National Advisory Committee for Stroke (NACS)

5 June 2017, 14:00 – 16:00
Conference Rooms A & B, St Andrews House, Edinburgh

Minutes

Attendees: Prof Martin Dennis (ProfMD), Andrea Cail (AC), Elizabeth Barrie (EB), Katrina Brennan (KB), Charlie Chung (CG), Andrew Farrall (AF), Andrew Fowlie (AFow), Katie Gallacher (KG), Gill Gunn (GG), Simon Hart (SH), Craig Henderson (CH), Prof Peter Langhorne (PL), Pamela MacLean (PMacL), Neil Muir (NM), Andrew Pearson (AP), Connie Smith (CS). Mark Smith (MS), Margaret Somerville (MSom), John Wilson (JW).

Apologies: Sheena Borthwick, Jesse Dawson, Jacques Kerr, Therese Lebedis

1. Welcome

The Chair welcomed the members to the meeting, and noted that Andrew Fowlie would be attending later in the meeting to present on innovation policy as would Simon Hart who would present on stroke workforce issues. It was also noted that Neil Grubb who had been due to present on the NACS funded atrial fibrillation (AF) project, held over from the previous meeting was not able to attend today's meeting and AF was to be discussed on the agenda at item 4.2.

2. Minutes of previous meeting (06/02/2017) – NACS/February2017/Minutes

The minutes were approved by Committee.

3. Action point update from previous meeting (06/02/17) – NACS February2017/Action Summary

ProfMD talked through the main actions noted in the circulated Action Point update paper which had either been cleared or were on the agenda.

Action 1, *Schedule meeting with Chair of the National Advisory Committee for Heart Disease (NACHD) to discuss approaches to improving care for atrial fibrillation.* ProMD confirmed this would be discussed at item 4.2 on the Agenda.

Action 2 - *Liaise with MD and KB regarding AF content for the UK wide AF survey.* Jesse Dawson had confirmed that additional data would be looked at before AF content was added to any future UK wide AF survey. ProfMD confirmed that points regarding atrial fibrillation would be discussed further at item 4.2 on the Agenda.

Action 3 - *Invite Innovations colleagues to present to the group to promote an understanding of the process around the priorities in the Survey Monkey –*

ProMD confirmed that Andrew Fowlie would present to the group later in the meeting.

Action 4 - *Liaise with CHSS to check that the STARS return to work content was up to date in terms of the Health Works project.* Therese Lebedis had confirmed that CHSS were actioning the text update to include key points from the Healthworks project. This would be included in module 10 of the core competencies - which has a scenario based on vocational rehabilitation.

Action 5 - *Liaise with audit coordinators in NHS GG&C to check that clot retrieval operations are being captured within the SSCA.* ProfMD confirmed that this would be covered at Agenda item 5 on clot retrieval.

4. Updates

4.1 Innovations work programme

AFow presented to the group on the innovations policy landscape and national items of interest to the group. Overarching policy derived from the Scottish Government's focus on economic development and now forms part of the policy for NHS Scotland.

In Scotland, this is referred to as CAN DO Policy-Innovation and Productivity initiative. A number of points were highlighted in the presentation;

- Scotland's productivity not as high as other countries and to address this, alignment to the growing international healthcare market was being aimed at.
- Innovation in the health and life sciences would support participation and growth in this sector of the economy.
- Within health and social care, supply led and demand led open innovation were the two main work streams.
- Increasingly, colleagues were being approached regarding demand led innovation, where approaches could be made to industry or crowd sourcing.
- An example given was around IBD where £500k was set aside in May 2017 through Innovate UK's process and a range of ideas to support the gastric community in Scotland were received. 5 people were selected to be given a contract to innovate on this condition. 2 prototypes would be chosen for practical work at NHS Highland and either NHS Greater Glasgow and Clyde or NHS Lothian for further development. This cycle of work would normally last 2-3 years.
- Financial support of innovations work was also highlighted including dedicated seek and solve grants, City deals etc. The City deal for Inverness was worth around £300-350 million, with twenty City deals in

place across Scotland a number of plans to spend on healthcare innovations were being aimed for.

- The Scottish Government CAN DO fund has a current call for bids finishing at the end of July. Items to improve the efficiency of stroke care, improve the economy would be looked for. Around £600k was available per package for a two stage proposal.
- Other innovation funds available were UK-wide challenges around diagnostics and imaging.
- Open innovation platforms such as Innocentive, Kaggle and Hero X could crowd source and also crowd fund proposals.
- An NHS NSS run website, Innovate was cited as a good starting point for exploring further options with around 60 websites in Scotland focussed on health innovation.

ProfMD noted the scale and diversity of interested parties, sources of funding / information and the difficulties of engagement with the various groups. Funding was identified as the stumbling block in taking work forward. The agreed AF standards were referred to as an example where practical steps to implement these using innovation was an issue, particularly around the process and turn-around in the use of technology.

There was discussion on the open innovation work outlined by AF which would provide a direct route into procurement into NHS Scotland. AFow confirmed he could help support discussion on this option, particularly on market failure / market gap issues where co-development work could provide the desired solution.

AFow confirmed that the application process for the CAN DO Scottish Innovation Fund funding stream was current with a deadline for 22 July. AFow agreed to forward an application form and information to Secretariat for consideration.

Action 1 – Forward CAN DO Scottish Innovation Fund application form and background information to Secretariat - AFow.

4.2 Atrial Fibrillation (AF) – Draft SF Standards

ProfMD updated the group. A meeting had taken place on 20 April with heart disease colleagues with agreement on two main streams of work to be taken forward by the National Advisory Committee for Heart Disease (NACHD) and for the NACS. Work on primary AF prevention and a pathway in primary care would be developed by the NACHD and would have links to Dr Neil Grubb's work. There was also a focus on the use of blood pressure machines that could detect AF and their procurement.

Secondary care aspects would be focussed on by stroke colleagues including secondary prevention, anticoagulation and paroxysmal AF. As part of this, paper *NACS June2017/DraftAFstandards* had been circulated for discussion.

The draft standards would be linked to the organisational audit, the Stroke Improvement Plan and each Health Board would be benchmarked against the standards.

ProfMD talked on the draft standards and also on the Survey Monkey conducted regarding AF which had found no written agreed criteria for monitoring of AF. Subsequently, access to 72 hour monitoring had been found to be variable with the treatment of requests for monitoring also variable. The standards aimed to provide national direction in improving this component of AF care.

A consensus based level of evidence was cited for the standards regarding coagulating paroxysmal patients which would be used to establish a middle ground for patient monitoring between screening all patients or none.

The draft standards had been discussed by the SSCA Sub-Group and the group agreed to accept the standards into their group of existing standards.

The next steps outlined were to set out how MCNs were to deliver the standards. Some additional work was identified for assessing available technologies that would support the taking forward of the standards. Methods likely to be employed were around use of the prolonged ECG monitoring. A difficulty identified was the number of machines available and length of time taken to provide an analysis. Assessment of off the shelf technologies followed by NHS procurement could be explored with the potential for disinvestment in existing equipment.

4.3 Stroke Workforce issues

ProfMD invited Dr Simon Hart, Head of Stroke Medicine Training in Scotland to present on medical workforce planning in the UK, its importance in Scotland and relevance for workforce issues in radiology, interventional radiology and nursing.

SH talked on audits undertaken in 2014 and 2016 on the stroke workforce in England and Wales. A 100% response to the audit had been received and had revealed a number of issues including;

- 1 in 4 consultant posts not filled in 2014. This rose to 4 out of 10 posts in 2016.
- An increase of missing PAs (half day of work) from 454 (2014) to 804 (2016).
- In 2014 it took 8 months to fill a post. In 2016, this had increased to 15 months.

- The audits also examined regions and showed a large range in unfilled posts.
- 656 consultants in post in the UK in 2014. This had risen to 676 in 2016.
- PAs per site – 22, remained the same in 2014 and 2016.
- The distribution of PAs across the sites and regions showed variability. The workforce audits had provided data which until then had not been available for use to support service planning.
- Planning at around half of the sites was going ahead to increase consultant posts.
- Current PAs mapped against planned PAs showed inconsistency.
- A third of sites don't have access to thrombectomy.
- A third of consultants planned to retire in 10 years. 1 in 8 planned to finish in 3 years.
- Those trained in stroke medicine have mostly gravitated to the large Scottish cities. 10% of those trained are no longer working in stroke.

SH outlined a number of approaches to increase the numbers trained per year based on workforce modelling;

- Automatic training of stroke within parent speciality
- Align thinking to the national 'Shape of Change' programme
- Possible development of a second stroke strategy
- Canvas support from NHS Education for Scotland
- Scope the distribution of training sites
- Raise the profile of stroke through medical schools
- Encourage stroke registrars to remain in stroke medicine
- Increase the number of PAs per stroke consultant
- Increase the efficiency of sites
- Scope the physician assistant role employed in England
- Use the information in the audits as evidence to lobby for improvements.

SH confirmed that the Sentinel Stroke National Audit Programme (SSNAP) in England held data on the level of workforce and patient outcomes, although this wasn't complied into a league table. Interpreting the relationship between these would be complicated by the need to consider them in terms of the whole stroke service workforce and not just consultant posts. Regarding solutions, Dr Hart noted that the trend in England was to centralise services. The potential limits of the stroke physician role and the potential impact of Brexit were touched on.

SH also talked on the position in Scotland regarding funded stroke training vacancies. A situation had arisen in the past when training vacancies in

Aberdeen and Dundee had been unfilled and applications for Edinburgh and Glasgow oversubscribed. A more flexible model of training was suggested that would allow applicants to train in Scotland so they weren't lost to NHS Scotland.

4.4 Stroke Improvement Programme

KB updated the group on progress. A hard copy update had not been circulated as scoping work had been taken forward with the Boards regarding their current performance ahead of publication of the Scottish Stroke Improvement Programme report. KB highlighted significant changes to the RAG performance with only two main areas now in red; imaging and clinical psychology. A plan was being developed to address psychological support around scoping current support. A new standard on Spasticity management had also been added in the current month. An issue around intermittment pneumatic compression had been resolved.

Scoping work around education issues in stroke units had taken place and issues had been substantially resolved. KB reported that she would take over responsibility for this topic from July onwards.

A recent meeting of the Rehabilitation Sub-Group had discussed the sprint audit. Results had been shared with the MCNs. It had been agreed that the sprint audit would not be re-run in its current form. MS would share the results of the audit at the AHP Forum on Thursday 8 June. Criteria from the audit had been included in the current benchmarking criteria of the Stroke Improvement Plan to support monitoring of rehabilitation in future. This would also free space in the SSCA for alternative audit items.

MS informed the group on potential changes to exercise prescription, potentially influenced by generic approaches to long term conditions embodied by the PARCS (Person-centred Activities for people with Respiratory, Cardiac and Stroke conditions) programme which could impact on the RAG criteria.

4.5 Stroke Improvement Workshops

KB informed the group that a psychology workshop was being planned for the second half of September. A substantial amount of work on psychology support had been developed on the cardiology side and colleagues involved would be invited to take part. Boards had also been contacted regarding psychology staff with a view for capturing representation from across Scotland.

KB asked the group for their views on who could best represent colleagues from stroke services. It was suggested that a manager, clinician or link to the MCN Sub-Group could take part.

It was agreed that an email would be drafted to each Boards' link person asking who they would nominate to attend eg; manager, clinician, CHSS liaison nurse and in addition invite a clinician from each Board.

It was also agreed that the workshop would include a focus on work towards agreeing a consensus on referral criteria for patients to a clinical psychologist, neuropsychologist or other psychology service as appropriate. KB noted the work in Lanarkshire on patient screening.

GG noted that psychology support across long term conditions was an issue an agreed to liaise with KB regarding potential attendees for the September workshop.

MS updated the group on the workshop on 30 May on Goal setting. A positive outcome was reported with a national focus on taking work forward.

Action 2 – Email Health Board stroke link representatives requesting nominations to the Psychology workshop for September – KB

Action 3 – Ensure Psychology workshop has a focus on agreeing patient referral criteria – KB

Action 4 – Liaise with KB regarding psychology nominations for the September workshop from the long term conditions perspective - GG.

4.6 Scottish Ambulance Service update

CH updated the group. Work had advanced to the stage that with the hyperacute pathway in place and embedded, a need to add TIA patients had been identified as no Board offered a clear TIA pathway. A substantial piece of work to support this would need to be taken forward with EDs and GPs regarding pre-alerts. Health Boards would be approached regarding data sharing agreements for patients diagnosed in hospital with stroke but missed by the SAS. In addition, Boards would also be requested to provide treatment outcomes for patients with classified as 'unknown'.

CH highlighted that the service would need to work with the committee on this planned work going forward and would feedback at the next meeting.

ProfMD acknowledged the difficulties associated with identifying TIA and would be keen to take part in the planned meeting with KB, CH and GP advisor in July with date to be confirmed to scope issues around this.

4.7 SSCA Update

NM provided an update on highlights regarding the circulated paper NACS June2017/SSCA. The National SSCA Report was scheduled for launch on 11 July. The Agenda for the National SSCA meeting on 29 August was being finalised with invitations to be issued soon. Issues were reported regarding the IT network which had now been escalated regarding changes to the swallow standard. Regarding the thrombectomy work, the flowchart work developed by ProfMD was progressing. Standards were on the Agenda for the next SSCA Steering Group meeting. There had also been discussion around the inclusion of length of stay in the stroke unit and where patients go afterwards at the last meeting of the Steering Group.

4.8 CHSS update

MSom confirmed that Mark O'Donnell, had resigned as CEO and that, John Wilson, a CHSS Trustee and former Chief Executive at NHS Fife had been appointed as interim CEO. The next meeting of the Cross Party Group on Heart Disease and Stroke was scheduled for 20 June and the main topic for discussion was AF.

4.9 Stroke Association update

AC updated the group. The Stroke Association had been working with the The Royal College of Paediatrics and Child Health which had published revised childhood stroke guidelines to improve the standard of care in children; http://www.rcpch.ac.uk/improving-child-health/clinical-guidelines/find-paediatric-clinical-guidelines/published-rcpch/strok. Following the publication of the guideline, a workshop in Scotland for paediatricians was planned.

5. Clot Retrieval

ProfMD updated the group. A meeting was scheduled for Wednesday 7 June for an Expert Group on Thrombectomy to advise on implementation of a thrombectomy service following the announcement on 11 April NHS England that it will commission mechanical thrombectomy to enable it to become more widely available. The first meeting would decide on its membership and remit and feedback would be provided at the next meeting.

6. AOB

ProfMD confirmed that EB was the stroke nursing representative on the group.

Action reference	**Description**	**Responsibility**	**Cleared**	**Notes**
NACS June 2017/Action 1	*Forward CAN DO Scottish Innovation Fund application form and background information to Secretariat*	Andrew Fowlie		
NACS June 2017/Action 2	*Email Health Board stroke link representatives requesting nominations to the Psychology workshop for September*	Katrina Brennan		
NACS June 2017/Action 3	*Ensure Psychology workshop has a focus on agreeing patient referral criteria*	Katrina Brennan		
NACS Jun 2017/Action 4	*Liaise with KB regarding psychology nominations for the September workshop from the long term conditions perspective*	Gillian Gunn		