

**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**  
**MONDAY 16<sup>TH</sup> MARCH, GGH**

**Present:**

<b>NAME</b>	<b>DESIGNATION</b>
Christine McAlpine (CM)	Lead Clinician
Lynn McLaughlin (LM)	Primary Care Support Nurse
Heather Jarvie (HJ)	Public Health Programme Manager
Rosslyn Scott (RS)	Physio
Camilla Young (CY)	Network Co-ordinator
Linda Hillan (LH)	Prescribing Governance Pharmacist
Pamela Ralphs (PR)	Planning Manager
Gill Alexander (GA)	AHP consultant
Kathleen Molloy (KM)	Patient Rep
Peter Kerr (PK)	Stroke Specialist Nurse
Linda Morrow (LM)	CHSS
AnneMarie Thomson (AT)	CST, Lead

**Apologies:**

<b>NAME</b>	<b>DESIGNATION</b>
Clare Stewart	Lead OT
Elaine Burt	Head of Nursing
Fiona Moffat	Academic AHP
Nicki Munro	Orthotist
Val Campbell	Lead SLT
June Lawrie	Lead Physio
Niall Hughes	Stroke consultant
Rhone Petrie	Pharmacist, Acute
Tracey Baird	Consultant Neurologist
Fiona Wright	Stroke Consulnt

1.	<p><b>Welcome and apologies</b></p> <p>CM welcomed everyone to the meeting</p>	
2.	<p><b>Minutes of previous meeting</b></p> <p>The minutes of the last meeting were accepted.</p>	
3.	<p><b>Matters arising</b></p> <p><u><b>CST</b></u></p> <p>RB raised that there were difference between nursing homes and residential homes and from a GP point of view this was an important distinction. District Nurses do not go in to residential homes. PR noted that when the MCN talks of care homes we mean both types. AT added that from the CST point of view when they say they go in to care homes they mean both types. Historically the CST did not do in to care homes but now will look at this on an individual basis if there are dedicated rehab goals for that patient. GA commented that there are probably some patients in care homes who have quality of life goals and who could benefit from some level of input, this would be a resource issue and we should be looking to this as a development bid.</p> <p>AT updated that there was a new 15 hour a week physiotherapist post who was now carrying out stroke rehab clinics, the referrals come through the CST.</p> <p><u><b>Carer support</b></u></p> <ul style="list-style-type: none"> <li>• Carer Information Strategy Funding from Scottish Government has been suggested as a another route to get funding for the Career Support bid that had been submitted to NACS and not funded</li> <li>• GA commented that the Education Subgroup is setting up a</li> </ul>	

	<p>working group looking at training for carers, the first meeting of this group will be in April and this will be discussed there</p>	
<p><b>4.</b></p>	<p><b>Updates from working groups</b></p> <p><b>Education</b></p> <p>GA updated.</p> <p>The last meeting had been attended by the new National education facilitator. She will look at the education templates that the MCN returned and highlight any areas of low performance.</p> <p>The next MDT course will be held on 6<sup>th</sup> and 13<sup>th</sup> May.</p> <p>There was a very successful best practice afternoon on 4<sup>th</sup> March.</p> <p>Next education afternoon will be in medical updates on 9<sup>th</sup> Sept.</p> <p>Looking at how to provide training for care home staff.</p> <p>UK Stroke Forum Dec 1-3</p> <p>European Stroke Conference Glasgow 17-18 April</p> <p>STAT ran end of Feb, another course end of March. Need to look at where we can run the courses at nSGH. (CY to email H Griffin regarding when the new clinical skills facility might be open at SGH)</p> <p>10<sup>th</sup> November another one day stroke conference at Royal College of Physicians and Surgeons of Glasgow.</p> <p>Psychology service looking to develop training packages for ward staff.</p> <p><b>Primary and Community Care</b></p> <p>Education evening in Feb evaluated well.</p> <p>At the last meeting the group spoke about CST referrals and the fact that there is still the occasional acute referral coming through this process. AT will start collecting clinical incident reports on this to allow us to collate.</p> <p>Ongoing discussions regarding updates to the LES screens.</p> <p>Discussion around the 17C practices and how their activity is going to be measured and reported.</p>	<p><b>ACTION:CY</b></p>

<p>HJ spoke about the Insights report that had been generated and fed back that at the CDM RIG : they have discussed how to monitor this on a more real time basis. This is moving forward and will be brought to the MCN Exec groups for discussion. HJ will update the group on this progress. There was some discussion around the point that it would be useful to be able to track if recording of a patient having an ongoing issue actually led to a referral being made to CST, Exercise after stroke etc. RS commented that from a physio point of view they do try to remember to follow up on acute patients when they go home so see if they have followed up on suggestions to go to Vitality etc. GA spoke to the group about a project Mark Smith had been involved in looking at a physio following a patient to their first Vitality class after acute admission, with excellent effects on patient uptake of these classes. HJ suggested that this linked to work Chris Kelly was doing and she would update on this at the next group. GA will update on Mark's work also.</p> <p>KM asked if people who have had a stroke related to drug use are seen more often in follow up. CM commented that not from a medical or rehab point of view – follow up depended on needs and rehab goals - but follow up with GP and Addiction Services should be in place.</p> <p><b>Acute</b></p> <p>PR updated. Focus on the group at the moment is On The Move. Admission pathways have been agreed for nSGH and GRI. PR took the group through what that would look like. Workforce planning progressing. MHU closes 24<sup>th</sup> May, G2 closes 30<sup>th</sup> May. There will be a phased transition of the rehab service on the Gartnavel site. Thrombolysis at nSGH will be 24/7, thrombolysis at GRI will probably be 8.30-4 Mon-Fri only.</p>	<p><b>ACTION:CK AND GA</b></p>
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5.	<p><b>Performance Management</b></p> <p>PR updated that performance has not been as good recently. (</p> <p> Stroke_January_2015_performance.xlsm ) It is hoped that the upcoming changes will help improve performance.</p>	
6.	<p><b>Health Services Directory Update</b></p> <p>New site has been launched. Work ongoing around how best to publicise the site. Health Improvement Team will link with CY in the first instance around how best to raise awareness with stroke staff.</p>	
7.	<p><b>Regional planning for interventional neuroradiology</b></p> <p> NI_Radiology_in_Stroke_-_March_15_pla</p> <p>PR had sent round paper prior to the meeting.</p> <p>This had been taken to the regional planning meeting the pervious week. It had been suggested that we should start having some initial thoughts around what this might look like and what costs might be associated with this.</p> <p>Under this item CM also commented that NICE are unlikely to recommend IPCs due to unfavourable health economics data.</p>	
8.	<p><b>Joint project with Stroke Association – My Stroke Guide</b></p> <p>CM updated the group on this. Mostly funded by money from government funding for self-management support. Project will be carried out in the Clyde area. Someone will be appointed to post for 12 months to pilot use of the My Stroke Guide. HJ asked if Health Improvement could be linked in to this, CM agreed to do this.</p>	<p><b>ACTION:CM</b></p>

<p><b>9.</b></p>	<p><b>National Action Plan</b></p> <p style="text-align: right;">   National_Action_Plan  _Update__Jan2015.c </p> <p>This had been sent round prior to the meeting.</p> <p>CY and CM had had an initial go at completing the response and CY had spoken to Katrina Brennan to feedback general comments. An updated version is due to come out. CY asked all to have a look at the response and feedback their comments to her.</p>	<p><b>ACTION:ALL</b></p>
<p><b>10.</b></p>	<p><b>MCN workplan</b></p> <p style="text-align: right;">   Stroke MCN work  plan March 2015.docx </p> <p>This had been sent out prior to the meeting.</p> <p>It was noted that the neuro interventional work should be added to the workplan.</p>	
<p><b>11.</b></p>	<p><b>AOCB</b></p> <p>SSAHP form have launched a consensus statement on electrical stimulation post stroke.</p> <p>Workshops being organised through the Stroke Improvement Plan around a number of topics. First is on IPC on 8<sup>th</sup> April. A number of representatives need to be identified for this.</p> <p>Rhona Petrie had submitted a couple of comments following the South Clinical Governance meeting. GA commented she cannot inject botox into a lower limb through PGD, but Niall Hughes as a consultant</p>	

	can do this. CM will address the antiplatelet query.	
<b>12.</b>	<b>Date and Time of Future Meetings</b>  <b>Thursday 18<sup>th</sup> June – PLEASE NOTE CHANGE OF MEETING DATE</b>	