

## London Stroke Clinical Advisory Group minutes

Tuesday, 4<sup>th</sup> September 2012

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**Clinical Advisory Group:****Attendees:****Tony Rudd (TR) Chair****Diane Ames (DA)****Patrick Gompertz (PG)****Bal Athwal (BA)****Val Jones (VJ)****Geoff Cloud (GeC)****Gill Cluckie (GiC)****Neil Thomson (NT)****John Platt (JP)****Hilary Walker (HiW)****Mirek Skrypak (MS) (Minutes)****Apologies:****Rachel Sibson (RS)****Sue Fenwick-Elliot (SFW)****Charlie Davie (CD)****Nicola Harding (NH)****Joe Korner (JK)****Guest:****Helen Cutting (HC)**

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**1. Minutes and Matters arising not covered elsewhere in the agenda****1.1. Changes to the previous minutes;**

None

**1.2. Patients with tracheotomies****Action: Pan London mapping of which units take tracheotomies across the pathway****1.3. Patients requiring both renal and stroke care**

GeC and PG reported that they have this item for completion as a student project

**Action: GeC and PG to feedback at the next CAG when information can be reported or presented.****Action: HiW to review Hammersmith model and feedback to CAG**

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**3. Inpatient rehabilitation visits summary report**

Most of the visits by TR and network representatives have been completed. There is variability in use of stroke rehabilitation beds and variable levels of staffing within these units. Reports have been collated and are in the process of being tabulated in a quantitative and qualitative reporting format. Once this data is finalised then recommendations can be made. The aim would be to take the recommendations forward to the commissioners.

**Action: Report to be available and presented at the next CAG.**

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**4. Rehab pathway – younger stroke survivors**

There appears to be a variance in the use of acute and tertiary beds, in particular meeting the needs of younger stroke survivors. A broad overview was presented to the CAG in the form of a paper. The aim would be to gather some further data prior to the next CAG and have comments forwarded, with the overall aim of presenting this as a report to the CCG's.

**Action: Forward comments about paper to HC and review at the next CAG.**

## 5. Rehabilitation

Update provided by TR in the absence of RS of some of the focus of the Pan London Rehabilitation group ie inpatient rehabilitation visits, younger strokes, and consortium funded beds. There is a joint stroke and trauma meeting focused at joint working towards ensuring that needs of stroke and trauma patients are met and services have equitable access to the consortium funded beds. There are going to be joint stroke and trauma visits to consortium funded units across London.

**Action: Feedback at the next CAG in regards to joint stroke and trauma meeting.**

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## 6. Stroke in Children

Discussion focused around stroke usually presenting in late childhood and that Pan London the numbers are likely to be small. The group discussed paediatric neurology and HASU interface for older children.

**Action: MS to coordinate a HASU leads meeting where these discussions can continue.**

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## 7. LAS Annual Report

NT presented some stroke specific information and data from the LAS Annual Report Summary which is due for publication in October. NT mentioned that once this report is available in the public domain he can share it with the CAG. NT discussed bed availability in terms of AM and PM reporting and declaring of beds from the HASUs. Some discussion focused on clustering the beds in certain sectors and there was a need to review this data. There was discussion about bed capacity, in particular pertaining to NEL, and it was decided to have this as a standing agenda item.

**Action: NT to forward site specific data to MS for distribution and dissemination to appropriate units.**

**Action: MS to contact NT once report is available and forward to the CAG**

**Action: Bed capacity to be discussed and set as an agenda item next meeting**

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## 8. Annual assessments/reviews of HASUs and ASUs

HW discussed that the annual assessments/reviews for HASUs and SUs are going to be standardised and reviewed against the new SSNAP dataset. The aim would be to agree a process that can then be used to formalise an annual HASU and SU system inspection and allow conversation with CCGs for these reviews to continue.

**Action: Network to produce a draft for the next CAG**

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## 9. Nutrition/weight standards and SSNAP

The current nutrition/weight standards were compared with the new SSNAP core data set and upon review different options were presented to the group. Discussion focused around what trusts need to report and what SSNAP data will look like.

**Action: GiC to review what trust requirements are in regards to reporting and this item will be put on the agenda at the next meeting.**

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#### 10. Registrar training

DA discussed waiting times for geriatric trainees as long standing issue that need addressing as it is affecting staffing and planning within the stroke pathway. The group agreed that this could be escalated upwards.

**Action: DA to report back to the group post escalation response.**

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#### 11. Network briefing

HW discussed that the proposed future of the clinical networks includes a range of networks focusing on CVD, renal, diabetes, women's health, maternity, children's, and cancer streams. It appears that stroke will sit under CVD but that the structure and function of these networks is currently not known. The group identified this restructure as a risk to the stroke pathway. The group discussed the role of the CAG post March 2013 and suggested that this will be a future agenda item that will need to be revisited prior to that date.

**Action: MS to schedule this as agenda item once new structures for clinical networks are know.**

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#### 12. Any other business

12.1 Sickle Cell – discussion about sickle cell management across the London stroke pathway and in particular HASU repatriation.

**Action: GiC to coordinate a meeting for a pan London agreement with the clinical leads.**

12.2 GiC stated that SU nurse competencies are going ahead and potentially they will be ready for dissemination by October.

12.3 NT mentioned that he has accepted a secondment opportunity within LAS and the group congratulated NT and wished him well for the next 6 months. Mark Whitbread will be the lead for stroke during NT's secondment.

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#### Future meetings;

Tuesday 23<sup>rd</sup> October, 15:00 – 17:00