

National Advisory Committee for Stroke (NACS)

9 December 2019, 14:00 – 16:00

Conference Room C & D, St Andrews House

Minutes

Attendees: Prof Martin Dennis (MD), Karen Auchincloss (KA), Mark Barber (MB), Elizabeth Barrie (EB), Andrea Cail (AC), Charlie Chung (CC), Alan Cowie (ACo), Katrina Brennan (KB), Katie Gallacher (KG), Karen Gatton (KG), Jackie Hamilton (JH), Craig Henderson (CH), Prof Peter Langhorne, Neil Muir (NM), John Wilson (JW).

Apologies: Sheena Borthwick, Andrew Farrall, Jane-Claire Judson, Therese Lebedis, Mark Smith

1. **Welcome**

The Chair welcomed everyone to the meeting, Introductions around the table were made.

- **Minutes of previous meeting (15/04/2019) – NACS/April2019/Minutes**

The minutes were approved by Committee subject to changes to the wording of Action 3 to read: '*Liaise with CHSS colleagues and others re offering of physio and OT Training to CHSS volunteers – KB*'. TL confirmed that this action was focussed on liaison around what CHSS volunteers were offering and was not offering training per se' and minor changes to the wording at Agenda item 4.8, Scottish Stroke Psychology Forum at paragraph 3.

- **Action point update from previous meeting (15/04/19) – NACS April2019/Action Summary**

MD talked through the actions in the circulated Action Point update paper noting those cleared and asked for updates on those ongoing;

Action 1 – *Add STARS work programme to the Agenda as a standing item – Secretariat*. CHSS would update at Agenda item 3.

Action 2 - *Circulate the Community Stroke Rehabilitation project report and Executive Summary to the group – Secretariat*. MD confirmed that these had been circulated to the group after the last meeting.

Action 3 - *Retain Rehabilitation Outcome Measures as an Agenda item for the next meeting – Secretariat*. An update paper has been circulated to the group. NM and KB would provide an update at Agenda item 3.

Action 4 - *Liaise with SIGN to highlight formal joint working on revised stroke guideline is strongly supported by NACS and should be explored further - Prof Dennis*. MD confirmed that he had met with Martin James, Royal College of

Physicians, London (RCP) guidelines, Andrea Cail and Roberta James, SIGN on 14 August to discuss the possibility of developing joint guidelines. However, the RCP did not have the resource to progress this and Roberta confirmed SIGN were also unable to identify resources. Roberta had indicated any process to produce a new guideline would take around 2 years. It was suggested that the Programme for Government could offer a way forward.

Several factors were put forward as current barriers including initial funding, the drive for higher standards resulting in cost increase and pressure on professional time.

There was discussion on drafting a position paper that would inform a view on the current guideline landscape for the group to consider. As a start, it was agreed to review SIGN guideline 108 with a call for volunteers to progress this to go out and report to the group at their next meeting.

Action 1 – Begin review of SIGN Guideline 108 and canvass volunteers to progress reporting for the next meeting of NACS – Prof Dennis, Secretariat

Action 5 - Scope potential for Redcap data tool to manage psychology data issues - Jackie Hamilton / Neil Muir. NM indicated that the ISD team would be unable to use the Redcap tool due to issues with validations. NM is to attend a Scottish Stroke Psychology Forum meeting to take forward a plan early next year. This would include use of the tool MACRO which had a lot of plus points, adapted XL spreadsheets or the built in sections of the eSSCA.

Action 6 - Explore option of a patient focussed workshop - AC/KB/JCJ. MD confirmed that this action was ongoing.

NACS November 2018/Action 1 - Prof Dennis and Fran Bailey would arrange to meet with Marian Brady to progress the output of SOCLE 2 and how this was going to be incorporated into STARS – MD. MD set out the background to the action and the initial funding provided to Marion Brady for a quality improvement project on mouth care. Following a meeting with Marian Brady, Joanne Graham and Stewart Cromer on 20 June, it was agreed that transforming the SOCLE into a STARS module should be taken forward. MD reported that he had requested costings so funding could be identified.

2. Programme for Government (PfG)

KA reported to the group and set out the background to the Scottish Government PfG work programme highlighting priorities for Ministers for 2019 / 2020. There were a number of commitments around stroke and KA confirmed that oversight of much of the development of this work would be undertaken by the NACS, Scottish Government and Stroke Improvement Co-ordinator.

In the coming year, it was planned to develop a programme to improve stroke pathways and services to include:

- Appointment of a Specialty Adviser to the Chief Medical Officer on Stroke Care.
- Review and improve the current stroke care bundle to improve outcomes for patients.
- Collaborate across government on stroke prevention and raising awareness of the signs of stroke.
- Begin work to scope out and define what a progressive stroke unit looks like.
- Ensure that a national planning framework is in place for a high quality and clinically safe thrombectomy service.

It was proposed that the Committee be tasked to develop, in parallel, two workstreams. One would focus on reviewing the current stroke care bundle to improve outcomes for patients; the other would begin work to scope out what a progressive stroke unit looks like. Sub-groups of the NACS would lead on particular pieces of work and report to NACS on progress. Prof Dennis noted that with technology etc having moved on, NACS would want to ensure that stroke units were delivering the evidence based care they were supposed to.

The inclusion of patient voices to inform work would be taken forward within the PfG programme.

KA also informed the group that in the interests of potential cross-cutting issues, a women's health commitment with a component on cardiac care had also been included in the 2019 / 20 PfG and would circulate details.

Action 2 – Liaise with colleagues to take forward PfG Sub-Group memberships - Secretariat

Action 3 – Circulate details on women's health commitment in PfG – Secretariat

3. Updates

- **Stroke Improvement Programme (SIP)**

KB updated and informed the group she would move to a 3 day a week commitment with the Scottish Government and move to monthly reporting on the improvement programme to reflect the PfG commitments. KB addressed the priorities, focussing on the rehabilitation priorities 7 and 8 and canvassed the group for views on items to retain. The group discussed the FAST campaign, Pre-Hospital protocols, thrombolysis and thrombectomy, Intermittent Pneumatic Compression (IPC), Education and Training, TIA and Atrial Fibrillation actions. It was agreed to retain these with the exception of IPC where it was suggested a sprint audit may be more appropriate. It was agreed that the SSCA steering group would provide advice on its status. Katrina noted that Education and Training was a priority with an action to identify a lead in each Board. KB asked for the group's views on suggestions for further items to included as priorities.

- **Stroke Rehabilitation**

NM talked to the group on the Scottish Stroke Care Audit (SSCA) Rehab Secondment update paper circulated to the group. Criteria for Priority 7, Transition to the Community had been rewritten and would be presented at the next SSCA Rehabilitation Sub-Group meeting in January. These changes would be reflected in the Clinical Knowledge Publisher (CKP), a single online tool to look at the whole pathway model and link data to it was being adopted by the SSCA and would be shared with Boards to support reporting going forward. A knowledge day to inform the service would be scheduled. NM noted that a significant amount of information was already captured by AHPs and this would feed into the Stroke Improvement review process and inform discussion on wider data sharing.

NM agreed to share a link to CKP. Secretariat agreed to scope potential for funding a workshop to support the rehabilitation work.

There was discussion on the potential for this work to link to the Scottish Primary Care Information Resource (SPIRE) and NM agreed to liaise with SPIRE colleagues to scope potential for this. KB informed the group that England was to make six month review mandatory to support stroke prevention and SPIRE may be able to provide support to achieve this.

Action 4 – Share link to the CKP online tool for information – Neil Muir

Action 5 – Scope funding options to support rehabilitation workshop – Secretariat

Action 6 – Scope potential for rehabilitation work linkage to SPIRE –Neil Muir

- **Atrial Fibrillation (AF) –Work Plan activity**

MD informed the group of a meeting that had taken place on 3 December organised by Karen Grieve, NSD to discuss further taking forward work begun by colleagues in both the NACS and National Advisory Committee for Heart disease (NACHD). It had been agreed to continue the demarcation of work where NACS would examine secondary prevention of stroke and paroxysmal AF and heart disease colleagues would look at primary care and AF. MD confirmed that work was continuing to progress on work in NHS Lothian to develop a system of long term monitoring of patients with paroxysmal AF and the project work between the Digital Health Institute and NHS Lanarkshire around the use of the Bardy patch.

MD confirmed that Karen Grieve would be approached regarding resource for a national workshop on AF.

- **SSCA Update**

NM talked through update paper circulated to the group. Publication of the Scottish Stroke Care Improvement Programme report was scheduled for 30 June 2020 in line with the Scottish National Audit Programme Publishing timetable. The report writing group were scheduled to meet next in February 2020. Clinical Audit Awareness week had taken place the previous week and been publicised on social media as part of raising the profile of the SSCA. Regarding Tableau, IT had produced a set of fields for use going forward. NM asked the group to put Thursday 27 August in their diaries for the National meeting in 2020. The venue was likely to be the Royal College of Physicians of Edinburgh. Data linkage work with the Scottish Ambulance Service (SAS) and work on data quality issues continued to progress.

MD enquired about the status of home time reporting and NM confirmed that this would be part of the work the new analyst would engage with.

- **CHSS update**

ACo updated the group on plans for the STARS online education resource, a partnerships developed in line with NACS requests. ACo outlined steps to improve both the content and user interface, noting that the University of Edinburgh would not be hosting the site going forward. Discussion had begun on a transfer of STARS to CHSS to address this around the migration of core and advanced modules and also the upgrade of modules as work progressed. Changes were scheduled to go live in June 2020 after the content of the modules had been examined in two phases: firstly a review to check against fitness for purpose and secondly a 'deeper dive' into the modules. CHSS would be responsible for the maintenance of STARS in future.

It was reported that thrombectomy content would be incorporated into a hyperacute module and work would progress on this in the near future.

- **Stroke Association update**

AC provided an update and drew the group's attention to the circulated paper. KB and NM would attend the Stroke Association's 4-Nations workshop event in London on 30 January 2020: 'Improving Stroke Care and Outcomes – Learning from Systems Partnerships'. Work would progress using a partnership approach with other third sector organisations to develop a 'My Stroke Guide'

to support self-management. The guide will feature innovative artificial intelligence. It was estimated this would take around two years to develop.

A question was raised regarding the status of CHSS's research grant programme and grant availability. ACo confirmed that their research committee would meet next week and he would feedback to the group on proposals going forward at the next NACS meeting.

Action 7 – Feedback to NACS regarding the outcomes of CHSS Research Committee – Allan Cowie

4. Thrombectomy

MD updated the group. the Thrombectomy Advisory Group (TAG) Chaired by Angus Cameron was meeting very regularly to move the agenda forward. On Friday 13 December a stakeholder workshop event was scheduled in Stirling.

5. AOB

- **SAS.** CH reported from the SAS side. CH noted the positive work done through their visual outcomes analyst on the linked data-set and stroke dashboard and raised the issue of guidance to the SAS regarding FAST. There was discussion regarding alternative measures to FAST with modelling work done by academics. MD noted it was premature to move away from FAST and that this message should be communicated at the thrombectomy workshop event on Friday.

KB confirmed she would liaise with Colin Lauder, NHS Lanarkshire to confirm FAST as the pre-hospital test for stroke.

CH also reported on a pre-hospital training course under the auspices of the pharma company Boehringer Ingelheim. As the training package had been developed out-with the SAS's remit, CH requested advice from the group on its fitness for purpose. KB and CH agreed to liaise to take this forward.

Action 8 – Liaise with Colin Lauder, NHS Lanarkshire to confirm FAST as the pre-hospital test for stroke – Katrina Brennan

Action 9 – Craig Henderson and Katrina Brennan to liaise regarding fitness of purpose of the Boehringer Ingelheim pre-hospital training course – Craig Henderson / Katrina Brennan

- NACS meeting dates. Dates for the 2020 meetings to be circulated by Secretariat.

Action 10 – Circulate dates for the 2020 meetings of NACS – Secretariat

Action reference	Description	Responsibility
NACS December 2019/Action 1	<i>Begin review of SIGN Guideline 108 and canvass volunteers to progress reporting for the next meeting of NACS.</i>	Prof Dennis, Secretariat
NACS December 2019/Action 2	<i>Liaise with colleagues to take forward PfG Sub-Group memberships.</i>	Secretariat
NACS December 2019/Action 3	<i>Circulate details on women's health commitment in PfG.</i>	Secretariat
NACS December 2019/Action 4	<i>Share link to the CKP online tool for information.</i>	Neil Muir
NACS December 2019/Action 5	<i>Scope funding options to support rehabilitation workshop.</i>	Secretariat
NACS December 2019/Action 6	<i>Scope potential for rehabilitation work linkage to SPIRE.</i>	Neil Muir
NACS December 2019/Action 7	<i>Feedback to NACS regarding the outcomes of CHSS Research Committee.</i>	Allan Cowie
NACS December 2019/Action 8	<i>Liaise with Colin Lauder, NHS Lanarkshire to confirm FAST as the pre-hospital test for stroke.</i>	Katrina Brennan
NACS December 2019/Action 9	<i>Craig Henderson and Katrina Brennan to liaise regarding fitness of purpose of the Boehringer Ingelheim pre-hospital training course</i>	Katrina Brennan, Craig Henderson
NACS December 2019/Action 10	<i>Circulate dates for the 2020 meetings of NACS –</i>	Secretariat
NACS November 2018 /Action 11	<i>Update group on funding for STARS module from the SOCLE 2 oral health care trial.</i>	Prof Dennis