

Cross-Party Group on Stroke

Friday 26 September 2025, 1pm – 2pm

Agenda

Agenda item 1: Welcome & Apologies

MSPs present: Roz McCall MSP, deputy convener; Pam Duncan-Glancy MSP

Apologies noted from: Gillian Mackay MSP, Lesley Scobbie, Mark Barber, Joanne Graham, Frederike van Wijck, Gillian Capriotti, Ian Lee, Therese Lebedis & Jackie Hamilton

Agenda item 2: Review of previous meeting & actions

Previous meeting 1: **Friday 25 April 2025**

Topic: Thrombectomy in the other UK nations: what can we learn?

Actions from that meeting:

ACTION 1: Convener wrote to Jenni Minto MSP, Minister for Public Health & Women's Health, seeking clarity on the Scottish Government's plans to roll-out its national thrombectomy service.

Convener received a response from Ms Minto in June. The response was circulated to the membership in October.

ACTION 2: Convener to write to the health boards who did not respond to her prior correspondence seeking details on their stroke rehabilitation plans during the current financial year.

New responses were received from NHS Dumfries & Galloway, Greater Glasgow & Clyde and Shetland. Responses had already been received from NHS Borders, Grampian and Highland.

Deputy convener put on record thanks to the boards which responded and noted the eight health boards who did not respond: NHS Ayrshire & Arran, Fife, Forth Valley, Lanarkshire, Lothian, Orkney, Tayside and Western Isles.

The new responses were circulated to the membership in October.

Agenda item 3: Discussion Topic: Delivering stroke as a priority

Speakers:

Mr John Watson, associate director for Scotland, Stroke Association

Dr Vera Cvorovic, consultant geriatrician & stroke physician at NHS Fife; Scotland representative at the British Irish Association of Stroke Physicians (BIASP)

Ms Amy Callaghan, strategic political advisor, Chest, Heart & Stroke Scotland

Mr Watson introduced the “Delivering stroke as a priority” campaign to the membership.

Key points:

- The campaign consists of five asks to elected members and political parties to prioritise stroke in Scotland ahead of the 2026 Scottish Parliament election.
- The calls were developed by clinicians and health professionals
- Stroke professionals were consulted to seek views. 30 responses were received and grouped thematically.
- Professor Mark Barber, stroke lead clinician at NHS Lanarkshire, chaired two roundtables with experts to assist in formulating the five campaign asks.
- The asks were developed from four criteria: that they would make a substantive impact for people affected by stroke; be cost-effective; would garner widespread support across the stroke community; and not be contentious.
- The calls have the backing of Stroke Association, Chest, Heart & Stroke Scotland, British & Irish Association of Stroke Physicians, the Scottish Stroke Nurses Forum, Royal College of Physicians of Edinburgh, and the Royal College of Physicians and Surgeons of Glasgow.

Dr Cvorovic explained the five asks in greater detail.

Key points:

- **Deliver an equitable 24/7 national thrombectomy service.** Thrombectomy saves brains and money. It is a standard medical procedure in many countries and should no longer be a postcode lottery in Scotland. The current thrombectomy service is inequitable and runs for different times at each of the three delivery hubs.
- **Increase inpatient and outpatient rehabilitation capacity.** Front-loading spending on inpatient and outpatient rehabilitation will save money and promote recovery from stroke by reducing the need for ongoing support.
- **Give acute stroke care the same hospital status as other specialist units.** Stroke is designated a clinical priority and needs the same protection for beds, staff and other resources that is afforded to coronary care or trauma units.
- **Develop an innovative long-term stroke specific workforce recruitment and retention plan.** Measures to address the shortfall in stroke staff will include a bigger profile for stroke in education syllabuses and increased opportunities for career progression.

- **Ongoing failure to meet stroke standards to be escalated to Health Improvement Scotland.** This will make the auditing process more robust and ensure NHS Boards place greater emphasis on meeting the needs of stroke patients.

Ms Callaghan outlined the engagement being undertaken to share the asks with Scotland's political parties.

Key points:

- Meetings are being held with the manifesto leads of each political party with a view to getting the five asks incorporated into their health policy commitments.
- The group's delegation for most meetings has consisted of Ms Callaghan, Mr Watson, Dr Fergus Doubal, consultant stroke physician at the Royal Infirmary of Edinburgh, and Ms Zara Tumblety, deputy charge nurse and representative of the Scottish Stroke Nurses Forum. Prof Mark Barber attended one meeting online.
- All parties are being equally lobbied to ensure the five asks are prioritised by both governing and opposition parties in the next Parliament.

Agenda item 4: Q & A and discussion

Achieving consensus on the five asks

Mr Watson explained that developing the asks was a smooth process assisted by the list of criteria. The asks were kept broad to make them clear and relatable to politicians.

Developing the stroke workforce and attracting recruitment

Dr Anthony Byrne asked elected members if their parties will commit to expand medical training at universities and retain stroke clinicians.

The deputy convener, as the only MSP present, advised she would consult with her own party's health spokesperson and with the other political parties for their responses to this question.

Professor Matthew Walters mentioned that the University of Glasgow Medical School has an intake of 430 students, up 25 percent compared to seven years ago. The challenge is retaining them in the Scottish NHS workforce.

Dr Lisa Kidd mentioned that the stroke workforce is part of the Scottish Stroke Nurses Forum's strategy. The stroke workforce is broader than 'only' stroke physicians.

Cost benefits by prioritising stroke

Dr Christine McAlpine spoke of the need to highlight the savings that can be made by prioritising stroke services such as thrombectomy. This would make the case more compelling to politicians.

Ms Callaghan concurred and said work is being done to develop economic policy impact work and an evidence-based package to emphasise the savings that prioritising stroke can make.

Inclusion of patient narratives

Prof Walters said patient narratives need to be included with the economic case for prioritising stroke to demonstrate the positive impact on patients.

Dr Cvorovic said unfortunate cases also need to be highlighted to demonstrate why further prioritisation is required.

Mr Douglas Horn, who had a stroke himself, said that current levels of inactivity by politicians meant people affected by stroke will continue to suffer.

Long Term Conditions Framework

Professor Mary Joan Macleod cited concerns with the Scottish Government's Long Term Conditions framework and the impact it could have on grouping cardiovascular conditions such as stroke with others. Charities have fed back to the Scottish Government on this.

Agenda item 5: AOB

Membership agreed to the following actions:

- 1: The deputy convener will contact her party's health spokesperson, and those from other parties, for clarity on plans to develop and retain the stroke workforce.
2. For health professionals to sign up to the five asks once a mechanism is confirmed by the six organisations, and to share within their networks.

The next CPG Stroke meeting will take place on Friday 5 December 2025, 1pm – 2pm, via Teams.