

# NATIONAL ADVISORY COMMITTEE FOR STROKE MINUTES OF MEETING

**Date:** 19 November 2018  
**Time** 14:00 – 16:30  
**Venue** Conference Room A & B, St Andrew's House, Edinburgh

**Attendees:** Prof Martin Dennis (MD) - Chair  
Katrina Brennan (KD)  
Elizabeth Barrie (EB)  
Mark Smith (MS)  
Jesse Dawson (JD)  
Craig Henderson (CH)  
Katy Gallagher (KG)  
Neil Muir (NM)  
Jane-Claire Judson (JCJ)  
Andrea Cail (AC)  
Connie Smith (CS)  
Jeannie Hunter (JH) – Secretariat  
Declan Doherty (DD) - Secretariat  
Therese Lebedis (TL)  
Jackie Hamilton (JH)  
Peter Langhorne (PL)  
Karen Grieve (KG)

## **1. Welcome, Introductions and apologies**

Apologies: Mark Barber. Professor Martin Dennis welcomed all participants to the meeting and introduced Dr Jackie Hamilton, Clinical Neuropsychologist NHS Grampian, as the NACS psychology representative. MD advised that Karen Grieve would be attending to present on National Planning later in the meeting.

## **2. Minutes in June – accepted.**

## **3. Action point update**

### **STARS module for improving Oral Health**

It was agreed that Prof Dennis and Fran Bailey would arrange to meet with Marian Brady to progress the output of SOCLE 2 and how this was going to be incorporated into STARS.

### **ACTION 1: MD and Fran Bailey to meet with Marion Brady to progress**

### **Share responses to the MCN report on patient involvement.**

KB led the discussion and it was agreed that meaningful involvement with patients is something which can be difficult to carry out and review systematically, in the absence of MCNs in some Boards. Some do have some involvement of patients and carers although this is largely ad-hoc without any formal structure. The idea of an

Improvement Day was suggested. JCJ suggested CHSS could look at as a charity in how best to support this.

**ACTION 2: AC/KB/JC to explore option of a workshop.**

**Rehabilitation**

A meeting of the Rehabilitation Sub Group planned for 23rd January 2019. As rehabilitation is currently described in a variety of different ways, the meeting is to be held to provide clarity on the definitions of rehabilitation and rehabilitation support.

**ACTION 3: Liaise with CHSS colleagues and Therese Lebedis offering of physio and OT Training to CHSS volunteers.**

**Psychology**

It was confirmed that Psychology input is not currently measured in SSCA. This could potentially come on to be measured at a later date, and is on the agenda. Katrina indicated that psychology is currently measured as part of the stroke improvement plan. Neil will work with NACS re benchmarking for this, and Jackie Hamilton will be consulted on the outputs of the workshop.

**ACTION 4: Katrina to meet with Psychology Group to agree way forward.**

**4.1 Stroke Research Network**

JD updated the group on recent developments with recruitment over 1000 last year, and around 684 this year to date, aiming for 1100 by end of financial year. It was highlighted, however, that although enrolment remains stable, there has been little commercial activity, mainly due to the work around Thrombectomy, with most of the hyper acute studies being thrombectomy based. Overall however, the picture appeared to be positive. Geographical reach has improved and the SHARE had continued to expand.

**4.2 Stroke Rehabilitation Paper**

MS provided an update paper for discussion. MS and KB talked on the proposal to develop the stroke rehabilitation agenda, focusing on more meaningful use of data to support rehabilitation for patients, learning from the Greater Manchester Stroke Operational Delivery Network and the SSNAP Post-Acute Stroke Audit. MS will continue to update the group.

**4.3 Atrial Fibrillation – Draft AF Work Plan**

MD updated the Group on the drafting of a joint AF Work Plan to improve AF identification, diagnosis and treatment. He explained that developing pathways for AF detection in primary and secondary care is core to the plan, which was endorsed by NACHD and NACS respective members in Autumn 2017.

Work has commenced to define specific actions that will progress the AF Work Plan objectives to:

- Raise awareness of AF.
- Support primary care case finding amongst high risk groups.
- Ensure appropriate secondary care as required.

- Support use of evidence based treatments of AF.
- Establish performance measurement arrangements for quality improvement.
- Strengthen patient engagement for provisions and improve experience.
- Improve AF detection in secondary care and ensure treatment.

MD had previously informed the group that NHS Lothian were progressing well with a retrospective audit of patients 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.

MD further updated the committee and advised that NHS Lanarkshire is currently working with DHI. KB confirmed that work is almost at a stage of delivering an option with the Bardy patch. AF workshop is being scoped for March 2019, but this is not yet confirmed. 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.

#### **4.4 Stroke Improvement Programme**

KB advised that on occasion, a few health boards were not improving as would be hoped. Following NSS process, any board where progress has stalled will be reviewed monthly and feedback will be given to their management team directly at the end of that month, along with investing time in supporting these areas where required.

#### **EDUCATION**

Historically, CHSS supported the boards. JCJ advised there was still a national team, headed by Sharon McGrory in managing stroke education. Katrina agreed to contact Ms McGrory to establish a plan.

**ACTION 5: KB to arrange to meet education lead.**

#### **DRIVING**

KB highlighted issues with non-medics advising recovering patients on their ability to return to driving. Discussion arose around the guidance previously provided by AHP forum, whether GPs are aware of the pathway, along with how patients present to their GPs at this time. This item will be followed up at the next meeting.

#### **4.5 Stroke Improvement Workshop**

No update.

#### **4.6 Scottish Ambulance Service – update**

MD confirmed that the nationally agreed policy regarding the pre-alert of patients with wake-up strokes or no known onset time would not change. CH advised of experience from two health boards refusing these pre-alerts, and that SAS had completed DATIX for these.

#### **4.7 SSCA**

NM talked to his update paper and highlighted the following actions:

- The 2018/19 National Report had been published on 10th July and had generated press interest. There will be an evaluation on ISD website and asked everyone if they could complete. [Website link on update.](#)

### **SSCA Annual Meeting**

29<sup>th</sup> August, Aberdeen. VC / webcasting will be available.

### **4.8 SSCA Standards – new standard proposal**

The SSCA Steering Group has agreed to make the standard for access to brain imaging more challenging. MD confirmed there will be a new standard.

The new standard would be:

90% of patients will be scanned within 12 hours of arrival at first hospital, changed from 95% over 24 hours.

The overall figure across Scotland is currently 74% for the potential new 12 hour standard.

The steering group recognises that although not as challenging as the NHS England standard of 4 hours, it was felt there was no robust evidence to support this and that a 4 hour standard would be unachievable in many rural health boards, unless there is significant investment, which would be challenging to achieve based on the available evidence. The enhanced standard of 12 hours would be testing for health boards but it is in line with the available evidence around antiplatelet prescribing in recently published trials. Workforce and service planning were confirmed as being separate issues and the new standard was accepted by the group.

### **4.9 CHSS**

Jane- Claire Judson indicated she would like to raise the following:

The 1 in 5 report (including Right to Rehab) CHSS published in October and outlined the feedback from this.

The main findings from the CHSS's self-selecting survey were people that do not have access to full range of support services, the link between physical condition and mental health.

JC advised of the meeting with the Cabinet Secretary and then went on to speak about CHSS's position and support for the Thrombectomy agenda, including how CHSS can support INR recruitment & retention, promoting this in the wider community and in terms of the charity's research program, which has been discussed with Cabinet Secretary.

There followed discussion about the definition of Stroke Rehabilitation. It was agreed that clarity was required on this, therefore:

**ACTION 6: It was requested that JCJ provide a short paper mapping the current provision by CHSS service, for people who have had a stroke and their families,**

**for the meeting on 15<sup>th</sup> April. This is necessary for the NACS role in advising on, encouraging and monitoring improvement and change on stroke care.**

#### **4.10 Stroke Association**

AC advised that they were working with NHS Inform and stroke information on the review with support of clinicians. There was currently a development of a guide on self-care in supporting people that have suffered from a stroke. AC highlighted the promotion of self-management to people that do not have access to equipment. AC advised they are awaiting feedback on an exercise they were involved in with Forth Valley.

#### **4.11 Transforming National Planning and Commission Request**

Karen Grieve attended the meeting and presented on the review which has been undertaken by the National Directors of Planning Group in partnership with Scottish Government (SG) colleagues and wide stakeholder engagement. KG advised a new National Planning Board (NPB) will replace the National Planning Forum with representation from health and social care stakeholders. A clear strategic planning context will be developed for the main strategic themes.

NSD will provide capacity to enable the NPB to fulfil its remit and will work with SG colleagues to provide the necessary organisation and support. Existing groups and committees, such as NACS will be commissioned to provide the forward view to maximise the value of existing structures. Portfolio groups are asked to consider factors and advise the NHSS National Planning Board on the key issues to be addressed for forward planning. NACS is asked to agree in principle to be involved in horizon scan the Population Needs Relating to Stroke for the next 5 – 10 years.

MD thanked KD for her presentation and invited the committee for questions and comments.

### **5 Thrombectomy**

MD highlighted that a national planning framework for the provision of thrombectomy for Scotland should be completed by early 2019. It will be the basis for moving forward on implementation and spread of thrombectomy provision in Scotland.

There have been three meetings of the Thrombectomy Advisor Group (TAG) Core Group since the summer with the next meeting scheduled for 14 December. The plan will then go to the National Planning Group on 25<sup>th</sup> January, and progress from there.

### **6 AOB**

No update.

### **7. Next Meeting: Monday 15<sup>th</sup> April 2019**

The next meeting is scheduled for 14:00, Monday 15<sup>th</sup> April 2019 in Conference Rooms D & E at St Andrew's House.

## Action Tracker – 19 November 2018

Ref.	Actions from meeting on 19 November 2018	Responsible
1	Prof Dennis and Fran Bailey would arrange to meet with Marian Brady to progress the output of SOCLE 2 and how this was going to be incorporated into STARS.	MD
2	Explore option of a patient focussed workshop	AC/KB/JCJ
3	Liaise with CHSS colleagues and Therese Lebedis offering of physio and OT Training to CHSS volunteers.	KB
4	Katrina to meet with Psychology Group to agree way forward	KB
5	KB to arrange to meet CHSS education lead, Sharon McGroary's.	KB
6	It was requested that JCJ provide a short paper mapping the current provision by CHSS service, for people who have had a stroke and their families, for the meeting on 15th April. This is necessary for the NACS role in advising on, encouraging and monitoring improvement and change on stroke care.	JCJ