

**Lothian Stroke MCN  
Community Service Development Subgroup  
Friday 3<sup>rd</sup> February 2012**

**MINUTES**

**Present:**

John Brown	Patient representative
Audrey Bruce	Lead Stroke Liaison Nurse, CHSS
Rosi Capper	Regional Manager for Community Services, CHSS
Ashleigh Corry	Development officer, Edinburgh Leisure
Paddy Corscadden	Intermediate Care Service team leader, Edinburgh CHP & Council
Linda Gibson	Occupational Therapist, Firrhill
Heather & Ken Goodare	Carer & patient representatives
Morag Medwin(minutes)	Stroke MCN Co-ordinator
Morag Norton	Carer representative
Mark Smith (chair)	Consultant Physiotherapist
Rhona Smyth	Lead OT, AAH & Liberton

**action**

**1. Welcome and apologies for absence**

Apologies – Michelle Brogan, Lucy Felton-Edkins, David Gillespie, Pauline Halliday, Jamie Hetherington, Fiona Huffer, Jane Shiels, Sheena Wight

Welcome was extended to Paddy Corscadden, who will be representing the Intermediate Care team, and introductions were made around the table.

**2. Minutes of the meeting of 28th October 2011**

Clarity on the Change Fund posts for “hospital” was requested. The following comment will be included in item 4.4 of these previous minutes.

It is not yet absolutely clear how the hospital allocated posts will be positioned in the stroke pathway as flexibility and motility of resource will be paramount. The likelihood is that these staff will be employed within Intermediate Care and will perform an in-reach function to stroke units to augment existing AHP resources within stroke units by increasing the intensity of rehabilitation and expediting discharge.

**3. Matters arising**

Any matters arising will be dealt with in the existing agenda.

**4 Strategies – updates**

**4.1 Physical & Complex Disability Strategy**

Post-meeting note: Rona Laskowski provided the following feedback:

**Vulnerable Patients Steering Group**

In partnership with the Chief Nurse - Quality and Professional Standards, we hosted a workshop on 30th Jan to review the breadth of requirements to review and improve practice regarding safe and effective care of vulnerable patients across our systems.

We are now in the process of developing a suite of outcomes - plus fine tuning the membership of the specialist groups to progress this.

From the range of specialist groups we are going to fine tune this to:

- cognitive impairment [ABI (acquired brain injury), mental ill health; people who have developed a cognitive impairment through stroke, progressive conditions etc.]

- alcohol and substance misuse
- learning disability
- delirium/ dementia

This group will report into clinical directors and to HGRM (healthcare governance and risk management) Committee.

#### **Lothian Advocacy Plan**

- This has been developed through partnership with all Lothian local authorities, advocacy providers and service users – and will be published in March 2012.
- In Edinburgh - independent advocacy provision has been reviewed and re-tendered.
- There is now a service, provided by Partners in Advocacy for adults with physical disability for citizens of Edinburgh.
- A newsletter with contact details is being developed and should be circulated across systems within the next few weeks.

#### **Physical Disability Action Plan**

The PD Programme Board has been developing a delivery plan to highlight all the work going on across Lothian. The Edinburgh rep. on the group is now Sheena Muir representing the CHP. Joanne Boyle and Helen Morgan are the reps for CEC Health and Social Care Department.

- A working document is available – contact Morag for details.

#### **4.2 Physical fitness training after stroke (pan-Lothian)**

Mark noted that an Health Foundation application had been submitted for the provision of REPS level 4 training for 12 instructors across the four local authorities (approx £10k). Edinburgh Leisure is already well trained in this area, but the other local authority leisure providers need to be trained to this level. The results of the bid will not be known until May 2012. If the bid is unsuccessful then an alternative plan to train leisure staff pan-Lothian will be required.

Ash updated the group on Edinburgh Leisure activity. From the initial set-up of the stroke-specific groups across the city there have been staff losses at some of the centres (often because of the additional time for staff to travel to other centres), which has impacted on the classes. They are piloting a multi-conditional class at Gracemount Leisure Centre, but with the 1-1 sessions staying stroke-specific. Feedback has been requested from the instructors. Linda also noted that ECSS staff are recruiting participants for the sessions offered by Edinburgh Leisure. Mark also agreed to actively seek out more participants to attend the circuit class at Leith Victoria Swim Centre.

MS

There was brief discussion on the timing of holding pan-Lothian leisure services discussions, and it was agreed that this shouldn't wait until the Health Foundation bid results. Ash noted that she will be meeting Kara Blair from East Lothian shortly, and agreed that a pan-Lothian discussion would be beneficial. Mark agreed to convene a meeting with pan-Lothian leisure representatives to discuss the development of an equitable pan-Lothian exercise after stroke pathway.

MS

### **5 Stroke Pathway Developments**

Paddy outlined the recent developments from the Intermediate Care team's perspective. Although the recent Phased Implementation work had focussed on increased orthopaedic input, they are now involved in a pilot at the RVH,

where they are in-reaching into the wards to deliver rehabilitation and the same staff are then involved in continuing this rehab with the patient when they are discharged home. One third of their caseload are stroke patients. A speech & language therapist is now included in this team, together with an increased number of support staff.

#### Change Fund posts

The ECSS team see the mild to moderate clients who have been discharged. With the Change Fund monies they have been able to relax their age criteria and can now see over 65s. Posts have been advertised and interviews will be held in mid February. Linda has been in discussion with Paddy to ensure good communication and smooth transitions between Intermediate Care and ECSS. She also noted that ECSS has an Employment and Training Advisor, Stuart Morrison.

The Intermediate Care team sees a more disabled client group with moderate to severe strokes who can go home with a package of care, and they are seeing more complicated cases than previously. This can be quite intensive at three times per day over seven days and would constitute ESD for those stroke patients requiring home care. The recruiting of the extra staff is underway with 6.5 occupational therapy and 8.5 physiotherapy posts being made available from a combination of redesigning their service and Change Fund monies. Applications close mid February and it is hoped that staff will be in post by end of April. Recruitment for speech & language therapy posts is also ongoing, and these will allow closer S&LT links within the Intermediate Care team.

Rhona noted that the patient group who require extensive packages of care to go home will not benefit by these extra resources via the Change Fund. But for those patients who can go home without packages of care, they will do so sooner, with this increased therapy provision.

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The AHP review has now been completed for physiotherapy and occupational therapy staff, with displaced staff who are suitable for job matching to apply for the new posts. It was noted that this review hadn't created as many displaced staff as had been expected. S&LT staffing is still under review.

It was agreed that discharge planning is much improved than previously and there are ongoing discussions between all services to ensure that no patients fall into gaps regarding their discharge. Heather noted that she and Ken will be attending a discharge planning workshop shortly, and would be confident in reporting that discharge planning for stroke patients is getting much better.

Heather Goodare asked if consideration had been given to the SMART building also providing some equipment on the REH site – when AAH is rebuilt there. It was clarified that SMART only provides wheelchairs, and not smaller pieces of equipment (eg. plate guards) that patients often require when being discharged home.

Mark noted that a proposal for the development of the services directory for community services had been submitted to the Health Foundation. There are currently two directories, and at the stroke development session on 10<sup>th</sup> January, it had been agreed to combine the directories and make them available on the intranet/internet. In discussing this proposal with the Web team, they had advised that the MCN website should be improved and

updated to support this new directory – so a bid has been submitted for website and directory. The decisions will not be made until end of April.

## 6 Community Service Development Subgroup Workplan

The workplan has been updated with actions following the stroke development session on 10<sup>th</sup> January, and will be updated further when the new Change Fund posts are appointed and services provided.

## 7 Update on projects

### 7.1 Patient & carer feedback / comments

- i. The group was informed that the new carers website is now online and well visited: [www.stroke4carers.org](http://www.stroke4carers.org). There have been over 2500 hits from 63 countries with an average time of around 6.5 minutes on the site. However, Morag Norton noted that she wasn't able to link to it as it was unavailable on several occasions. This will be followed up. MM
  
- ii. A paper was circulated from Heather and Ken outlining their attendance at "Music and the brain" at the Royal Society of Medicine in London in December. Heather noted that although it was very entertaining they had expected it would focus more on the benefits of music on the brain.
  
- iii. There was discussion on the demise of the Edinburgh Stroke Carers Newsletters that had been published regularly by the psychology assistant with the Neuropsychology team until December 2010. The post was no longer funded, but David Gillespie will be asked if there are plans to re-launch the newsletter. MM  
DG
  
- iv. Information on VOCAL courses for carers has recently been circulated, but it was agreed these should be promoted again by the MCN. Linda noted that The Thistle Foundation are now developing carer lifestyle management courses, that should also be promoted when they are finalised. MM

Mark noted that Catherine Evans had applied to the Midlothian Innovation Fund for support in developing a lifestyle management course for carers in conjunction with The Thistle Foundation for Midlothian – but this had been unsuccessful.
  
- v. Recruiting new patient and carer representatives, with recent experience in the stroke pathway, to this group has been discussed previously. Audrey and Linda noted that they have someone that could be ideal, and they will speak to them. Mark encouraged the group to identify other interested parties and he would be happy to speak with them regarding the work of the group and make the formal invitation to join. AB  
LG  
ALL
  
- vi. Heather and Ken noted their disappointment at the recent changes to the contracts of Edinburgh personal care workers who will now be working on a changed rota of four days on/four days off. They have had discussions with Peter Gabbitas (Director of Health & Social Care) to raise their concerns, but it appears this will start from 1<sup>st</sup> March [post-meeting correction: service began on 7<sup>th</sup> May]. Paddy confirmed that there are increasing pressures on the council to provide more care packages and with over 7,000 workers it is necessary to introduce the new shift patterns to cover the weekends. Ken noted that the council had not asked the clients their opinions and to see if the demand could be better spread out to ease the 7 day service. Linda advised

that clients had the option of requesting to use 'direct payments' as a proportion of their funding allocation which would mean they could pay for their own care where and when needed. However, this would come with its own difficulties as they would effectively become an employer. It was agreed that unfortunately this was outwith the remit of the group.

## 7.2 Bridging the Gap/S&LT Telerehabilitation

In Michelle's absence, Rosi updated the group on the S&LT telerehabilitation pilot project. It was trialled during summer 2011 in East and Midlothian using the existing 'office communicator' equipment – camera and connections similar to Skype. A full report is underway, but there have been positive comments from the two patients involved at this early stage and from the two CHSS volunteer communication partners who supported them. Michelle and Mark Smith presented the initial findings to the UK Stroke Forum in November with a good response. Michelle will be driving any potential rollout.

Mark noted that several similar services are now underway, all with the assistance of the SCTT (Scottish Centre for Telehealth and Telecare):

1. consultant from Lanarkshire is using similar equipment to run the MDT meetings in Stornoway on the Western Isles.
2. development of 'eHAB™'. A portable VC system with measurement tools for motion or speech and language, that has been developed in Queensland, Australia. SCTT are interested in how this can be used across Scotland. [http://www.uq.edu.au/telerehabilitation/docs/Telerehab-brochures/eHAB%20Brochure%2018\\_03\\_08.pdf](http://www.uq.edu.au/telerehabilitation/docs/Telerehab-brochures/eHAB%20Brochure%2018_03_08.pdf)
3. East Lothian pulmonary rehab service, where four patients can be involved in rehab at the same time, using video conference equipment.

## 7.3 Liaison Nurse Service

Audrey updated the group and the quarterly report on the service and target plan updates were tabled to the group. The team has recently done a mapping exercise to examine their postcode coverage of caseloads. Following the stroke session on 10<sup>th</sup> January, they are piloting earlier pro-active phone calls to patients discharged from RIE. Patients will be phoned 48-72 hours after discharge and it is hoped that this earlier contact (from the normal 2-3 weeks) will be helpful in supporting discharge.

There has been some discussion of the team picking up people who attend the outpatient stroke clinics, and Morag will forward the monthly attendance figures to Audrey, to see if this is viable. If they can see them at this stage, it would be an ideal opportunity to discuss lifestyle management - which may decrease the numbers who will go on to have a more severe event and end up on their caseloads after being discharged as an inpatient.

MM

Heather suggested that if the nurses see patients at this early stage, then it may be also ideal to ask them if they would be interested in participating in stroke trials – if they then go on to have a stroke. She also suggested that the nurses inform them about the 'bottle in the fridge' initiative [see item 9.3 in the minutes of 13 June 2008 for details].

The CHSS directory will be updated in April (and this will be used for the wider directory planned for the intranet/internet), and their information packs are currently being updated. The team is also involved in a national service evaluation.

- 7.4 Neuropsychology service**  
An update from David was tabled for the group. Their future plans for input into work with carers will be raised. (see 7.1, iii) **MM**
- Rhona noted that David and Marion are also working with the AAH OTs to look at the pathway for patients with cognitive problems post-stroke. There will also be two half-day workshops for all OTs in Lothian working with stroke patients to look at the cognitive issues pathway and how they are assessed and treated from acute, to rehab and into the community.
- 7.5 CHSS volunteer service (VSS)**  
Rosi's first quarterly update – following the establishment of a revised SLA was tabled at the meeting. She noted that the funding contribution from NHS Lothian is essential, with East Lothian Council having recently dropped all funding to most voluntary organisations including CHSS, and City of Edinburgh and Midlothian Councils having withdrawn their funding a few years previously. CHSS fundraising makes up the significant shortfall. John Brown agreed to write to the East Lothian Council to record his disappointment at their decision. **JB**
- She noted the volunteer base is changing, with some shorter term younger volunteers characterising the new volunteer workforce while services continue to thrive and respond to need in a variety of ways. The cost of £700 to fully train a communication volunteer means that they need to see value for the investment made. There are several new developments in the planning stage, including a Core Communication Group based at CHSS Head Offices at Rosebery House.
- 7.6 CRABIS**  
There was no update from CRABIS, and Mark will contact them directly for an update. **MS**
- 7.7 SSKIA community/Stroke Association**  
Linda and Mark sit on the Self Management Working Group of SSKIA (Scottish Stroke Knowledge into Action) community. It is engaging with the Stroke Workbook, Bridges and The Thistle Foundation regarding developing a blended approach to self management. There is also an employment special interest group.
- 8. Any other business**  
Rhona asked that with Dr Simon Hart no longer the stroke consultant at AAH (since late January), would it be appropriate to invite Dr Rachael Murphy to join this subgroup. Morag /Mark will contact Simon and Rachael. **MM  
MS**
- 9. Dates of future meetings**  
10.00am, Friday 1<sup>st</sup> June, 2012