

National Advisory Committee for Stroke (NACS)

28 May 2020, 11:00 – 13:00

Zoom conference call

Minutes

Attendees: Prof Martin Dennis (MD), Mark Barber (MB), Sheena Borthwick (SB), Andrea Cail (AC), Alan Cowie (ACo), Katrina Brennan (KB), Jesse Dawson (JD), Andrew Farrall (AF), Craig Henderson (CH), Prof Peter Langhorne (PL), Therese Lebedis (TL), Amy Matheson (AM), Marion Morris (MM), Neil Muir (NM), Mark Smith (MS), Susan Wallace (SW), Fiona Wright (FW), John Wilson (JW).

Apologies: Karen Auchincloss (KA), Elizabeth Barrie (EB), Katie Gallacher (KG), Jackie Hamilton (JH),

1. Welcome

The Chair welcomed everyone to the virtual NACS meeting and introductions were made.

- **Minutes of previous meeting (09/12/2019) – NACS/December2019/Minutes**

The minutes were accepted by Committee.

- **Action point update from previous meeting (09/12/19) – NACS December2019/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 – Begin review of SIGN Guideline 108 and canvass volunteers to progress reporting for the next meeting of NACS. – Prof Dennis. MD confirmed that this action had moved on. A useful meeting had been scheduled with HIS. Although they had no plans to redo the SIGN Guideline, HIS had given approval for an evidence review to support the Programme for Government (PfG).

Action 2 - Liaise with colleagues to take forward PfG Sub-Group memberships. – Secretariat. MD confirmed that this would be discussed at agenda items 5 and 6.

Action 3 - Circulate details on women's health commitment in PfG – Secretariat. MD confirmed that an update would be available after a virtual women's heart health meeting that was being scheduled for June.

Action 4 - Share link to the CKP online tool for information – Neil Muir. NM confirmed that the link had been shared with the MCN managers and local audit coordinators who would be looking at developing the pathways.

Action 5 - *Scope funding options to support rehabilitation workshop - Secretariat.* This was reported as ongoing with rehabilitation also a focus for the Nation Planning Board programme.

Action 6 - *Scope potential for rehabilitation work linkage to SPIRE – Neil Muir.* NM confirmed that he was waiting to hear back from the SPIRE analysts about GP services and how we they could be accessed.

Action 7 - *Feedback to NACS regarding the outcomes of CHSS Research Committee – Allan Cowie.* AC informed the group that CHSS had undertaken an evaluation of their research outcomes to inform further studies. He confirmed that the charity would continue to invest in partnership working and add value where they could.

Action 8 - *Liaise with Colin Lauder, NHS Lanarkshire to confirm FAST as the pre-hospital test for stroke – Katrina Brennan.* KB confirmed that FAST continues to be the pre-hospital test.

Action 9 - *Craig Henderson and Katrina Brennan to liaise regarding fitness of purpose of the Boehringer Ingelheim pre-hospital training course - Katrina Brennan, Craig Henderson.* CH confirmed that as Scotland entered the recovery phase of COVID19 an update would be provided for the next meeting.

Action 10 – *Circulate dates for the 2020 meetings of NACS – Secretariat.* MD confirmed another meeting date had been scheduled for the NACS in November.

Action 11 - *Update group on funding for STARS module from the SOCLE 2 oral health care trial – Prof Dennis.* MD confirmed that costings for the SOCLE module stood at £5k. Although currently on hold.

2. COVID-19 discussion

MD set out the wider background to the current COVID19 situation, the impact this has had.

First steps had been taken to reopen services. SW updated the group on activity at the Scottish Government and confirmed that officials were beginning to look at rehabilitation and recovery.

KB reported that a scoping paper had been sent to Boards requesting an update on the last months activity as an add-on to the annual review process. Most services had continued and had found improved methods of working. A review process following the scoping paper would be used from this point forward.

MS provided an update on work being taken forward through the Scottish Stroke Allied Health Professional Forum (SSAHPF). Support had been provided from KB and the charities for a questionnaire on the impact of COVID19 on the hospital to community setting and the ability to deliver

services. This had begun in Lothian and would be a snap-shot in time aimed to build intelligence on this topic to inform a view on potential opportunities to improve working. The aim is to circulate the questionnaire by the end of June.

MD noted that rehabilitation was a significant piece of work in terms of a move to more normal working conditions and what this means for a progressive stroke service. MS confirmed that work done to bring rehabilitation into the Scottish Stroke Care Audit would continue with a focus on learning from people's experience to reflect that community stroke rehabilitation will be multi-faceted, depending on personal need.

MD noted that there had been a cessation of recruitment to non-COVID19 studies. MB informed the group that currently, the only trials his team were running were COVID19 related. JD provided an updated on how stroke research has been impacted by COVID19 with an emphasis on the mission of project restart. A site-specific process would be looked at for trials and JD expected that by the beginning of July this process would have resulted in restarts / reactivations.

There was discussion on the Scottish Stroke Care Audit (SSCA). MB confirmed that data collection staff had been redeployed and a decision to stop collecting from 1 April to 1 July had been made. However, for 2020 data it was expected to remain comparable. Regarding 2019, publication of the Scottish Stroke Programme Report is due 30 June. Publication of a summary of key data around the stroke bundle and standards was being progressed for 30 June with a more detailed report ahead of the Annual SSCA National meeting, scheduled for 3 September.

3. Stroke PfG discussion and update

MD presented to the group how work was progressing on the PfG commitments, National Planning Board (NPB's) Thrombectomy Advisory Group (TAG) and the Horizon Scanning workstreams focussing on imaging, workforce, rehabilitation and the ambulance service. A meeting on atrial fibrillation was scheduled for Friday 29 May.

MD confirmed he had been appointed as CMO Specialty Advisory for Stroke Care with Fiona Wright filling the Deputy role. Neil Muir would also be working full time on stroke and the SSCA.

MD outlined the steps being taken to put in place a thrombectomy service. The TAG had been meeting monthly during COVID19, Andrew Farrall was leading on imaging work that would support stroke care in the future, with training aspects being addressed through STAT+ and STARS. Modelling work had been presented to stroke physicians across Scotland. A limited number of thrombectomy procedures were being looked at for 2020. Thrombectomy service funding bids were being progressed.

MD reported on work on stroke prevention and raising awareness of the signs of stroke, with a component of this work focussing on collaboration across the

Scottish Government. Discussions on raising awareness of stroke had taken place with CHSS and the Stroke Association and it was agreed that there is potential to harness the STARS refresh, thrombectomy work and SSCA reporting to raise awareness.

MD reported that Katrina Brennan and Neil Muir were working with Boards to review and improve the current stroke care bundle. A number of actions were being progressed including the restart of the SSCA data capture, an organisational audit, information on the stroke workforce, reviews of stroke services and monitoring of paroxysmal atrial fibrillation.

The MCN subgroup and rehabilitation subgroups would produce a “blueprint” of a progressive stroke service to inform the way forward.

MD also noted the significant amount of work done to develop a more resourced rehabilitation service drawing on the roles of the third sector and Integrated Joint Boards.

MB informed the group that the AF project in Lanarkshire utilising the Bardy patch had published a study that could be a topic for the PfG groups going forward.

MD highlighted opportunities for using the Miro Board online tool that could provide a support for virtual meetings: <https://miro.com/>

4. NACS & Sub Groups membership

MD reported that an Executive Stroke Group will oversee progress on the PfG commitments and would meet on a monthly basis. It was anticipated that the NACS would continue to meet every six months and the membership reviewed. Sub-groups (MCN, SSCA, TAG, Rehabilitation) would be established to take forward the PfG commitments. MD invited the group to suggest people who may wish to join the groups. MD noted that it would be good to include new trainees to the NACS and Sub-groups for future succession planning.

There was discussion on how to include the patient experience in a meaningful way so that patient and carers voices were included. MD highlighted that recent experience of stroke from patients and carers would be useful. Use of a standing item for the sub-groups to address this was suggested and agreed. It was agreed that Andrea Cail and Allan Cowie would take forward a draft plan with suggestions for the next meeting of the group.

MD asked the group to forward on nominations with new ideas for the NACS Sub-Groups.

Action 1 – Forward nominations for a NACS Sub-Group membership to Prof Dennis and Katrina Brennan - All

Action 2 – Develop a combined plan for patient / carer voices within a refreshed membership structure for the next NACS meeting - Andrea Cail / Allan Cowie

5. Terms of Reference

MD noted that to underpin and compliment the refresh of the membership, a new Terms of Reference (ToR) paper would be drafted for the NACS and the subgroups.

Action 3 – Draft a new ToR for the NACS and the subgroups - Secretariat

6. AOB

AC highlighted the work done by charities on integrated pathways in Northern Ireland. MS confirmed that Clinical Knowledge Publisher was up and running at NHS Education Scotland to support data collection work with Neil Muir.

No other business was raised by the group.

Action reference	Description	Responsibility
NACS May 2020/Action 1	<i>Forward nominations for a NACS Sub-Group membership to Prof Dennis and Katrina Brennan</i>	All
NACS May 2020/Action 2	<i>Develop a combined plan for patient / carer voices within a refreshed membership structure for the next NACS meeting</i>	Andrea Cail / Allan Cowie
NACS May 2020/Action 3	<i>Draft a new ToR for the NACS and the subgroups</i>	Secretariat
NACS December 2019/Action 3	<i>Circulate details on women's health commitment in PFG.</i>	Secretariat
NACS December 2019/Action 4	<i>Scope funding options to support rehabilitation workshop.</i>	Secretariat
NACS December 2019/Action 5	<i>Scope potential for rehabilitation work linkage to SPIRE</i>	Neil Muir
NACS December 2019/Action 6	<i>Craig Henderson and Katrina Brennan to liaise regarding fitness of purpose of the Boehringer Ingelheim pre-hospital training course</i>	Katrina Brennan, Craig Henderson