

**Lothian Stroke MCN  
Community Service Development Subgroup  
Friday 1<sup>st</sup> June 2012**

**MINUTES**

**Present:**

John Brown	Patient representative
Audrey Bruce	Lead Stroke Liaison Nurse, CHSS
Rosi Capper	Regional Manager for Community Services, CHSS
Doreen Copeland	Development Manager – Older People’s Day Services, Health & Social Care, Edinburgh Council
David Gillespie	Clinical Neuropsychologist
Heather & Ken Goodare	Carer & patient representatives
Pauline Halliday	Clinical OT, RIE
Sylvia McGowan	Process Practice & Development Manager, Health & Social Care, Edinburgh Council
Morag Medwin (minutes)	Stroke MCN Co-ordinator
Mark Smith (chair)	Consultant Physiotherapist
Rhona Smyth	Lead OT, AAH & Liberton

**action**

**1. Welcome and apologies for absence**

Apologies – Ashleigh Corry, Linda Gibson, Jane Shiels, Frank Henderson (Home Care Manager, Health & Social Care), Morag Norton

Welcome was extended to Sylvia McGowan (attending for Frank Henderson, who has role overseeing reablement), Debbie Hannah (CHSS Liaison Nurse) and Doreen Copeland.

Introductions were made around the table.

Mark noted that he will liaise with Sue Edwards (Midlothian Social Care) in her role as Public Partnership Forum representative for Midlothian and invite her to join this group. Thanks were given to Ash Corry who has been a valuable member of this group from Edinburgh Leisure. She had been providing maternity cover for Hannah Macrae, who will be returning in July.

**MS**

**2. Minutes of the meeting of 3<sup>rd</sup> February 2012**

An amended copy of the minutes was circulated to the group, with post-meeting notes following the previous meeting. Heather requested a further change to the minutes in section 7 (vi), as the changes to the contracts of personal care workers took effect from 7<sup>th</sup> May (and not 1<sup>st</sup> March as previously noted). Further discussion of this issue took place – see item 7(i). Amended and final minutes will be circulated.

**MM**

**3 Strategies – updates**

**3.1 Physical & Complex Disability Strategy**

Mark noted updates received from Rona Laskowski prior to the meeting:

Lothian Advocacy Plan: hasn’t been formally signed off yet, but will be available shortly.

Vulnerable Patients - Quality Improvement Framework: the main focus for the first stage is in the acute setting, and it’s out for consultation with nurses at the moment. Mark noted that this document will be of interest, particularly in relation to the dementia strategy.

Physical disability action plan: will be available shortly.

### 3.2 Physical fitness training after stroke (pan-Lothian)

Mark informed the group that the Health Foundation grant (approx £10k) had been approved - for the provision of specialist physical fitness stroke training at REPS Level 4 for 12 instructors across the four local authorities also to include the Thistle Foundation. A bespoke course will be delivered for Lothian by Later Life Training. Following this training, Gillian Currie (stroke trainer) will then arrange an "Access to stroke" training day in each local authority area for the leisure staff

Mark advised that he has met with leisure industry health and fitness representatives from across Lothian, and a further meeting is arranged for 12<sup>th</sup> June. A later meeting will be arranged with health professionals invited, to develop the pathways in partnership. He noted that there are different business models with each local authority and their leisure providers, with Edinburgh, West and East being charitable organisations and Midlothian is council-run.

### 4. Stroke Workbook -- update

This self management tool has been developed and rolled out nationally from Scottish Govt Health Department funding, and a national launch for the workbook has been arranged for 3<sup>rd</sup> July. There were 45 training places across Scotland to train facilitators for its delivery to stroke patients, and Lothian agreed the six CHSS Liaison Nurses should be trained as they have a pan-Lothian role. Audrey advised that four of the nurses had been trained so far, and the remaining two would be attending training at the end of June.

Audrey noted that the uptake of the book by patients has been variable. Her caseload is from Astley Ainslie, and she has been giving them to inpatients when their discharge date has been arranged. This enables them time to decide if they wish to take the workbook home with them. The Stroke Workbook team are undertaking a national evaluation of the workbook and will be doing this with four health boards – Tayside, Fife, Lanarkshire and Lothian.

### 5. Stroke Pathway Developments

#### ECSS / Change Fund

Mark noted that the new therapy posts from Change Fund have now been appointed and the service was relaunching today (1<sup>st</sup> June) with no age restrictions for adults (>16), double the number of therapists and two stroke-specific days per week.

Although the Change Fund money was available across all local authorities there seems to be a great deal of variation on how it has been implemented and the transparency of that. It was acknowledged that Edinburgh has delivered well on this initiative regarding community-based rehabilitation, with new posts evident in both health and social care, and subsequent improvements in services for patients. However, it has been difficult to determine what the other local authorities in Lothian have done with their funding. Mark advised that he is working with them to ascertain what stroke-specific services they are providing with this funding, and to offer support and guidance on stroke related issues.

#### Stroke pathway

The work to define this pathway is ongoing, and Mark will work closely with Doreen Copeland and Linda Gibson to develop the pathway flow from CoE Council health and social care for older people. More clarity and information is required on services that providers deliver. This information will be contained in the service directory that is planned for the upgraded MCN website.

Mark noted that there is work being done with the physiotherapy team at the moment looking at neurological outpatient service provision and how it can be delivered efficiently and effectively in the context of the current community developments.

#### Health Foundation grant

Mark noted that the grant application for the redevelopment of the MCN website and the development of an online service directory had been approved. Morag will be co-ordinating this work.

MM

#### Integration of adult health and social care in Scotland

Heather noted that members may be interested in the current consultation being led by the Scottish Government. She praised the MCN for its links with health and social care.

<http://www.scotland.gov.uk/Resource/0039/00392579.pdf>

#### Older people's services in Edinburgh

Doreen outlined the services that she manages in her role of Development Manager – Older People's Day Services. Traditionally these services were attached to care homes. However, as they are key community resources they are now being moved out of care homes. A number of purpose-built day services have recently opened such as the new Drumbrae Service which is attached to the Drumbrae Library and Granton Day Centre which is attached to Elizabeth Maginnis Court (extra care housing). Day Services have recently received Change Fund money to employ two occupational therapists who will implement a reablement model to Day Services with the aim of keeping older people as independent as possible for as long as possible.

A pilot in 2011 introduced the posts of Community Connectors in each of three areas of the city. Their role is to help combat social isolation by linking older people into local community resources and activities. Older people are matched with a volunteer for up to four months to enable them to build confidence so that they can link and become involved in activities that they want to do. They have been linked to a variety of resources and, as an example, 36 are now able to use public transport which they previously hadn't been able to manage. The aim is to help people keep as independent as possible and connect to local community activities. This service has recently been tendered for and should be in operation from around the end of September.

Sylvia noted that there is supported housing available (step down facility) for up to six weeks to enable patients discharged from hospital, who may be waiting on adaptations, a care package, breakdown in support from main carer to prevent a decrease in mobility while waiting in a hospital setting. This accommodation (Elizabeth Maginnis Court) is located in Granton and is for people 65 and over.

Sylvia noted that there is now a service available, funded through the Change Fund, that will review medication if a service user or their carers are struggling to cope with several different forms of medication or have had new medications added. This service can be accessed by completing a referral form.

## **6. Community Service Development Subgroup Workplan**

An updated workplan was circulated to the group. At the previous meeting it had been noted that it would be updated further following the appointment of the

Change Fund posts. However, these posts aren't the responsibility of this group, and our focus will remain on ensuring the provision of appropriately evidence-based service developments rather than the operational management of the posts.

## 7 Update on projects

### 7.1 Patient & carer feedback

#### i. Home care workers

Following on from the previous subgroup meeting (3<sup>rd</sup> Feb), Heather and Ken outlined further issues relating to the home care they receive. They had been advised by VOCAL to ask why an Equality Impact Assessment hadn't been done prior to the changes in staff working conditions. Sylvia advised that due to the manager of the service being on long-term sickness, this had unfortunately been delayed, but that it had now been carried out.

Sylvia noted that all home care workers had been offered a 1-1 meeting with their manager to discuss the change in working pattern from their current weekdays or weekends to a four day on, four day off rota. Some workers were exempt from this change, and will continue to work their current shift patterns. All other staff have signed up for the new shift pattern, but there were still gaps for evening shifts to be covered. The council are now recruiting for evening-only staff to cover these shifts, to provide an ever-increasing demand for this service in the community.

Heather commented that, in her conversations with their home care workers, some are still unhappy with their shift patterns. She and Ken have arranged to meet Frank Henderson, Home Care Manager, later in June, to discuss their concerns. There was also brief discussion about the role of the care workers when additional tasks need to be done to support the carer. It was agreed that Heather should request a 'carers assessment' so that the needs of both the patient (Ken) and the carer (Heather) could be supported.

#### ii. VSS (volunteer stroke service) funding in East Lothian

Following the last meeting, John Brown noted that he had written to the council to protest at them ceasing to provide minimal funding to VSS, and had received a response outlining the reasons. Rosi noted that the VSS had systematically lost funding from all councils over the past few years, and they were very reliant on NHS funding with additional support from the CHSS charity. Mark noted that the Cross-party group on Heart Disease and Stroke at Holyrood had a stroke subgroup which was looking for national issues that could be taken forward by them, and suggested that this could be passed to them. Rosi agreed to provide Mark with an impact statement for him to take to the group.

RC  
MS

#### iii. Carer training

Information from NHS Lothian on training that is available to staff, to recognise carers and signpost them to support, was circulated.

#### iv. Carer newsletter

David Gillespie raised an action from the previous meeting regarding the cessation of the carers' newsletter that had been published and circulated from December 2007 to December 2010. He advised that the task had been part of the role of the assistant psychologist but as that post was no longer funded, the newsletter had ceased publication. There was now no formal method of liaising with carers across Lothian, and mailing lists were becoming out of date. David

agreed to compile a report, outlining recommendations to remedy this, for Mark to take to the SPMT.

v. Sensory loss for stroke patients

Heather raised concerns about information that is available for people with stroke, but doesn't take into account that they may have sight loss. Pauline noted that a module (visual and perceptual impairment) is currently being developed on the STARs website for staff to be made more aware of this issue, and will be launched at the Stroke Forum in December 2012. Mark also noted that he has been in discussions with Nigel Harvey, operations manager from RNIB Scotland, regarding the development of a study day for health and social care staff.

It was acknowledged that instances where patients are deaf or with learning disabilities would also raise issues for staff to contend with. Pauline noted that there is a learning disability team available at RIE which they can call upon to help with conveying information and advice to patients and carers, where required.

Post-meeting note: CHSS have developed an aphasia-friendly conversation booklet that can be used by learning disabled people to communicate with health and social care professionals. Copies of this booklet have been distributed to all Scottish Ambulance Service crews.

## 7.2 Bridging the Gap/S&LT Telerehabilitation

Details of the final report of the speech & language therapy tele-rehabilitation feasibility project exploring the use of volunteers in delivery of remote speech and language therapy within community stroke services was circulated to the group. The report is available on the MCN website, and an easy read version will be published by CHSS. Michelle Brogan and Mark Smith have been asked to present the findings to the Scottish Government's NACS (national advisory committee for stroke), and the national Stroke MCN subgroup, and have previously presented at the UK Stroke Forum conference in Glasgow.

Rosi noted that the role of the communication support volunteers from the VSS (volunteer stroke service) had provided 1-1 support for the people with stroke involved in the project, and had found the experience valuable.

Recommendations are outlined in the report to further develop the use of tele-rehabilitation to support the delivery of therapy interventions.

## 7.3 CHSS Liaison Nurse Service

The quarterly report and updated target plan was tabled for the group. Audrey noted that their service has now been in contact with the stroke outpatient clinic at DCN, WGH to provide information packs to patients seen in this clinic. These packs recommend patients contact the CHSS Advice Line for any further information, following their clinic appointment, and they can be subsequently referred to Audrey's team to be picked up on their caseload for home visits. To date there have been no referrals from this pathway.

She also noted that their service directory has been updated and will be available for the upcoming online directory. Morag will liaise with Thomas Jones (CHSS liaison nurse) to take this forward.

Debbie Hannah, CHSS liaison nurse based at RIE, gave an update on the 12 week pilot she undertook to phone discharged patients within 48 - 72 hours of their discharge. She phoned 36 patients from 12<sup>th</sup> January to 12<sup>th</sup> April, and averaged 3 - 4 calls per week. The practice proved very useful to set first home visit appointments and to manage her diary. Of the 36 phonecalls she made, two patients declined a home visit, but one subsequently phoned back and requested a visit. She noted that their recent access to the TRAK (patient information) system has been vital to ensure they have correct contact details, as there is a relatively quick inpatient stay at RIE, and some patients are discharged before they are seen by her on the ward. Audrey advised that Fiona Ryan (liaison nurse based for WGH) will be adopting this practice for her caseload, when she moves into the new Royal Victoria Building later this month. The practice is particularly good for patients who are discharged from the acute setting, as their length of stay is often shorter than those who are discharged from rehabilitation wards.

Heather asked Debbie if she was aware of the 'bottle in the fridge' initiative [see item 9.3 in minutes of 13 June 2008 for details] that is promoted by Age Scotland, to promote to her caseload of patients. Sylvia McGowan noted that because her service is now taking over medicines management of patients, she is aware that the Scottish Ambulance Service (SAS) are promoting a 'green bag' initiative.

Post-meeting note: the SAS in Lothian have confirmed that they are involved in the 'green bag' initiative. A patient medicine bag or 'Green Bag' is a reusable, re-sealable green bag for putting medicines in - ideally in their original packaging. It's used to keep all of the medicines a patient brings with them, together in one place, so that whenever they go in to hospital the staff know which medicines the patients are taking. Ambulance staff will use green bags to collect the medicines if patients go to hospital in an emergency.

#### **7.4 Neuropsychology service**

The service's 2012 annual report and also their 2012/2013 workplan were circulated to the group. Any queries should be forwarded to David.

#### **7.5 CHSS volunteer service (VSS)**

The quarterly update was tabled. Any queries should be forwarded to Rosi. She noted the request from Heather regarding a 'crossword buddy' and will follow this up.

#### **7.6 CRABIS**

Mark noted that there is currently a low critical mass of staff at CRABIS due to sick leave, but there is a need to ensure that the relevant operational line management arrangements are clear so as to allow effective communication regarding stroke issues. Mark is working to make the appropriate connections.

#### **7.7 SSKIA community/Stroke Association**

There was no feedback.

#### **8. Any other business**

There was no further business.

#### **9. Dates of future meetings**

Friday 21<sup>st</sup> September 2012 (10am at Leith CTC)