

## **National Advisory Committee for Stroke (NACS)**

**13 February 2018, 14:00 – 16:00**

**Carrington Suite, Scottish Health Service Centre**

### **Minutes**

**Attendees:** Prof Martin Dennis (MD), Mark Barber (MB) Sheena Borthwick (SB), Niall Broomfield (NB), Andrea Cail (AC), Elizabeth Barrie (EB), Katrina Brennan (KB), Andrew Farrall (AF), Paul Gowens (PG) Gill Gunn (GG), Christine Jeffrey (CJ), Jane-Claire Judson (JCJ) Prof Peter Langhorne (PL), Therese Lebedis (TL), Neil Muir (NM), Connie Smith (CS), Mark Smith (MS), John Wilson (JW).

**Apologies:** Jesse Dawson, Craig Henderson, Katie Gallacher, Pamela MacLean, Margaret Somerville

#### **1. Welcome**

The Chair welcomed everyone to the meeting, and particularly to Ms Jane-Claire Judson, the new Chief Executive Officer of CHSS, Niall Broomfield, Consultant Clinical Psychologist and Mark Barber, new Chair of the Scottish Stroke Care Audit on VC, attending their first meeting of the group. Paul Gowens, Lead Consultant Paramedic, Scottish Ambulance Service (SAS) was also attending in place of Craig Henderson. Introductions were made round the table.

#### **2. Minutes of previous meeting (02/10/2018) – NACS/October2017/Minutes**

The minutes were approved by Committee.

#### **3. Action point update from previous meeting (02/10/17) – NACS October2017/Action Summary**

MD talked through the actions in the circulated Action Point update paper noting those cleared and asked for updates on those ongoing;

*Action 3, Provide feedback on the ease of use / functionality of the SSCA Tableau Dashboards to Neil Muir – All. NM confirmed that he had received comments which had been largely positive and would welcome further feedback.*

*Action 4 - Pass on details of eSSCA issues; outstanding changes ect to Gillian Gunn for onward escalation. – Gillian Gunn. NM confirmed this was progressing although not yet cleared. An allocated software engineer had been working 2 days a week to progress issues and this was expected to be resolved shortly.*

*Action 5 - Schedule meeting with Margaret Sommerville to discuss issues raised in the tabled STARS paper and discussion – Secretariat – an updated paper regarding costs for STARS was on the agenda for discussion at item 4.8.*

Action 6 - *Add questions on Swallow Screen training provision to Health Board visits – Katrina Brennan* – KB confirmed that this action had been cleared. Questions had been sent to all the MCNs and 8 responses had been received to date. It had been agreed they would be added to the organisational audit questions for the current round of visits.

Action 7 - *Check status of NACS funded Oral Health trial – Secretariat - Specialist Oral Health Care Training - STARS module* was a Stroke Improvement Fund bid provided with funding of £6,650 for 1 year in 2013. The Final report to NACS in April 2014 noted that the SOCLE 2 trials were at an early stage so the project findings had not been fully disseminated. Secretariat have contacted the grant holder, Professor Marion Brady, Glasgow University for an update. KB agreed to follow this up to establish the status of this work.

Action 8 - *Ask Reference Group for a nomination to sit on the SSCA Rehabilitation Sub-Group – Andrea Cail* – AC confirmed that following their meeting in October 2017, the Reference Group concluded it would be challenging to accept this invitation due to the professional level of the discussions and if there was scope for Stroke MCNs to involve participation by stroke survivors in their work. KB confirmed she would scope this with MCNs and provide an update at the next meeting.

**Action 1 – Liaise with Professor Brady to establish the status of the project work to establish a STARS module on oral health – Katrina Brennan**

**Action 2 – Scope involvement of stroke survivors in with MCNs work in line with Stroke Association Reference Group request – Katrina Brennan**

#### **4. Updates**

##### **4.1 Atrial Fibrillation (AF) – draft Work Plan**

MD drew the group's attention to the updated version of the joint draft Work Plan on AF. Regarding secondary prevention of stroke and identification of persistent / paroxysmal AF, two pieces of work were underway to support the work plan – in NHS Lothian, an examination of criteria choice for prioritisation of cases for ECG monitoring. Going forward, MD hoped to share work from this to inform halter monitoring. A project led by the Digital Health Institute (DHI) on new technology for identifying AF was reported on. KB confirmed that the DHI work would need R&D and ethics approval to continue. A completion target for March 2019 was aimed for. The next step would then be to have procurable equipment made available throughout NHS Scotland. Clarity on funding from industry was being progressed.

An opportunity to hold an AF workshop by the end of the year was discussed to allow people to experience the different technologies and to capture any test

of change with NHS Boards. This could incorporate findings from the NHS Lothian work and preliminary outputs from the DHI work. Support for this was voiced. JCJ talked on a trial of an AF tester being taken forward by CHSS. This involved using Alivecor technology. The results of tests on 500 people had identified 3 with AF. The project is being run in 3 hubs with a further 2 hubs being considered.

#### **4.2 Atrial Fibrillation – Cross Party Group (CPG) AF report**

MD confirmed that the CPG report was launched on 21 January and had created interest from a number of parties. The report could be accessed at the following link;

<https://www.bhf.org.uk/get-involved/heart-voices/updates-on-our-current-projects/cross-party-group-inquiry-into-atrial-fibrillation-in-scotland>

#### **4.3 Stroke Research Network (SRN)**

MD confirmed that Jesse Dawson had provided a brief update for today's meeting in his absence which set out that the SRN has recruited 940 participants to trials from April 17 to 15th January 2018, a substantial increase on recent years. Recruits had been from all health boards where the SRN have nurses. The SRN have over 30 active studies and several new studies will begin in 2018. The SRN held a patient and carers day which coincided with World Stroke Day and will hold further events for the public this year.

Funding from the CSO had also been extended until 2019.

#### **4.4 Stroke Improvement Programme (SIP)**

KB updated. Work had featured a substantial focus on Priorities 7 and 8 with benchmark criteria being reviewed. Work on goal setting based on research from Nottingham was being progressed. Benchmarking for psychology was to take place and work with Dr Lisa Kidd and TL on self-management was ongoing. Requests to repeat the self-management workshop had been received and there was a sense that colleagues were increasingly aware of the impact that self-management is having. KB highlighted the importance of having the charities involved to drive direction forward. Board reviews were underway.

MS updated the group on training for post stroke exercise professionals. The key Stakeholder Steering Group which developed the existing course for exercise professionals was seeking to now align work with current self-management best practice. The aim would be to capture the exercise and training elements particular to neurological rehabilitation to bring the course up to date. MS confirmed that the changes would cover changes in evidence and methods of delivery.

KB also highlighted that funding was available for the FAST campaign. A joint piece of work on how to take FAST forward in 2019 to scope future practice would be looked at. Progress with Intermittent Pneumatic Compression (IPC) had been made. The new company had re-employed the Educator, previously employed by Medtronic who is ensuring that supplies of equipment are being made available throughout Scotland.

#### **4.5 Workshops**

KB updated on the Workshop programme. A number were pending including AF and Thrombectomy. A Self-Management workshop was scheduled for May and a Community Rehabilitation workshop was expected to take place in August. Stroke nursing and how this looks next to the SIP would also be examined with examples needed on how stroke nurses align practice to the SIP, with potentially a workshop in October.

KB requested that the group contact her with any other ideas for workshop topics.

**Action 3 – Contact Katrina Brennan regarding suggestions for further workshop topics - All**

#### **4.6 Scottish Ambulance Service (SAS) update**

PG updated the group. The pre-hospital pathway and bundle were complete. An eLearning package had been developed based on this work which is being rolled out and personally delivered by Craig Henderson. The national feedback model for all SAS was ongoing. Work was also ongoing around provider engagement with primary care, a challenging aspect for the SAS, also being addressed by Craig Henderson.

PG confirmed that Craig had applied for a new role and PG would ensure SAS representation on the group going forward. Work done to date on stroke would become part of SAS's clinical service redesign programme.

Glasgow Caledonian University had committed to the project and stroke was embedded in the SAS's Learning in Practice (LiP) programme. A three yearly update would be scheduled for clinical staff.

PG commented on compliance rates for new equipment in ambulances had been a recurring issue and that it was easier for areas to record compliance with steps put in place since December to ensure this.

Data linkage and feedback to ambulance crews on patients thrombolysed was discussed. With data linkage being taken forward for trauma, cardiac arrest and myocardial infarction. PG confirmed that stroke was also a priority that the SAS were aiming to develop, with Katie Barclay, SAS leading on this work as part of the clinical service transformation programme. The aim was to have data

linkage reflected across the full suite of clinical conditions. It was agreed to provide an update on data linkage for stroke at the next meeting of the group.

**Action 4 – Provide an update on data linkage for stroke at the June meeting of the group – SAS representative**

#### **4.7 SSCA Update**

NM provided updated the group, referring to circulated paper NACS February2018/SSCA. The next Scottish Stroke Care Audit National Meeting meeting was scheduled for 30 August. The closing date for data submissions was 31 March for publication on the second Tuesday in July. Planning for thrombectomy was going ahead, changes for the Scottish Stroke Standards were being discussed. Home days were being scoped as an outcome measure for the SSCA. The audit coordinators day was scheduled for 17 May. The organisational audit and education templates had been sent out for returns by 9 March. Mark Barber had been appointed the new Chair of the SSCA.

#### **4.4 CHSS update**

JCJ updated on the refresh of the charity's strategy which would focus on user led changes going forward. Meeting unmet needs was also another topic they wanted to focus on either nationally or locally. The charity would also have a focus on prevention on a public health and post-diagnosis level. The role of research would map the overall strategy and would be discussed with the CHSS Board in the next couple of months.

JCJ outlined a number of topics to highlight in the strategy including mental health as an example of an unmet need, focussed on the charity's community work. A national campaign on mental health would also be scoped. Self-management was seen as critical as central in taking forward the strategy. A human rights based approach to health would be adopted to work throughout the charity. A targeted approach to health promotion would be taken. It was expected that an ambitious innovation program with partners such as NACS would provide a place where tests could be done in a scalable manner.

JCJ confirmed that CHSS would always seek to work in partnership and take issues to NACS in the first instance.

The rehabilitation support service was touched on and would change based on established work already done and extended an invitation to one of the charity's workshops to see practice first hand.

MD set out the background to the revised and updated STARs paper circulated; NACS February2018/CHSSeLearning report. The main issue was around the Flash player not being supported in future and work to support the platform to continue. Revising content had not been looked at. CHSS had confirmed a total cost of £87,500 (inc. VAT) for two 15-month fixed term assistant web developer posts to complete the work. The original platform had lasted 10 years when at the time it had been given a 5 year lifetime. Based on this, the upgrade could be expected to provide another 10 years of working life. Discussion reflected that view that the costs in the revised paper were reasonable.

The need for a review of the factual content of the platform was discussed and requirements for expert input. A STARs workshop was suggested to allow content issues to be assessed.

There was discussion on the SCOT toolkit which sat on a separate platform, distinct from STARs. KB confirmed that the toolkit would be taken off the essential criteria on the educational template.

The group agreed that STARs should be a focus for the group. It was agreed that GG and colleagues would explore options for supporting STARs work IT upgrade.

**Action 5 – Gillian Gunn to scope budget position and discuss / explore options for supporting STARs work with Jane-Claire Judson & colleagues – Gillian Gunn**

#### **4.5 Stroke Association update**

AC highlighted that the charity would have a new strategy for 2019 onwards. This would retain and build on core strengths such as research, and engagement with stroke patients on the ground. The help line offer would be increased to reflect the already good usage in Scotland. A structural review would be undertaken along with fundraising. A meeting with JCJ had been scheduled.

AC updated the group regarding paper NACS February2018/Stroke Association Update. MD was scheduled to meet the Reference Group on 14 March to address the issues they had raised in the paper. AC noted that the Reference Group felt unsure of the position regarding provision of rehabilitation in Scotland. AC noted the challenges in examining data from around the UK and had discussed this previously with MD around the possibility of an analysis of Scottish and English datasets for potential common measurements to be undertaken through the SSCA.

There was discussion on the role of Key Performance Indicators (KPIs) in stroke rehabilitation and the issues around defining a meaningful common measure and making it auditable. KB highlighted that there wasn't a reference in the paper to the content of the SIP or the extent and coverage of rehabilitation within it. As the SIP was a reflection of current concerns there was a case for collecting the information reported in the SIP. MD noted that if you have criteria, each Health Board must evidence what they do, some of which will be quantitative.

MB noted that competition between Boards had been a driver of improvement and with the SSCA as central to this, agreed to add rehabilitation data collection to the agenda for the next SSCA Steering Group meeting. KB confirmed that she had met with TL and NM to map out Boards' current position with rehabilitation and Priorities 7 & 8 and would feed into this. MS noted it was important to recognise case-mix in hospitals and the community and also that the Health and Social Care agenda was revealing that data sets in health were not always reflected in communities.

**Action 6 - Add rehabilitation data collection to the agenda for the next SSCA Steering Group meeting – Mark Barber**

## **5. Thrombectomy**

MD updated the group. The first meeting of the official group had taken place on 9 February with Colin Lauder, Deputy Director of Strategic Planning, NHS Lanarkshire as Chair. Significant numbers of stakeholders were in attendance with some additional members to be approached. 4 meetings a year would be held with the next meeting scheduled for May. There had been initial agreement to implement and build on the Lothian service and develop services in the west. Data collection would underpin developments with a vital role for the SAS in delivering patients to the right place at the right time. A considerable volume of business had been flagged by the group for taking forward.

## **6. AOB**

MD raised the issue of the correspondent keen to raise awareness of Vertebral Artery Dissection (VAD). MD noted that an appropriately trained stroke physician would be expected to recognise the symptoms within the context of NHS Health Boards providing adequate resourcing for stroke physician input. MB agreed to identify someone to talk on VAD at the SSCA National meeting in August.

**Action 7 – Identify a speaker to present on Vertebral Artery Dissection (VAD) for the SSCA National meeting in August – Mark Barber**

<b>Action reference</b>	<b>Description</b>	<b>Responsibility</b>	<b>Cleared</b>	<b>Notes</b>
NACS February 2017/Action 1	<i>Liase with Professor Brady to establish the status of the project work to establish a STARS module on oral health.</i>	Katrina Brennan		
NACS February 2017/Action 2	<i>Scope involvement of stroke survivors in with MCNs work in line with Stroke Association Reference Group request.</i>	Katrina Brennan		
NACS February 2017/Action 3	<i>Contact Katrina Brennan regarding suggestions for further workshop topics.</i>	All		
NACS February 2017/Action 4	<i>Provide an update on data linkage for stroke at the June meeting of the group.</i>	Paul Gowens		
NACS February 2017/Action 5	<i>Gillian Gunn to scope budget position and discuss / explore options for supporting STARS work with Jane-Claire Judson &amp; colleagues.</i>	Gillian Gunn		
NACS February 2017/Action 6	<i>Add rehabilitation data collection to the agenda for the next SSCA Steering Group meeting.</i>	Mark Barber		
NACS February 2017/Action 7	<i>Identify a speaker to present on Vertebral Artery Dissection (VAD) for the SSCA National meeting in August.</i>	Mark Barber		