Cross Party Group on Heart and Circulatory Diseases:

Thursday 3rd November 2022, 1-2pm

Minutes

Via Microsoft Teams

Present

MSPs

Colin Smyth MSP (Co-Convener CPG on Heart and Circulatory Diseases)

Karen Adam MSP (Co-Convener CPG on Heart and Circulatory Diseases)

Alexander Stewart MSP (Co-Convener CPG on Heart and Circulatory Diseases)

Paul McLennan MSP (Member)

Jenni Minto MSP (Member)

Invited Guests

Fiona Strachan, Chief Operating Officer of the Innovative Healthcare Delivery Programme (Speaker)

Leeanne Macklin, National Heart Disease Improvement Coordinator, Scottish Government and Cardiology Advanced Nurse Practitioner, Royal Alexandra Hospital NHS Greater Glasgow and Clyde (Speaker)

David Murdoch, Consultant Physician and Cardiologist, Queen Elizabeth University Hospital Glasgow and Chair of the National Heart Disease Taskforce (Speaker)

Jonathan Roden, British Heart Foundation Scotland

Emma Young, British Heart Foundation Scotland

David McColgan, British Heart Foundation Scotland

Sophie Bridger, Chest, Heart & Stroke Scotland

Ross Barrow

Ellie Wagstaff, Marie Curie

Gillian Kinstrie

Stephanie Harris

Rod Taylor, University of Glasgow

Maggie Simpson, Scottish Heart Failure Nurse Forum

Jacob George, SHARP

Ross McGeoch, NHS Lancashire

Graeme Rose, Novartis

Katie MacGregor, Stroke Association

Brian Forbes, Astra Zeneca

Lynn Stewart, Heart Research UK

Fiona Brownlie, Cardiac Rehabilitation Interest Group Scotland

David Northridge, Scottish Cardiac Society

Carolyn Deighan, The Heart Manual

Louise Taylor, The Heart Manual

Welcome and Introductions

Colin Smyth MSP welcomed members to the meeting. Minutes from the last meeting were agreed and are available on the Scottish Parliament website.

Dr David Murdoch, Consultant Physician and Cardiologist at Queen Elizabeth University Hospital, Glasgow and Chair of the National Heart Disease Taskforce, provided the group with an overview and background of the Heart Disease Action Plan (HDAP).

- Dr Murdoch opened by recognising the world class service given to patients who have had a STEMI (most serious type of heart attack) in Scotland, including the important work of paramedics and being treated at the nearest angioplasty centre.
- Dr Murdoch highlighted that patients who have had a heart attack may have already been experiencing chest pain on and off for several months; seen their doctor and been referred to a cardiologist; or they may have seen a cardiologist and be awaiting a diagnostic test.
- Unfortunately, a patient's health board might not fund this service, so then must be placed on another health boards waiting list.
- The world class service in Scotland is given once the patient has had the heart attack.
- Dr Murdoch goes on to discuss how we've gone from a world class service to a service which has deep seated problems, which were there before Covid and have been exacerbated by it.

- **HDAP priorities would help the patient pathway:** Prevention, timely access to a clinician and equitable access to tests which aren't available in all boards across Scotland (the waiting lists are long for the boards who do).
- **Priorities of the workforce:** Lack of staff to run machines which currently lie unused, contributing to increased waiting list times.
- **Priority on data:** The data needed already exists on the systems used but needs to be extracted on the day-to-day work. Data required on waiting times and individual diagnostic testing to identify bottlenecks in the system.
- Lastly, Dr Murdoch highlighted the positive steps that have been taken through expansion of the team: having a national heart disease coordinator and colleagues in Public Health Scotland and the Scottish Cardiac Programme.

Leanne Macklin, National Heart Disease Improvement Coordinator for the Scottish Government and Cardiology Advanced Nurse Practitioner at the Royal Alexandra Hospital in NHS Greater Glasgow and Clyde provided the group with an update on the progression of the Heart Disease Action Plan and discussed the future direction of the work.

- HDAP was published in 2021 with a vision to minimise preventable heart disease, ensure timely, equitable access to diagnosis and care, and use data to continually review and improve the service.
- **Priority one (prevention - tackling risk factors):** Focus on support and self-management through telemonitoring. There has been a reach out to the community to support detection, diagnosis, and self-management and real time measuring and reporting of outcomes.
- **Priority two (timely and equitable access to diagnosis, treatment, and care):** Work going on includes: clinical review and diagnostic testing, interface care program specifically for heart failure, better use of evidence-based therapies and work within cardiac rehabilitation, heart failure, mental health, and palliative care.
- **Priority three (workforce)**: Need to address issues with cardiac physiology and consultant workforce. Short life working group has been set up specifically looking at cardiac physiology to understand and model the cardiology workforce in Scotland to foster sustainable improvement and encourage advanced practice in healthcare professionals supporting people with heart disease.
- **Priority four (effective use of data**): Developing the Scottish Cardiac Audit Programme (SCAP) to identify key bottlenecks in diagnosis and treatment pathways and developing an accessible data platform for healthcare professionals and researchers. Data should be used to look at the service and where improvements can be made.
- **Key highlights from year one of the HDAP:** SCAP; developing national pathways in collaboration with West of Scotland Regional Planning and representation from health boards in North and East of the country; upscaling of Heart Failure Digital Platform with CFSD and ANIA; funding call within clinical priorities team to

encourage people to apply for funding (examples of funded projects: Forth Valley Digital Heart Failure Diagnostics, Ayrshire & Arran HFpEF Intervention and BHF for HFpEF Self-Management); transforming nursing roles for cardiology clinical nurse specialists; and roll out of Computerised CBT for patients with heart failure and cardiac rehabilitation.
- **Year 2 objectives:** continuation of work with SCAP; consensus on national cardiac pathways; get endorsement of transforming nursing roles in cardiology by CNOD, NES and SEND; currently setting up a group on national cardiac rehabilitation where there will be scoping, mapping and gap analysis on what is required to progress these services.

Dr Fiona Strachan, Chief Operating Officer of the Innovative Healthcare Delivery Programme

- **Priority 4 of HDAP (effective use of data):** Make better use of data within the systems, use effectively to support clinical decision-making, understand patient outcomes and enable better service planning.
- **Background to SCAP:** Scottish Government decided to withdraw data submission to the National Institute for Cardiovascular Outcomes Research (NICOR) and commissioned Public Health Scotland (PHS) to take forward this work.
- PHS's SCAP has a vision to provide an internationally recognised health intelligence service which, by working in partnership with stakeholders to audit clinical care, plays a key role in promoting safe, effective, and person-centred healthcare in Scotland.
- SCAP stakeholder engagement across multidisciplinary clinicians from various units including prenatal, paediatric, adult care, community, and primary care. Also, data managers, third sector and patients.
- **Stream 1 of SCAP:** create a SCAP to replace Scotland's contribution to NICOR. Replicate reporting against the NICOR QI metrics on clinical safety, effectiveness and patient outcomes and provide data for quality improvement, effective clinical decision making and to ensure consistency in access to and application of surgical procedures in Scotland.
- **Stream 2 (developing the Quality Performance Indicators (QPIs):** Steering group comprised of; Clinical specialist group 1 (Atrial fibrillation), 2 (Hypertension), 3 (Acute coronary artery disease), 4 (Heart failure), 5 (Cardiac devices), a lived experience group and third sector group.
- **SCAP challenges:** Benchmarking with UK centres; data validation; small number of cases in some clinical areas and large number in others of different procedures; classification of procedure types and covid-19 impact on services, patients and staff.
- **SCAP improvements and opportunities:** Opportunities to develop quality improvement from the data as well as existing quality assurance; validate data against National Registry for Scotland data; generally, improve the quality of data and respond to clinical teams quicker if they're having difficulties or gaps in data;

mapping patient pathways and listening to patients lived experience will be a strength to this programme.

<u>Question and Discussion</u>

(Colin Smyth MSP) HDAP is incredibly comprehensive and was launched with initial funding of £2.2 million. This figure seems lower than plans around diabetes or cancer. Does this figure meet the ambition of the aims of the plan?

(Dr David Murdoch (DM)) No, it's not enough. The data priority would swallow up the £2.2 million. Funding for PHS to put data managers on each board, particularly within cardiology data, or resource departments with suitable software so they could have their own databases, that would take up £2.2 million.

That's without looking at the workforce and £2.2 million would buy you four CT scanners. The funding does not match the ambition of the plan.

Colin Smyth MSP handed over to Karen Adam MSP to chair the remainder of the meeting.

(Sophie Bridger) Included in the slides, there was reference to a national framework or national pathway for Scotland, is that right?

Leeanne Macklin (LM) Whole host of cardiac pathways and looking at all different subspecialities within cardiology. Pulling together a pathway to try and provide parity and equity across the country so it doesn't matter where you present, you should receive the same care.

(DM) West of Scotland pioneering this work through publication of a strategy, and now being adopted to make this Scotland wide, but there is difficulty implementing the pathways.

(Karen Adam MSP) We've spoken about the budgetary pressure in the rollout of the plan, what's the case when it comes to the labour shortage?

(DM) There are existing vacancies and funded posts which won't cost anything as they're already funded, that are vacant, but we are pushing for extra posts. The current budget won't impact that as we're talking about a long leading time of training, we're looking for training changes for those posts to be filled.

(Rod Taylor) Delighted to hear there is a plan to map current cardiac rehabilitation services, one of the key things about the lack of access to rehab is making sure we offer alternative modes of rehabilitation. I would like to be reassured we're not focusing just on hospital models.

(LM) Year two priority of the HDAP is to look at cardiac rehabilitation and ensure service patient population they should be. We had a national cardiac rehabilitation meeting about a month ago and had representation from all health boards.

Plan to look at what services there are in each board and then ask experts where they think the gaps are and bring lived experience in from patients to make sure the patient voice is heard. Similar work carried out in heart failure, looking to replicate that for cardiac rehab.

(Rod Taylor) How will your mapping link to the plans with SCAP, are we at some point going to have an audit set of data specifically around the provision of rehabilitation for our patients in Scotland to help us in terms of knowing whether we are providing the care we need for our patients?

Dr Fiona Strachan (FS) Plans to include cardiac rehab data in the audit programme going forward. As discussed, funding received only focuses on stream one and replicating the current NICOR procedure data we would need to map out the provision that would be required to then get data on cardiac rehab.

Lived experience discussions explain patchy picture of cardiac rehab, differences in referral across Scotland needs looked at in terms of inequalities.

(Alexander Stewart MSP) If there's a role parliamentarians can feed in to, to give more examples of what's taking place on the ground through our constituents, I would like to develop that role within this process and plan going forward so we can tap into and give you that information to help assimilate and get the data required.

(FS) Very welcomed and helpful to have this.

(Jacob George) What plans there are to look at smoking as a known risk factor? (mention of socioeconomic inequality, gender inequality and vaping in young people)

(David McColgan (DMc)) Before the Government adopted the strategy, had a debate about where prevention sits within the portfolio. The challenge is the way it is structured, clinical priorities and population health sit in entirely different units.

There is an aim to have a new tobacco control strategy by the end of next year, December 2023.

British Heart Foundation alongside another 19 organisations formed NCD Alliance Scotland which is looking at alcohol, tobacco, and high fat, salt and sugar food, specifically on marketing, availability and price promotion to see how we can tackle a reduction in non-communicable diseases (NCDs).

View HDAP to be about diagnosis, treatment, and recovery.

(Jacob George) Concerns over how well coordinated the work is and how much the different strands are speaking to each other. Don't get the sense there is purposeful coordination.

(DM) Might be surprising but this wasn't part of the HDAP remit. When we talk about prevention it is on cholesterol, hypertension and atrial fibrillation. Only smoking part of the plan will be cardiac rehabilitation.

(Karen Adam MSP) Reports about the link between neurodiversity and smoking; high proportion of individuals with neurodiverse conditions smoking. Is this something that could be looked into?

(DMc) Not something specifically looked at yet by NCD Alliance Scotland.

Going to be working on developing a 10-year strategy for prevention in Scotland, looking at smoking, alcohol and obesity and how we can take a long-term approach and is something that could be looked at.

ASH Scotland work done recently on mental health and smoking and raises concerns over socioeconomic inequalities and smoking rates.

(Brian Forbes) Can all the progress made be made publicly available on the appropriate site?

(FS) Reports will be published through PHS in January, and there is a consultation process open for contribution.

(Graeme Rose) Are there still plans to publish annual implementation plans as part of the HDAP?

(DM) Annual progress yes, every year we will review the progress.

(Karen Adam MSP) Does anyone have any ideas for future meetings for topics we could cover?

- Links between palliative care and heart disease. Research shows the integration and implementation we've spoken about between palliative care and heart disease is not particularly good.
- Inequalities around sex and gender and heart and circulatory diseases.
- Cardiac rehabilitation.