London Cardiac and Stroke Networks

London Stroke Clinical Advisory Group minutes

Tuesday 5th July 2011

1. Clinical Advisory Group:

In attendance:

David Cohen (DC) *Acting Chair*
Sotiris Antoniou (SA)
Diane Ames (DA)
Bal Athwal (BA)
Tess Baird (TB)
Geoff Cloud (GeC)
Gill Cluckie (GiC)
Charlie Davie (CD)
Sue Fenwick-Elliott (SFW)
Tom Greenwood (TG)
Nicola Harding (NH)
Emmie Malewezi (EM)
John Platt (JP)
Rachel Sibson(RS)
Mirek Skrypak (MS)
Helen Williams (HeW)

Caroline Kilby (Minutes)

Guests:

Lola Banjoko, 2012 Programme Manager – NHS London

Apologies:
Tony Rudd (TR)
Patrick Gompertz (PG)
Val Jones (VJ)
Joe Korner (JK)
Neil Thomson (NT)
Hilary Walker (HiW)

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

2.1. Distribution of these minutes
Andrea Marlow had set up an online location where these minutes would be available, the link for this page is; http://www.slcsn.nhs.uk/lss/meetings.html
This link has not been made public yet and agreement would be required before minutes are published in that manner.

2.2. LMDS report
It was requested that the summary presentation given at the June meeting be circulated for those who were not able to attend.

3. 2012 London Olympics planning

Lola Banjoko, NHS London, delivered a presentation (circulated with these minutes) on the anticipated impact of the games on the NHS.

The games period would run from 9th July – 12th September.

Key hospital sites for supporting the Olympic family have been identified at the Homerton, Royal London and UCH. LAS would maintain the pathways for stroke patients.

There were no indications as to the numbers of additional expected stroke patients but inner north east London had modelled that they were expecting a 3% increase in activity during games time. NHS London are anticipating that there would be A&E increases across all hospitals, particularly those in the centre and east, due the 'live' sites (other non-games events) that will be run across the capital during this time.

NHS London will be delivering training on protocols/responsibilities from October 2011 to every hospital in London. Each hospital will be required to have a robust VIP policy in place and NHS London expects to be 'games ready' by April 2012.

Action: Circulate games pack, presentation and list of hospital Olympic leads to this group with these minutes.

4. IEP

GeC talked the group through a paper put together by SLCSNs on the use of the web interface for IEP and the offer from the company that providers this service to allow hospitals that currently do not have this access to pilot it for a few weeks.

Action: Paper to be circulated with these minutes and those wishing to take part in the pilot should contact Alice Jenner at SLCSN by 27th July on alice.jenner@slcsn.nhs.uk

5. Door to needle time

It was reported that 3 HASUs had been able to pass their B standard assessment against the 45 minute door to needle standard with the proposed scoring system in place. The system would mean that in order to pass a B assessment a HASU would need to have at least 80% (equating to 4 assessment points) of its eligible patients receiving thrombolysis to do so within 45 minutes.

Assessments that had taken place have used the following for their 'eligibility' criteria;

Within 4.5 hours;

Younger than 80 years old and;

Patients not entered into trials.

All other patients receiving thrombolysis had been included.

The group agreed that it was not possible to alter the framework for the B assessments for the remaining trusts as all HASUs had to be assessed to the same criteria.

As at previous meetings this group agreed that the discussion to move to the 30 minute standard would be discussed as part of the HASU leads meeting.
GiC commented that if the %'s for the 30 minute standard are altered then this change would need to be agreed by the commissioners.

Action: Network clinical leads to feedback to those HASUs that have not yet had their B assessments.

6. Overseas patients

Discussion was held on the different agreements in place across London over where these patients are managed following their HASU spell if they require ongoing acute care. In NCL the 4 stroke units across the sector have agreed to share these patients on a rota basis. At NPH, Imperial and GSTT these patients are managed in the stroke unit collocated with the HASU.

This group agreed that in principle if a local link can be established for an overseas/without insurance patient that a consultant to consultant discussion with the relevant SU could be had to ensure that the patient receives care from the most appropriate unit, however, this would be part of the formal system agreements/protocols.

7. HASU leads meeting

CK circulated the draft agenda for this meeting and fed back that confirmed representation from each HASU had been received. The group suggested that the following be added to the agenda;

Education and training

Nurse rotations

Stroke trainees

Action: CK to forward suggestion to TR and to circulate revised agenda

8. Stroke Association Questionnaire

Some responses to the questionnaire had been received.

Clinical leads requested that units would receive their user feedback as well as it being analysed as part of the central project. It was also highlighted that there was no part of the questionnaire that noted which stroke unit the person attended and it was felt that the name of the SU as well as the HASU should be included.

Action: CK to forward comments to Andrea Marlow, SLCSN

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9. Any other business

9.1. LAS event
DA updated the group that she was still looking for a venue for this event.

9.2. Economic evaluation
CD let the group know that due to the short timescales the evaluation would use information that was put into SINAP prior to end July, therefore please encourage units to be up to date with their data entry.

9.3. Update for south east London
GSTT HASU capacity would be removed in October, leading to potential increases in activity at UCH and other central HASUs.

9.4. Rehabilitation
RS gave an update from the meeting of the pan-London rehabilitation group; at the recent meeting they identified that ESD and psychological support remain priorities for service improvement across the city

9.5. Neuro-consortia rehabilitation

DC gave feedback on the meeting held in NEL on the commissioning of neuro-consortia rehab. Will Huxter, NEL Commissioning would be writing up the plan from that meeting and the group would continue to work with specialist commissioning to ensure stroke patients had access to tertiary rehabilitation when it was appropriate.