

## **National Advisory Committee for Stroke (NACS)**

**15 April 2019, 14:00 – 16:00**

**Conference Room A & B, St Andrews House**

### **Minutes**

**Attendees:** Prof Martin Dennis (MD), Karen Auchincloss (AC), Mark Barber (MB), Elizabeth Barrie (EB), Satu Baylan (SB), Sheena Borthwick (SB), Andrea Cail (AC), Alan Cowie (AC), Katrina Brennan (KB), Andrew Farrall (AF), Katie Gallacher (KG), Jackie Hamilton (JH), Jane-Claire Judson (JCJ), Therese Lebedis (TL), Neil Muir (NM), Lynda Williamson (LW), John Wilson (JW).

**Apologies:** Jesse Dawson, Prof Peter Langhorne, Kerry Morgan, Mark Smith

#### **1. Welcome**

The Chair welcomed everyone to the meeting, particularly Satu Baylan who would present on the Community Stroke Rehabilitation project at Agenda item 4.1, Karen Auchincloss, Team Leader for Stroke who had taken over Gill Gunn's role and Marion Morris, Senior Policy Manager for Stroke who had taken over Connie Smith's role at the Scottish Government. Introductions around the table were made.

#### **2. Minutes of previous meeting (19/11/2018) – NACS/November2018/Minutes**

The minutes were approved by Committee subject to the following changes: Amend to read Jackie Hamilton's place of employment as NHS Grampian and remove Niall Broomfield as an apology. Include Katie Gallacher and Elizabeth Barrie as having attended.

#### **3. Action point update from previous meeting (19/11/18) – NACS April2019/Action Summary**

MD talked through the actions in the circulated Action Point update paper noting those cleared and asked for updates on those ongoing;

*Action 1 - Prof Dennis and Fran Bailey would arrange to meet with Marian Brady to progress the output of SOCLE 2 and how this was going to be incorporated into STARS – MD.* MD confirmed that a STARS module was yet to be completed and a meeting to discuss progress and agree a way forward with Marion Brady, Stuart Cromer, Edinburgh University and Fran Baily, CHSS was ongoing. It was confirmed that Fran Baily had left her post and CHSS were taking forward recruitment for her role.

MD reminded the group of the funding agreed to support STARS infrastructure in 2018 and asked if there was anything to update on. JCJ confirmed that this work was underway and more detailed reporting was planned. It was agreed that a STARS programme update be placed as a standing item on the group's

agenda going forward. There was discussion on management of STARS content and liaison with authors due to job changes. JCJ confirmed that content update of the resource was being taken forward.

**Action 1 – Add STARS work programme to the Agenda as a standing item – Secretariat**

Action 2 - *Explore option of a patient focussed workshop - AC/KB/JCJ.* MD confirmed that this action was ongoing.

Action 3 - *Liaise with CHSS colleagues and Therese Lebedis offering of physio and OT Training to CHSS volunteers– KB.* TL confirmed that this action was focussed on liaison around what CHSS volunteers were offering and was not offering training per se.

Action 4 - *Katrina to meet with Psychology Group to agree way forward – Katrina Brennan.* Jackie Hamilton would update at item 4.8 on the Agenda.

Action 5 - *KB to arrange to meet CHSS education lead, Sharon McGroary’s – Katrina Brennan.* KB reporting a positive meeting with the new CHSS education leads, Joanna Graham and Alison Jardine

Action 7 - *It was requested that JCJ provide a short paper mapping the current provision by CHSS service, for people who have had a stroke and their families, for the meeting on 15th April – Jane-Claire Judson.* JCJ had provided a paper for discussion under item 4.8, CHSS Services & Support.

## **4. Updates**

### **4.1 Community Stroke Rehabilitation in Scotland**

Satu Baylan presented on the findings of the collaborative project work on post-acute care in Scotland. SB confirmed that the full report and Executive Summary versions of the report would be circulated to the group.

The project sought to examine the different types of services available linked to the Scottish Stroke Care Audit (SSCA), qualitative indicators and how the care is aligned to evidence and policy. SB set out a number of themes including drivers for initial service implementation and service provision such as goal setting. Challenges and strengths were also identified such as inequalities, gaps in service and high quality patient centred care. SB set out the recommendations from the project work covering inequalities, stroke specificity, the audit of post-acute care and an assessment of alignment between guidelines and policy.

Discussion included questions around the role of Integrated Joint Boards (IJBs) in reducing variation. SB noted that a factor influencing this was where Health

Boards had more freedom to manage resources and drive improvement. KB informed the group on work begun on a stroke specific team within the stroke / neurological team in the North and its impact on developing a business case in Lanarkshire. Although the project had looked at stroke professionals, it had emerged through the quotations section of the report that stroke specific services were seen as a positive. The study had looked broadly at goal setting and SB highlighted the potential for goal setting to be looked at in more detail as part of any future workshop.

An optimal care pathway was discussed and SB noted that while occupational therapists and physiotherapists were regarded as core components across Boards, there was variation in nursing. The measurement of what optimal meant in this context was raised and SB confirmed that there had been no formal requirement to report on this in the study. The onward referral pathway was touched on and this had included a number of options including exercise. While psychology and emotional support had not been included in the core themes, responses on these issues were separated out in the study's coding.

**Action 2 – Circulate the Community Stroke Rehabilitation project report and Executive Summary to the group – Secretariat**

#### **4.2 Stroke Rehabilitation – Outcome Measures**

MD highlighted the paper provided by Mark Smith. In Mark's absence, the group agreed to discuss this work at the next meeting of the group.

**Action 3 – Retain Outcome Measures as an Agenda item for the next meeting – Secretariat**

#### **4.3 Atrial Fibrillation (AF) –Work Plan activity**

MD set out the background to the AF Work plan and updated on secondary prevention of stroke, particularly for paroxysmal AF. There were two pieces of work reported on which would inform a workshop on AF to disseminate experience:

1. NHS Lothian had been progressing a retrospective audit of patients with paroxysmal AF. Criteria had been revised regarding prioritisation of screening and plans had been put in place to use LifeCard recorders to manage prolonged monitoring arrangements over a 5-day period. A business case had been submitted and accepted with 15 LifeCard recorders to be rolled out among hospitals. An audit of criteria and case yield would take place. Additional funding to support the analysis of recording for 500 patients per year had been identified. The service would be for inpatients and outpatient. Initial costs would be £15k for equipment and an estimated £15k a year to run.

2. MB updated on the NHS Lanarkshire project and set out the differences between the two innovative technology options that had been initially looked at, the Bardy patch and Quardia. Noting delays due to ethical issues, there were now 120 Bardy patch devices ready for use. Training on the use of the devices had been anticipated, however the company that owns them had been sold and further delays were anticipated due to the need for refreshed data governance compliance requirements, which was progressing. MB reported that it was possible for the company to analyse the results and produce a formal report as well as the NHS providing this.

#### **4.4 Stroke Improvement Programme (SIP)**

KB updated. It was suggested that Boards be approached to ask what their plans were for FAST campaigns going forward. Work with the SAS was ongoing around data linkage in the pre-hospital journey which will link with thrombectomy work. Thrombolysis was highlighted as a pressing issue in Boards not meeting the door to needle standards, augmenting the thrombectomy work.

KB confirmed discussions had been progressed with CHSS regarding education and training and would need to discuss with Boards other methods and new ways of delivering training going forward. Data was being used to highlight gaps and to scope those who can link-in and contribute to address these. A particular issue to be addressed was thrombectomy training for nurses.

#### **4.5 Workshops**

KB updated on the Workshop programme. Workshops around AF and Self-Management were being planned for 2019. Workshops on psychology, thrombectomy and patient involvement were being followed up on, dependent on funding and regular meetings with Karen Auchincloss were being scheduled.

#### **4.6 SSCA Update**

NM talked through circulated update paper, NACS April/SSCA. An extract of data was made on 23 March with plans to present this on Tableau and in PDF format, with the SSCA Improvement Programme Report scheduled for publication on 9 July. A call had gone out for poster presentations for the National meeting on 29 August in Aberdeen and agenda will be finalised at the next steering group meeting in May. IT updates regarding changes to standards were progressing. NM highlighted the Redcap tool as means to add modules to the programme in the future. A Local Audit Coordinators (LAC) meeting was scheduled for 14 May. Work around SMR01 reporting was progressing and MD highlighted the risk of double counting errors when examining data sources. Health Board visits were being scheduled for June and the organisational audit returns had been returned with a section on community rehabilitation teams.

NM highlighted variation in how some Boards recorded transition to home within the SSCA and this would be addressed at the LAC meeting.

#### **4.7 Stroke Guidelines**

AC highlighted the Stroke Association's engagement with the English Royal College of Physicians (RCP) in relation to updating their current Stroke Guidelines. It was noted that the RCP required resourcing to progress a new version and the Stroke Association offered to contribute a significant amount. The Welsh Government have also offered £10k to support the RCP and AC asked the group what scope there was for supporting an updated stroke guideline.

MD confirmed he had been approached by the lead for the RCP guidelines to scope potential for joint working between themselves and the Scottish Intercollegiate Guidelines Network in Scotland (SIGN) and that SIGN has also been contacted directly for their advice. MD agreed to find out what the outcome of this had been and make a formal request on behalf of the NACS that joint working to refresh the guideline is strongly supported by the group and should be explored further. MD noted that any future guideline would need to have UK-wide relevance and not reflect priorities linked to the English stroke audit.

**Action 4 – Liaise with SIGN to highlight formal joint working on revised stroke guideline is strongly supported by NACS and should be explored further - MD**

#### **4.8 Scottish Stroke Psychology Forum (SSPF)**

Dr Jackie Hamilton reported to the group on the establishment of the SSPF with Dr Luke Williams, NHS Ayrshire and Arran as Chair. Historically, ad-hoc meetings had taken place between stroke psychologists and the SSPF now formalised these arrangements, with the group committed to working collaboratively with partners on the NACS.

The group had now met on 3 occasions and had undertaken a scoping exercise to examine staffing and service provision. User service and referral rate data had been more difficult to obtain and was an issue to address. A paper had been produced on the economic value of psychological provision. A draft paper had also been produced on current need and key recommendations. Work was proceeding on a tiered model of care with four levels with further discussions to follow with KB on roll-out.

Regarding the SIP, it was proposed to amend the action under Priority 7: Transition to Community from 'access to specialist clinical/neuropsychology

services' to 'Psychological Care' to reflect broader aspects of psychological need, care and treatment. Specialist Clinical/neuropsychology provision is within the tiered model of psychological care at tier 4, but overseeing levels 2 and 3 also.

KB highlighted the importance of the SSPF's work to date and its ability to challenge Health Boards on the services they provide.

MD noted that the Redcap tool could offer a way to support the data management issues raised and JH agreed to liaise with NM to take this forward.

JH noted that cross fertilisation from other areas was an importance resource such as distress management systems, originally developed for use in oncology services.

#### **Action 5 – Scope potential for Redcap data tool to manage psychology data issues – JH, NM**

#### **4.9 CHSS update - CHSS stroke support services**

MD introduced the circulated paper NACS/April2019/CHSS. MD raised the issue of measurement in the later aspects of the patient pathway and asked if CHSS had developed any methods to measure what rehabilitation support services were delivering in terms of goal orientated self-management. JCJ noted that where services were being delivered as part of the NHS, data would come through the SSCA. A challenge for CHSS were developing data regarding around in-house services and there were similar issues experienced by CHSS as the NHS regarding measurement and data gathering.

JCJ informed the group on research being conducted on how service users understand their own goal setting in the community compared to a professional health care environment and how findings from this could improve care. Use of patient stories and peer support had also taken place regarding the potential for inclusion in an audit system. TL noted the importance of self-management, what strategies work best for people and how Dr Kidd's work will feed into this. TL noted a partnership approach to measurement improvement would support a way forward and also the recognition that a 'one size fits all' approach would not be appropriate.

#### **5 Stroke Association update**

AC provided a verbal update. A meeting had been held with JCJ on common work themes going forward. Work was ongoing with NHS Inform to update stroke information held on the site and then check drafts with MD. A written

evaluation of the Moving Forward with Stroke programme on stroke-specific exercise based rehabilitation based in NHS Forth Valley would be available soon. The results of a survey across the four nations which returned 10,000 responses are being drafted with dissemination planned for World Stroke Day on 29 October. A national TV advert to raise awareness of stroke with the public was scheduled for Friday 26 April after the 'Goggle-box' programme on Channel 4.

## **6. Thrombectomy**

MD updated the group. By November 2018, the Thrombectomy Advisory Group (TAG) with Angus Cameron as Chair had been progressing meetings scheduled for every 5-6 weeks with discussions moving the agenda forward. The TAG had drafted a planning framework for the NHS NSD National Planning Board to consider at their January meeting. A further draft had been requested for their next meeting in May. The TAG meeting was scheduled for 21 May. MD reported that the Dept of Clinical Neuroscience at the Western General was scheduled to migrate to the Edinburgh Royal Infirmary on 10 July which would provide improved facilities. A fourth Interventional Neuroradiologist, undergoing training had been appointed in Lothian.

JCJ raised the potential issue of duplication of meetings and scope for this to introduce delays. KB reported that meetings were commissioned for specific reasons and MD noted the challenges for the regions were different and meetings would reflect this.

## **7. AOB**

No other items of business were raised.

<b>Action reference</b>	<b>Description</b>	<b>Responsibility</b>
NACS April 2019/Action 1	<i>Add STARS work programme to the Agenda as a standing item.</i>	Secretariat
NACS April 2019/Action 2	<i>Circulate the Community Stroke Rehabilitation project report and Executive Summary to the group.</i>	Secretariat
NACS April 2019/Action 3	<i>Retain Outcome Measures as an Agenda item for the next meeting.</i>	Secretariat
NACS April 2019/Action 4	<i>Liaise with SIGN to highlight formal joint working on revised stroke guideline is strongly supported by NACS and should be explored further.</i>	Prof Dennis
NACS April 2019/Action 5	<i>Scope potential for Redcap data tool to manage psychology data issues.</i>	Jackie Hamilton / Neil Muir
NACS November/Action 6	<i>Prof Dennis and Fran Bailey would arrange to meet with Marian Brady to progress the output of SOCLE 2 and how this was going to be incorporated into STARS.</i>	Prof Dennis
NACS November/Action 7	<i>Explore option of a patient focussed workshop.</i>	AC/KB/JCJ