South West Strategic Clinical Network

South West Cardiovascular Strategic Clinical Network
Commissioning Advisory Group
South West Stroke Meeting

Tuesday 5 May 2014, 2.00pm – 4.30pm
Somerset County Cricket Club, Taunton

NOTES

Present: Martin James (MJ: Chair)
Tim Ayers, Toby Black, Phil Clatworthy, Laura Custerson, Jacqui Cuthbert, Duncan Goodman, Tanya Hodnett, Jason Kendall, Husayn Al Mahdy, Carol Massey, Sarah Miller, Alex Mortimer, Peter Murphy, Tim North, Khalid Rashed, Michelle Roe, Isam Salih, Maggie Scott, Debra Shields, Rebecca Withers, Rob Whiting.


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<th>1. Welcome, introductions and apologies</th>
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<td>Apologies were acknowledged.</td>
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<td>MJ welcome all representatives to the South West Stroke Commissioning Advisory Group meeting</td>
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<th>2. Matters arising – actions from last meeting</th>
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<td>Notes from the last meeting were confirmed as accurate.</td>
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<th>3. Urgent and Emergency Care Review – 7 Day Clinical Standards for Stroke</th>
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<td>The NHS England Business Plan anticipates 7 Day Services by 2017. Ten Clinical Standards have been developed to provide guidance on the implementation of 7 Day Services.</td>
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<td>MJ led a discussion of the Clinical Standards, some of which are more relevant to Stroke Services than others:</td>
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<td>e.g. Standard 2 – Time to First Consultant Review</td>
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<td>This Standard includes Diagnostics – ‘clinical assessment may require the results of diagnostic investigation’ The benefits of a single Stroke pathway for all suspected Stroke patients, rather than fast tracking some cohorts of patients, was emphasised.</td>
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<td>Ideally a consensus of articulation of the Clinical Standards from a Stroke perspective will be reached by the CAG, enabling consistency of implementation across the region. MJ is keen to receive any suggestions by Email.</td>
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<td>Following suggestions by the CAG, the following points will be further clarified and defined by the SCN:</td>
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<td>• Definition of Acute Stroke Unit, and HyperAcute Stroke Unit</td>
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<td>• Discrepancy of Consultant Review Time in Clinical Standard 2 to be addressed</td>
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<td>• Mortality Risk – agree the relevant time period</td>
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<td>• Definition of ‘Stroke Skilled Physician’. BASP definition of Stroke</td>
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**Team to be used.**

**Action:** CAG members to submit responses and suggestions relating to the Clinical Standards to the SCN

**Action:** MJ to redraft the Clinical Standards from a Stroke Services perspective, adding definitions and clarification shown above and including responses received from CAG members.

### 4. Urgent and Emergency Care Review – Stroke and Complex Cardiac Reconfiguration Project Update

As a consequence of Cardiac data from NICOR (National Institute for clinical Outcomes Research) not yet being available to the SCN, the Stroke and Complex Cardiac Reconfiguration Project has made little further progress.

NICOR is the main source of Cardiac data and is required to analyse Cardiology activity levels.

It is anticipated that NICOR are about to release the data and this will allow the project to progress.

MJ clarified the co-dependencies of Stroke and Cardiac Services that were applied by the South East Coast Senate to the London Reconfiguration:

- Heart Attack Centres (Primary PCI) should also have aHASU
- HASU's may be located at Trusts that do not have Heart Attack Centres

These co-dependencies differ to the principles of the South West Reconfiguration Project.

- Links to Vascular Hubs (six in Region at: Truro, Plymouth, Exeter, Taunton, North Bristol and Cheltenham & Gloucester) will be discussed at the Southwest Senate Meeting later this month.

CAG members suggested that Interventional Radiology data should also be taken into account to enable modelling of Mechanical Thrombectomy Services and associated travel / transfer times to centres providing these services.

### 5. Endovascular Treatment for Acute Ischaemic Stroke

Six further publications of Mechanical Thrombectomy Clinical Trials have concluded that Mechanical Thrombectomy is the treatment of choice.

PC is currently redrafting NBT Referral Protocol.

- Service hours are currently Monday – Friday, 09:00 – 15:30. Where possible referring Trusts should undertake a CT Angio, although CT can be accepted for patients with high NIHSS scores (large anterior strokes)
- Collateral Scores should also be provided where possible. NBT aim for groin skin puncture within 4.5 hours of Stroke onset, although greater time windows may be possible.

NBT encourage general Radiologists within the region to undertake CT perfusion, CT Angio and CT, and will provide support with interpretation.

A broad estimation of activity levels indicates that 750 procedures may be undertaken (between 2 South West centres - North Bristol and Plymouth)

CAG members proposed that the SCN provide a statement with regard to Mechanical Thrombectomy Services

**Action:** MJ / MR to ‘flag’ the development of Mechanical Thrombectomy Services with the Specialised Commissioning Group.

MJ presented the Regional SSNAP data for October – December 2014. Overall SSNAP results:

Acute Trusts:

B – 1 Trust: Yeovil
C – 5 Trusts: RD&E, Salisbury, South Devon, Taunton, BRI
D – 6 Trusts: Swindon, North Bristol, North Devon, Plymouth, Bath, Weston
E – 2 Trusts: Gloucester, Cornwall

Rehabilitation Centres (NB not all Rehab Centres submit SSNAP data):

A – 2 Trusts: Mount Gould, Newton Abbot
C – 2 Trusts: Bideford, South Petherton
D – 1 Trust: Chippenham

A broad improvement in provision of Therapy Services was noted.

7. SW CV Clinical Network Guidance on Novel Oral Anticoagulants

The SCN has written Novel Anticoagulation Guidance. This Guidance will be distributed to CCG Medicines Optimisation Teams, but will not be distributed to individual GP Practices.

MJ has offered to contact Formulary Pharmacists to discuss adoption of NOACs.

A further NOAC will be available in Summer 2015

8. Intermittent Pneumatic Compression Project – Update from Training Event

Compression Sleeves were provided to all Acute Trusts through a NHSIQ Pilot.

The offer of training was not taken up by enough Trusts to make the sessions viable. The provider of the sleeves has been put in touch with those Trusts that were interested in receiving training.

Resource packs have been developed by the SCN and will be distributed when complete.


NHS England has completed the ‘Improvement Architecture’ Review. This Review includes SCN’s, Clinical Senates, Academic Health Science Networks, NHSIQ and NHS Leadership Academy.

The recommendations of the review are due to be implemented by September 2015 and include:

- Cardiovascular (Stroke, Cardiac, Renal and Diabetes) remains a priority and will continue to be a mandated Clinical Network;
- NHS England Five Year Forward View will dictate the priorities of the Network;
- The ‘mode of operation’ will change. Standing Committee Meetings (eg CAG) will no longer be held. These meetings will be replaced by Task and Finish Groups. The Stroke and Complex Cardiac Reconfiguration Project will be progressed through a Task and Finish
Group;
• The budget of the Network has been reduced

The ‘National Priority Actions’ for Cardiovascular Disease are:

1. Support the implementation of NHS Health Checks to identify and respond to those detected as being at increased CVD risk;
2. Promote improved management of blood pressure and appropriate referral in line with PHE’s blood pressure strategy;
3. Support improved management of Atrial Fibrillation including the use of the GRASP tool;
4. Support local organisations to plan the strategic reconfiguration of stroke services - to ensure that clinically and cost effective acute services are available at all times for the whole population.
5. Continue to support the commissioning of behavioural change interventions in line with NICE guidance, with respect to smoking, alcohol, obesity and physical activity, and transfer learning from the national Diabetes Prevention Programme and its demonstrator sites in preparation for roll-out in 2016/17.

10. Any Other Business

The continuity of the Telestroke Network was raised. This Network is supported through the SCN by funding of the ‘Cloud’ and also in agreeing governance arrangements. The logistics of Clinical Lead, Rota and Safety will also need to be defined.

An Extraordinary Meeting may be needed to clarify the above details.

**Action:** PM to Email relevant Trusts to make each Trust aware of the financial and administrative implications of the Telestroke Network.

12. Date and time of next meeting

Thursday 23 July, 2.00pm – 4.30pm, South West House, Taunton
Tuesday 3 November, 2.00pm – 4.30pm, South West House, Taunton