

**MANAGED CLINICAL NETWORK
FOR STROKE**

LEAD CLINICIAN: - Dr Christine McAlpine
Christine.mcalpine@ggc.scot.nhs.uk

NETWORK CO-ORDINATOR: - Camilla Young
Camilla.young@nhs.net

MINUTES OF THE STROKE STEERING GROUP MEETING
MONDAY 15TH SEPTEMBER, GGH

Present:

NAME	DESIGNATION
Christine McAlpine (CM)	Lead Clinician
June Lawrie (JL)	Lead Physio
Niall Hughes (NH)	Stroke consultant
Clare Stewart (CS)	Lead OT
Lynn McLaughlin (LM)	Primary Care Support Nurse
Elaine Burt (EB)	Head of Nursing
Heather Jarvie (HJ)	Programme Manager Public Health
Camilla Young (CY)	Network Co-ordinator
Tracey Baird (TB)	Neurologist, SGH
Kathleen Molloy (KM)	Patient Rep
Linda Hillan (LH)	Prescribing Governance Pharmacist
Pamela Ralphs (PR)	Planning Manager
Linda Morrow (LM)	CHSS

Apologies:

NAME	DESIGNATION
Fiona Moffat	Academic AHP
Nicki Munro	Orthotist
Fiona Wright	Lead Consultant GRI
Anne Scoular	Public Health Consultant
Val Campbell	Lead SLT
John Kennedy	General Manager
Gill Alexander	AHP consultant

1.	Welcome and apologies	
	CM welcomed everyone to the meeting	

2.	<p>Minutes of previous meeting</p> <p>The minutes of the last meeting were accepted.</p>	
3.	<p>Matters arising</p> <p>National Strategy</p> <ul style="list-style-type: none"> - An email had been sent out to MCN linking to the newly published stroke improvement plan - Request for funding bids had been sent round. CM informed the group that she had so far received 3 possible bids - Vision App to build on work already funded and carried out - Terry Quinn drafting a bid to look at addressing the needs of the housebound - Gill Alexander had suggested a potential bid around support for carers. CS mentioned that there had been some discussion at the AHP leads meeting around what support was currently available within both the acute wards and through the CST. PR commented that she felt that there was already a single point of access for carers across GG&C, but felt that there was potential do to a stroke focused piece of work. HJ commented that there was also the online service directory which held information for carer support. It was agreed that work could be done raising awareness of what is already out there for carers. It was noted that often it is once a patient returns home that needs are recognised. JL added that there had also been discussions within this about further support for patients, along the lines of self management. It was agreed that PR would lead on getting something pulled together for submission. KM spoke of the need for wheelchair based exercise programmes. HJ raised that the Heart MCN has been involved in a pilot project together with CHSS around befriending, we could potentially learn something from this project. HJ added that there had been a carers needs assessment carried out a few 	<p>ACTION:PR</p> <p>ACTION:HJ</p>

	<p>year ago. She will send round the group.</p> <p>Vision pathway</p> <p>Carry forward to next meeting.</p>	
4.	<p>Updates from working groups</p> <p>Education</p> <p>Last meeting was cancelled due to high number of apologies. Next meeting we will be looking at:-</p> <ul style="list-style-type: none"> • results from the training needs analysis • the new Education pathway which has been commissioned by the refreshed Stroke Improvement Plan • carer education • purpose, remit and membership of the subgroup <p>Training</p> <ul style="list-style-type: none"> - MDT Skills in Stroke Care – course on 5th and 11th November at GRI - SSAHPF - next year's conference is June 11th at Stirling Management Centre when Selfhelp4stroke will be launched - Vision Best Practice afternoon – The SSVHN are organising a Stroke Vision and Hearing Day on 27th October at the Dewar Centre in Perth. - RCPSG stroke day, 19th November, RCPS Glasgow - UKSF, 2nd to 4th December, Harrogate - Master's module – Feb/March 2015 - European Stroke Organisation Conference 2015 – 17th to 19th April, Glasgow <p>Primary and Community Care</p> <p>Group has not met since last Steering Group meeting.</p> <p>Acute</p> <p>PR updated. The group are currently focused on planning for 2015.</p> <p>Work going around</p> <ul style="list-style-type: none"> - identify where hyperacute beds will be at GRI - clarifying stroke admission pathway for nSGH and GRI - workforce planning, medical workforce paper taken to clinical executive group and paper will now be submitted to workforce 	

	<p>development group covering medical staffing, nursing and AHPs.</p> <ul style="list-style-type: none"> - Staff training, rotational working in AHPs and also nursing, rotating through hyper acute units. STAT training. - standardising stroke admission paperwork. - Paper being written looking at nSGH transfer needs for patients around the site and externally. - Discussions are ongoing with diagnostics to ensure appropriate support. <p>Large piece of working ongoing looking at performance against the 4 day TIA target.</p> <p>CS commented that discussions needed to take place with the AHP leads around how the new Ward 56/57 layout in SGH would work to allow them to plan their teams. EB commented that it would be helpful to have a list of possible scenarios that can be worked through before the move happens. The AHP leads will liaise with Geraldine Marsh around how to take this forward.</p> <p>TB commented that it was important to be very clear with patients at the start what their potential pathway may be.</p> <p>NH asked if there was any clarity yet around medical cover for the nSGH stroke units. CM replied that work was still ongoing around this.</p> <p>TB asked what progress was being made around the nursing workforce. EB replied that this was being worked through currently starting at identifying senior charge nurses</p>	<p>ACTION:CS,J L AND VC</p>
<p>5.</p>	<p>Performance Management</p> <p>PR updated in performance against the stroke bundle. Admit to ASU was particularly poor for the VIC, this pathway has now been changed</p>	

	<p>so that all patients with suspected stroke in the south Glasgow area come directly to SGH. Performance against the imaging target is generally good. Performance against the swallow target is hovering around 75%. Performance against the aspirin target is in the high 80s.</p> <p>Work is ongoing around the thrombolysis pathway to try and improve door to needle time.</p> <p>SSCA rehab audit has completed its second pilot phase. This is likely to be included in the audit from 2015.</p> <p>NH raised that some sort of audit around spasticity would be useful.</p> <p>It was suggested that something be included in the Stroke LES template around spasticity.</p>	
<p>6.</p>	<p>FAST campaign</p> <p>LH had contacted CHSS around the mail drop in to community pharmacy. CHSS are happy to provide us with the resources. She has spoken to lead for community pharmacy team who has said they are happy to do this, there may be a small distribution cost associated with this (around £1000). She noted there is also the potential to piggy back on to another distribution in October if we were organised by then.</p> <p>TB suggested linking with football teams to advertise at matches. HJ suggested speaking to the corporate communication team.</p> <p>NH suggested raising awareness through religious organisations since this has been a very successful method elsewhere.</p> <p>It was suggested that adverts could be run in buses.</p>	

	<p>It was suggested that we ran our campaign the last week in October.</p> <p>CY to contact corporate communications.</p>	<p>ACTION:CY</p>
<p>7.</p>	<p>Health Services Directory Update</p> <p>HJ updated that they would be in a position to present an updated at the next MCN meeting.</p>	
<p>8.</p>	<p>Spasticity services for housebound</p> <p>NH has received a few referrals in to the service from nursing home patients. There is currently no agreement around seeing these patients through the stroke spasticity service. JL also commented that there was maybe a need to look at the therapy input to the spasticity service in general. PR commented that this would fall under the umbrella of service development. NH and Gill Alexander are looking to develop a business case around this. HJ noted that there was also now a carehome LES. CM suggested something to submitted to the Stroke Improvement programme to allow a scoping exercise to take pace.</p> <p>JL also rose that a large number of stroke patients are being referred by GPs directly in to neuro outpatients. CM suggested we look again at this pathway.</p> <p>CS added that there has been an issue recently with some younger patients who have been admitted to a care home but still have ongoing needs and they were not picked up by the CST. PR asked why this was, she was not aware that there was a division between home and care home for the CST. CM will raise this with John Kennedy for clarification.</p>	<p>ACTION:NH AND GA</p> <p>ACTION:CM</p>

9.	<p>PFPI</p> <p>HJ commented that there is going to be some work looking at patient involvement within the MCNs.</p> <p>Patient Info</p> <p>CY meeting with Yvonne Neilson to look at LES patient information.</p> <p>Mindful Prescribing Newsletter</p> <p>LH tabled this newsletter. This is written specifically for patients and carers. CY to send round the group.</p>	
10.	<p>Date and Time of Future Meetings</p> <p><u>Tuesday 9th December, 3pm</u></p>	