

National Advisory Committee for Stroke (NACS)

11 June 2018, 14:00 – 16:00

Conference Room A & B, St Andrews House

Minutes

Attendees: Prof Martin Dennis (MD), Mark Barber (MB), Sheena Borthwick (SB), Andrea Cail (AC), Katrina Brennan (KB), Craig Henderson (CH), Katie Gallacher (KG), Gill Gunn (GG), Jane-Claire Judson (JCJ), Prof Peter Langhorne (PL), Therese Lebedis (TL), Neil Muir (NM), Mark Smith (MS), Connie Smith (CS), Lynda Williamson (LW), John Wilson (JW).

Apologies: Elizabeth Barrie, Niall Broomfield, Gareth Clegg, Jesse Dawson, Margaret Somerville

1. Welcome

The Chair welcomed everyone to the meeting, particularly Lynda Williamson, attending her first meeting of the group as the alternative representative for Mark Smith on the physiotherapy side and Craig Henderson in his role as Lead for Clinical Standards and Innovation, Scottish Ambulance Service (SAS) who would provide an update at Agenda item 4.5.

2. Minutes of previous meeting (13/02/2018) – NACS/February2018/Minutes

The minutes were approved by Committee.

3. Action point update from previous meeting (13/02/18) – NACS February2018/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 1 - Liaise with Professor Brady to establish the status of the project work to establish a STARS module on oral health – Katrina Brennan. KB confirmed that project work had been scoped with Stewart Cromar's team at Edinburgh University to develop a STARS module. KB reported discussion had taken place with Fran Bailey, Chest Heart and Stroke regarding what the mechanism is to take forward this work for the module and would report back to the group on progress.

Action 1 – Liaise with Fran Bailey, CHSS and others to establish mechanism for progressing STARS oral health module from work completed to date – Katrina Brennan.

Action 2 - Scope involvement of stroke survivors with MCNs work in line with Stroke Association Reference Group request. – Katrina Brennan. KB reported that a scoping report on MCNs patient involvement was due to be published

next week. There was patient representation in every Board MCN, with variation throughout the country on this type of involvement. The report would be circulated.

Action 2 – Share responses to the MCN report on patient involvement – Katrina Brennan.

Action 4 - Provide an update on data linkage for stroke at the June meeting of the group – Paul Gowens. Craig Henderson provided an update at item 4.5.

Action 5 - Gillian Gunn to scope budget position and discuss / explore options for supporting STARS work with Jane-Claire Judson & colleagues – Secretariat. Gillian Gunn confirmed that funding had been identified and provided to CHSS to allow the STARS update work to progress.

Action 6 - Add rehabilitation data collection to the agenda for the next SSCA Steering Group meeting - Mark Barber. MD noted that this action had been cleared and that there would be further discussion on this at agenda item 4.1.

Action 7 - Identify a speaker to present on Vertebral Artery Dissection (VAD) for the SSCA National meeting in August – Mark Barber. Mark confirmed that Professor Keith Muir had agreed to present on this at the August meeting.

4. Updates

4.1 Stroke Rehabilitation – Outcome Measures

KB talked to the group on the background to the proposed work to take forward and agree rehabilitation outcome measures on the extended patient pathway for stroke, discussed at the SSCA Steering Group meeting in April. This drew on the Sprint Audit, English Stroke Sentinel National Audit Programme (SSNAP) data and Manchester model template. KB proposed this would cover elements from the organisational audit and SIP priorities 7 and 8. NM would gather data from autumn 2018. KB noted that the work would focus on improving patient outcomes and AC welcomed the development. The formal proposal would be shared with the group before the next NACS meeting. The plan was to report data in the summer 2019 SSCA programme report.

MD highlighted relevant aspects of Scottish Stroke Improvement Programme Report such as reporting on the new “home time” component which would need to be linked to the outcome measures work as well.

Action 3 – Share the outcome measures proposal with the group before the next NACS meeting – Katrina Brennan.

KB reported that MS would review evidence on intensity of rehabilitation and would provide AHP support on this work, funded by Scottish Government for a

6 month period. The work will support an improvement mechanism across Scotland and would form part of the Stroke Improvement Plan (SIP) annual review and Health Board visits. KB asked for the charities support in taking forward the next steps. KB noted that the eventual plan would be to report on priorities 1-6 within the SIP, with priorities 7-8 covered by the new outcome measures.

JCJ reported that CHSS had conducted a stroke survivor survey in 2015 and would be happy to share the analysis with the group. CHSS would link-in with the new outcome measures work and share their own forthcoming survey on the patient experience.

4.2 Atrial Fibrillation (AF) –Work Plan activity

MD set out the background to the AF Work plan and updated on secondary prevention of stroke, particularly for paroxysmal stroke. There were two pieces of work reported on:

1. NHS Lothian were progressing well with a retrospective audit of patients they were conducting which would inform a view on prioritisation of screening with prolonged ECG monitoring, the numbers of patients this would amount to and monitoring arrangements to put in place.
2. MB updated on the NHS Lanarkshire project using innovative technology in collaboration with the Digital Health Institute (DHI), Glasgow School of Art and Glasgow University. There were a number of technologies which could be appropriate alternatives for halter technology. These had been narrowed down to two options: a Bardy patch monitor which works like a sticking plaster and Cardia, a more complex device. Data permissions issues for Cardia were being addressed through NHS Lanarkshire as data generated is uploaded to the Cloud through servers out with the UK. Both options operate differently and performed different functions. A report on the finding of each device would be completed for the end of the year / the start of 2019 and would include a cost analysis. KB confirmed that an AF workshop would be scoped for March 2019.

4.3 Stroke Improvement Programme (SIP)

KB updated. FAST campaign money had been disbursed to the Health Boards. It was agreed with the Scottish Ambulance Service (SAS) that improvements in FAST could be made at the SAS. Encouragement would be given to the SAS to use the FAST App through the Boards.

JCJ proposed a joint review of FAST to inform its promotion and there was a suggestion that MD could record a Podcast on FAST as well.

The group agreed to remove Intermittent Pneumatic Compression (IPC) as a priority in the SIP as it had become embedded. MD noted the value of adding

a question for Boards on what quality improvement work were they doing on IPC to the template as part of their annual reviews.

Education, training and monitoring was continuing against the template. JCJ confirmed that she would look at the CHSS commitment to the SIP priorities around training resource around their national training team and stroke education facilitators and the best way to use these resources to support Health Boards.

KB updated on access to and the possible use of a TIA outpatient bundle and noted that the current benchmark criteria could benefit from being updated to include secondary prevention and lifestyle advice.

MD noted that in terms of a bundle, existing data could be used to understand impact, not just process. PL asked the group to bear in mind whether patients or clinics were being audited and KB noted the focus should be a reflection of practice rather than capturing processes in place.

4.4 Workshops

KB updated on the Workshop programme. An AF workshop was planned for March 2019. Self-Management was scheduled for 24 August this year at the request of MCNs. A stroke nurses' day was being planned for 3 October for nurses involved in priorities 7 and 8. A rehabilitation event was being scoped for November with the date to be confirmed with one for thrombectomy to be progressed for January / February 2019. As well as the psychology workshop taking place on the 11 June, Niall Broomfield was keen to organise a further workshop in early 2019. A meeting between Niall with JCJ to discuss psychology support was due to take place to support links to the See Me Scotland campaign.

4.5 Scottish Ambulance Service (SAS) update

CH updated the group and reported on a 96.7 per cent compliance rate for the pre-hospital pathway and bundle. Inconsistencies still existed across the service and the service was committed to work with MD, KB and colleagues to progress this. The quantity of pre-alerts of patients at receiving Emergency Departments had been discussed at a meeting that morning between the SAS and MD, KB. This was an issue to address, to support the stroke data linkage programme. Work with the SAS specialised service desk was ongoing to develop responses to thrombectomy cases. MD confirmed that discussions with the SAS and Emergency Departments would continue regarding use of pre-alerts.

4.6 SSCA Update

NM updated the group, referring to circulated paper NACS June2018/SSCA. The SSCA Improvement Programme Report was scheduled for publication on 11 July. Letters following the spring annual review would be issued in the

coming weeks. NHS Greater Glasgow and Clyde out-patient data would be included by October. A Steering Group meeting scheduled for the following week would look at a review of the standards. Regarding IT changes, some final testing had been progressed. A local audit coordinators meeting took place in May and NM would link in with these stakeholders to continue engagement.

An evolving thrombectomy dataset would need agreement on the measurement components. Resource to support progressing an agreed version would need to be scoped. This was on the agenda for the next SSCA Steering Group for discussion. A pre-release of the Improvement Programme Report was planned for 5 July. The report would also include responses from Chief Executives.

4.7 CHSS update

JCJ updated on the charity's refreshed 3-4 year strategy, 'No Life Half Lived', launched at an event on 29 May, with a link circulated to the group: <https://www.chss.org.uk/us/strategy/>. An underlying aim of the strategy was to reach more people with a consistent approach across Scotland to address gaps between health and social care service provision. JCJ reported on a fringe event hosted by CHSS at the SNP conference attended by the Cabinet Secretary for Health and Social Care. A Steering Group would be established to progress the aims of the strategy and JCJ invited the NACS members to contact her if they would like to link to the group.

The Patient Voice programme would be redeveloped and work would be started on working with patients on how they feel about the service provided by both NHS Scotland and CHSS, expressed in the strategy tag line, 'No Life Half Lived'. Scotland's first Aphasia Café would be set up in Edinburgh.

JCJ explained that the community support service would be aligned with the Community Hubs and it was intended to be an overarching service but also to address items at a local level. An example was put forward around patient financial health. JCJ noted that this could include items such as occupational health if this was an issue and was seen as working in partnership with NHS and other services to achieve the best fit for patients locally and nationally. CHSS were open to proposals around the support service. JCJ highlighted that CHSS wouldn't seek to duplicate existing services and had used the MacMillan cancer charity as a template for the rehabilitation support service.

JCJ confirmed that the CHSS would campaign on particular issues where appropriate and would not be minded to campaign on topics that were not supported by the evidence base. There was also discussion on the perception of rehabilitation and whether this meant rehabilitation or community support. JCJ noted that 'No Life Half Lived' tag line stood for an equal emphasis on a

broad approach to rehabilitation and community care. There was clarification that to many people rehabilitation means physiotherapy and occupational therapy and it was important to be clear on the meanings of these terms. JCJ agreed to feed this back to colleagues.

4.8 Stroke Association update

AC drew the group's attention to paper NACS June2018/StrokeAssociationupdate and in particular reported that the Cross Party Group on Heart Disease and Stroke had launched an Inquiry into Hypertension at their meeting on 15 May. The consultation would run until 7 August. Roundtable discussions would then be scheduled. Further information is at: <https://www.bhf.org.uk/hbpinquiry>.

MS highlighted the success of the before and after stroke service in NHS Forth Valley. Regarding exercise and fitness training after stroke, REPS at level 4 for stroke instructors was now 10 years old. Government guidance for exercise professionals would be changing and an update would be expected to support provision of appropriate exercise programs for those in need.

5. Thrombectomy

MD updated the group. The last meeting of the Thrombectomy Advisory Group had taken place in February, Chaired by Colin Lauder, Deputy Director of Strategic Planning, NHS Lanarkshire. A number of workstreams had been agreed with actions allocated. A further meeting of the group was planned for 12 June with Tracy Gillies, Medical Director, NHS Lothian as the new Chair. It was intended to draft a written strategy for Chief Executives attention over the next 6 months . Developing the service would entail a significant reduction in disability and dependency. Implementation of an agreed strategy would have to be prioritised and resourced.

6. AOB

JCJ raised one item of AOB and asked the group to get in touch if there were any concerns regarding the new CHSS strategy in order that these could be followed up. TL noted that CHSS volunteers offering to do physio and occupational therapy (OT) had been raised in the past. JCJ confirmed this was not part of their agreed service and agreed to liaise with colleagues and TL to progress this.

Action 3 – Liaise with CHSS colleagues and Therese Lebedis regarding offering of physiotherapy and OT by CHSS volunteers – Jane-Claire Judson

Action reference	Description	Responsibility	Cleared	Notes
NACS June 2018/Action 1	<i>Liase with Fran Bailey, CHSS and others to establish mechanism for progressing STARS oral health module from work completed to date.</i>	Katrina Brennan		
NACS June 2018/Action 2	<i>Share responses to the MCN report on patient involvement.</i>	Katrina Brennan		
NACS June 2018/Action 3	<i>Share the outcome measures proposal with the group before the next NACS meeting.</i>	Katrina Brennan.		
NACS June 2018/Action 4	<i>Liase with CHSS colleagues and Therese Lebedis regarding offering of physiotherapy and OT by CHSS volunteers.</i>	Jane-Claire Judson		