

Heart Disease & Stroke Cross Party Group

Minutes of meeting and AGM

20 November 2018, 6.00-7.30pm

Committee Room 4, Scottish Parliament

MSPs in attendance

- Colin Smyth (Co-convenor)
- Emma Harper MSP

Other attendees

- Joanne Graham - CHSS
- Sarah Vivers - CHSS
- Kath Byrne - CHSS
- Sharon Quigley - CHSS
- Robert Baldock - CHSS
- Paul Hodson CHSS/Stroke Association
- Colin Oliver - Stroke Association
- Angela MacLeod - Stroke Association
- Andrea Cail - Stroke Association
- Kylie Strachan - British Heart Foundation
- David McColgan - British Heart Foundation
- Mark Cook - Medtronic and ABHI Scotland
- Ros Meek - Medtronic
- Ann Blythman - Medtronic
- Andrew Brown - Bayer
- Fergus Doubal - NHS Lothian
- Martin Dennis - University of Edinburgh
- Allan Struthers - University of Dundee/CHSS
- Angus Cameron Thrombectomy Advisory Group

Apologies

- Dr Graham Nimmo
- Alexander Stewart MSP
- Jackie Baillie MSP
- Prof Rustam Al-Shahi Salman
- Jacqui Morris
- Prof Maggie Lawrence
- Margaret Young
- Tracey Bowden
- Dr Christine McAlpine
- Maura Gillespie

1. Welcome and apologies

Co-convenor Colin Smyth welcomed everyone, including the two speakers and thanked Dr Angus Cameron from the Thrombectomy Advisory Group at the Scottish Government for attending.

Apologies received by secretariat are listed above.

2. Minutes of previous meeting (4 Sept 2018)

Minutes approved

3. Hypertension Inquiry

Kylie Strachan from BHF gave an update on the Hypertension Inquiry overview launched at June meeting of CPG. Responses received from around 80 patients and almost 100 clinicians. Four subsequent discussion meetings were held, report is complete and is now at the design stage, for publication January 2019.

4. Annual General Meeting

Colin Smyth was nominated to continue as co-convenor of the group by Emma Harper MSP. This was seconded by David McColgan.

Colin Smyth then nominated Alexander Stewart as co-convenor. Kath Byrne seconded.

Colin Smyth spoke about the future of the CPG. Co-convenors have had, and are open to having further discussions with secretariat, charities, MSP colleagues and members on potential future of two separate CPGs on heart disease and stroke, though there are significant challenges around MSPs workload and ability to support another CPG.

Colin nominated CHSS to hold the secretariat and thanked all members of the secretariat – British Heart Foundation, Stroke Association and Chest Heart & Stroke Scotland - for their part in bringing the CPG to its current place.

Colin gave financial statement to attendees. This was approved by attendees. Members should note there are 30 days until submission is required – non-attending members should contact secretariat with any amendments. The financial statement will be made available on Parliamentary website after 30 days.

5. Topic for discussion: Thrombectomy in Scotland

Colin then introduced speakers – Robert Baldock and Professor Martin Dennis.

Robert Baldock had a stroke on 18 March 2017. Robert received a thrombectomy at ERI which saved his life. Following the acute care period, Robert spent five months at Astley Ainslie. Robert has communication difficulties and with the support of Sharon Quigley gave an insight into the effects of the stroke on his life.

Professor Martin Dennis is Chair of National Advisory Committee on Stroke and a Member of the thrombectomy planning group

Prof Dennis began by telling members he started his career in 1985 and described thrombectomy as: "...probably the most important development in stroke since I started."

Prof Dennis gave a description of what thrombolysis is and its applications, before moving on to thrombectomy – what it is and its applications, as well as giving impact and economic data.

Prof Dennis spoke of the current position with regard to thrombectomy in Scotland – i.e. there is none – and why that is. A plan is under development. Prof Dennis said there will be no resumption of a thrombectomy service before the planned move of Neurosciences (including INR service) from Western General Hospital in Edinburgh to the Royal Infirmary of Edinburgh in Spring 2019.

Prof Dennis then spoke of challenges around implementing a service including workforce and staffing issues, geography, capacity issues, lack of HASU beds and repatriation service in potential thrombectomy centres.

Estimated costs to set up a thrombectomy service and deliver it to 800 patients each year: £1.5 - 2 million for new Angio suites per centre. Then additional total running costs including staffing of £10 million per year (based on estimates from England) but savings of about £5 million/ year by reducing NHS beds days and social care for dependent stroke patients = a total projected cost for a new service at around £5 million/ year for Scotland.

Prof Dennis compared the 'value' in this projected cost for a new service at £5 million/ year with the new Scottish trauma centres which cost around £30 million /year to run.

The floor was then opened for discussion and questions.

- Lack of INRs is a significant issue in setting up a new thrombectomy service, but lack of support teams and angiogram suites are also major issues.
- General Medical Council and School of Radiology looking to see if 'other' radiologists can be upskilled to become INRs.

- Interpreting CT angiograms is significant issue. Artificial intelligence may improve this in the future. Specialists in interpreting CT scans can be outside Scotland
- 24/7 scanning is not currently available equitably across Scotland
- Angus Cameron from the Scottish Government emphasised the challenges and obstacles to overcome in the implementation of the thrombectomy plan
- The new thrombectomy plan should improve other aspects of the stroke care pathway but cannot and will not address all issues and concerns in that regard.
- What happens with the plan now? It goes to the National Planning Board, Health Board Chief Executives, and Scottish Government
- No stroke survivors or people directly affected by stroke have been involved in the planning of the new framework.
- Question was posed relating to benefits in cardiac pathways about analysis being done of a stroke patient in the ambulance, then bypassing nearest hospital if appropriate to reach others treatment. Discussion of merits of 'mothership v drip and ship'
- Prof Dennis spoke of Scotland being data-driven in terms of implementing procedures and with regard to thrombectomy it was only in 2015 after seven trials showed that thrombectomy was highly effective as a treatment that Scotland began to 'tool up to do it'
- Discussion broadened here into the costs for thrombectomy and Dr Angus Cameron observed that there is an unequal introduction of new treatments /services – we have no mechanism to evaluate what we do and what is 'best' to be doing. Scottish Health Technology Group said it has a mechanism for what money is spent on. QALYs was also separately offered as a measure
- Discussion moved to evidence around disinvestment and how this can be achieved by randomised controlled trials. CSO/NIHR could spark debate amongst academics about doing this
- Lack of a mechanism to progress ideas in Scottish Government
- Emma Harper MSP told members that there are currently 31 CPGs on health –related matters and pointed to her role on the Health and Sport Committee reminding members that we could seek to get thrombectomy onto the agenda for the Committee.
- Discussion around realistic medicine and seeing thrombectomy provision through that lens

ACTION: Members agreed to write to the Cabinet Secretary for Health and Sport urging the speedy delivery of the thrombectomy framework and prioritisation of its implementation – and to include in this letter as a separate issue, the interest in a mechanism for defining priorities for investment in health matters – something the CPG feels could cut across a large number of other CPGs.

Colin Smyth thanked members and brought meeting to close.

ENDS