

**MANAGED CLINICAL NETWORK  
FOR STROKE**

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**MINUTES OF THE STROKE STEERING GROUP MEETING**  
**TUESDAY 9<sup>TH</sup> DECEMBER, GGH**

**Present:**

<b>NAME</b>	<b>DESIGNATION</b>
Christine McAlpine (CM)	Lead Clinician
June Lawrie (JL)	Lead Physio
Niall Hughes (NH)	Stroke consultant
Rhone Petrie (RP)	Pharmacist, Acute
Lynn McLaughlin (LM)	Primary Care Support Nurse
Suzanne Whiteford (SW)	Health Improvement Senior
Yvonne Neilson (YN)	Health Improvement Senior
Camilla Young (CY)	Network Co-ordinator
Anne Scoular (AS)	Public Health Consultant
Val Campbell (VC)	Lead SLT
Linda Hillan (LH)	Prescribing Governance Pharmacist
Pamela Ralphs (PR)	Planning Manager
Jayne McKerrow (JM)	CHSS
Gill Alexander (GA)	AHP consultant
Bill Cameron (BC)	Patient Representative
Fiona Moffat (FM)	Academic AHP
Nicki Munro (NM)	Orthotist
Gillian Collins (GC)	Health Improvement Senior
Peter Kerr (PK)	Stroke Specialist Nurse
Lindsay McKean (LM)	Stroke Psychologist

**Apologies:**

<b>NAME</b>	<b>DESIGNATION</b>
Clare Stewart	Lead OT
Elaine Burt	Head of Nursing
Kathleen Molloy	Patient Rep
Linda Morrow	CHSS
AnneMarie Thomson	CST, Lead

1.	<b>Welcome and apologies</b>  CM welcomed everyone to the meeting	
2.	<b>Minutes of previous meeting</b>  The minutes of the last meeting were accepted subject to minor text changes.	
3.	<p><b>Matters arising</b></p> <p>Housebound patients</p> <ul style="list-style-type: none"> <li>- JL updated that the CST have said that they would go into care homes on an individual needs basis if there were clear rehab goals that could be achieved.</li> <li>- Spasticity services for the house bound, it was agreed to Put this on hold for the moment given the major pressures around work for the new hospital</li> <li>- AS asked if the group had seen the report from the housebound project that had been carried out some years ago. AS to send CY for distribution.</li> </ul> <p>Out patient neuro</p> <ul style="list-style-type: none"> <li>- JL commented that someone has been appointed to the CST service who will be able to pick up the patients who were previously referred in to the neuro outpatient service</li> </ul> <p>CST</p> <ul style="list-style-type: none"> <li>- There was some discussion around the possibility of adding the CST details to the Service Directory with a caveat that you need to be referred in to the CST via your GP. LM to speak to Suzanne Whiteford about this.</li> <li>- BC wondered if there were the resources to provide physio to all those patients in the community needing it. JL replied that she thought they did have, but not for continuous input.</li> </ul>	<b>ACTION:AS</b>

	<ul style="list-style-type: none"> <li>- There was some discussion around the CST and Early Supported Discharge models. CY commented that AnneMarie Thomson is looking to gather some date from the CST point of view around patients that they feel could have been discharged earlier with CST input . AS commented that there is a lot of work ongoing through the Clinical Services review which could help look at this. GA added that we are also not flexible enough in terms of length of input patients can have from the CST, particularly for some of the younger patients who may take some time to recover functionally. GA spoke of the RATULS project which is looking at upper limb input and there are some quite amazing results with patients who are quite far in to their recovery. PR added that the evidence base behind these developments were helpful in terms of putting forward a case for change. CM suggested asking the CST to report in to the Steering Group in terms of patients they feel could have benefitted from longer input, earlier input etc. NH queried if the current primary care model was the best way to identify patients who might benefit from further stroke input. LM added that the questions in the LES ask about new or worsening problems : it is not set up to identify those patients who have not have a change in functionality but may still benefit from a short burst of therapy. PR added that the input would not necessarily need to be from therapist, but other service in the community i.e. live active etc.</li> </ul>	
4.	<p><b>Updates from working groups</b></p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>- STAT training – CY updated on the STAT programme for 2014. There have been 7 days run so far with 2 more planned before the end of the year. A total of 70 staff will have attended by the end of the year. It had been agreed to carry the programme in to 2015 and 2 dates have been arranged for early 2015 in the first instance.</li> </ul>	

	<ul style="list-style-type: none"> <li>- Primary Care evening will be held in January 2015</li> <li>- Best practice afternoon will be held on 4<sup>th</sup> March at Ebeneezer Duncan.</li> <li>- Training needs analysis had been carried out. One issue highlighted was general medical updates which we will look to run a course on in the Autumn of 2015.</li> <li>- Training for carers - SLT had held an event attended by 75 carers, looking to see if this can be expanded to all AHP areas. LM noted that psychology would also be keen to be involved in this.</li> <li>- CM and Niall Broomfield had worked with Frances Bailey of CHSS to produce a number of psychology videos. These are now on the STARS websites. It has been suggested that we use these to support some form of psychology training. It had been suggested that this be delivered on a unit basis.</li> <li>- MDT next course end of April 2015.</li> </ul>	
	<p><b>Primary and Community Care</b></p> <ul style="list-style-type: none"> <li>- CY updated on the work of the group</li> <li>- CY to check on progress of LES functional assessment template draft with Jim O'Neill and Ronnie Burns to see if this will be implemented for April. LM will also follow this up.</li> <li>- Working with the LES Workforce Development Group to develop training database.</li> </ul> <p><b>Acute</b></p> <ul style="list-style-type: none"> <li>- Planning for 2015. PR updated on the work going on around the On The Move programme. There has been a slight change to the original model for 2015. The plan is now for Mon-Fri 9-5 thrombolysis at GRI, with a 24/7 service at SGH. A proposal is being developed to go to the bBoard early in 2015 which sets out a broader vision to move to having both hospital sites carrying out thrombolysis 24/7 and also how we develop the</li> </ul>	

	<p>Clyde hospital sites' stroke services.</p> <ul style="list-style-type: none"> <li>- Discussions ongoing with diagnostics to finalise the imaging pathway.</li> <li>- Workforce planning being moved forwards for medics, nursing and AHPs.</li> <li>- CM commented that a couple of big trials have found significant benefit from interventional neuroradiology in appropriate acute stroke patients; this could impact on the service within GG&amp;C as there could be a need to offer a regional service for this.</li> <li>- RP commented that there had been no progress in terms of the pharmacy input and asked for the stroke patient numbers. PR to send this to RP. They are also still waiting to hear which pharmacist staff will be moving to GRI or to the nSGH. RP also commented that there would be no drugs kept on the wards and would this be an issue, CM and PR were not sure about this but would look in to it.</li> </ul>	
5.	<p><b>Performance Management</b></p> <p>The Stroke MCN recently had its annual review meeting with the Scottish Government to look at progress against the stroke standards. GG&amp;C are already meeting their projected stroke bundle performance for March 2015. PR updated on performance against the individual elements. It was noted that the thrombolysis door to needle times were particularly poor. A lot of work is currently going on around this and pathways will change after the opening of the nSGH and the move to thrombolysis at GRI. All other areas of the stroke bundle are showing improvement in comparison to 2013.</p> <p>The group were informed that a new SSCA coordinator would be starting early 2015.</p> <p>CM informed the group that another sprint audit for the rehab audit</p>	

	<p>will be carried out in 2015 at GRI for 2 months.</p>	
6.	<p><b>FAST campaign</b></p> <p>CY had manned stands at VIC ACH, STB ACH during the first week of November. The campaign had also been picked up by the Evening Times and The Dumbarton reporter. CM and Peter Langhorne had also appeared on STV Glasgow News. LH added that there had been good feedback from community pharmacists who have been handing out FAST info to patients on particular medications. The campaign was also on the SOLUS screens across GG&amp;C.</p> <p>AS commented that Drumchapel HC are looking to develop a health hub and could display the FAST banners.</p>	
7.	<p><b>Health Services Directory Update</b></p>  <p>PHSD_presentation_ Stroke_MCN_09_12_</p> <p>SW presented on the update of the Health Service Directory.</p> <p>GA asked how this linked to ALISS, SW commented that the HI team are working with other organisations to look and see if the different directories can link to each other and ALISS is leading on this.</p> <p>CM commented that the MCN have been asked to link with the Stroke Associations Self Management project. They are looking to bid for money from the Impact Fund. This could feature on the health directory in due course.</p> <p>There was discussion around how this could be disseminated. It was</p>	

	<p>agreed that this would be a great resource for staff and patients to access.</p>	
8.	<p><b>Stroke Improvement fund</b></p> <p>CM informed the group that they had submitted a bid to the stroke improvement fund to look to fund someone to go out and review stroke patients to see if they could benefit from more input, unfortunately this was not successful.</p> <p>The submitted bid around Carer support was also not funded.</p> <p>Awaiting feedback from NACS.</p> <p>Vision app bid to support completion of the project was successful.</p>	
9.	<p><b>AOCB</b></p> <p>National Stroke Action Plan – this has been published and a new monitoring document will be coming out for comment shortly.</p> <p>CM congratulated Anne Scouler on her up coming retirement, and thanked her for all her input over the years</p>	
10.	<p><b>Date and Time of Future Meetings</b></p> <p><b><u>TBC</u></b></p>	