National Advisory Committee for Stroke (NACS)

6 February 2017, 14:00 – 16:00
Conference Rooms A & B, St Andrews House, Edinburgh

Minutes

Attendees: Prof Martin Dennis (ProfMD), Sheena Borthwick (SB), Andrea Cail (AC), Katrina Brennan (KB), Jesse Dawson (JD), John Fotheringham (JF), Katie Gallacher (KG), Stephanie Jones (SJ), Jacques Kerr (JK), Prof Peter Langhorne (PL), Therese Lebedis (TL), Karen MacNee (KMacN), Pamela MacLean (PMacL), Neil Muir (NM), Mark Smith (MS), John Wilson (JW).

Apologies: Elizabeth Barrie, Craig Henderson, Mark O'Donnell

1. Welcome

The Chair welcomed the members to the meeting, particularly Jacques Kerr, and Jesse Dawson who attended their first meeting of the group and Stephanie Jones from the Scottish Ambulance Service who presented at Agenda item 4.1.

Also in attendance were Neil Muir and Pamela McLean from the SSCA team as Moranne MacGillivray has moved on to a new post as a Quality Improvement Practitioner in Raigmore Hospital, Inverness.

Heather Paterson had also resigned from the group after moving to a new post in Primary Care, NHS Fife at the start of January.

Representation from Pharmacy side was briefly discussed. MS noted that Alpana Mair, Deputy Chief Pharmacy Officer had provided recent input on spasticity management issues.

2. Minutes of previous meeting (03/10/2016) – NACS/Oct2016/Minutes

The minutes were approved by Committee.

3. Action point update from previous meeting (01/02/16) – NACS October2016/Action Summary

ProMD talked through the main actions noting that most of these in the circulated Action Point update paper had either been cleared or were on the agenda, and asked colleagues to update their actions as appropriate.

Action 2 - *Schedule meeting to obtain agreement on contribution of stroke out-patient data from NHS GG&C. Meeting to include ProMD, KB, Christine McAlpine, MCN Clinical Lead and others including representatives from planning and clinicians from Queen Elizabeth University Hospital and Clyde* – MD confirmed that a meeting had been set and rescheduled for the 28

February to address data collection at TIA clinics to obtain agreement on the collection of this component of the Scottish Stroke Audit.

Action 8 - *Draft paper setting out the issue of opportunistic post loss within MDTs for the SSAHPF. Discuss next steps and provide update for next meeting* – Ongoing. MS updated the group and confirmed that a summary had been forwarded to Secretariat. Anecdotal evidence regarding staffing issues had been discussed at the AHP Forum and this had been discussed further at the Rehabilitation Sub-Group of the SSCA to ask MCNs what their staffing levels were for further examination. The AHP Forum had been asked to provide examples of concern so that these could be escalated appropriately.

KB confirmed that rehabilitation issues would be highlighted in the organisational audit which would reach all MCNs so that this information could be standardised.

KMacN informed the group that a discussion document on a national health and social care workforce plan had issued (http://www.gov.scot/Publications/2017/02/6174); colleagues may wish to comment. .

4. Updates

4.1 Scottish Ambulance Service – new Response Model

SJ presented to the group and outlined key features of the new model which would have a greater focus on delivering the right care to people around outcomes and a clinically focused response approach.

SJ highlighted that the new model had been launched on 23 November 2016 as a 12 month pilot with monthly progress reporting taking place. Stirling University would produce an evaluation report with recommendations at the end of this period.

The group discussed the strong case made for stroke care delivery within the model and the role of the MPDS.

The evaluation of the changes to the model was discussed. SJ confirmed that since the model had gone live in November, data gathered to date suggested that patients were being put into the correct cohorts. 95% of patients in the Amber cohort had received an ambulance on time.

Outcomes measures were raised and SJ noted that data linkage between the SAS, hospital and ISD was an item that the service wanted to build on.

4.2 Detection of Atrial Fibrillation (AF) in the Community

MD drew the group's attention to the circulated health economics paper provided by Dr Neil Grubb looking at the cost effectiveness of the project

work. Dr Grubb would present to the group at the next meeting in June. MD also noted that another issue was around paroxysmal AF and a meeting with the Chair of the National Advisory Committee for Heart Disease was to be arranged to look at AF issues in more detail.

PL asked how sensitive the AliveCor equipment was in detecting AF. It was recognised that there were different technologies available that could be employed to tackle AF detection and a broader discussion with cardiology colleagaues would inform a way forward and provide greater clarity on the next steps regarding AF and the progress on technologies impacting on this topic.

Action 1 – Schedule meeting with chair of the National Advisory Committee for Heart Disease (NACHD) to discuss approaches to improving care for atrial fibrillation - Secretariat

4.3 Stroke Innovations Challenge

MD summarised the background and updated the group on progress following the circulation of the Survey Monkey results to the group in December 2016. The Stroke Innovations Challenge had come about as a result of a programme of work led by the NHS Scotland innovation cluster.

A Survey Monkey had been circulated widely canvassing views and suggestions on two main ideas; systems to better guarantee delivery of care and detection of atrial fibrillation.

MD suggested that regarding atrial fibrillation, the group can provide direction this regarding Neil Grubb's work and the details around the process of screening, and primary and secondary prevention.

Regarding the better guarantee delivery of care, MD confirmed he was moving forward to promote the patient calendar where the stroke team would populate this for events that should happen, prompting staff to action the right event at the right time, every time. MD had begun discussions with TRAK care to scope if they could employ current functionality within TRAK to do this and also incorporate a mobile version of TRAK which didn't have administrative components. Pulling all these together may offer a way forward where industry and the Innovation programme worked on a separate module to be attached to TRAK care.

JK noted that the child protection questionnaire was flagged up on TRAK prior to discharge and stroke could potentially be used in the same way on discharge where it could support a series of prompts. There was a discussion on the use of coding in emergency departments and JK informed the group of work in England on the Emergency Care Dataset where steps were being taken to move to a smaller set of codes. It was hoped that this work could also be employed in Scotland.

MD also informed the group that he had a meeting arranged with Andrew Fowlie at the Scottish Government Innovation team to discuss the issues raised.

KB informed the group of discussions taken forward with the Digital Health Institute (DHI) to look at existing devices and test them with clinicians round the table to examine practical next steps that could be taken and approach patient groups for testing as well.

JD informed the group that they were to conduct a UK-wide survey on AF management and would welcome input regarding specific AF questions. JD agreed to liaise with MD and KB to take forward. JD also noted that there was a review of the holter data from Glasgow which would link to stroke patients and their outcomes would inform future plans.

MD asked for a representative from the SG Innovation team to attend the next meeting to increase the group's understanding of the innovation workstream process around taking forward the priorities identified.

Action 2 – Liaise with MD and KB regarding AF content for the UK wide AF survey – JD.

Action 3 – Invite Innovations colleagues to present to the group to promote an understanding of the innovation process around the priorities identified – JD.

4.4 Stroke Improvement Programme

KB updated the group on progress and highlighted work on the circulated paper indicating current issues and actions underway to take these forward. Regarding psychology services, it was planned to organise a workshop with stroke psychologists to scope availability of services to address the need for a tiered approach to services and also review the benchmarking criteria to reflect levels of upskilling among other staff.

4.5 Stroke Improvement Workshops

KB updated the group noting that a Goal Setting workshop had been confirmed for the 27 March in Stirling which TL would be leading on and a nurse's improvement event 24 March. KB and AC had discussed involvement from the charities around a self-management event. TL would lead and liaise with AC and MS on developments. A date in May would be scoped for confirmation. A psychology event would be looked at for June. KB confirmed that funding would be available to continue the workshops in 2017.

4.6 SSCA Update

PMacL provided an update around developments. Routine reporting was to continue including fortnightly swallow screening. Stroke annual health board review visits would continue with dates being canvassed. An agenda and speakers were being scoped for the national SSCA meeting, set for 29 August. The Rehabilitation Sprint Audit was underway until 2 April. A thrombectomy sprint audit was being scoped. Data capture at the Golden Jubilee National Hospital data was being taken forward. The eSSCA updates issue had been escalated to the project Board meeting. The improvement event for nurses touched on by KB for 24 March would have a focus on the swallow screen and implementation of IPC. The team were waiting on the returns from Boards for the 10 March regarding the Organisational Audit.

4.7 Health Works

TL updated the group and highlighted key points alongside the circulated summary report.

The project over the last 2 years had taken forward the provision of awareness training across a broad range of staff and pathways including health, social care and the voluntary sector focussing on training on welfare reforms, the benefits of returning to work or volunteering and also training on the AHP Fitness to Work report.

Evaluation had taken place including interviewing patients and those trained. 600 members of staff had been trained, double the number aimed for. It was found that confidence and uptake of resources added to the health improvement website had increased.

The second phase of the project involved training AHPs; Occupational Therapists, Physios and Podiatrists in how to implement the Fitness for Work report. Feedback on this aspect was ongoing. However, one finding had been an unexpected lack of engagement among this group regarding giving this type of advice to patients. A lack of time, confidence and anxiety around giving incorrect information to patients had been highlighted and this provided a focus for future work.

The project was now completed and the challenge was to embed practice. TL had liaised with the Active and Independent Living Improvement Programme (AILIP), the National AHP programme that has vocational rehabilitation as a priority area and suggested AILIP would be the appropriate vehicle to take this forward.

TL confirmed that questions around online training had to be decided and that a generic programme may offer a more suitable approach over a stroke

specific resource. TL also confirmed she would liaise with CHSS to check that the STARS return to work content was up to date in terms of this work.

Action 4: Liaise with CHSS to check that the STARS return to work content was up to date in terms of the Health Works project - TL.

4.8 CHSS update

MD noted MoD's apologies and the short update he had been due to update on regarding the reconvened Cross Party Group on Heart Disease and Stroke.

4.9 Stroke Association update

AC confirmed that the Cross Party Group on Heart Disease and Stroke's first meeting was scheduled for 28 March and would have a more active agenda with an equal split of heart disease and stroke issues. Atrial fibrillation was high on the agenda. AC also informed the group that the Association with Public Health England would also launch a FAST campaign involving the use of social media which would feature in Scotland.

5. Clot Retrieval

ProfMD updated members on the developments in clot retrieval. There had been an indication at the UK Stroke Forum by Sir Bruce Keogh, Medical Director, NHS England regarding a possible announcement of a thrombectomy delivery plan. This now wasn't going to happen.

Guidance passed on by Professor Tony Rudd, National Clinical Director for Stroke, NHS England had highlighted instead a reliance on National Clinical Guidelines and provisions in two draft documents; Clinical Commissioning Policy Proposition: Mechanical Thrombectomy for Acute Ischaemic Stroke and a service specification for Neurointerventional Services for Acute Ischaemic & Haemorrhagic Stroke. Professor Rudd had stressed various processes had to be undertaken before final versions were approved.

There had been no further appointments in Glasgow. Two consultants were in Edinburgh with a third being sought. Another clinician was undertaking training. Referrals were being taken from Aberdeen and Dundee. Developments would be presented on at the SSCA meeting in August.

JD confirmed the use of locums in Glasgow. However he was not aware of any procedures in recent months. KB noted that there was a potential for the

audit coordinators to miss procedures due to their ad-hoc nature. It was agreed that PMacL would highlight this potential with the audit coordinators.

Action 5: Liaise with audit coordinators in NHS GG&C to check that clot retrieval operations are being captured within the SSCA.

6. AOB

KB asked if there was work around research that should shared more widely with the Boards. JD reported that a meeting had taken place with the Board representatives to take forward participation levels to scope bespoke models that Boards could employ. JD agreed to liaise with KB to keep this going forward. KB confirmed that research could be added to the organisational audit.

JD informed the group that work with colleagues around the SHARE database that allows members of the public to participate in research had been taken forward to identify suitable patients inviting them via a leaflet to sign up.

Action reference	Description	Responsibility	Cleared	Notes
NACS Feb 2017/Action 1	*Schedule meeting with Chair of the National Advisory Committee for Heart Disease (NACHD) to discuss approaches to improving care for atrial fibrillation - Secretariat*	Secretariat		
NACS Feb 2017/Action 2	*Liaise with MD and KB regarding AF content for the UK wide AF survey.*	Jesse Dawson		
NACS Feb 2017/Action 3	*Invite Innovations colleagues to present to the group to promote an understanding of the process around the priorities in the Survey Monkey.*	Secretariat		
NACS Feb 2017/Action 4	*Liaise with CHSS to check that the STARS return to work content was up to date in terms of the Health Works project.*	Therese Lebedis		
NACS Feb 2017/Action 5	*Liaise with audit coordinators in NHS GG&C to check that clot retrieval operations are being captured within the SSCA.*	Pamela MacLean		