

London Stroke Clinical Advisory Group minutes

Tuesday, 3rd April 2012

1. Clinical Advisory Group:

In attendance:

Tony Rudd (TR)
Diane Ames (DA)
Geoff Cloud (GeC)
David Cohen (DC)
Charlie Davie (CD)
Sue Fenwick-Elliott (SFE)
Val Jones (VJ)
John Platt (JP)

Neil Thomson (NT)
Hilary Walker (HiW)
Caroline Kilby (Minutes)

Guests:

Faye Wilson, St. Mary's
Helen O'Kelly, SLCSN

Apologies:

Sotiris Antoniou (SA)
Bal Athwal (BA)
Tess Baird (TB)
Gill Cluckie (GiC)
Patrick Gompertz (PG)
Tom Greenwood (TG)

Nicola Harding (NH)
Emmie Malewezi (EM)
Rachel Sibson (RS)
Mirek Skrypak (MS)
Helen Williams (HeW)

2. Minutes and Matters arising not covered elsewhere in the agenda

- 2.1. Action for TR to write to SU leads re: repatriation of stroke mimics carried forward.
 - 2.2. SSNAP organisational audit update; each service was encouraged to pilot the organisational audit on the paper form published on the RCP website and feedback to the SSNAP development team. Delays confirming a contract with HQIP continue.
 - 2.3. Minutes of the previous meeting were agreed.
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3. Feedback from the HASU leads meeting

It was reported as having been a positive meeting. Main discussion focused on the escalation protocol for HASU capacity due to feedback from HASUs and LAS data. As a consequence the protocol would be revised by HW/NT and TR.

It was recognised that there was limited ability to intervene once an ambulance crew had arrive at the scene but that they would try to encourage a shift of journeys for patients from the Chase Farm/Edmonton area to NPH instead of UCH, using the same approach as when crews were encouraged to travel to STH to support capacity at Kings.

This process would be reviewed over the following few months.

Action: TR to feedback as appropriate

4. St. Mary's repatriation audit

Guest attendee, Faye Wilson, presented the results of an audit on the information and details sent by HASUs with patients when they have been repatriated to St. Mary's stroke unit. They based the criteria for the audit of the London transfer protocol document. See presentation, attached with these minutes for details.

Key findings were that only a small proportion of patients were being repatriated with; imaging, a discharge summary and a medical handover. There had also been a significant proportion of patients that were transferred out of hours.

Additionally, the creation of the audit highlighted that the transfer protocol included requirements that were out of date, and revision of the protocol to reflect changes in practice was suggested.

Action: GeC lead on this revision

5. LAS role in TIA pathways

NT requested that the group consider what the appropriate action for an ambulance crew to take when they suspect a patient has had a TIA.

This group agreed that if the patient has Atrial Fibrillation, reports as having had more than one 'event' in the past week or still has symptoms these patients should be taken to a HASU.

Any patients not taken to a HASU should be provided with (no more than) 2 day's worth of aspirin and informed that they should visit their GP.

6. Review of the standards of performance for acute services

Carried forward to the next meeting

7. Data (RAG) reporting to Board

Stroke services providers had requested that they are able to review these reports prior to their submission to the pan-London cardiac and stroke network board and this proposal was supported by this group.

Action: HW to feed this back to the other Network Directors and to confirm that the schedules for reporting enable sufficient time for these reports to be reviewed.

8. Any other business

8.1. Endovascular approach to acute stroke

The so called consensus document from the Stroke Improvement Programme was noted. Some HASUs are looking to provide endovascular treatments for patients either routinely or as part of a trial. Robust debate was had around whether these services should now be made available to all patients that might benefit or whether there should be an obligation to put patients into RCT's e.g. the PISTE trial. Consensus was not achieved and it was agreed that there should be a separate meeting convened to discuss a London policy. This will be organised for early summer.

Action: TR to coordinate a meeting between the HASU leads and the interventional services

8.2. SSNAP

TR confirmed that the acute data would be locked when a patient record is transferred between services and that the collection of the information at 6 months post stroke was conducted could be locally defined, it was not anticipated that the acute units would be responsible for this part of the record.

8.3. Intensity of therapy

Positive feedback for the RCP's consensus event on the intensity of therapy post stroke.

Future meetings;

Tuesday 12th June 2012 Room LM2 4th Floor, Stephenson House

Tuesday 3rd July meeting Cancelled

Tuesday 7th August 2012 location tbc.