

Cross Party Group for Heart Disease & Stroke
Wednesday 25th January 2012
Committee Room 3
1730 for 1800 - 2000

Cardiac Rehabilitation: Looking to the future

MSPs present:

- Helen Eadie (HE)
- Dennis Robertson (DR)
- Richard Simpson (RS)
- Dave Thompson (DT)
- Duncan McNeil

1. Welcome & Apologies

HE welcomed everyone and accepted MSP apologies from:

- Jackie Baillie
- Bruce Crawford
- Alison McInnes
- Nanette Milne

2. Minutes: 7th December 2011

The minutes were accepted as an accurate record.

Carol Walford (CW) proposed.

Christine Quigg (CQ) seconded.

3. Matters arising

Resignation of Vice-Convenor, Derek MacKay

Derek MacKay resigned due to ministerial appointment. Dennis Robertson MSP nominated and unanimously backed as Vice-Convenor (in addition to Dave Thompson MSP).

Formation of Stroke Allied Health Professional Sub-Group

A working group led by Gill Alexander on behalf of the newly formed Scottish Stroke AHP Forum, as multi-professional and geographically representative body, will begin pull together a snapshot of AHP provision. An integral part of this process will be to host a larger meeting of interested parties from the CPG membership (including professionals/MSPs/patients/carers) to identify the key emerging messages, discuss the implications and then present these back to a future CPG meeting.

All speakers from the previous meeting, including patients and carers as well as representatives from the relevant Royal Colleges will be invited to participate.

Cardiac Rehabilitation Audit Data

Ben McKendrick (BMcK) gave an update on this. Audit data will be made available by NHS Health Improvement Scotland and ISD Scotland on 13th March (statement submitted to the CPG by ISD). Representatives from BHF Scotland and Chest Heart & Stroke Scotland have been given early sight of this information.

Jemima Trail (JT) raised concerns about the RAMIT study, and highlighted some concerns about its methodology. LP updated that the Secretariat would be assessing the impact of this study and report back to the group in due course.

4. Presentations:

Setting the scene; Cardiac Rehabilitation today – Frances Divers (FD), Chair of Cardiac Rehabilitation Interest Group Scotland [CRIGS]

FD introduced that the traditional four phase model of CR is shifting. She outlined the challenges, which include new diagnosis for MI increasing caseloads. QIS Standards have been a success but lack of additional resources becoming a major challenge. All programmes seeking to implement a 'menu-based' approach to CR and keen to pay closer attention to the outcomes of CR.

RS asked why different data systems were in place across the country. FD said funding wasn't available so individual boards had to put in place what they could. BMcK suggested inviting NHS Healthcare Improvement Scotland officials back to the group after the data was published to ask for clarity on these points. RS welcomed this proposed approach.

Cardiac Rehabilitation Services Redesign; Facing the Future – Helen Miller (HM), Cardiac Rehabilitation Specialist Nurse, NHS Tayside

Traditional CR focus was on exercise, this has changed. Many factors influence this; patient needs different, rapid turnover out of hospital with new procedures. In future there will be more services closer to home, nurse led clinics? Move away from linear/phased programmes to more collaborative services and a constant need to creatively use available resources; 'who and what do we have available/are they best placed to meet the needs of the patients at the time they need us?' HM described that all programmes need to have a triple focus of looking at the needs of patients and their families, their experience of CR and the cost of provision. HM also described the 'case management' approach and the importance of timing in providing the elements of CR.

Eric Sinclair (ES) asked if there was a clear structure for CR provision across the country. HM replied that there was a standard approach, but not every area would offer the same specific services. RS mentioned the original CR programme which he set up in Forth Valley in 1982 and queried whether one of complications may be lack of key case worker to coordinate CR for the patient. HM updated that in her service there is a named individual.

CQ commented that the slides show perfect picture of what we want to see in every health board area, but that perhaps this would be impossible to attain with cut backs. HM agreed but said that Allied Health Professionals were often under-resourced and that the models were often piecemeal in construction; model doesn't work when one element fails. CQ commended the support from rehab professionals for patient support groups. FD- services still not reaching every patient they should and although good services for post heart attack and cardiac bypass, most programmes still not able to provide for angina patients, those who've had heart transplants and medical devices (e.g. Implantable Defibrillators) as there is no extra resource available.

Innovations in Cardiac Rehabilitation Delivery; BHF Hearty Lives Psychology Project – Gillian Phillips, Community development Co-ordinator, BHF Scotland

The project is one of three BHF funded projects within Scotland, with the others in Dundee and Fife. This project was launched in April 2008 (runs until March 2014) and provides Psychological Services to those with or at risk of Coronary Heart Disease (CHD). Also provides training opportunities for staff caring for individuals with CHD and for individuals with severe mental illness, at risk of CHD. GP described the development of distress thermometers as a tool that could be used across the professions. GP also presented a case study of 'TJ' who was 24 years old and had lost his job as a result of heart illness and described how the project and helped to address his negative thoughts.

Discussion on the Hospital Anxiety and Distress Score [HADS] tool, which has traditionally been used to monitor psychological wellbeing. Lynne Garvey [LG] commented that there was a need for education on psychological support and perhaps some kind of e-learning initiative. LP updated that CHSS have been asked

by the National Advisory Committee for Heart Disease [NACHD] to bring together a proposal for a potentially national e-learning resource. Janet McKay [JMckK] commented that it was important for patients to be individually assessed when it comes to psychological needs and that all staff therefore need to be clinically competent in this area. Robert Wilson [RW] agreed that the best element in helping recovery was psychological support, which he'd been lucky to have access to and hoped that the services would be extended to others e.g. stroke patients?

Delivering in partnership; Angus Activity Programme for People with a Long Term Condition – Gordon Snedden, Angus Cardiac Group

GS described his own history of a heart valve rupture in 2005 and the value that he placed on exercise during his recovery. He described the establishment of the ACG with CHSS support; 3 weekly groups, include carers too. The aim of the ACG is to provide better; physical health, mental health, quality of life, ability to self-manage, all at a reduced cost to the NHS. GS is keen for others to look at example of the AAP (developed by ACG with LTCAS funding and CHSS support) and see what learning can be taken from it.

Anne Allan [AA] related her personal story as a member of the ACG for the past six years and her involvement as a volunteer within the Angus Activity Programme. She has been trained in the Vitality method of providing seated exercise and now leads twice weekly classes in Forfar. AA really enjoys the volunteer role and the comradeship that exists within the groups.

GS highlighted that it was important for the government to understand the contribution of 'self-help' groups in the provision of rehabilitation. The AAP now has 402 participants with 17 volunteers and supported by 10 health and 12 exercise professionals and is a great example of partnership working. The aim of the project is to provide everyone in Angus with a long-term condition with access to exercise (including partners and carers).

ES commented that the project was inspirational and showed what could be achieved through the work of volunteers. GS replied by saying that he was more than happy to go to other parts of the country to show them how its done!

Reaching for the Moon; the Lunar Trek initiative – Duncan Galbraith (DG), Inverclyde Globetrotters & Nicola Cotter, Chest Heart & Stroke Scotland

DG opened by stating that CR can make a world of difference. The IG formed four years ago, using lingo of exercise prescriptions and DG was looking for a way to engage members with exercise and make it fun. He gave the group pedometers and they set off (virtually) for Edinburgh. Since that initial trip the group then tied into start of Scottish Campaign for CR and have now covered over 64,000 miles! The IG have been supported by numerous local organisations and also nationally by CHSS and BHF. The innovative IG concept is to create and complete virtual journeys which inspire members and also have some fun along the way. DG highlighted some of the letters of support received by the group from the Prime Minister/First Ministers of all four nations, sporting heroes and when recently 'crossing' Canada; the High Commissioner.

NC the presented The Lunar Trek, which was inspired by the achievements of the IG and was run at the end of 2011 in partnership between IG and CHSS. The aims were to promote the role of the CHSS affiliated heart groups, encourage exercise, have some fun and get to the moon! The Lunar Trek covered 238,837 miles, with Sir Patrick Moore as Patron. Over 60 affiliated groups got involved, along with Phase 3 classes, Local Authorities and Schools. There was extensive media coverage promoting the local groups and a motion in Parliament, supported by 28 MSPs. NC outlined some of the innovative ways in which groups completed the challenge and DG finished by outlining some of the plans for the IG to create a website to share the 'globetrotting idea' and challenged the MSPs present to take a pedometer and contribute to the IGs' return from the moon!

5. Discussion on the future of Cardiac Rehabilitation

HE opened the discussion by saying how lucky the CPG was to have such inspirational speakers and that she is always amazed by the creativity which is described through the presentations.

JT reminded the group that CR programmes cover all secondary prevention not just exercise. CR support spans from the acute event, through initial recovery and onto self-management at low cost (around £600 per patient). JMCK described that it had been very difficult over last few years due to rising case load across CR programmes. They are coping, but within NHS Ayrshire & Arran she had a budget of £300,000 for 700 patients, which now has to be stretched to accommodate the needs of 1,300 patients! The reality of CR in Scotland is that there needs to be investment, but a lot can be achieved on a small amount of resource.

Morag Thow [MT] congratulated DG on the success of the Inverclyde Globetrotters and gave her support to the comments made by JMCK. She raised that the elderly in the US have free access to gyms and that there needs to be more effort in preventing problems through regular physical activity. She also said that with some more investment, CR is very keen to show what it can do!

BMCK added that we were waiting on the release of the new CR audit data from Information Statistics Division [ISD] and that once this was available the Scottish Campaign for Cardiac Rehabilitation would be looking to reform the Steering Group and revisit the outstanding issues, including the need for additional resource. HE highlighted the importance of partnership in providing essential services and wondered if there were any innovative ways to generate funds e.g. via Corporate Social Responsibility schemes within business. This could be the time to be creative and attract interest from the private sector.

JT highlighted the innovative and inventive approaches already adopted by CR programmes and described the provision within Fife to 900 patients using partnership working. CQ highlighted the challenges that some face within areas of deprivation when having to pay to attend the gym and that even within subsidised programmes, financial hardship can present a real barrier.

Robert Paton [RP] stated that there have been studies for over 20yrs on efficacy of CR programmes and always showing benefit. He updated that the Grampian Cardiac Rehabilitation Association [GCRA] have been working for over a year on setting up generic rehabilitation options and congratulated the Angus Group for their achievements.

DT acknowledged the fascinating presentations and agreed that the evidence is all there for the benefits of CR. Re-forming the Scottish Campaign for Cardiac Rehabilitation is an excellent idea and there is a fantastic case to be made on cost as great returns for a low spend. DT would be happy to support this work going forward with government and feels we should be pushing at an open door. DT suggested meeting up with HE and the Secretariat to discuss further; HE agreed that it would be great to get cross party working on this issue.

ACTION: Secretariat to arrange.

HE thanked all of the presenters and participants in the discussion for a great meeting and commented that there was always a need to be creative in improving services and that it was important to have the patients, professionals and politicians all involved. GS added that funding was often a challenge and particularly for self-sustaining groups.

6. AOCB

Festival of Politics

The CPG has been invited to be involved with the 2012 Festival of Politics. Request just received so Secretariat to circulate additional information in due course.

Standards Committee inquiry into functioning of Cross Party groups.

All members of the CPG are invited to make a response to this review and can either respond directly or via HE or the Secretariat. The Committee is interested in all comments, observations and constructive criticisms on the running of CPGs within the Parliament and is Convened by DT, with HE as a Vice-Convener. The Secretariat will also be submitting a response on behalf of the CPG. Deadline for responses is Sunday 15th April 2012.

7. Date & time of next meeting:

Wednesday 21st March 2012, Committee Room 6

Attendance of non-MSP members

Title	Forename	Surname	Organisation
Ms	Anne	Allan	Angus Cardiac Group
Mr	Scott	Allan	East Lothian Cardiac Rehab Group
Mr	Matt	Barclay	Community Pharmacy Scotland
Mr	Dave	Bertin	CHSS
Mrs	Jan	Buncle	CHSS
Ms	Ann	Cairns	Stirling Healthy Hearts
Mr	Andy	Carver	BHF Scotland
Ms	Susanne	Christie	NHS Tayside
Ms	Elizabeth	Connolly	
Ms	Linda	Conway	
Mrs	Nicola	Cotter	CHSS
Mr	David	Crawford	Westwoods Cardiac Group
Ms	Carolyn	Deighan	NHS Lothian
Mrs	Frances	Divers	CRIGS
Mr	Jim	Divers	
Mr	Duncan	Galbraith	Inverclyde Globetrotters
Mrs	Linda	Galbraith	Inverclyde Globetrotters
Ms	Lynne	Garvey	NHS Fife
Ms	Elvive	Genet	BHF Intern
Ms	Karen	Gibb	NHS Fife
Mrs	Carol	Glover	NHS Lothian
Ms	Morag	Hammond	Westwoods Health Club
Mr	Alistair	Hankin	SCVIG
Ms	Kim	Hartley	Royal College of Speech & Language Therapists
Mr	Mark	Hope	Royal College of Speech & Language Therapists
Mr	Derek	Huddart	Stirling Healthy Hearts
Mrs	Ishbel	Huddart	Stirling Healthy Hearts
Mrs	Annjo	Hughes	Stirling Healthy Hearts
Mr	George	Hughes	Stirling Healthy Hearts
Mr	Brian	Jardine	Irvine Stroke Group
Ms	Aileen	Johnstone	NHS Tayside
Ms	Ruth	Kirkbride	Kirkcaldy Heart Support Group
Mr	Iain	Laidlaw	Jordanhill Cardiac Group
Dr	Rob	Lawson	East Lothian Cardiac Rehab Group
Mr	Chris	Macnamee	NACHD Representative
Mr	Alasdair	McCormick	Westwoods Cardiac Group
Mr	Steve	McGlynn	Royal Pharmaceutical Society
Mrs	Janet	McKay	NHS Ayrshire & Arran
Mr	Ben	McKendrick	BHF Scotland
Mrs	Pat	McKenna	Stirling Healthy Hearts
Ms	Avril	McKenzie	Edinburgh Leisure
Mr	George	McLean	Jordanhill Cardiac Group
Ms	Helen	Miller	NHS Tayside
Mr	Owen	Miller	Intern to Joe Fitzpatrick MSP
Ms	Linda	O'Neill	BHF
Mr	Robert	Paton	GCRA
Miss	Louise	Peardon	CHSS
Ms	Gillian	Phillips	BHF Scotland
Ms	Linda	Piscini	
Mrs	Christine	Quigg	Stroke Matters Inverclyde
Mr	Jamie	Rice	Boehringer-Ingelheim
Mrs	Delia	Rodgers	Boehringer-Ingelheim
Ms	Lynne	Scott	NHS GG&C

Mr	George	Sime	Kirkcaldy Heart Support Group
Mr	Eric	Sinclair	The Stroke Association
Mr	Gordon	Snedden	Angus Cardiac Group
Prof	Allan	Struthers	Ninewells Hospital
Ms	Louise	Taylor	Heart Manual Lead
Ms	Morag	Thow	Glasgow Caledonian University
Mrs	Anne	Toye	CHSS
Mrs	Mima	Traill	NHS Fife
Mrs	Christine	Wakefield	CHSS
Mrs	Carol	Walford	
Mr	John	Waugh	Nairn Cardioactives
Mrs	Sheena	Waugh	Nairn Cardioactives
Mr	Robert	Wilson	Stroke Matters Inverclyde