Cross Party Group Heart Disease and Stroke

Minutes of Meeting: 1st September 2020, 6pm - 7:30pm

Attendees (38)

Colin Smyth MSP (Co-Convener)
Alexander Stewart MSP (Co-Convener)
Katie MacGregor, British Heart Foundation (Secretariat)
Kylie Strachan, British Heart Foundation (Speaker)
Professor Stuart Pringle (Speaker)
Dr David Murdoch (Speaker)
Louise Taylor, NHS Lothian
Professor Lis Neubeck, Napier Uni
Stephen Yarwood, Herriot Watt University
Rod Taylor, University of Glasgow
Carolyn Deighan, NHS Lothian
Dr John Sharp, Consultant Clinical Psychologist NHS
Dr Terry Quinn, Senior Lecturer and Honorary Consultant Physician, Glasgow Uni
Matt Barclay, Community Pharmacy Scotland
Christine McAlpine, Consultant Stroke Physician, Glasgow Royal Infirmary
Frances Divers, Cardiac Rehab
Chris MacNamee, Patient Rep
Eric Sinclair
Dr Liza Morton, Sommerville Foundation
Colin Oliver, Stroke Association
Gordon Murch, Cardiac Risk in the Young
Murdo Macleod, Cardiac Risk in the Young
Sarah Smith, Chest, Heart & Stroke
Ros Meek, Medtronic
Andy Riley, Boehringer Ingelheim Ltd
Gillian McIvor, Allergan
Marion Butchart, Novartis Pharmaceuticals UK Limited
Robert Crawford, Novartis Pharmaceuticals UK Limited
Matthew Bradberry, UK Public Affairs and Advocacy Lead, SANOFI
Ann Blythman, Senior Product Manager Medronic
Jo Broomfield, Boehringer-Ingelheim
Martyna Giedrojc, RPP Group
Gideon Hymas, RPP Group
Gaelan Komen, RPP Group
Ameer Ally, Edwards Lifesciences
Nick Walker, Edwards Lifesciences
Lee Willmott, Amgen
Damien Crombie, Astrazeneca

Welcome and Introductions

Kylie Strachan, Policy and Public Affairs Manager BHF Scotland, presented on BHF Scotland's 2021 Strategy Development.

- Kylie outlined the project outcomes: producing a draft plan which will largely be adopted by government in 2021.
- Highlighted that it is important that the clinical and patient communities both feel engaged and invested in the plan.
- Kylie then outlined the project plan and timeline. Starting with engagement with interested stakeholders, carrying out a literature review, and writing a draft document. This document is now out for consultation with political parties, Scottish Government, National Advisory Committee for Heart Disease, Clinicians and Patients. The comments and insight from this consultation will then be analysed by the development group and a final draft will be published in January 2020.
- The clinical round tables brought up a number of issues including detection and diagnostics, diagnostic pathways, need for psychological support and importance of data.
- Patient engagement events brought up the need for better engagement with those in specialist care, improved pathways, importance of emotional/psychological support and the importance of continuity of care.

Professor Stuart Pringle, Chair of BHF Development Group, ex-Consultant Cardiologist NHS Tayside presented on the need for a new strategy.

- Professor Pringle opened by describing how the life expectancy of men used to be improving year on year at an impressive level but since 2012 that is reversed, and now male life expectancy is getting lower by one week every year.
- Some explanations to this change are a result of increasing number of young people dying from drug deaths. If someone dies as a teenager, there is a lot of years of life lost.
- Dementia is becoming a lot more common as a result of people living a lot longer and now not dying from cancers and heart disease.
- Reassuring that there is continuing improvement in the treatment and prevention in heart disease but that is tailing off to some extent, prior to 2014 you were expecting to get 6 weeks extra life expectancy per year from the successful management of heart disease and that has fallen to 2 years on average. The next part of the curve might indeed show an even worse trajectory. This is why a new heart disease strategy is vital.
- Any strategy should have prevention at the heart of the it. The first section of the strategy focuses on prevention and to reinforce and re-inform the commitment to prevention of heart disease in Scotland.
- Professor Pringle then ran through the vision and priorities of the draft strategy which have been identified through engagement with clinicians and those with lived experience.
    - Priority 1: Prevention and tackle risk factors
    - Priority 2: Timely & equitable access to diagnosis and care
    - Priority 3: Effective use of data
- The overall vision of the strategy is*: "preventable heart disease in Scotland is minimised, and everyone with suspected heart disease in Scotland has timely and equitable access to diagnosis, treatment and care that supports them in living well with their condition"*

Dr David Murdoch, Consultant Cardiologist NHSGGC, Chair of the NACHD, presented on the main issues that are affecting Scottish cardiology currently:

- Dr Murdoch highlighted that we are still working towards the 2014 Heart Disease Improvement Plan which was very ambitious and perhaps should have prioritised a few issues.
- Mortality from heart disease is falling but for some conditions there has been a levelling off and perhaps even a rising level of mortality.
- As more people are surviving, there are also more people living with heart disease. As there are more people who are living older there are also more people with co-morbidities and more complex heart conditions.
- First problem he discussed was heart disease data. We don't currently collect data to understand the pathway and therefore our ability to make service improvements is limited.
- Dr Murdoch ran through the ideal patient journey but as we don't collect the right data, we don't know who is getting the right treatment for them.
- Second major issues for cardiology in Scotland is cardiac imaging; specifically, CTCA and Cardiac MI. Often cardiac imaging is essential for an effective diagnosis and is part of an ideal patient pathway.
- Last year there was a survey carried out to assess the availability of CT scanners across Scotland. They worked out that to run a service, each board would need 200 CT scanners / 100,000 population. Only 2 health boards achieved this necessary level – the Boarders and Western Isles. Currently, most health boards in Scotland could not provide the necessary scans but it could transform the pathway for suspected patients.
- Finally, Dr Murdoch discussed the need for a national review of cardiac surgery and intervention. Number of open-heart surgeries are dropping in the UK as a whole which is good on one hand as fewer people are needing surgery but it means that the viability of the hospital to carry out surgery will go down and down and possible face closure as a certain number of surgeries must be carried out every year. In Scotland there are only three hospitals which carry out cardiac surgery: Aberdeen, Edinburgh and Clydebank (Glasgow). A possible option would be to create one specialist centre for highly specialist surgery.

Questions and discussion

- Is there a particular urgency to find methods of prevention (e.g. supporting exercise and lifestyle changes) given that the outcomes of Covid-19 are strongly associated with cardiovascular disease?
    - BHF has been carrying out some wider work around lifestyle prevention which will be published weekend commencing 7th September.
    - As this strategy is aimed towards the clinical priorities team within Scottish government, much of the priorities in this document are very specific to prevention in terms of detecting risk factors, but the big public health policy changes are covered in other work both being carried out by the BHF and the Scottish government.
- Covid-19 has also inspired many people to take up exercise, bicycle sales have increased rapidly and there seems to be more people taking to the countryside for walking. Could this be supported and encouraged by the government through safe cycling routes and

improved infrastructure. It was agreed that there is momentum for this at the moment and it's important to keep this up going forward.

- Condition specific issues came up and why they weren't explicitly mentioned in the draft strategy. Specifically, around heart failure, congenital heart disease and Inherited heart conditions.
    - The strategy is inclusive of all heart conditions and the idea behind the second priority is to develop pathways to consider all heart conditions (including congenital heart disease).
    - This document is very much a high-level national strategy which will agree strategic high-level priorities and following that there will be an implementation plan which will include the development of optimum pathways.
    - Everything that is included in the strategy is for all heart conditions, i.e. data is to be collected for all conditions, community diagnostics to be improved across the board not just specific conditions.
- There is a focus on the start of the journey, around prevention and diagnosis but there is concern of the lack of detail for people coming to the end of the journey and specifically those who suffer from frailty, dementia and chronic disease. This is an area where there is huge potential to improve care.
    - Palliative care has formed part of the core components that would feature on any pathway. We have had engagement from Marie Curie for this part of the strategy.
    - This strategy will also allow for and encourage cross silo working as much of what is required can't be delivered by the NACHD.
- Discussion around how the new Public Health Scotland body will provide data to inform pathways and service development in Heart Disease
    - There have already been some improvements for improving data collection, for example through the atlas of variation but there are only a few areas that concerns heart disease. There are still significant improvements required at both a national and local level.
    - A lot of data is already collected but we need a system which brings all of it together and link it all.
    - The Innovative Healthcare Delivery Programme (IHDP) were given around £2million to look at caner data and map out what was routinely collected and match it against what the quality indicators were for caner. It was facilitated health boards to come together and work to improve data collection for cancer.
    - Hopefully between Public Health Scotland and IHDP there is a way to collect data for heart disease in a similar way that IHDP currently works to improve data collection for cancer.

Next meeting will be in December 2020. Secretariat to share details soon.