

Cross-Party Group on Stroke

27th October 2021 12:30pm

MSPs

Gillian MacKay [GM] MSP
Paul O'Kane [PO] MSP
Pam Duncan-Glancy [PDG] MSP
Paul McLennan [PM] MSP
James Dornan [JD] MSP
Colin Oliver [CO] (Stroke Association)
John Watson [JW] (Stroke Association)
Katie MacGregor [KM] (Stroke Association)

Non-MSP Group Members

Professor Martin Dennis [MD] (Speaker)

Apologies

Alexander Stewart MSP

1. Welcome and introductions

KM welcomed everyone to this inaugural meeting of the Cross Party Group on Stroke and issued apologies for Alexander Stewart MSP who had a diary clash.

2. John Watson, Associate Director for Scotland at the Stroke Association, to introduce this new Cross-Party Group

JW provided the background to the scale of the problem in Scotland and why the CPG is needed. Stroke is a huge and often understated part of the health and social care landscape in Scotland. It is the 4th biggest cause of death, it is the largest cause of disability. There are over 1700 stroke survivors in every Scottish parliament constituency. By 2025 we expect that to grow to 2400.

We know that having the right interventions and support delivered at the right time saves lives and reduces disability and increases people's opportunity to live well after stroke.

At the moment in Scotland, no patient in Scotland receives the right care at the right time, every time. So we know that improvement is needed. This has been recognised and accepted and that is where our opportunity lies now.

The stroke improvement work right now provides us with a real opportunity to make things better. In December we will see the publication of a new progressive stroke pathway in Scotland. This document will set out a new picture for stroke services, right from the event up to and the stroke itself through to the acute hospital services and then through to rehabilitation support in the community.

The real challenge of this comes with the implementation of this. Make the vision a reality for the 10,000 people affected by stroke every year. That is going to require everyone else to buy into it too.

JW outlined how the CPG can help with the delivery of the new Stroke Action Plan. It provides a unique opportunity to involve a lot of the stakeholders across Scotland who are going to have to play a part in this if this is going to work; politicians, health boards, charities, researchers, clinicians etc. By keeping a clear focus on that stroke improvement work and the actions we all need to take to improve stroke services across the pathway and across Scotland we need to involve all of those people in how they can all play their part.

JW thanked members for their time today and for wider work they will do for the group. Said how there is a real opportunity here to create something genuinely impactful here through working together.

3. Presentation from Professor Martin Dennis, Chair of the National Advisory Committee on Stroke and Specialty Advisor on stroke to the Chief Medical Officer

MD outlined the Programme for Government commitments and provided an update as to where they were with their implementation.

MD updated on thrombectomy service; there are now pilot services running in Dundee, Edinburgh and Glasgow. Hope is for the service to move to a 24/7 pan-Scotland service over the next 2 / 3 years.

There has been great progress with recruitment to the do the thrombectomy procedures and their support team with training. Trained a huge number of people (Drs, nurses, Radiologists etc) to support new service. We are making some progress with purchasing three expensive pieces of kit and installing it in Ninewells, Lothian and Glasgow. We have worked very closely with Scottish Ambulance Service to ensure they can support the new service.

MD and his team have met with Stroke Association, Chest, Heart and Stroke Scotland, and Scottish Government team about joining up things around raising awareness, in both HCP and the public. There is lots of work to be done here, esp by SG team to link up diff government departments, education, health exercise. Not well joined up at the moment.

MD talked through how the progressive stroke pathway work is based on current pathway, horizon scanning and models of best practice from elsewhere in the world. This will focus on whole pathway from hyper-acute treatment through to long term support/management and will be published in December.

MD concluded with the need to roll out thrombectomy to a 24/7 service as quickly as possible. Ensure that the progressive stroke services as we describe are available to everybody across Scotland.

4. Question and Answer session

PDG asked about remobilisation of stroke services and if it has gone at the pace that you would expect?

MD answered that as Most of stroke is emergency care in the first instance. And that did continue through the first and second phase of the pandemic but we did see a reduction in the number of people attending hospitals with minor events in the first instance. In general that has recovered reasonable well.

Most health boards have got back to pre-covid levels of performance. There are still major issues in terms of how things are being delivered. Much more is being delivered remotely, especially in the support in life after stroke, with much of it being done via telephone. There is a place for that but it hasn't got back to where it should be at (not enough face to face). We are giving people hyper-acute care, getting people into TIA clinics to help prevent further stroke and people are getting stroke rehabilitation. Hospitals are now under a lot of pressure and when hospitals are under a lot of pressure, we find it more difficult to get patients into a stroke unit because there is already someone in there. So there are pressure there and sometimes delays.

JD asked what people should be looking out for if you think someone is having a stroke?

MD said that people should look out for any sudden change in someone's function. Whether that is affecting their speech, vision, movement. Unfortunately, we don't get any warning signs. No headache, feeling rundown, tired etc. to be an indicator of you're about to have a stroke. It is sudden. A real change in the function. If you see it – ring 999.

Many people are living in constant fear of having another stroke. Often arises as they have come through the system and think that another stroke is inevitable when in fact another stroke is unlikely. The chances of you having another stroke this year is a few percent at that point. Really important that we get the right message out there.

5. Elect office bearers, confirm secretariat and purpose of group

Gillian MacKay MSP was nominated as Convener by Paul O’Kane MSP, and seconded by Pam Duncan-Glancy MSP.

Paul O’Kane MSP was nominated as Deputy Convener by Gillian MacKay MSP and seconded by Paul McLennan MSP.

Pam Duncan-Glancy nominated Stroke Association as Secretariat for the group, and was seconded by James Dornan MSP.

All members agreed the purpose and rationale of the group.

6. Next Steps

Indicative dates for 4 meetings in 2022: Feb / May / September and December but KM will be in touch in next few weeks with more info.

GM needs to send off the registration form to parliament and attend the next available Standards, Procedures and Public Appointments meeting to discuss the registration of the Group.