London Cardiac and Stroke Networks

London Stroke Clinical Advisory Group minutes

Tuesday, 6th December 2011

1. Clinical Advisory Group:

In attendance:

Tony Rudd (TR)
Bal Athwal (BA)
Gill Cluckie (GiC)
Charlie Davie (CD)
Sue Fenwick-Elliott (SFE)
Patrick Gompertz (PG)
Tom Greenwood (TG)
Rindy Kar (RK)
John Platt (JP)
Rachel Sibson(RS)
Mirek Skrypak (MS)
Caroline Kilby (Minutes)

Guests:
Catharine Shelly (CS)
Alec Fraser

Apologies:
Diane Ames (DA)
Sotiris Antoniou (SA)
Tess Baird (TB)
Geoff Cloud (GeC)
David Cohen (DC)
Nicola Harding (NH)
Val Jones (VJ)
Emmie Malewezi (EM)
Neil Thomson (NT)
Helen Williams (HeW)

TG introduced Catharine Shelly, Chair of the London Stroke Action Council, A new campaigning group formed to draw attention to the lack of community support available to people who've had a stroke across the capital and supported by the Stroke Association.

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

2.1. Minutes of the previous meeting were agreed.

2.2. **Proposal to change the door to needle time**
The pan-London cardiac and stroke network board agreed the change to this standard as recommended by this group.

3. Patient feedback questionnaire

TG talked through paper circulated with the agenda for this meeting.

Due to the small sample size it had been difficult to draw conclusions about specific services but some key points were made on the London stroke services as a whole;

79% of respondents reported that their length of stay in the acute pathway was about right;

46% of respondents reported that they received ‘no’ or ‘insufficient’ secondary prevention advice;

And only 34% of respondents were asked when setting goals what was important to them

Uncertainty remained on how to use this information to improve services but it was agreed that services needed to review how and what point they were providing information to stroke survivors and how they are tracking the provision of secondary prevention advice as this was not currently monitored.

Action: TG to work with Andrea Marlow to write up this project for the Stroke e-newsletter

Action: CS/TG/TR to discuss how this group works with the London Stroke Action Council to better integrate patient feedback into the development of stroke services

Action: Members of this group to bring back to the January meeting examples of how patient feedback and involvement is being integrated currently at a local service level; including any examples of questionnaires/resources etc. with a view to potentially standardising some questions across the city.

4. London stroke tariff review

The pan-London cardiac and stroke network board had requested a more detailed review of the tariff and rejected the original proposal.

Action: Carry forward agenda item to the first meeting in 2012 when HiW should be able to provide an update

5. Future assessment arrangements

At the previous meeting of this group it was agreed that visits to stroke services should remain as part of the assessment process to look at staffing and infrastructure on an annual basis and that units would be regularly reviewed against their data submissions.

However there was uncertainty as to whether the data to be collected by the future national audit (SSNAP) would be sufficient to report on all of the remaining London performance standards.

Action: TR/CK to review the SSNAP data fields to access feasibility and identify any potential data gaps

6. Economic evaluation

CD gave an overview of the results of this evaluation and confirmed that there is now confidence that we had implemented a clinically improved cost effective model. The team that prepared the evaluation would be providing a Health and Social Care split of the costs/savings so that this information can be used in discussions with clinical commissioning groups.

Prof. Steve Morris Professor of Health Economics, UCL who led the economic evaluation project would now be working on the SDO project evaluating the London model against the model implemented in Manchester, this should ensure consistency of approach across the two evaluations.

The final report was in the process of being peer reviewed for publication in a journal but this group agreed that alongside the full report, a one page summary that could be shared with commissioners, councillors etc should be produced along with a summary slide deck.

Action: CD/TR to work with Andrea Marlow to produce the slide deck and summary

Action: Clinical and Network leads to prepare to publicise this report and its findings at local commissioning meetings once it had been published.

7. London rehabilitation group update

RS had collated and circulated an as is summary of rehabilitation services across the city, electronic copies would also be available with these minutes. RS would feedback at future meetings any plans, changes and improvements.

RS also noted the south west London had launched a consultation on the provision on complex neurorehabilitation services in the sector.

Post meeting note; this consultation closed on 23rd December and a public meeting to discuss the options would be scheduled for early 2012.

8. Q2 SINAP/LMDS information

CK circulated the London summary for the Q2 data received and highlighted the changes that had been made to this report. This group confirmed that the network leads should receive the detailed information for each of the services in their sector as well as the London position. TR requested to receive a full report.

This group also requested that a 24 hour mortality rate was given for the HASU services as this can indicate data completeness.

Action: CK to circulate local reports as requested and to include 24 hour mortality rate in the Q3 report

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9. Spreading the London message

This group gave a summary of recent presentations etc given that detailed the London stroke model. All were encouraged to provide copies of presentations and conference information to Andrea Marlow; andrea.marlow@slcsn.nhs.uk

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10. Any other business

NT reported that HASUs across London had all been reporting low or no capacity to LAS in recent weeks. Additionally, some HASUs report different numbers for their total capacity (available and unavailable) on a daily basis and that this practice was confusion for those working with the EBS and challenging to manage.

This group agreed that when HASUs are full there must be a solution in place that delivers the London stroke protocol.

Action: TR to write to Director of Operations at HASU trusts, and HASU clinical leads stating that HASU beds that are managing medical outliers must be reported as available to stroke patients to LAS and that a system should be in place for HASUs to report occupancy against their designated capacity.

Action: LAS would begin to circulate daily updates to HASU leads on capacity being reported across the city.

Action: CK to send contact email addresses for two named contacts at each HASU (clinical lead and nurse lead).

Future meetings;

TBC