London Cardiac and Stroke Networks

London Stroke Clinical Advisory Group minutes

Tuesday, 12th June 2012

1. Clinical Advisory Group:

In attendance:

Tony Rudd (TR)
Bal Athwal (BA)
Gill Cluckie (GiC)
Geoff Cloud (GeC)
David Cohen (DC)
Charlie Davie (CD)
Sue Fenwick-Elliott (SFE)
Patrick Gompertz (PG)
John Platt (JP)
Merik Skrypak (MS)
Hilary Walker (HiW)
Caroline Kilby (Minutes)

Guests:
Alec Fraser

Apologies:

Diane Ames
Val Jones
Joe Korner
Neil Thomson
Rachel Sibson

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

2.1. **Changes to the previous minutes;**
None

2.2. **Jubilee weekend capacity**
Services fed back that the process of repatriation worked more efficiently over the weekend and they thanked the network for circulating the out of hours contact information.
NT commented that this weekend had allowed LAS to stress test the HASU system ahead of the Olympics.

2.3. **London HASU capacity protocol**

LAS reported that they are beginning to see crews looking at cross sector routes following the recent communications.

The CAG requested that LAS bring travel time information for the 2011/12 financial year to the next meeting so that they can review whether delays are incurred from particular areas of the city and then that this is monitored on a quarterly basis.

2.4. **Consortium based rehabilitation**

A new commissioning manager was in place and Janet Lailey was due to meet with them. They would be working on developing a single point of referral and a clear set of guidelines describing services delivered at each unit.

2.5. **Inpatient rehabilitation**

TR had visited most units in London providing these services. He fed back that this had been a useful process and there would be an individual report plus general messages available at the end of July. These would include recommendations on the numbers of patients and the patients which would benefit from these services.

2.6. **Patients with tracheotomies**

NEL have a protocol for repatriating these patients, some SUs are able to manage these patients on the SU others manage them onsite in another ward/ITU
SWL; there is an alternative ward at St Georges with neuro wards at trusts with SUs managing these patients.

Action: Map which SUs can manage sub-acute patients with tracheotomies and identify whether any of these units would be prepared to manage these patients from outside their defined catchment areas.

3. Alerting HASUs to persistent re-attendees

One patient was known to have attended 3-4 HASUs and received tPA on more than one occasion and was subsequently diagnosed as a functional stroke patient. Currently there is no mechanism to communicate information about these patients across the different London services or to establish a pattern of behaviour so that these patients can be on the right clinical pathway.

This group agreed that whilst the networks remained that this would be the mechanism to alert other services where possible and that as the number of functional patients would be relatively small, pathways could be worked out on an individual patient basis.

4. Updated London HASU to SU transfer protocol

GeC had completed the previously agreed revisions to this protocol and would send it to HiW so that it could be proof read and circulated. It was suggested that a final change be made to the information provided for the repatriation of homeless persons.

Action: PG/JD to email GeC and HiW with the NEL protocol paragraph on the repatriation of homeless persons

5. Health and Social Care

TR highlighted that the Stroke Association report had shone a light on the lack of collaboration between health and social care where stroke patients were concerned. It also mentioned that the voluntary sector role provision (family support workers etc) was variable and that patients still had anxiety over the transfer from hospital into the community.

A discussion about the degree of influence that this group had on those that would be commissioning these services. It was agreed that Network Directors should have the support of the Clinical Leads in their conversations with the CCGs if requested.

Action: TR to request session at the London Clinical senate to present the findings from the economic evaluation and the BMJ award.

JK apologised to this group for not circulating the draft comments on the London stroke services prior to the reports publication.

6. Review of TIA services

Each Clinical Lead gave a summary of the services that were available in their sectors. There had been reviews of some of the TIA services conducted across the networks and generally these were found to be of a good standard. This group agreed that the south London sectors may want to look at coordinating their TIA services so that all high risk patients could access a 7/7 service (this had already happened in NEL, NCL and NWL) or perhaps, in the future, all sectors may want to look at establishing a vascular risk reduction clinic with their vascular and cardiac colleagues.

8. Any other business

8.1. National paper on PFO closure

A report in the New England Journal concluded that there was no difference in terms of clinical outcomes between PFO closure and best medical treatment. This group commented that in cases where PFO closure may be appropriate (small number) this should be agreed following a multi disciplinary discussion.

8.2. Patients requiring both renal and stroke care

It was discussed whether these patients should be managed in a stroke ward or a renal ward. This group agreed that this was a difficult scenario, particularly as not all SU trusts have renal services on site. It was recognised that the combination would have to be decided on a patient case basis but that the two models should be reviewed. It was agreed that if a patient can benefit from the stroke rehabilitation provided by the SU team then they should still have access to it.

Action: Gec and PG to complete a broad retrospective case audit looking at where patients were managed and the outcomes.

Action: HiW to provide a description of the services at Hammersmith and the level of stroke care that would be available in this unit

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Future meetings;

Tuesday 4th September, 15:00 – 17:00