

**MANAGED CLINICAL NETWORK
FOR STROKE**

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NETWORK CO-ORDINATOR: - Camilla Young
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MINUTES OF THE STROKE STEERING GROUP MEETING
TUESDAY 20TH MAY, GGH

Present:

NAME	DESIGNATION
Christine McAlpine (CM)	Lead Clinician
Ronnie Burns (RB)	Lead GP
June Lawrie (JL)	Lead Physio
Niall Hughes (NH)	Stroke consultant
Clare Stewart (CS)	Lead OT
Val Campbell (VC)	Lead SLT
Lynn McLaughlin (LM)	Primary Care Support Nurse
Jayne McKerrow (JM)	CHSS
AnneMarie Thompson (AT)	Lead for CST
Marion O'Neill (MO)	Health Improvement Senior
John Kennedy (JK)	General Manager
Camilla Young (CY)	Network Co-ordinator
Gill Alexander (GA)	AHP consultant
Tracey Baird (TB)	Neurologist, SGH
Kathleen Molloy (KM)	Patient Rep
Linda Hillan (LH)	Prescribing Governance Pharmacist
Rhona Petrie (RP)	Lead Clinical Pharmacist SGH
Anne Scoular (AS)	Public Health Consultant

Apologies:

NAME	DESIGNATION
Fiona Moffat	Academic AHP
Nicki Munro	Orthotist
Fiona Wright	Lead Consultant GRI
Linda Morrow	CHSS
Pamela Ralphs	Planning Manager
Chris O'Neill	West Dun CHCP
Elaine Burt	Head of Nursing
Helen Slavin	Lead Consultant RAH

1.	<p>Welcome and apologies</p> <p>CM welcomed everyone to the meeting</p>	
2.	<p>Minutes of previous meeting</p> <p>The minutes of the last meeting were accepted.</p>	
3.	<p>Updates from Working Groups</p> <p>Education Subgroup</p> <p>GA updated on a number of educational activities that have taken place</p> <ul style="list-style-type: none"> - Upper limb course for OTs and physios was run in Feb and was well received - AHP best practice afternoon had been held earlier in the year looking in to latest Cochrane research in to stroke rehab. The day also looked at current research trials. - The next MDT course is taking place on 3rd and 9th June, all places are filled and there is currently a waiting list.Scottish - Stroke AHP forum conference will take place on 12th June looking at research into practice. - Scottish stroke vision and hearing network having education day on 27th October so this will replace the planned Vision day for GG&C. The programme looks excellent and a good GGC attendance is hoped for - RCPSG 1-day stroke conference on 19th November, CM involved in the organisation of this. - UK Stroke Forum will be on 2-4th December. There is a new national education pathway and template for stroke that we will be required to complete annually. CY is currently updating for nursing staff and will send to ward managers to help fill in any missing data. Information for AHPs will also be required. CS asked how far back info was needed, CY said there was no limit to how far back the information was being requested for. It is assumed that once populated the forms will only require an annual update with details of additional training undertaken. - CM informed the group that she has been ask by NES to do another West of Scotland primary care event in the Autumn. There will be another local Primary Care evening in early 2015. 	

	<p><u>STAT training</u></p> <p>10 sessions are planned for 2014. The first 6 dates are filled. AS asked what gap was being filled with this. NH updated on the purpose of the course. AS asked if this was relevant to Primary Care Staff, it was agreed this was not the case.</p> <p><u>Education programme for carers</u></p> <p>This needs to be revisited. CM to follow up with Ceirwen Roberts. CM also asked for any volunteers who would be willing to be involved in this. MO suggested Elaine Smith would be a good contact as she is leading on carers work within acute. AS asked if people were aware of any packages that had been developed elsewhere in the UK around this. AS suggested we ask Public Health resource Unit to do a formal search on this. AS to take this forward.</p> <p>VC commented that within SLT they had some carer training that they had developed. CM suggested she send this to CY.</p> <p>CY to ask Pamela Ralphs about the project running at IRH.</p> <p>Primary and Community Care Subgrpup</p> <p>RB updated on the current work of the group.</p> <ul style="list-style-type: none"> - Stroke LES templates under review. Looking to redesign the functional assessment component of the template. RB meeting with template review developers to look at how we can move this forward. - Discussion around the possibility of generating an automatic referral to CST via SCI if a number of functional assessment issues have been highlighted. - AT had provided a report on LES referrals into the CST and the group are continuing to monitor this. - There have been some issue with GPs using the CST SCI 	<p>ACTION:CM</p> <p>ACTION:AS</p> <p>ACTION:VC</p> <p>ACTION:CY</p>
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	<p>referral pathway to refer for an acute stroke review. RB has contacted Karen Ross and Lois Fleming will be in touch with RB to discuss having a set of wording flagged up at the referral point to make sure GPs know that they are not referring in to an acute service in this route.</p> <ul style="list-style-type: none"> - It was noted that the formulary status for NOACs has changed. It was agreed that there was a need to identify work around getting these drugs prescribed at the right time by the right people. CY to send the recent Post Script round with the minutes. <p>Acute</p> <p>This group has now been named On The Move and will focus on this work ie the re-organisation required next year for the opening of the new South Glasgow Hospital.</p> <p>JK informed the group that the current key issues were</p> <ul style="list-style-type: none"> - Workforce planning - Access to diagnostics - Up skilling of nursing staff to accommodate new thrombolysis pathways <p>CM informed the group that work was ongoing around the proposed change to the VIC pathway. It is hoped that from Summer 2014 all patients within the VIC catchment area who are thought to have had a stroke will be taken directly to SGH.</p>	
<p>4.</p>	<p>Performance Management</p> <p>CM informed the group that we are now being measured against a stroke bundle. This comprises of 4 elements, access to ASU, scan, aspirin, swallow assessment.</p> <p>The latest performance had been sent round the group prior to the meeting. There is a Board trajectory within the LDP. CM highlighted that we are currently performing very poorly against the bundle. There</p>	

	<p>was some general discussion around local performance and what the figures actually meant.</p>	
<p>5.</p>	<p>FAST Campaign</p> <p>It was noted that the GG&C allocation has come in to the board for the local FAST campaign.</p> <p>Linda Morrow had sent an update with JM</p> <ul style="list-style-type: none"> - CHSS will provide a pack for all Health Board areas. Contents will be facilitator’s guide, advice on creating local campaign, printed materials....fridge magnets, flyer, box for GP surgeries, banner available, bookmarkers - JM suggested a number of potential elements that could be part of a local campaign <ul style="list-style-type: none"> o CHSS can arrange for adverts on taxis and ambulances o A script for local radio is available o power point slide available for digital displays. o Cards can go in to repeat prescriptions. o DVD being developed by CHSS. o Could put info into staff payslips. o Info for staff newsletters. o Project in Europe gave 5 fridge magnets to stroke survivors to give to friends and family and this had proven to be successful. Also did this in Grampian. Commented that this should not be done in hospital but during stroke nurse follow up. - CM had spoken at a recent patient group meeting and they had fed back that something on a taxi or the back of a bus would be good. - TB asked if you can buy time on social networking sites? MO commented that there was also now a GG&C twitter account which could potentially be used - RB suggested that there was a mechanism for getting info on 	

	<p>the other side of the FP10 prescription.</p> <p>It was agreed that all round the table should think about potential options and we would look to run a local campaign in the Autumn.</p>	<p>ACTION:ALL</p>
<p>6.</p>	<p>MCN Workplan:</p> <p>This had been circulated for information. MO tabled some suggested around the supported self care. MO to update and send to CY.</p>	<p>ACTION:MO</p>
<p>7.</p>	<p>AOCB</p> <p><u>National Strategy</u></p> <p>It was noted that the National Heart and Stroke Strategy is being updated. These will be single rather than combined documents. An updated National Action Plan will be produced on the back of this.</p> <p><u>Peer Support</u></p> <p>The final report in relation to the Peer Support Questionnaire had been sent round prior to the meeting. MO took the group through key points. MO suggested that HI do a presentation on the Health Improvement Service Directory at the next steering Group meeting. MO raised the key issues document that had been produced through the rheumatology MCN.</p> <p><u>Vision</u></p> <p>GA meeting with orthoptics leads to look at vision pathway.</p> <p>NH asked if there was a protocol for referral of TIA patients from the eye clinics. CM noted that there was but it may be needed to be revisited.</p> <p><u>Marion O'Neill</u></p> <p>MO noted she is moving on a seconded post and this will be her last meeting. There will be another rep from the HI team. CM thanked her</p>	

	for her input to the MCN's work.	
8.	Date of next meeting Monday 15th Sept, 3pm	