

National Advisory Committee for Stroke (NACS)

2 October 2017, 14:00 – 16:00

Conference Rooms A & B, St Andrews House, Edinburgh

Minutes

Attendees: Prof Martin Dennis (MD), Sheena Borthwick (SB), Andrea Cail (AC), Elizabeth Barrie (EB), Katrina Brennan (KB), Andrew Farrall (AF), Katie Gallacher (KG), Gill Gunn (GG), Jacques Kerr (JK), Prof Peter Langhorne (PL), Therese Lebedis (TL), Pamela MacLean (PMacL), Neil Muir (NM), Connie Smith (CS), Margaret Somerville (MSom), John Wilson (JW).

Apologies: Jesse Dawson, Mark Smith

1. Welcome

The Chair welcomed everyone to the meeting.

2. Minutes of previous meeting (06/02/2017) – NACS/June2017/Minutes

The minutes were approved by Committee.

3. Action point update from previous meeting (06/02/17) – NACS June2017/Action Summary

MD talked through the main actions noted in the circulated Action Point update paper which had either been cleared or were on the agenda.

Action 1, Forward CAN DO Scottish Innovation Fund application form and background information to Secretariat – MD. MD confirmed that his CAN DO application bid for IT delivery of stroke services had been unsuccessful. Feedback indicated that no IT based bids were successful due to potential cost implications for the NHS.

MD also reported on Patientrack, an IT system to collect bedside observations being used in NHS Fife that had presented to NHS Lothian. This was based on mobile device tracking and alert triggering and links to Trak Care. MD suggested an approach to take forward could be the adoption of a stroke bundle within their tracking system. This work was discussed in terms of the Digital Health Strategy Realistic Medicine, and the focus on sharing best practice with other areas. This was an example where testing in one area could be a blueprint for others in Scotland and should be taken through the Digital Strategy.

<http://www.patientrack.com/news/digital-strategy-scotland-recognises-patientrack-impact/>

MD noted that Actions 2, 3 and 4 around the Stroke Psychology Workshop had been taken forward and KB would update at Agenda item 4.3.

4. Updates

4.1 Atrial Fibrillation (AF) – draft Work Plan

MD drew the group's attention to the circulated paper of the joint draft Work Plan on AF developed with the Heart disease National Advisory Committee. Following the joint meeting with heart disease colleagues on 20 April, it had been agreed that stroke would take on secondary prevention aspects related to AF, and heart disease would take responsibility for primary prevention of stroke associated with AF. The draft work plan focussed on the objectives and actions around those two aims.

MD noted the potential resource implications of the Work Plan. KB informed the group that a meeting was scheduled with NHS Lanarkshire's Director of Planning and the Digital Health Institute (DHI) regarding the testing of potential equipment in a TIA clinic environment to progress elements on the secondary prevention side. DHI were exploring which devices would be tested. Industry would provide the equipment to cover the testing period. GG confirmed there had been contact from the Scottish Government with DHI as well to move this along.

A query was raised regarding use of the 'under 7 days' target in the Primary Care, Target Population section of the pathway flow chart. Secretariat agreed to check this.

MD confirmed that the AF standards wording had been framed around local MCN consensus. KB agreed to check with MCNs that the criteria in Objective 7 of the Work Plan had been shared with clinicians and that they had a process in place for considering the criteria. MD confirmed that the criteria had not been shared with Health and Social Care Partnerships at this stage.

There was discussion on the role of the 12 lead ECG and the development of hand held technology in bringing the primary and secondary pathways together.

MD noted that the Patientrack work may offer a good opportunity to link to the AF and CHADS VASC AF stroke risk score.

AC updated the group on the Cross Party Group for Heart Disease and Stroke Inquiry. On AF, a paper was expected to be drafted by Christmas. Round Table sessions had been scheduled and analysis would then follow. AC asked if the Draft AF paper could include in the 'background' section a reference to

the number of people discharged after stroke in known AF but without an anticoagulant or plan to start one. This would reflect information in the SSCA.

Action 1 – Check the meaning of the ‘under 7 days’ target regarding opportunistic case finding on the Primary Care side of the pathway flowchart – Secretariat

Action 2 – Check that the AF stroke criteria have been shared with clinicians and there is a process in place for considering these – Katrina Brennan

4.2 Stroke Improvement Programme & Workshops

KB updated. Numerous changes to the benchmarking criteria meant there was less value in sharing a hard copy of the RAG progress template for this meeting and a number of main points were highlighted;

- FAST campaign - KB was to establish Board funding requirements.
- Work with the Scottish Ambulance Service was continuing, including a TIA pathway. An end of project would be due for April 2018 and in the meantime, KB would request an interim report on progress.
- Intermittent Pneumatic Compression (IPC) - Following a change in the business arrangements of the manufacturer, KB is arranging a new contact.
- Education and Training continues - Boards now monitor their own education templates with appropriate support. Local and Stroke Association education resources would now be added to the template.
- Psychology Workshop - useful event with good representation from psychology and MDTs. Highlighted variation and that psychology services can be quite separate from the core stroke team. A psychology representative would be nominated to attend NACS meetings from next year.
- Self-Management - a workshop is scheduled for 7 November. TL updated the group on work for this. CHSS and the Stroke Association were involved. Patient representation was being scoped. The afternoon session will consider criteria and variation in provision. A proposal for research project had been suggested by Dr Lisa Kidd, Robert Gordon University to find out how networks are evidencing their self-management activities to improve delivery and achieve a better understanding of local variables impacting on this. Further discussion with Dr Kidd would be progressed.
- Spasticity was a new addition. Some Boards had not benchmarked and Board visits would help to support reporting going forward.

4.3 SSCA Update

NM provided updated the group, referring to circulated paper NACS October2017/SSCA. The National report had been published on 11 July and had generated interest from the media and parliamentary questions. The

group agreed to provide feedback on the ease of use / functionality of the Tableau Dashboards.

Routine reporting was continuing. There had been discussion on providing Scotland wide comparisons as part of monthly reporting. Positive feedback on the National SSCA meeting on 29 August was reported. Obtaining Golden Jubilee National Hospital data was discussed. The delay to enact change requests for eSSCA remain current for requests and changes for future. NM agreed to send details of current position to GG for onward escalation with management. NM provided an overview on the current workaround for reporting on the standards by utilising Tableau.

Positive feedback had also been received on the Local coordinators meeting with another scheduled for 13 November.

Action 3 – Provide feedback on the ease of use / functionality of the SSCA Tableau Dashboards to Neil Muir – All

Action 4 – Pass on details of eSSCA issues; outstanding changes etc to Gillian Gunn for onward escalation – Neil Muir / Gillian Gunn

4.4 CHSS update

MSom informed the group that Jane-Claire Judson would take over as the new CHSS Chief Executive from 6 November.

The new spasticity module had been launched in the previous week on STARs. A tabled paper was provided which set out the background and current issues around the STARs website. New modules and content would be kept up to date by CHSS for the next 5 years. Edinburgh University had informed CHSS that the platform would be obsolete by 2020 and had initially quoted a significant cost for its replacement.

MD had sought advice and highlighted that the main concern was around compatibility of Adobe Flash for browsers and mobile devices. After liaising with IT staff, a further, lower cost from Edinburgh University was expected.

MSom noted the help and support from the AHP and Scottish Stroke Nurse Forums in updating modules. Updating costs for the STARs database had been estimated at £70k in the past to improve reporting and documentation. It was agreed to scope requirements and potential ways to meet these. A Reference Group was also suggested as a way to oversee updating of medical modules.

The group noted their continued support for STARs as a partnership resource. It was agreed to schedule a meeting with MSom and Scottish Government colleagues to scope the possibilities and opportunities discussed.

SB asked about an Oral Health trial that NACS had originally funded. Secretariat agreed to check on its status.

SB updated the group on developments around the LearnPro Swallow Screen module and drew the group's attention to the tabled update paper. SB suggested that there was work to be done around the training requirements and delivery of Swallow Screen. Boards had developed their own mechanisms for Swallow Screen teaching, capturing staff out-with stroke units, ie; a range of nurses and A&E staff. Some were for core safety but others had a more involved assessment.

KB agreed that questions regarding the Swallow Screen such as quality of the training and checks that are in place could be added to the next cycle of Board visits to establish the position across Scotland.

Action 5 – Schedule meeting with Margaret Sommerville to discuss issues raised in the tabled STARs paper and discussion – Secretariat / Katrina Brennan

Action 6 – Add questions on Swallow Screen training provision to Health Board visits – Katrina Brennan

Action 7 – Check status of NACS funded Oral Health trial – Secretariat

4.5 Stroke Association update

AC updated the group regarding paper NACS October2017/Stroke Association Update. AC highlighted that they had met with the Cabinet Secretary in March to raise issues on behalf of their Reference Group regarding stroke treatment and support in Scotland. The Reference Group were keen to be more engaged with issues arising at a national level, particularly around outcomes in the SSCA and around rehabilitation.

MD suggested that the Reference Group may wish to have representation on the SSCA Rehabilitation Sub-Group and AC agreed to put this proposal to the Reference Group.

There was recognition within the Reference Group that the Improvement Plan was now 50% focussed on rehabilitation and the concerns were focussed on how rehabilitation was packaged as a whole, the need for a more defined

pathway and baseline evidence. KB set out that a piece of work on post discharge care could be helpful, and to keep in mind that its up to each Board to deliver services appropriately and there wouldn't be a one-size-fits all approach to post-discharge support.

It was noted in the discussion that a key number of priorities from the Patient's Charter had been reflected in the Improvement Plan. KB noted the work that had been done with CHSS to reshape Community Stroke Groups and touched on areas of longer term peer support, self-management that had informed this.

AC agreed to compile a list of the Reference Group's concerns and feedback to the group.

MD informed the group of previous discussion around the use of CHSS's advice line as a way of signposting services and concerns. A suggestion put forward focussed on each Board having a one stop access point for patients or alternatively one point of contact for whole of Scotland but with each NHS Board ensuring that local information was upto date. AC confirmed that data from their helpline was being looked at. MSom noted information was also gathered by CHSS and collated for their Annual Report. The role of the ALISS (A Local Information System for Scotland) was also touched on.

AC confirmed that the Reference Group were aware that the Standards in the Stroke Bundle were subject to regular change to drive improvement. MD suggested he could speak to the Group to illustrate the work on the Bundle and Standards.

Action 8 – Ask Reference Group for a nomination to sit on the SSCA Rehabilitation Sub-Group – Andrea Cail

Action 9 - Compile main Reference Group concerns regarding rehabilitation and post discharge care – Andrea Cail

5. Clot Retrieval

MD updated the group. An initial meeting of the Expert Group on Thrombectomy had met on 7 June. MD was drafting a Terms of Reference paper around the implementation of thrombectomy in Scotland for the next Directors of Planning meeting, although no date had been set. Liaison with Directors of Planning and Chief Executives would take place regarding resourcing, funding and reporting arrangements. Medtronic had confirmed they would fund ACCESS online training for CTA with AF leading on this work.

In NHS Lothian, the Medical Director had requested a planning group convene to scope the evolution of the service going forward. A third interventional neuro radiologist was scheduled to begin work in October. The planned move to the Royal Infirmary site would take place during Spring 2018. It was noted that Parliamentary questions on thrombectomy had been asked over the summer and it was positive to see interest on this subject.

6. AOB

No other items of business were raised.

Action 10 – Circulate 2018 meeting dates – Secretariat

Action reference	Description	Responsibility	Cleared	Notes
NACS October 2017/Action 1	<i>Check the status of the 'under 7 days' target regarding opportunistic case finding on the Primary Care side of the pathway flowchart.</i>	Secretariat		
NACS October 2017/Action 2	<i>Check that the AF stroke criteria have been shared with clinicians and there is a process in place for considering these.</i>	Katrina Brennan		
NACS October 2017/Action 3	<i>Provide feedback on the ease of use / functionality of the SSCA Tableau Dashboards to Neil Muir.</i>	All		
NACS October 2017/Action 4	<i>Pass on details of eSSCA issues; outstanding changes ect to Gillian Gunn for onward escalation.</i>	Neil Muir / Gillian Gunn		
NACS October 2017/Action 5	<i>Schedule meeting with Margaret Sommerville to discuss issues raised in the tabled STARs paper and discussion.</i>	Secretariat / Katrina Brennan		
NACS October 2017/Action 6	<i>Add questions on Swallow Screen training provision to Health Board visits.</i>	Katrina Brennan		

NACS October 2017/Action 7	<i>Check status of NACS funded Oral Health trial.</i>	Secretariat		
NACS October 2017/Action 8	<i>Ask Reference Group for a nomination to sit on the SSCA Rehabilitation Sub-Group.</i>	Andrea Cail		
NACS October 2017/Action 9	<i>Compile main Reference Group concerns regarding rehabilitation and post discharge care.</i>	Andrea Cail		
NACS October 2017/Action 10	<i>Circulate 2018 meeting dates.</i>	Secretariat		