Heart Disease & Stroke Cross Party Group

Tuesday 28th March 2017

Minutes of meeting

MSPs in attendance
Maree Todd (Co-Convenor)
Colin Smyth (Co-Convenor)
Emma Harper
Alexander Stewart

Other attendees
Dr David Murdoch
Professor Peter Langhorne
Tom Freeman, Holyrood Magazine
Professor Frederike van Wijck, Glasgow Caledonian University
Janet Reid, Royal Edinburgh Infirmary
Frances Divers, NHS Lothian
Trish White, NHS Lothian
Anna Choy, Dundee University
Prof Chim Lang, Dundee University
Gordon Murch, Campaigner for Cardiac Screening in the Young
Ian Broughton
Susanne Cameron-Nielsen
Paul Hodson
Jacqui Morris, Glasgow Caledonian University
Ruaraidh Dobson, ASH Scotland
Dr Liza Morton, The Somerville Foundation
Dr John Sharp
Dr Fergus Doubal
Andrea Cail, Stroke Association
Angela MacLeod, Stroke Association
Katherine Byrne, CHSS
Kylie Barclay, BHF

1. Welcome & Introductions

Maree Todd, Co-Convenor of the group opened the meeting by introducing fellow MSPs and the Co-Convenor Colin Smyth.

Maree commended all the good work the Cross Party Group had achieved in the past and highlighted her agreement to reconvene the group based on the continuing significance of both conditions as a major cause of death and disability.

2. **Minutes of last meeting (**8 December 2016)

Proposed by Maree Todd; seconded by all other attending MSPs.

3. **Topic discussion: <u>Setting the scene: the strategic picture in Scotland's Health</u>**

a. **Tom Freeman, Health Editor, Holyrood magazine:**
Mr Freeman provided a perspective on the strategic picture in Politics. Noting the reduction in mortality of both heart disease and stroke, he highlighted the current and future impact on social services as a result of the increasing number of people living with complex long term conditions in Scotland.

Although there is cross party consensus in many areas including Scotland's 2020 Vision, integration, the prevention agenda and the national clinical strategy, there are challenges in the debate around health board governance and budgets and bed blocking. He emphasised that although political debate is important, there needs to be constructive solutions to these challenges to progress better health in Scotland.

b. **Professor Peter Langhorne, Professor of Stroke Care, University of Glasgow:** Prof. Langhorne highlighted progress in diagnosis and treatment of stroke, both in terms of research, but also credited the Scottish Government's stroke strategy launched in 2002 which established Manged Clinical Networks, Stroke units, more rapid imaging and a national audit.

Since then the strategy has been refreshed, the most recent one in 2009 which introduced the stroke bundle. The bundle is made up of three quality indicators: access to a stroke unit on the day of admission to hospital, access to a brain scan and swallow screen. Adherence to the bundle results in a better chance of survival and return home. The audit shows that targets have been met or exceeded between 2010-2015.

Prof. Langhorne highlighted research being undertaken at the University of Aberdeen in terms of measuring the impact of performance over time. There remain 3 major challenges for stroke care:

- **Thrombectomy** – has the most impact on the most severe strokes. The trials are impressive, but it demands an infrastructure of highly skilled staff to deliver.
- **Atrial Fibrillation** – the most common heart rhythm increasing risk of stroke five-fold and usually results in more severe strokes. There is a need for better identification and treatment to ensure the right treatment is getting to the right people at the right time.

- **Transition from hospital to home** needs to ensure people are being established into a new way of living when they return home. Chest, Heart and Stroke Scotland are currently mapping what support is available in the community.

c. **Dr David Murdoch, Consultant Cardiologist and Chair of National Advisory Committee on Heart Disease**

Dr Murdoch highlighted that heart disease mortality has fallen dramatically over the last 10-15 years and we now have world-class treatment available. However, there are challenges which need addressing:-

Data collection

- In many areas of heart disease, we do not have routinely collected data to help improve outcomes and drive quality improvement. AF and pacemakers were cited as two examples.

New technology and diagnostic techniques

- David highlighted that although SMC works well for new drug therapies there is not the same process for assessing and implementing diagnostic techniques and new technology. General useful techniques are adopted later than any other countries such as TAVI[2,] BNP[3] and CTCA[4]. This leads to unplanned use of new techniques in some boards.

Workforce

- David highlighted the crisis in the cardiac physiologist workforce. At the moment there is one University who provide training which is due to shut down next year.

Inherited Cardiac conditions and Adult Congenital Heart Disease

- There are Consultant recruitment issues for Inherited Cardiac Conditions and Adult Congenital Heart Disease. There is currently one Consultant running this service as a national service.

Strategic review of Cardiac Surgery

- A strategic review initiated of Cardiac Surgery in Scotland needs to be initiated.

Improvements in psychology services

- David noted that there need to be improvements in psychology services in heart disease care. There is currently only one clinical psychologist for heart disease in Greater Glasgow and Clyde.

4. Questions and discussion followed on the following issues:

1. **Workforce:** Members described the difficulties in recruiting cardiologists and cardiac physiologists which are being experienced in hospitals across Scotland.

2. **Data collection:** In Scotland data collection is very poor, and Health Boards are not investing. The question was raised of whether the new 'SPIRE' system (for collecting primary care data) would have a positive impact.
   We do also have the Scottish Stroke Care Audit and GRASP-AF (Glasgow). Better data collection should inform understanding of tackling co-morbidities.

Action Point: The Co-Conveners will contact other relevant Cross Party Groups to explore taking joint action to raise further the issue of improving data collection.

3. **Psychological support**: despite the prevalence of need (with one-third of people with heart disease/stroke experiencing anxiety or depression) support is not available at all in some areas, and is very limited in others. The lifelong psychological impact of living with congenital heart disease was raised (the most common birth defect), and the lack of National Healthcare Standards despite longstanding campaigning by the Somerville Foundation.

4. **Sudden death syndrome:** The Campaign for Cardiac Screening in the Young (CRY) continues to lobby for screening of young people to prevent sudden deaths from cardiac arrest – 12 each week in the UK.

5. Other business

Next meeting date to be arranged for June, on Atrial Fibrillation. Subsequent meeting to be in September, proposed topic Rehabilitation

Co-Convenors and Secretariat to consider future agenda items including:

- Rehabilitation
- Psychological support
- Congenital Heart Disease
- Heart Failure
- Inequality in service provision
- Role of specialist nurses in Coronary Heart Disease and Stroke