

London Stroke Clinical Advisory Group minutes

Tuesday 3rd May 2011

1. Clinical Advisory Group**In attendance:**

Tony Rudd (Chair)
Diane Ames
Gill Cluckie
Charlie Davie
Sue Fenwick-Elliott
Patrick Gompertz
Val Jones
Joe Korner

Rachel Sibson
Hilary Walker
Caroline Kilby (Minutes)

Guests:

Alec Fraser
Janelle Deveruex
Elaine Hayward

Apologies:

Sotiris Antoniou
Bal Athwal
Tess Baird
David Cohen
Geoff Cloud
Tom Greenwood

Nicola Harding
Emmie Malewezi
John Platt
Mirek Skrypak
Neil Thomson
Helen Williams

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

The minutes of the previous meeting were agreed.

1.1. IEP;

Action: Networks to confirm with stroke units whether they can routinely access images outside of normal working hours via IEP

1.2. HASU leads meeting;

Action: TR/HW to set up a HASU leads meeting. Request that each HASU lead also asks their nurse lead to attend.

1.3. LAS reporting; at the last meeting it was not specified whether LAS would be providing their reports to the pan-London Board or this group.

Action: CK to request preference from LAS and forward to the chair.

1.4. West Middlesex stroke unit; it was noted by this group that the response from this unit to HASU transfers had notably improved and bed issues previously reported appeared to be resolved.

3. Stroke transfer guidance; A&E to HASU pathway

Each stroke unit is seeing between 5 and 12 patients per month being admitted through their local A&E rather than through the HASU pathway. This group noted that the guidance for transferring patients presenting post 4.5 hours of onset of symptoms had been applied inconsistently across London as the guidance was not clear.

This group agreed that the LAS protocol described the method of transfer to a HASU rather than the patient's symptom onset time. It also agreed that the model being implemented in London required that all suspected stroke should be transferred to a HASU.

Action: TR to write to all stroke clinical leads and director of operations in stroke services in London, providing clarity on this protocol.

Action: Network leads to ensure protocols at HASUs are that they should not refuse patients if the referring clinician is clear the patient should be transferred.

4. Clinical governance issues

North East London & North West London; None reported

North Central London; There had been information from LAS that some pre-alerts to the HASU were not being accepted by their A&E department. Issue found to be not A&E wide but a single element in A&E and issue resolved.

South East/West London; Concerns raised by stroke units with regard to stroke patients being transferred within 24 hours of admission to the HASU.

Action: Networks to make contact with the teams that manage patient complaints at each trust to make sure that any complaints regarding the pathway/transfers had been picked up through the stroke governance structure.

5. 2011/12 training programme

HW reported that, unlike previous years, there had been no funding provided to the networks by the DH for stroke training but if there was an identified need the networks would seek alternative sources of funding or look to run training for free (similar to the HASU nurse competency training days).

Potential themes to be covered in the 2011/12 training programme;

LAS and HASU day

HASU nursing competencies day sessions

SU nursing competencies day sessions (if developed)

Rila course will be available for GPs and Practice Nurses

This group agreed that more focus of training on post-acute care and the TIA/neurovascular pathway.

Action: Add to July's agenda and ask the Rehab lead from each network to summarise training opportunities and needs for their sector.

6. London Deanery opportunities

Present initiatives;

- A small project that is set to deliver in-house training to both HASU and SU nurses at Queen's Hospital, NEL;
- A SIM centre project, coordinated by GSTT with support from the Royal London and UCH, for frontline staff. This is a whole series of refresher training that has already been funded and suited to junior doctors and nurses and should be available within the next month or two.

All relevant local staff should be encouraged to participate and an evaluation would be conducted following the training sessions.

- An e-learning project, coordinated by St Mary's, should be available within 9 months.
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7. Spreading the London stroke message

Action: All please send summaries and presentations from conference sessions/extracts and overseas visits where they 'presented' information from the new London stroke system to Andrea Marlow Andrea.Marlow@slcsn.nhs.uk so that a resource library and log of activity can be kept.

Andrea has also created a bank of project and pathway slides that are available if you would like to use them in future presentations.

8. Research

The SHA funded Health Economics Evaluation was out to tender and would be going through the formal NHS contracting process. It was expected that the organisation that would go on to win the tender would require data during the autumn of this year and therefore the completion of SINAP data and the LMDS would be vital to the delivery of this project.

The NIHR Service Delivery and Organisation programme evaluation is set to evaluate the differences between the models of reconfiguration used in Manchester and in London. It will compare outcomes but will focus on the different strategic approaches to healthcare service reorganisation.

9. Any other business

- 9.1. This group agreed that once a unit had met the C and D criteria in the tariff assessment process then they could move to an annual assessment programme.
- 9.2. The next steps of the London stroke bed capacity review were that each sector was to look at its own requirements and feedback a set of options to the London Cardiac and Stroke Network Board on 16th May.
- 9.3. **Action:** CK/HW to invite Lola Banjoko, 2012 Programme Manager at NHS London to the June or July meeting and add Olympic planning to the corresponding agenda