London Cardiac and Stroke Networks

London Stroke Clinical Advisory Group minutes

Tuesday 15th April 2011

1. Clinical Advisory Group

In attendance:

Tony Rudd (Chair)
Sotiris Antoniou
Diane Ames
Bal Athwal
David Cohen
Geoff Cloud
Sue Fenwick-Elliott
Patrick Gompertz
Val Jones
Joe Korner
Mirek Skrypak
Neil Thomson
Hilary Walker

Caroline Kilby (Minutes)

Guests:

Dulka Manawadu
Brian Clarke
Gurkamal Virdi
Alec Fraser
Janelle Deveruex
Marisa Rose
Gemma Snell

Apologies:

Tess Baird
Gill Cluckie
Charlie Davie
Tom Greenwood
Nicola Harding
Emmie Malewezi
Rachel Sibson
Helen Williams

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

The minutes of the previous meeting were agreed.

1.1. **Action to carry forward**: Gill Cluckie to contact Trish Morris Thompson re: rotational posts across the pathway

1.2. IEP; Mark Hindmarsh had sent through a list of the trusts that are connected to the IEP.
Action: CK to forward names of trusts using IEP with these minutes

1.3. HASU leads meeting
Action: TR and HW to discuss with Janet Lailey and Lucy Grothier at next Network Directors meeting, this meeting should also include the HASU nurse leads.

1.4. HASU nursing competencies
Action: JD to forward final competencies for circulation with these minutes

3. Mimic presentation from St. Georges

Presentation by Brian Clarke circulated with these minutes.

Data collected at St. Georges through July to December showed a higher than modelled mimic rate of 24% of total HASU admissions, but it was noted that this rate is not higher than the mimic rate at St Georges from before the new London stroke model was implemented.

This data does not include the number of mimics that are not admitted to the HASU but are diagnosed 'mimic' in A&E.

Northwick Park and Royal London hospitals also triage in A&E.

3/4s of the mimics admitted to the HASU at St. Georges receive an MRI and are probably better managed on the HASU even though the diagnosis is not stroke.

TR requested that the diagnosis of mimics is recorded by the HASUs in SINAP (comments field) so that the proportions can be monitored.

Action: Continue to monitor mimic rates across London and feed this data to the tariff review taking place in the summer of 2011

4. Door to needle time standard

The question as to whether the door to needle time standard for HASUs should move to 90% of patients to received thrombolysis within 30 minutes as outlined in the tariff was put to the CAG.

Reasons for the discussion were that some clinicians across London were concerned that reducing the door to needle time could; pressure thrombolysis decisions to be made too early and without all the required information or; prevent thrombolysis that would fall outside this timeframe so that services would meet this standard.

This group agreed that the aspiration should remain but that the following graded scale should be part of the assessment to better reflect the achievement of a HASU;

Below 60% scores 0, 60-69% scores 2, 70-79% scores 3, 80-89% scores 4, ≥90% scores 5.

Action: Network leads to bring door to needle time data, since go live, from the HASUs in their networks to the June CAG meeting for further discussion ahead of the HASU C/D standards assessments in July.

5. Further clarifications on SU and HASU standards

The table below shows the agreements on each point of clarification against the standards as requested from the CAG.

	Standard	Response
HASU B Standards	HASU 12: 100 % of appropriate stroke patients to be weighed during admission	The CAG agreed that there should be no graded scale for this measure; HASUs should be achieving 100% of appropriate patients.
HASU B Standards	HASU 15: Daily consultant level ward rounds	The CAG agreed that there should be no graded scale for this measure; HASUs should have this in place.
SU A2	SU 1: Timely admission of patients from HASU	The CAG agreed the following scoring for this standard; Below 65% scores 0, 65-69% scores 2, 70-79 scores 3, 80-89% scores 4, ≥90% scores 5 As some A2 reviews have already been completed these should continue in each sector as they are at present. For the next A2 review the measurement of this standard should be applied consistently across London. **Action:** CK to add agreed repatriation date field to LMDS
SU and HASU C/D Standards	SU 25 & HASU 26: Plan for rotation of posts across the professional groups along the patient pathway	The CAG agreed to keep this standard. It was noted that a unit would pass if there was a real plan to participate in a rotational posts initiative. Should also include community services. **Action:** Network leads to drive this within each sector **Action:** NCL to feedback on how this is established for consultants and nurses within this sector

6. Speech and language therapy capacity to deliver stroke standards

MS circulated data produced by an inpatient rehabilitation team showing that it would be very difficult to achieve the 45 minutes of therapy per patient as outlined by the NICE standard within the staffing ratios specified in the tariff.

Dysphagia management impacted on the S&L therapies capacity to deliver the communication therapy.

TR agreed that the recent Sentinel Audit showed that S&LT was not being delivered to the level specified by NICE.

The CAG agreed that conversations on the right ratios for the stroke units needed to happen at a therapies level and further agreement on identifying those patients that could tolerate this level of provision was needed.

Units are encouraged to look at how S&L therapists were spending their time – focus on improving the direct patient contact time and reducing the administration time.

It was recognised that there was unlikely to be further investment made by commissioners into the service but teams are encouraged to continue to collect this evidence to support the current levels and to demonstrate that the service delivered is not poor quality but under capacity.

7. LAS performance data requirements

LAS would like to better manage the requests for data that they had been receiving from commissioners and networks.

The CAG agreed that LAS would report the following on a monthly basis;

- Top level journey times, by borough and the number from each borough outside the 30 minute LAS target;
- Call to door times;
- Response times;
- Number of FAST+ve patients to each HASU and the number of those not going to a HASU (plus where they are taken to instead) and;
- The number of patients picked up from each borough

LAS will also look to be able to provide the numbers of critical transfers of potential stroke patients from A&Es to HASUs but data quality would not be as good.

LAS would like to receive the diagnosis back so that they are able to monitor if they are taking the right patients to HASUs.

Action: Network leads to encourage the HASUs in their sectors to record the CAD numbers in SINAP as part of the patient record so that this data can be returned to LAS.

8. Draft guidance for the prescribing of anti-platelet agents post stroke/TIA

This group requested that following be added to the guideline, at which point they would be happy to support it;

- TIA should be added to first paragraph;
- Should state that this guidance is recommending the use of Clopidogrel off licence
- Should include guidance on how to switch a patient to Clopidogrel
- Information around whether it is cheaper/life long for GPs

- Should be a note encouraging the entry of patients into randomised controlled trials for anti-platelet therapy

9. Out of hours protocol for GPs

NEL network shared a draft protocol for use in their sector and potentially across London.

SL network reported that they already had a protocol in place.

LAS sent HiW comments as had other members of the CAG.

Action: HiW to feedback comments to Janet Laliey and next Network Directors meeting.

10. LMDS

There was a short presentation on LOS and data being received through the LMDS system for information. Initial report would be available for the June meeting of the CAG

11. Any other business

Action: the evaluation of TIA services should be added to the next agenda

TR suggested a feedback session in the autumn for all stroke clinicians in London to; review the London model, look at the available evaluation data and provide opportunity to suggest changes that might need to be made to the systems.

Action: TR and network directors to discuss developing a feedback session