

# Meeting notes CPG on stroke

Friday 26 April 2024

Meeting held online via Teams

## AGENDA

**1 Welcome and apologies**

**2 Discussion topic – speedy recognition and treatment of stroke**

**3 AOB**

**1 Welcome and apologies**

Deputy Convener Roz McCall MSP welcomed all. Apologies noted from:

- Prof Jesse Dawson
- Prof Lisa Kidd
- Mr Allan Flynn
- Dr Amy Mulroue
- Pam Duncan-Glancy MSP
- Prof Gillian Mead
- Prof Mark Barber

Last meeting was AGM in January. Minutes are up on the [Parliament website](#)  
Summary: Gillian Mackay MSP agreed to continue as Convener. Roz McCall MSP agreed to continue as Deputy Convener.

Thanks were offered to Katie MacGregor who looked after secretariat for this group for the last couple of years. Katie has now left the Stroke Association and is working for the Royal College of Occupational Therapists.

Welcome to Michael Foley who has started this week with the Stroke Association and will take over secretarial duties.

One action arising from our October meeting on FAST/BEFAST: *“Convenor and Deputy Convenor to work with colleagues to secure a Parliament debate on a national stroke public awareness campaign and the need for it to be publicly funded.”*

CPG member Alexander Stewart MSP has secured cross-party support for a Members’ debate in Parliament. Timing tbc.

Parliament's Citizens Participation and Public Petitions Committee is engaged on FAST/BEFAST. Alexander Stewart MSP spoke to that committee, as did Jackie Baillie MSP. CHSS and the Stroke Association also submitted views to that committee.

James Bundy – who spoke to our CPG in October – and his family, met with the Cabinet Secretary for NHS Recovery, Health and Social Care Neil Gray MSP last week. Dr Matt Lambert, the Specialty Advisor on stroke to the CMO was also at that meeting. As a result: *"The Cabinet Secretary for NHS Recovery, Health and Social Care...has asked the advisor to the Chief Medical Officer to conduct a review of education around stroke symptoms for clinical staff."*

The meeting topic today builds on our meeting in October and the interest generated by the Bundy family and MSP colleagues. What came out very clearly in our discussions in October was the importance of improving identification of stroke by health professionals.

Convener Gillian Mackay took over Chairing the meeting from Deputy Convener Roz McCall.

## **2 Discussion topic – speedy recognition and treatment of stroke**

Speaker 1: Graham McClelland. *Asst Professor in Health at Northumbria University; Research Fellow with Northeast Ambulance Service NHS England*. Senior researcher with ambulance/paramedic background. Offered overview of UK ambulance service relation to stroke.

- Ambulance response times have declined over 20 years.
- Ambulance responders use simple symptom-based tools such as FAST.
- They need better diagnostics – currently use same process as early 2000s – not much has changed.
- Thrombectomy regional centres and ambulance pathways need to be established.
  
- John Watson asked question on re-categorisation of ambulance responses in NHSE – is that an improvement? GM there is not clear data to determine this yet.
- RMc asked re CT scan in a van – is it a good idea/value for money? GM: small number of patients for a very large investment.
- Tony Byrne spoke about pre-hosp video triage trial in London. And in Edinburgh trials of body cams.
- RMc asked re video tech – is it a good idea? GM: we can reduce assessment times with such tech.

Speaker 2. Dr Ed James. Consultant in Emergency Medicine with NHS Lothian.  
Gave overview of his service in NHS Lothian.

- Patients who come by SAS are usually flagged ahead to Emergency Department, everybody else goes through nurse-led triage service.
- It is often difficult to identify people who have arrived with posterior strokes.
- Out Of Hours no stroke expertise on site so ED handles it. A consultant there till 2am. Registrar after. Stroke expertise available on telephone if needed.
- Stroke patients are competing with other conditions for attention.
  
- GM asked if someone self-presents – how do reception staff deal with that? EJ: the best way to ID any patient is ‘early access to senior review’.
- GM asked what can we do? ED: key challenge is resources, stroke patients competing with other patient groups.
- JW asked about the ‘Manchester system’ ED: it’s now the recognised standard across the UK it recognises the ‘most important’ patients – but one of the things it’s not good at is stroke.

Speaker 3. Prof Will Whiteley. *Scottish Senior Clinical Fellow in the Centre for Clinical Brain Sciences, University of Edinburgh; consultant neurologist in NHS Lothian. Clinical Lead for the Scottish Stroke Research Network.* Provided an overview of stroke recognition process relating to the public (FAST), medical staff and dealing with strokes.

- What do we tell the population in general? - FAST
- What do we do to improve things for ambulance staff/ED? – we need better diagnostic systems.
- What do we tell people with mild stroke or TIA? – their diagnosis is difficult – spread between GPs. This needs supportive evidence.
- Nothing has done better to date than FAST.
- Blood tests are unlikely to give us an answer soon.
- Use of CT in ambulance only useful for dense pops – e.g. Glasgow/Edinburgh
- All recognition pathways are about trade-offs. These are questions answered by health economics.
- We need more research.
- Access to NIHR training programmes.
- A health economist to bring it all together.

Summary of key points:

- Modelling of an entire system of stroke recognition pathways required.
- Health economists have an important role to play.
- A discussion with the chief scientist office would be helpful and more research in Scotland would be beneficial.
  
- Rustam al-Shahi Salman supported all WW points.

- GM – what can we usefully do? WW – a discussion with CSO would be good.
- WW offered to pull together a one-page summary of research in Scotland for Convener and Deputy Convener.
- Fred van Wijck – highlighted importance of gender differences for healthcare profs.
  
- **ACTION** - Convener to write on behalf of the group to the Convener of the *Citizens Participation and Public Petitions Committee* at Parliament and ask what's happening with their FAST/BEFAST petition (it's currently 'under review').
- **ACTION** - Deputy Convener will write to Clerk/Chair/members of the *Health Committee* to say this is an area of public health we encourage you to examine further - and to push for a FAST campaign.
- **ACTION** - Professor Will Whiteley will pull together a one-page summary of research in Scotland for Convener and Deputy Convener.
- **ACTION** - Convener will write to the Chief Scientist Office calling for more research.
- **ACTION** - Deputy Convener will submit a Parliamentary Question (PQ) to find out where things are with the commitment in the Stroke Improvement Plan to support the Scottish Ambulance Service on video call triaging.
- **ACTION** - Convener will submit a PQ on FAST – there's good evidence to show it works and Scotland still doesn't have it.

### 3 AOB

- Request for the secretariat to share Stroke Association General election manifesto with all members. Agreed.  
**ACTION** – secretariat to share with all members.
- Request from CPG on Disability re. Jeremy Balfour MSP's Members Bill seeking to establish a Disability Commissioner for Scotland. The Equalities, Human Rights and Civil Justice Committee has issued a Call for Views. The Disability CPG asks the CPG for secretariat to share with members. Agreed.  
**ACTION** – secretariat to share with all members.

ENDS