London Cardiac and Stroke Networks

London Stroke Clinical Advisory Group minutes

Tuesday, 1st November 2011

1. Clinical Advisory Group:

In attendance:

Tony Rudd (TR)
Diane Ames (DA)
Geoff Cloud (GeC)
Gill Cluckie (GiC)
Sue Fenwick-Elliott (SFE)
Patrick Gompertz (PG)
Val Jones (VJ)
Joe Korner (JK)
John Platt (JP)
Rachel Sibson(RaS)
Mirek Skrypak (MS)
Hilary Walker (HiW)
Caroline Kilby (Minutes)

Guests:
Alec Fraser
Helen O'Kelly

Apologies:
Sotiris Antoniou (SA)
Bal Athwal (BA)
Tess Baird (TB)
David Cohen (DC)
Charlie Davie (CD)
Tom Greenwood (TG)
Nicola Harding (NH)
Val Jones (VJ)
Emmie Malewezi (EM)
Neil Thomson (NT)
Helen Williams (HeW)

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**
TR circulated the proposal that would go to the board and requested that, as he was unable to attend the board, the other clinical leads would be able to represent the opinions of this group at the pan-London board on 14th November.
DA/PG/GeC would be attending the board.

2.3. **London feedback meeting; 23rd November**
Reminder for all to register and attend. .

2.3.1. **Economic evaluation**
The report from this evaluation will be presented at the meeting on 23rd by Steve Morris, UCLP. The report had been sent to the SHA and Andy Mitchell, London Medical Director, would be working with the team to plan how best to publicise this report.

2.3.2. **Patient survey**
TR noted that responses had not been very high and therefore it had been difficult to draw any conclusions from this work. GeC commented that SWL had an additional project to gain patient feedback that had responses from over 200 users that could be included at the feedback meeting.

Action: HiW/GeC to follow up

3. South east London update

Princess Royal Hospital had opened the final group of their HASU beds to a total of 14. HASU capacity in SEL had now completed its move from St. Thomas'. Other HASUs in the centre of the city may find that they receive groups of patients that they previously would not have as patient flows alter with this shift of capacity.

GiC noted that this was down to the continued hard work and commitment of all at the South London network, Diane Ames, Tony, and Bart, the new clinical lead at the trust. The trust management had also been supportive of the team there.

4. LAS training session feedback

DA had been sent some feedback from NT that she presented to the group, this is included below.

"From our perspective, the meeting was very successful. We had a good attendance (Kathryn will be able to confirm the final numbers), and I've had some very good feedback.

I felt that the range of topics covered was very useful, and the input from rehabilitation and nursing staff showed the fact that the benefits of HASU care extend far beyond thrombolysis.

Having a patient there, together with the crew that managed him was very powerful, and also made the point about the difficulties in communication, and the fact that many stroke patients are fully conscious and knows exactly what is happening.

Interestingly, we are in the process of releasing a communications book to all our staff, which may be able to be used for patients with stroke. I've attached pictures that crews will have available to them.

The LAS is of course very grateful to Diane, Hilary and Kathryn for their hard work and enthusiasm in setting the day up, and to all the speakers for giving up their time."

Images of the booklet mentioned were circulated.

Imperial had also completed an evaluation of the session in which the attendee feedback had also been very positive, particularly; the patient story was well received, as was the speech and language session.

HiW commented that while the network would like to continue to run these, and other sessions, there was no further funding available for the current financial year and it was uncertain as to whether the networks would have funding available in the next financial year.

JK suggested that the group approached a number of private companies to fund a number of sessions rather than seeking support for individual sessions.

GiC said that there had been positive relationship with pharma companies managed through HeW and the South London prescribing forum.

This group agreed that where experience had been positive, it would be possible to seek private company sponsorship.

Action: TR/GiC to meet with HeW and put together a plan for approaching companies to support London wide training events.

5. Beyond the 'D' standards

HiW posed the question; now that some units were reaching the end of the assessment process as outlined in the tariff guide how should networks take forward ongoing monitoring of the services.

Many options were available and a number were discussed;

- Continue to have assessments every 6 months;
- Review the performance standards in the data and complete annual visits to look at the infrastructure elements;
- Just review against the final set of standards;
- Just use data on a quarterly basis and no longer visit units in this way

TR commented that the external accreditation and review part of the process has distinguished the London services from others and has driven improvement and clinical leadership.

SFE commented that reviewing the infrastructure and staffing standards on an annual basis would also be valuable.

GiC agreed, noting that there had been a significant change in stroke nursing and therapy.

This would be discussed further at the pan-London cardiac and stroke network board.

6. Reviewing the performance standards

Linked to the previous item; since the performance standards for TIA, HASU and SU services were put together there may have been developments in stroke care or following the implementation of the model it may have become apparent that there are aspects of the service that were overlooked. This group were asked whether this was the case and if additional standards should become part of the future service reviews.

The group was initially reluctant to add further measures due to the volume of standards currently looking at the stroke pathway from both the London model and national strategy. However, they suggested that they could request that certain things become part of the spotlight/sprint audits that would be taking place through the new Sentinel Stroke National Audit Programme to pick up on elements not included in the model.

HiW requested that if any of the current standards were seen to be ineffective or not fit for purpose that this feedback should be discussed. (Similar to the review of the door to needle standards)

Action: All to forward to HiW any feedback of this nature

7. Complex neuro rehab

TR summarised the meeting on this pathway that he had chaired earlier that day. Concerns regarding; vocational rehabilitation, access to cognitive rehabilitation in North London, waiting times, and the transfer of care following a complex neuro rehab spell were all discussed.

Action: CK to request minutes from the complex neuro rehab meeting be circulated to the CAG for information

8. London stroke rehabilitation group

TR commented that there had been some confusion over the terms of reference of the rehab group but that he was keen that this group formed part of the governance structure for the London stroke model and fed into the CAG.

Action: HiW/TR to confirm at next Network Director's meeting

RS gave an update on the recent activities of the rehab group. The key focus was the development of ESD services as it had been recognised that there was great variability in the services provided across the city.

Further, the group had also discussed that disparity in use of inpatient rehabilitation services (non-consortia) and were collating key service information from these units, including; staffing ratios, medical cover, activity, number of beds, how they're commissioned, whether they are stroke specialist and length of stay. The group would also be looking at whether they services were meeting the inpatient rehabilitation standards in the London stroke strategy.

TR noted that these services were not being included in the ongoing capacity and quality reviews of the London stroke model and therefore requested that a summary of this information be shared with the CAG.

Action: Were this information is already available please forward to RS/CK for distribution

Action: CK to review acute data to see which units refer to these services and for what proportion of their patients

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9. AOB

9.1. **London minimum data set**

GiC commented that following a one on one session with CK and Gemma Snell (GS) they were able to see where the data submitted from her service was looking like poor performance, empty data fields or incorrectly formatted data would be a fail against the criteria and due to the volume of records now being reviewed it was not possible for GS and CK to validate individual queries with units.

CK also asked this group whether 'within a designated stroke bed within an hour' should be removed from the SU data bundle because it did not allow for the A&E to SU pathway.

The CAG requested that this be removed from the bundle but that it is monitored independently on the group of patients transferred from a HASU to and SU.

9.2. **Repatriation**

DA asked whether other teams were providing a medical phone call/handover for all patients that they were repatriating.

It was agreed that this should be taking place; in instances where this was not the case the receiving unit should feed back to the repatriating team.

Future meetings;

Tuesday, 6th December, 15:00 – 17:00

Tuesday 7th February, 15:00 – 17:00