

**Lothian Stroke MCN
Community Service Development Subgroup
2nd August 2013**

MINUTES

Present:

Audrey Bruce	Lead Stroke Liaison Nurse, CHSS
Rosi Capper	Regional Manager for Community Stroke Services, CHSS
Lucy Felton-Edkins	Rapid Response Speech & Language Therapist
David Gillespie	Consultant Clinical Neuropsychologist
Heather & Ken Goodare	Carer & patient representatives
Pauline Halliday	Site Lead Occupational Therapist, RIE
Hannah Macrae	Health Development Officer for Older People, Edinburgh Leisure
Lynsey McAlpine	Facilitator, Supporting Carers Project
Morag Medwin (minutes)	Stroke MCN Co-ordinator
Mark Smith (chair)	Strategic AHP Lead Stroke Rehabilitation
Rhona Smyth	Lead Occupational Therapist, AAH & Liberton

action

1. Welcome and apologies for absence

Apologies: Linda Gibson, Sheena Borthwick, John Brown, Jane Shiels, Paddy Corscadden.

Welcome: Lynsey McAlpine. Introductions were made around the table. Lynsey briefly outlined her role in the project – to provide practical training, signposting etc for carers, up to one month post discharge.

2. Minutes of the meeting of 25 January 2013

Minutes approved without change.

3. Structure and remit of group

Following discussion at the previous meeting it had been agreed that the ongoing workplan for this group had been completed, and in order for the group to continue, there was a requirement for it to have purpose, and not just be a quarterly meeting for updates.

3.1 Name

Agreed that the name needs to reflect the rehabilitation work strands that it promotes and not just community services. Suggested title: Stroke Rehabilitation Pathway Development Group. This would demonstrate the more of the whole patient pathway including the stroke units and transition to community.

3.2 Membership

Comments:

- Medical representation. Suggestions for Dr Alison Neilson (new rehab consultant at AAH, starting in October), Dr Rachael Murphy (Liberton), or Dr Katherine Jackson (SJH).
- Voluntary groups. Mark noted that he represents the Stroke Association, but VOCAL is not represented.
- The new integration (health and social care) agenda necessitates that the group should have links with the local authorities in East, Mid and West Lothian.
- Rosi noted that some patients had been through the Stroke Voices

- training (for Telescot) and could be approached to join the group.
- Audio/orthoptics/orthotics representatives?

3.3 Frequency of meetings

Agreed that quarterly meetings would be ideal to start with, and then extending to six monthly meetings, once the group and its workplan is established. Request for meetings to change to afternoons, as mornings are core clinical time for patients. Friday meetings are also problematic, as staffing levels are often lower and it's more difficult for clinicians to attend.

3.4 remit / workplan development

Comments received via email regarding future of the group:

- Wonderful networking opportunity, and very good initiatives have come from it (carers forum, telerehabilitation pilot etc), but informal networking is clearly not sufficient reason to commit a whole morning on a quarterly basis.
- Could there be a focus to come together every 6 months, perhaps with a topic such as integrated care, good practice models etc.
- Patient/service user/carers involvement is very current, so maybe a smaller subgroup to ensure this aspect is covered?
- Would welcome a continuation of group in order to share local developments and ideas. It can sometimes be difficult to protect specialist services in the community, when others are moving towards generic services. Having a link with the MCN gives a 'louder voice' to protect such services.
- Meeting is getting personal views from participants and not an overall picture of the services available.
- I do however fully support the continuation of the group as I did join with the hope that this would enable me to link with a whole host of community stroke services. I do however appreciate that the meetings cannot only be about networking and we need clear objectives/ aims and as members, we must understand our commitment to the group.
- Perhaps the group could agree a shared work plan which could have outcomes related to:
 - monitoring services
 - shared quality improvements
 - seek wider patient/ carer feedback on services
 - audit against National standards / guidelines and charters
 - support education and training initiatives in community services
 - engage with other stakeholders to promote stroke services
 - ensure we promote a multi-disciplinary focus within community stroke services.

Further comments raised in discussion:

- important to remember stroke patients further down their pathway, and their requirements
- agreed that there is value in face-to-face meetings for specific-focus areas, that this subgroup has an interest in, eg CHSS services, ECSS, clinical neuropsychology service, etc.
- audio and visual impairment:
It was acknowledged that there are gaps in services for stroke patients with audio and visual impairments. This has been identified and a new STARS module on visual impairment is underway. Rosi has also recognised visual issues and CHSS has put all CSS staff through the

Sighted Guiding training programme offered by RNIB and has developed an in-house version for volunteers.

Mark noted his involvement in an ongoing project with colleagues from RNIB and Deaf Action who are running a government funded project around hidden sensory loss. They aim to identify and train 30 'sensory champions' (10 each in stroke, learning disability and dementia) to raise awareness within hospital and community teams about the hidden issues that many patients face. An initial meeting has been arranged at the RNIB and Deaf Action offices – to look at the proposed training materials and how this training may be delivered.

Heather passed on details of a therapy (NeET: Neuro-Eye Therapy) developed from research done at Aberdeen University. Further details can be found at <http://www.sightscience.com> but it's not yet available on the NHS.

Possible areas for workplan

- what is the pathway prior to discharge (transitions for patients from hospital to rehab, etc)
- governance of services that are funded from NHS Lothian, ie. stroke outreach nurses and CSS.
- redesign of neuro-rehab services
- national delivery plan for AHPs
- awareness of Scot Govt Action Plan – (points 5.40 and 5.34) and the responsibility to put changes/developments into action.
- Supporting Carers Project at WGH.

A draft remit and workplan will be drawn up and circulated for comment and further populating.

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4. Agree future agenda layout

The future agenda would be dependent on the workplan that is still to be developed and agreed.

5. Update on projects

Agreed that updates on projects will be by circulated documents. Previously we have discussed each of these, but suggest for future meetings, the updates are circulated with papers, and any particular discussion points raised at meeting.

5.1 CHSS Liaison Nurse Service

The latest report was tabled at the meeting and the following updates were made:

- The new liaison nurse – Hannah Meldrum (covering Debbie's leave) will be contracted from mid August 2013 to mid September 2014. In the interim, Tom is seeing all new referrals from SJH.
- The 10 year challenges for the nurse liaison service are continuing, with Tom about to do a 10km run. The challenges are intended to raise awareness for the service and stroke, and any money raised is given to the Advice and Support Department.

5.2 CHSS Communication Support Service (CSS)

The latest report was tabled at the meeting, and there were no further updates.

5.3 Neuropsychology service

The latest report was tabled at the meeting and David briefly outlined his future working patterns, as noted in the report.

5.4 Bridging the Gap

Lucy Felton-Edkins noted that the original funding for this project has now been embedded into Speech and Language Therapy services, in line with the development of the pan-Lothian single system services.

6. Any other business**6.1 Stroke Charter**

Mark noted that the Stroke Charter will be launched in October. This has been developed by the Heart Disease and Stroke Cross Party Group at the Scottish Parliament, which Mark attends.

6.2 Post-stroke exercise

Hannah noted that the post-stroke exercise classes are currently taking place in three venues, but will increase to seven venues. The in-reach project at RIE will be starting early August and Hannah will line-manage the fitness instructor.

Post-meeting note: due to delays, the instructor will start 6th January 2014.

6.3 MCN website

Morag noted that the new MCN website is under development and there are plans for a logo to be used for the stroke MCN. Three options were passed around the group, and a survey monkey poll will be circulated via email for MCN members to vote for their preferred logo.

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The website will also contain links to the online interactive pathway models. A general information pathway model will be on the website (with access to all), and will link to pathways with specific contact details on the intranet (for NHS clinicians only). David queried if Intermediate Care and other social care staff can access our intranet. Morag will check.

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Post-meeting note: Contact information has been made available to all as it will be contained within a website, and not the intranet.

7. Dates of future meetings

Thursday 14th November, 2 – 4pm (meeting room 2, Leith CTC)

- this meeting was cancelled, pending revised workplan for the group