

MANAGED CLINICAL NETWORK FOR STROKE

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MINUTES OF THE STROKE MCN EXECUTIVE GROUP MEETING **HELD ON TUESDAY 24th February 2015, SGH,**




Present:

NAME	DESIGNATION
Christine McAlpine	Stroke MCN Lead Clinician (Chair)
Camilla Young	MCN Co-ordinator
Elaine Burt	Head of Nursing, RAD
Pamela Ralphs	Stroke Planning Manager, RAD
Kathleen Molloy	Patient Representative
Gillian Alexander	AHP Consultant
Ronnie Burns	Lead GP

APOLOGIES	
John Kennedy	General Manager, RAD

		ACTION
1.	Welcome and Apologies The apologies were noted as above.	
2.	Minutes of Last Meeting The minutes of the last meeting were agreed	
3.	SSCA reports /HEAT Target/Stroke Bundle PR reminded the group of the elements of the stroke bundle. We are measured as a board and have 6 monthly targets. The target for March 2015 is 55%. January performance had fallen to 53%. PR noted that we will shortly be asked to put in place our 2015/16 target. RB asked if the poor ASU performance at WIG was a bed capacity issue or a bed management issue. CM commented	

	<p>that the issue seemed to arise when non stroke patients were in G2 and could not be moved on to other wards. It was noted that patient flow through the stroke unit must improve when the nSGH opens..</p> <p>CM highlighted that one element can bring down performance, swallow assessment at GRI is out with the gift of the stroke unit and brings down overall performance. Also poor performance can be related to individual patients failing different elements of the bundle.</p> <p>CM added that there was evidence that a fully completed bundle improved patient outcomes. CY to source paper.</p> <p>KM asked if there was not a way to highlight the bundle elements at the bedside.</p>	<p>ACTION:CY</p>
<p>4.</p>	<p>Stroke MCN On The Move</p> <p>CM updated the group on the work of this group.</p> <p> 150205.doc</p> <p>It was noted that the SLT reorganisation was going to be on the agenda for the next Stroke On The Move meeting in early March.</p> <p>CM commented that letters have gone out to GPs around the changing hospital catchment areas.</p> <p>RB raised that there had been some information sent round to GPs regarding the VIC/SGH pathway. He noted that the information sent to the paramedics was slightly different to that which had been sent to GPs. There is a need to clarify for GPs that any suspected strokes go directly to SGH regardless of time of day or time since onset. RB suggested that for the opening of the new nSGH it would be helpful to have a geographic map of GG&C stating where patients should go. PR to speak to Linda Hamilton to find the best way to communicate any changes with the GPs. It was noted that something developed would be added to the GP desktops for easy access.</p> <p>CM updated that the Robots for upper limb rehab are being rehomed, one to Day Hospital at Langlands and one to Stobhill</p>	<p>ACTION:PR</p>

	<p>PR updated in regional thrombolysis, looks like A&A and Lanarkshire being self sufficient from April.</p> <p>Looking at potential developments around interventional neuroradiology.</p>	
5.	<p>Subgroup updates</p> <p>Education</p> <p> 150219.doc</p> <p>- GA updated the group</p> <p>Primary Care</p> <p> 150212.doc</p> <p>- RB updated the group</p>	
6.	<p>National Action Plan</p> <p>Following the publication of the new Stroke Improvement Plan the National Advisory Committee for Stroke and issued a new Action Plan to be completed by all boards. CY and CM had produced a first draft of the GG&C response and feedback to the national team. A new version of the action plan should be produced by NACS in time for discussion at the MCN Steering Group. Attached in the current version and the responses.</p> <p> National_Action_Plan _Update__Jan2015.c</p>	
7.	<p>MCN Workplan</p> <p>Ut was agreed that CY would update this for the next MCN Steering Group</p>	
8.	<p>AOCB</p> <p>RB commented that there had been something fed back from the CST that they had to go back to the GP to refer a patient in to the stroke service. CM asked CY to follow this up with AnneMarie Thomson for more details and feedback to CM.</p> <p>GA commented in a survey to go out to AHPs around knowledge and access to long term support services, this had been completed with around 500 responses. A similar survey</p>	ACTION:CY

	was developed to send out to stroke survivors. GA has a batch of hard copies of this to be distributed to our patients. It was suggested that these be given to the Stroke Specialist Nurses and the CST to hand out. CY to send contact list to GA.	ACTION:CY
9.	Date and Time of the Next Meeting Wednesday 27th May, 3pm	