

London Stroke Clinical Advisory Group minutes

Thursday 8th September 2011

1. Clinical Advisory Group:

In attendance:	John Platt (JP)		
Tony Rudd (TR)	Rachel Sibson(RaS)		
Diane Ames (DA)	Rob Simister (RoS)		
David Cohen (DC)	Mirek Skrypak (MS)	Apologies:	Patrick Gompertz (PG)
Gill Cluckie (GiC)	Jo Smith (JS)	Sotiris Antoniou (SA)	Charlie Davie (CD)
Sue Fenwick-Elliott (SFW)	Hilary Walker (HiW)	Bal Athwal (BA)	Tom Greenwood (TG)
Joe Korner (JK)	Caroline Kilby (<i>minutes</i>)	Tess Baird (TB)	Nicola Harding (NH)
Emmie Malewezi (EM)		Geoff Cloud (GeC)	Val Jones (VJ)
	Guests:		Neil Thomson (NT)
	Gemma Snell (GS)		Helen Williams (HeW)

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

2.1. Minutes of the previous meeting were agreed following a revision of the attendance record.

2.2. Olympic planning

HiW will continue to liaise with NHS London. No further information on the number of additional visitors that may require stroke care is available.

Action: HiW to report on progress at the January 2012 meeting

2.3. The Stroke Association patient feedback questionnaire

Responses from the questionnaire will provide information at HASU level, as the HASUs were listed in the question which asked patients which hospital they first attended. SU information will not be available, as the SUs were not listed in the questionnaire. The quantitative analysis will be available soon.

3. LMDS/SINAP Q1 2011/12 report *paper circulated ahead of meeting*

GS talked the group through the report which highlighted that data accuracy and completeness is still an issue (particularly in the free text submissions from the SUs).

The report identified that a number of patients were still being admitted to SUs without attending a HASU. It was acknowledged that this would be entirely appropriate for some patients but that no field exists to record this information within the data set.

Action: GS/CK to investigate whether it would be possible to add this as a field to the LMDS

The group discussed the new bundles that were reported.

The 'seen by a member of the stroke team within an hour' element of the population awareness bundle was identified as not having been part of the London performance standards.

Action: GS/CK to review the 'seen by a member of the stroke team within an hour' component of bundle and revise to reflect the London performance standards

Action: GS/CK to rename the population awareness bundle to 'Population and professional awareness'

The stroke unit bundle showed variability across the city. There were concerns that poor data quality and completeness was skewing the results.

Action: GS and CK to contact a selection of SUs to work through their data and identify common issues

Action: Draft report to be sent confidentially to clinical leads of each unit

London Cardiac and Stroke Networks

It was also noted that the audit of stroke services beyond April 2012 would be based on a nationally agreed data set that builds on the key information that is part of SINAP. The new data set would also include post acute care.

Action: Current draft of data set to be circulated for information. Comments should be forwarded to HiW or TR.

4. Door to needle time

Following the discussion at the HASU leads meeting it was proposed that this group recommend to the Pan-London Cardiac and Stroke Network Board (PLCSNB) and to the commissioners that the 30 minute door to needle time performance standard should be adjusted to read:

50% of stroke patients eligible for thrombolysis (to be thrombolysed), to receive thrombolysis treatment within 30 minutes of entry to A&E (door to needle time);

And that the scoring for this standard should be adjusted to: Below **30%** - score = 0; **30% - 39%** - score = 3; **40 - 49%** - score = 4; **>=50%** - score = 5.

In order to ensure that HASUs are improving their thrombolysis pathways, the B performance standard would remain as 90% of stroke patients eligible for thrombolysis (to be thrombolysed) to receive thrombolysis treatment within 45 minutes of entry to A&E (door to needle time).

Action: TR to write proposal for the PLCSNB.

5. HASU leads meeting feedback

Draft minutes from the HASU leads meeting in July were circulated and the actions were noted.

6. Rehabilitation post acute care

The recent CQC results have highlighted operational differences between service providers and the need for a more standardised approach. The North Central London Life After Stroke group have proposed the creation of an operational pathway for community rehabilitation services that could be applied across London.

This group supported the initiative and agreed that they would like MS to keep this group updated on the progress.

Action: Discuss initiative with the pan-London rehab group

7. RILA GP education project update

The first session is due to begin 8th November. The course will initially be rolled in London and nationally available in the future. The course has been accredited by the UK Stroke Forum. Each course participant will be linked to a stroke unit, coordinated by the course organisers.

Course could also be useful for junior colleagues. Contact Andrea Marlow, London communications lead, for details of the course; andrea.marlow@slcsn.nhs.uk

8. London feedback event

There will be an event held 23rd November between 17:00 – 19:00 for clinicians, commissioners and managers involved in the delivery of London stroke services. The event is designed to enable the audience to feedback and question the implementation of the London stroke system. The programme will include brief presentations and a facilitated panel to whom the audience can ask questions and provide comments. Location is the Wellcome Trust (NW1).

Action: All to hold date and time in their diaries.

9. Non-London HASUs

London Ambulance Service (LAS) have been contacted by stroke services outside London as new thrombolysis services have been implemented in hospitals on the outskirts of London. LAS were asked by these services to begin to transport stroke patients to these units if they were closer than the London HASUs.

LAS requested confirmation from the Clinical Advisory Group as to whether hospitals outside of London had received the same level of accreditation as the London services and whether they should alter their pathway for stroke patients.

This group agreed that they supported the development of thrombolysis and hyper acute stroke services in areas outside the city, but that these units had not been part of the London accreditation process. Therefore the group recommended that LAS did not amend the London pathway for stroke patients at this time. However, this could be reviewed in the future if services outside London could provide quality assurance.

Action: TR to contact the units in question to offer guidance, support to these new services and if appropriate/required, to look at establishing a local accreditation and quality assurance process.

Action: JD to provide contact information of the appropriate commissioners to LAS and TR.

10. AOB

10.1. Simulation stroke training

Simulation centres across London are delivering free stroke training, supported by the Deanery. Those working on thrombolysis calls should be encouraged to attend. Courses are available for all levels.

Basic course information: <http://www.slcsn.nhs.uk/events/events-stroke-sim-course-basic.html>

Advanced course information: <http://www.slcsn.nhs.uk/events/events-stroke-sim-course-advanced.html>

10.2. Health Service Journal article re: LAS and stroke

All leads should be aware of the comments on performance of the LAS in the recent HSJ publication and the LAS response in case they are asked to respond. Contact LAS for further information if required. See <http://www.hsj.co.uk/news/acute-care/emergency/new-ambulance-indicators-suggest-variation-in-stroke-care/5034598.article> for article (Subscription required).

10.3. SU nursing competencies

Following the well received HASU nursing competencies, Wendy Brooks, Senior Nurse Consultant at St. Helier Hospital, will be contacting senior nurses at the stroke units in London to develop competencies for stroke unit nursing.

10.4. London consortia rehabilitation

RaS attended a meeting of case managers employed by PCTs to manage referrals to neuro-consortia rehabilitation services. They have been invited to attend the consortia board. RaS volunteered to provide a link between the Clinical Advisory Group and the case managers for trends in referrals/access to these services.

10.5. The clinical advisory group would like to note their thanks to Janelle Devereux, Assistant Director for Stroke, South London Cardiac and Stroke Networks who is moving to Australia later this autumn.