Fact Finding Visit: Chest, Heart and Stroke Scotland – 22 June 2012  
Members attending: Colin Beattie MSP, Mark Griffin MSP, Tavish Scott MSP

Note of visit

The members met with patients from Chest, Heart and Stroke Scotland (CHSS) to discuss their experiences of the following areas: Before diagnosis, diagnosis and treatment, aftercare and rehabilitation. The members then met with staff from CHSS to discuss the services they offer, the barriers stopping people seeking medical assistance, as well as CHSS’ relationship with other agencies.

Summary of discussions

Before Diagnosis

- The general view among patients was that more could have been done by the NHS to pick up symptoms earlier;
- Each patient indicated that there was little in the way of warning signs prior to the heart attack occurring and a view especially among male patients that you “didn’t want to cause a fuss”;
- No patient had sought advice previously re heart trouble and all had been previously healthy with no history of high blood pressure etc;
- More could also be done in terms of providing advice on lifestyle issues relating to risk and a general view that available material such as the “units system” for alcohol had no real impact on behaviour;
- Some patients were of the view that stress was as big an issue as diet and exercise.

Diagnosis and Treatment

- General view that NHS 24 were first class in dealing with emergencies;
- However, some criticism of the role of GPs with some patients reporting a failure to diagnose effectively;
- It was suggested that surgeries should have a case conference to discuss cases which have went badly.
Aftercare and rehabilitation

- In some cases it was suggested that it was unclear which aftercare was being prescribed and that there was a communication breakdown following discharge from hospital;
- Lifestyle changes after the event tended to be minor;
- Lack of consistency across health boards;
- It would be useful to invite pharmacists into rehabilitation groups;
- GPs not always good at providing information about rehabilitation groups.

Key issues identified by the members

- A lot more education is needed;
- The symptoms of heart disease do not seem to be clear with a perception that even the doctors are unsure;
- There is a need for more effective communication between the NHS and patients;
- Need to address the sense of fatalism within deprived communities;
- A major problem is the breakdown of the link with a family doctor which means there is not the same trust relationship;
- Needs to be a better use of nursing staff;
- There is a general reluctance to dial 999;
- There is a need for peer support in attending rehabilitation classes including more involvement of families;
- Need to provide advice to the family of the patient given their role in supporting lifestyle changes;
- Need to work through local GPs rather than the national level in communicating key messages.