke care pathways in some areas. The SAS target is 90 mins. from emergency call to CT scanner in rural areas and in cities within 60mins. However the protocols for delivering stroke patients directly to a CT scanning unit still need to be agreed with all 14 Health Board, although some progress is being made.

New technology is increasingly helping the Scottish Ambulance Service (SAS) deliver more, eg. a clinical ambulance with scanner and satellite transmitter; 2 new SAS helicopters with space for clinicians, ultrasound, and increased access to the whole patient; and a fixed wing aircraft in which blood exchange can be carried out (ECMO). Plans for new clinical high-tech ambulances which include roof-top satellite transmitters, CT scanners and ipads for Telehealth conference with consultants. The first of these new ambulances could be up and running by end of year, subject to Scottish Government approval of the SAS business plan. Technology enables scan images to be sent from New Zealand for consultant review in Lanarkshire, so remote diagnosis would also be available from rural areas across Scotland.

DG advocated improvements to Care Pathways so that patients are transferred directly to a hospital which has the required equipment, such as a scanner, rather than from one hospital to another.

4. Discussion

Group discussion ensued and the following issues were raised:

- The need for more Heart Failure specialist nurses. Heart failure usually does not exist on its own, and these patients are usually complex due to having other comorbidities such as kidney or lung disease. There is a large body of evidence about the effectiveness of specialist nurses in supporting patient's self-management at home and preventing unnecessary hospital admissions. This has both cost savings for the NHS and is the preferred option for patients.
- The need to develop a "7 day health service" with integrated health and care pathways.
- The need for more rehabilitation services for patients created by the increased ability of emergency services to save more lives due to research and new technology.
- The value of having ultrasound and other technical equipment capability within ambulances, for stroke and many other conditions.
- The difficulties with connectivity in remote and rural locations which impacts on the signal and bandwidth required for Teleheath to work effectively from ambulances. This can be overcome by fitting ambulances with 4G and satellite technology and a business case from the Scottish Ambulance Service is currently being considered by MSPs.
- The possibility of diagnostic BNP testing in ambulances as "mobile clinics" in the Highlands.

Actions:

1. DR asked secretariat to write a brief about the need for integrated heath and care pathways for NM's meeting with cab sec on 3 April.
2. Parliamentary question about provision of specialist nurses in rural areas.

AOCB

None.

Future meeting dates of the Heart Disease & Stroke Cross Party Group:

- **Refreshing the priorities of the Heart Disease and Stroke Action Plan: Wednesday 11th June 2014, 1800-2000, Committee Room 5**

- Tuesday 23rd September 2014
- Wednesday 3rd December 2014

Non-MSP Attendance

Title	Forename	Surname	Organisation
Mrs	Val	Adam	
Ms	Gill	Alexander	SAHPF
Mrs	Wendy	Armitage	Chest Heart & Stroke Scotland
Mr	Iain	Armstrong	Caring Together / Marie Curie
Ms	Sheena	Borthwick	NHS Lothian
Mr	John	Braynion	
Mrs	Jan	Buncle	Chest Heart & Stroke Scotland
Ms	Susanne	Cameron-Nielsen	Royal Pharmaceutical Society
Mrs	Rosi	Capper	Chest Heart & Stroke Scotland
Mr	Campbell	Chalmers	NHS Lanarkshire
Ms	Megan	Dabb	Chest Heart & Stroke Scotland
Mr	Alan	Davidson	
Mrs	Sarah	Florida-James	Chest Heart & Stroke Scotland
Cllr	Craig	Fraser	Highland Council
Mr	David	Garbutt	Scottish Ambulance Service
Ms	Kim	Hartley	Royal College of Speech & Language Therapists
Mrs	Laura	Hastings	Chest Heart & Stroke Scotland
Ms	Frances	Johnston	
Mr	James	Lambie	NHS Lothian
Mr	Chris	Macnamee	Patient Representative/Voices Scotland Volunteer
Mr	Thomas	Marshall	Roche Diagnostics Limited
Mr	David	McColgan	British Heart Foundation Scotland
Ms	Joanne	McGrath	Roche Diagnostics Limited
Mr	Donald	McPhail	Scottish Ambulance Service, Lothian
Ms	Ros	Meek	Medtronic
Ms	Elspeth	Molony	The Stroke Association Scotland
Dr	Alasdair	Mort	Aberdeen University
Dr	Liza	Morton	The Somerville Foundation
Mrs	Liz	Paul	
Ms	Christine	Quigg	
Mr	David	Rainey	InTouch with Health
Mr	Ian	Reid	Bravehearts
Mr	Jamie	Rice	Boehringer-Ingelheim
Ms	Mandi	Smith	NHS Highland
Mr	Mark	Smith	NHS Lothian
Mr	Gordon	Snedden	Angus Cardiac Group (CHSS)
Mr	George	Tucker	
Dr	Catherine	Tucker	
Mrs	Carol	Walford	