CONTENTS

1. Forward
2. Highlights this Year
3. Turning Strategy into Action
4. Education and Training
5. Public Involvement
6. Measuring how we are doing
7. Investments
8. Plans for the Coming year
1. FORWARD

Grampian Stroke Managed Clinical Network (MCN) continues to meaningfully involve patients, carers, staff and partners in promoting improvements for the prevention and treatment of stroke.

The past year has enabled us to deliver or make significant progress on the improvements we hoped for last year and this report also highlights what is new this year. The Network continues to work well together to tackle issues and ensure that patients get the best possible service wherever they live in Grampian.

We would again wish to take this opportunity to thank all staff across the MCN for their hard work and support in the last year, as without this we would not have made such considerable progress.

The website at http://www.nhsgstrokemcn.scot.nhs.uk/ keeps everyone up to date with our work. We wish to continue to encourage further discussion and involvement in the way services develop in Grampian. Should you wish to be more involved or simply to make contact with the Stroke MCN we would be delighted to hear from you.

Dr Steve Hamilton
MCN Lead Clinician

Thérèse Jackson
Consultant Occupational Therapist
In Stroke

Dr Karen Simpson
Lead GP Stroke MCN

Ms Christina Cameron
Acting MCN Manager
2. HIGHLIGHTS THIS YEAR

This has been another very successful year for the Stroke Managed Clinical Network in Grampian. Highlights have included:-

- Allocation of £139,211.39 (non-recurring) for Equipment, Training and Travel
- Opening of a six bed North Aberdeenshire Stroke Rehabilitation Unit in Fraserburgh with North Aberdeenshire CHP
- Invitation to participate in a number of Protected Learning Time opportunities with GPs.
- Annual Professional Conference (NHS Education for Scotland CORAS approved)
- Work toward new combined Stroke Rehabilitation Service at Woodend Hospital
- GP Stroke Fellowship – second year completed
- Poster Presentations and attendance at Stroke National and International Conferences including the UK Stroke Forum
- Review of MCN Objectives and Quality Assurance Framework
- Continue to forge links within the MCN via Newsletters, and Annual Networking Seminars
- Collaboration with Scottish Centre for Telehealth to develop thrombolysis services in Elgin
- The establishment of a £13,000 training fund to support non-medical staff to attend stroke education and training. This has included support for several members of staff and teams to attend the UK Stroke Forum Annual Conference, Harrogate December 2008, the Scottish Stroke Nurses Conference in September 2008 and several other stroke training courses.
- The development of an Early Supported Discharge (ESD) Service for Aberdeen City open in late 2009.
- Moray Stroke Services – ongoing links with Moray colleagues to identify ways of further service developments/improvements
- Education and Training – intend long-term retention of NHSG/CHSS Stroke Training Co-ordinator – to identify a permanent funding stream
- Patient and Public Involvement – Conversation Partner support for aphasia patients to enable them to attend meetings so their ‘voices can be heard’. User-friendly format of patient and public involvement minutes available. Use of technology at meetings to enhance communication.
3. TURNING STRATEGY INTO ACTION

The CHD and Stroke Strategy for Scotland 2002 &2004 and recently updated in 2009 as the `Better Heart Disease and Stroke Action Plan` made recommendations for several service developments, which were supported with extra funding. Since then other national policy has influenced the direction of service developments and this report highlights the activity undertaken by the Grampian, Stroke Managed Clinical Network (MCN) to implement those strategies.

The Managed Clinical Network’s vision for stroke care is to create an equitable and effective service for stroke patients in Grampian through the most efficient use of resources and the provision of an evidence based pathway of care. This pathway seeks to join up each stage of the patient experience across all sectors, to reduce inequalities in access to specialist care and services, to take cognizance of national standards and guidelines and offer a streamlined model, minimising duplication and limiting waste.

The three year Strategy for Stroke is the plan for how that pathway might be realised for the patient.

Outline of Strategic Plan

The Strategic Plan for stroke covers the period 2009/10, 2010/11, 2011/12. It sets out the MCN’s vision of what is required if NHS Grampian is to provide a safe, relevant, equitable and mutual stroke service in a single system.

The plan draws upon our current local models of care and level of resource, setting these against national guidance including national audit recommendations, QIS clinical standards, SIGN guidelines. It highlights gaps in the organisation of services which should be filled and described the resources necessary to do so.

It provides a planned, co-ordinated, cross-sector approach to summarise the changes and improvements that must be made in primary and secondary care, encompassing primary prevention and awareness raising, TIA and stroke management, rehab, secondary prevention, social care and other specialist services. Members of the Stroke MCN Project Board have all contributed to the Strategy and every effort has been made to balance aspirations with assumed financial limitations, always recognising that the service operates within a wider organisational context.
Evidence has made it clear that all patients with a suspected TIA, who are considered fit enough for investigation and treatment, should be assessed as soon as possible following the event. There is a window of 14 days between the event and carotid surgery, which provides the best outcome in relation to the prevention of subsequent stroke. It is therefore imperative that GPs refer these patients urgently stating suspected TIA to the Neurovascular Clinic.

Four TIA Clinics per week at Aberdeen Royal Infirmary have been established (previously two) which, with other interventions, has reduced delays and will support the achievement of QIS standards for review of patients within one week of referral. Although referrals have almost doubled over the past two years, this has also decreased the need for admissions. Not all clinics are supported by Neuro-imaging (which reduces efficiency), but all have access to carotid imaging at the vascular lab. The three MRI sessions provided on the University scanner with MCN funding contribute significantly to the service. The aims for the next year include further streamlining of the referral pathway and reducing the time from event to carotid endarterectomy in patients with carotid disease.

In the help of the Scottish Centre for Telehealth we continue to offer telemedicine consultations for TIA patients in Orkney, which reduces pressure on ARI clinics. This service won the Innovation and Improvement Award at the Scottish Health Awards in November 2008.
Clinical Neuropsychology Service for Stroke

The Clinical Neuropsychology service for stroke covers acute and rehabilitation stroke services for in-patients and out-patients across Grampian. The most common referrals are for assessment of cognitive functioning, including capacity assessments, and for advice on cognitive rehabilitation interventions.

The Clinical Psychology service is for patients experiencing psychological difficulties as a result of their stroke with the most common referrals for depression, anxiety and adjustment disorders. Since the last annual report period the approximate waiting time for outpatients has reduced from 12 weeks to 6 weeks.

The Neuropsychology department had 24 in-patient and 160 out-patient contacts (including home visits) in April 2008 – March 2009. In comparison to 2007-2008, this reflects a 26% increase in number of inpatient contacts and a 135% increase in outpatient contacts. Average time to wait remained the same for inpatients but there was an increase in average waiting time for outpatients from approximately 2 months to 4 months.

Achievements

Clinical and Service related

- Dr Emma Hepburn became permanent in stroke 1 day a week (0.2 WTE)
- Dr Roisin Jack became permanent in stroke 1 day a week (0.2 WTE)
- Revising referral criteria and guidelines for stroke service
- Submitted recommendations for service expansion in order to meet national guidelines and clinical need to the Grampian Stroke MCN project board

Consultancy

- One of main contributors to the British Psychological Society’s (BPS) response to Scottish Executive Better Coronary Heart Disease and Stroke Care Consultation document. Also contributed to departmental and Grampian Stroke MCN responses.
- Attended and contributed at consultation day re Scottish Executive Better CHD & Stroke Care document.
- Consulted and made contribution to various Stroke MCN service developments and documents (including Early Supported Discharge service proposal; MCN Stroke objectives; Moray Stroke Services; Moray Stroke Report; Turner Stroke Unit Proposal; NHS Grampian Stroke Strategy).
- Attended briefing with Stroke Association re needs of stroke patients and services in Scotland.

Education and Training

- Grampian Stroke MCN teaching on part 1 and part 2 courses, various dates.
- Goal setting training, Ward 12, SRU, Woodend.
- Challenging behaviour after stroke teaching to Fraserburgh Stroke Unit
• Presented twice to carers group via voluntary service Aberdeen on psychological effects following stroke
• Presented at the advanced study day on executive functioning
• Dr Jackie Hamilton completed PG Dip in Applied Clinical Neuropsychology via Glasgow University.

Research
• Supervising stroke research conducted by Aberdeen University
• Dr Jackie Hamilton is preparing research for submission to peer reviewed journal – ‘Impairments in Theory of Mind and executive functioning following stroke’

North Aberdeenshire Stroke Rehabilitation Service (Fraserburgh Hospital)

A six bed stroke rehabilitation unit was opened in January 2009. The Unit is staffed by nurses, OT, Physiotherapy, Speech and Language Therapy and has daily medical cover from the Finlayson Street Surgery.

Throughout 2008, this new development was planned and implemented by a team from Fraserburgh alongside the Stroke MCN core team.

Staff were recruited and systems and protocols agreed.

The Stroke Rehabilitation Unit will add to the stroke patient pathway for NHS Grampian, supporting more effective and efficient transition through the Acute Stroke Unit at Aberdeen Royal Infirmary.

Stroke Rehabilitation Wards, Woodend Hospital

Plans are underway to co-locate current Wards 12 (22 Beds) and 6 (16 beds) at Woodend Hospital to a new Stroke Rehabilitation Centre on the ground floor in Westview. This will facilitate shared expertise and equipment and equity of treatment for those patients in Woodend Hospital.

Flexible Therapy Stroke Team (FTST)

The Flexible Therapy Stroke Team (FTST) was established in 2005 with a dual clinical and educational remit. The team provides clinical input to patients on Ward 6, Stroke Unit at Woodend Hospital and stroke specific education for professionals across Grampian in conjunction with Chest Heart and Stroke Scotland (CHSS). The team comprises a Dietitian 0.5 wte; Speech and Language Therapist 1.0 wte, Occupational Therapist 1.0 wte and Physiotherapist, 1.0 wte. The clinical lead for the team is the Consultant Occupational Therapist in Stroke.

An audit of the team’s clinical and educational activity was carried out from Oct 2007 – Jan 2008. This audit demonstrated that whilst the educational remit of the team was consistent and sustainable; the clinical role was less clearly defined for all disciplines and required some review.
The FTST has been a successful example of how the Stroke MCN has been able to implement ways of delivering stroke specific education across Grampian. Whilst the clinical remit of the team has gone through several transitions since it inception – the team have demonstrated their ‘flexible’ approach to delivering clinical care to areas when required.

Details of the Flexible Therapy Stroke Team annual report – July 2008 can be viewed at:-
**Acute Stroke Unit**

The Unit admitted 496 patients in 2008, 69% of the total admitted to ARI with a stroke. This is below the QIS standard of 70%, changing to 90% in June 2009. The main challenge remains patient flow, particularly onwards to rehabilitation or to nursing home care. The unit is supported by an enthusiastic and dedicated multidisciplinary team. Patients not admitted to the unit are cared for in medical wards, with support from the mobile stroke team.

Relocation to Ward 39 is estimated to take place in March 2010 when the bed complement will be reduced, but there will be two HDU beds to facilitate thrombolysis.

**Thrombolysis:**
This consultant led service has developed close liaison with NHS 24, the Scottish Ambulance Service and Accident and Emergency. This resulted in the thrombolysis of 34 patients in 2008 and 40 in the first six months of 2009, which is well above the proposed QIS standard of 5 per 100,000 population per annum. For every patient thrombolysed, a further 2-3 are reviewed in A&E as emergencies but do not fit the criteria for treatment. The FAST subgroup of the MCN has contributed to this increase, with a focus on publicity around stroke symptoms.

With the support of the Scottish Centre for Telehealth, the introduction of telemedicine to facilitate thrombolysis in Elgin means that the whole of Grampian now has access to this important form of acute treatment which is proven to reduce death and disability. The first patient in Scotland to be treated in this way was in Elgin.

Neuroimaging remains challenging, however a new 128 slice CT scanner has improved access to CT angiography and should contribute to reducing delays to carotid endarterectomy.

**Early Supported Discharge (ESD) Team – Aberdeen City**

Following an audit of ESD service requirements, a plan has been agreed to set up an Early Supported Discharge Team in Aberdeen city from late 2009 which could lead to 20-40% of people from the city admitted with stroke being treated in their own environment earlier than would have been the case previously.
In October 2007, Chest Heart and Stroke Scotland (CHSS) launched the FAST campaign which consisted of displays at Aberdeen Royal Infirmary, Woodend and Dr Gray's Hospital – see section below.

The Stroke Managed Clinical Network Project Board were keen to continue and a FAST campaign subgroup was formed.

As a result, a joint funded, local campaign was planned for Grampian in June 2009 with details as follows:

To check if someone is having a stroke, use the F-A-S-T test.

F = Face – Can they smile? Does one side droop?
A = Arm – Can they lift both arms? Is one week?
S = Speech – Is their speech slurred or muddled?
T = Time – to call 999

If you see these signs call 999 FAST. The faster you react, the better the patient's chances of recover.

Campaign Elements: Marketing
- 22 June – 22 July 2009
- Radio – 96 spots on Northsound 1 and 2 – 30 second advert
- Radio – 104 spots on Moray Firth Radio – 30 second advert
- Railway station billboard
- Outdoors – bus backs and interiors
- Websites – chss.org.uk & nhsgrampian.org
- Door drop – 219,258 leaflets delivered to households in Grampian
- 225,000 wallet sized carrier cards
- Internal+external communications – posters in settings, GP, pharmacies, workplaces, community education
- One bright pink taxi branded with FAST
- Talisman support for offshore workers

Campaign Elements – PR

- Media release
- Photo opportunity with taxi
- Case studies – local press
- Pre and post-campaign street survey to evaluate awareness and effectiveness of the campaign
- Pre and post campaign questionnaires distributed by the CHSS Stroke Nurses and completed by patients
Mobile Stroke Team (MST), ARI


The Mobile Stroke Team (MST) has been operational since September 2004. The team provides specialist multidisciplinary assessment, therapy and support for people who are admitted to wards other than the Acute Stroke Unit (ASU) at ARI with a stroke. This aims to provide a more equitable service for patients who are not on the ASU.

The team comprises a Dietitian 0.5 wte, Nurse 0.5 wte, Occupational Therapist 1.0 wte, Physiotherapist 1.0 wte and Speech and Language Therapist 0.7 wte. The clinical lead for the team is the Consultant Occupational Therapist in stroke.

In 2008 a total of 214 patients were seen by the Mobile Stroke Team. (164 patients were seen in 2007). Admission figures for ARI show an increase in the numbers of people admitted with stroke or suspected stroke this year with the majority of referrals from General Medicine.
The average length of stay for patients seen by the MST was 23 days. The majority were seen by the team for less than 7 days (118 patients). 165 patients were assessed by a Stroke Physician/Neurologist. Just over half of the patients were considered appropriate for transfer to the ASU (123 patients, 57%). Of the total number of patients seen by the MST 64 transferred to the ASU (30%). The aim is that all patients who are deemed appropriate transfer to the ASU (in accordance with national guidelines for stroke).

Annual objectives have been agreed and set by the team and include data collection; information leaflet for patients; preparing annual report of activity; and ward based education programme.

The MST continues to provide a valuable service for patients on the outlying wards at Aberdeen Royal Infirmary and supports equity for people admitted to ARI with a stroke.

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**Chest, Heart & Stroke Scotland (CHSS)
Stroke Nurse Service**

All patients with a new diagnosis of stroke or TIA who go home to independent living in Grampian region are supported by the CHSS Stroke Nurse Service for up to one year.

There are 5 nurses currently employed, with the following configuration.

- One full time (32.5hrs) nurse based in Ward 11, Acute Stroke Unit, (ASU) Aberdeen Royal Infirmary. This nurse receives referrals from ASU only.
- Two nurses (30hrs & 20hrs) based in Stroke Rehabilitation Centre (SRC) Woodend Hospital. These nurses receive referrals from SRC and Ward 6, Woodend and divide their caseload geographically. They also coordinate referrals from the Mobile Stroke Therapy Team (MSTT) at ARI. The nurse working 30hrs is allocated 10 of the 30 hours to help the ARI Nurse with her caseload.
- One part time (30hrs) nurse based in Ward 7, Dr Grays Hospital Elgin. This nurse receives referrals from all the medical wards (Wards 7 & 9) at Dr Grays Hospital, Elgin, and from the Neurovascular Clinic.
- One full time (32.5hrs) nurse based in Ward 11, Acute Stroke Unit, Aberdeen Royal Infirmary. This nurse receives referrals from the Neurovascular & Stroke Prevention Clinics at ARI. She runs nurse-led clinics at ARI and Fraserburgh Hospital.

The nurses are employed and line managed by CHSS. They work in partnership with, and are jointly funded by, NHS Grampian Stroke MCN.
Aims & Objectives of the Service

- to facilitate a smooth transition from hospital back into the community
- to help people who have had stroke, and their carers, adjust to changes resulting from stroke
- to give advice, information and support, raise awareness of risk factors, encourage appropriate lifestyle changes, and help minimize the risk of further strokes
- to identify and solve problems and concerns – short, medium and long term
- to facilitate reintegration to home and the community
- to foster independence on the part of patients and their carers

Stroke Nurse Service 1 April 2008 – 31 March 2009

- During this year the Stroke Nurses saw a total of 479 new patients.
- 309 patients were over 65yrs of age, 169 were under 65 yrs.
- 1,335 visits were made to patients’ homes.
- 461 contacts were made via telephone.
- Liaison was made with, and/or referrals were made to, a total of 62 different professionals, agencies and organisations.

Clinic Stroke Nurse Service 1 April 2008 – 31 March 2009

- 322 patients were seen at clinic
- 43% of patients were under 65 yrs of age
- 221 patients were referred from Neurovascular Clinic
- 99 patients were referred from Stroke Prevention Clinic
- 197 patients had prior cardiovascular problems

Dr Mary Joan Macleod nominated the Clinic Stroke Nurse for a Glasgow Herald Health Award in November 2008. Although she did not win she was one of 4 finalists in her nominated category out of hundreds of entries, and the only finalist in any category from north of the central belt.
The Stroke service contributes significantly to the Scottish Stroke Research Network activity. Current activity includes the following:

PERFORM Study
ROCKET study
eNOS study
CLOTS
CARS
AVERT
IST3
Advance brain imaging
DNA Lacunar stroke study

Other non-CRN studies include:
a TMRI funded study of carotid disease,
a polyamine study,
Claire Scott

The studies are supported by three research nurses (Mrs Maggie Bruce (FT), Mrs Anu Joyson (PT) and Mrs Michelle Kemp (PT)).

Two further studies (IRIS and TARDIS) will commence before the end of 2009.

The MCN will continue to support the work of the National Initiative and the people working actively locally in this area.

Moray Sub Group
Over 2008, the Moray Stroke MCN Sub Group focussed on the sustainability of a stroke unit at Dr Gray’s hospital and development of plans to support this. A review of stroke services was produced in December 2008, and this now forms part of the NHS Grampian, Stroke MCN Strategic Plan.

The Moray Sub Group also developed an action plan.

The key actions for Moray Stroke Services in 2008 were:
Ensure clinical leadership for stroke services.

- Ensure appropriate delivery of stroke services.
  - A mapping exercise was carried out to identify service delivery and any gaps, to make recommendations for the stroke strategic plan.
  - Review of operational provision of stroke unit beds at Dr Gray’s
  - Develop systems and protocols to maximise resource for stroke care including:
    - Stroke Training and Development

**Secondary Prevention Sub Group – Chair, Dr David Williams**


The Group will continue to meet annually and more frequently should further evidence become available.

**Nursing and AHP Forum – Chair, Ms Elaine Horne**

The Nursing and AHP Forum was established in Autumn 2007. The remit of the Forum is:

“To discuss issues relating to stroke practice in Grampian in order to inform the Managed Clinical Network in a multidisciplinary context”.

The Forum meets approximately once every four months.

During 2008 activities included:

Presentations –

- Role of Cardiovascular nurse
- What, When and Where – information for Stroke Patients
- Disability Discrimination
- Role of CHSS Nurse Update QIS Figures
- Work of the Scottish Stroke Research Network

Other work undertaken by this group –

- Swallowing Audit – Working Group formed to address NHSG’s performance against QIS Standard for swallow screening. Two meetings have taken place so far.
- Reviewing/addressing Quality Assurance Framework and contributing where possible
- Reviewing SIGN Guidelines and updating nursing/AHP protocols as required
4. EDUCATION AND TRAINING

**Education Sub Group – Chair, Thérèse Jackson**

The Stroke MCN Education Sub Group meets four times a year. Membership includes representatives of healthcare workers, patient and carer representatives, higher education institutes and the voluntary sector.

The aims of the Education Sub Group are:-

- To advise on stroke education needs and implementation across NHSG, Social Services, and the voluntary and independent sectors.
- To develop education pathways and professional development opportunities.
- To promote awareness of stroke education and training and to enhance shared learning opportunities in collaboration with other providers e.g. CHSS.
- To strengthen links and opportunities for stroke education in remote and rural areas.
- To support patient and carer education across Grampian.
- To advise the development of the quality assurance framework and strategic direction of the Stroke MCN for Grampian.

Activity over 2008 has included:-

- Development of a staff information resource (poster) about stroke education opportunities across Grampian.
- Review of patient and carer education availability with a plan to develop initiatives in Grampian.
- Contribution by several members of the group to the STAR’S on-line core competency stroke learning resource.
- Review and development of Grampian CHSS training courses.
- Comment and contribution to national consultations e.g. Ankle Foot Orthosis (AFO), best practice statement, and the CHD and Stroke Strategy update.

Several education opportunities have been supported by the Stroke Training recurring fund, for 2008. These include:

- Staff attendance at the Scottish Stroke Nurses Conference, Stroke Research Network Conference, Bobath Courses, UK Stroke Forum Conference and a Dysarthria course.

The Stroke MCN were also able to support two courses to be hosted in Grampian. These were run by ‘Connect’ a company specialising in communication disability (aphasia). The courses run were: ‘Develop Your Communication Skills’ and ‘Making Communication Access a Reality’.

These courses train healthcare workers to deliver information and support to people with communication difficulty in an accessible way.

The courses were attended by staff from across Grampian and the Education Sub Group will develop a strategy to disseminate training to other people working in stroke care.

Thérèse Jackson
Chair, Education Sub Group
**GP Fellowship in Stroke Medicine**

In September 2007 the Stroke MCN launched a GP Fellowship in Stroke Medicine sponsored by Sanofi Aventis. This was used to provide education on various aspects of stroke medicine.

The inaugural year ran from 19th September 2007 to 18th June 2008. Ten GPs participated with bases ranging from Grampian, Highland and Strathcathro.

Presentations from these sessions are available on the Stroke MCN Website at [http://www.nhsgstrokemcn.scot.nhs.uk/?page_id=197](http://www.nhsgstrokemcn.scot.nhs.uk/?page_id=197)

A second year commenced 29th October 2008 and sessions are arranged to run until June 2009 the final meeting culminating with attendance at the Stroke MCN Professional Conference on 17th June 09.

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**Stroke Training Co-ordinator employed by Chest, Heart & Stroke Scotland (CHSS)**

Chest, Heart & Stroke Scotland (CHSS) in partnership with NHS Grampian Stroke Managed Clinical Network have been delivering stroke training courses since 2005. These courses aim to improve knowledge, skills and confidence for Health and Social care staff.

Between January 2008 and December 2008 348 staff from across Grampian have received training in stroke. A variety of study days and courses are available which have been designed specifically for the target audience.

The core stroke training courses continue to be popular with waiting lists in place to attend.

**Stroke Training Initiatives**

**Current Care in Stroke – part 1**

This course was previously titled the Introductory Course in Stroke Care (part 1). CHSS was commissioned by NHS Education for Scotland (NES) to align the content of the part 1 course with the Stroke Core Competencies for Healthcare Staff. From July 2008 the part 1 course now incorporates all 20 Competencies. The title was changed to reflect these changes. The title of the Intermediate Course in Stroke Care (part 1) has also been changed to Current Care in Stroke – part 2.

**Advanced Study Days in Stroke Care**

2 Advanced Study Days were held in 2008 as shown below. Topics change to reflect local training needs and current issues in stroke.
Tone and Postural Management
2. Cognition and Perception

Long Term Conditions – refresher and update
This study day was designed for Community Nursing Staff across Grampian as it had been recognised that this group of staff were unable to dedicate a full study day to stroke as they work with a wide variety of conditions. The day provided an update on common long term conditions delivered by Nurse Specialists in each area.

Training Requests/Support
Training can be organised and/or supported at the request of a specific area or discipline. Please see the list below:
- Swallowing Assessment / Behavioural Issues – Fraserburgh Hospital
- Thrombolysis Service for Stroke – Dr. Grays Hospital
- STARs Roadshow (visit www.strokecorecompetencies.org)
- Two Harrison Courses for Occupational Therapists
- Current Care in Stroke Course – part 2 – Shetland Isles
- Care Home Staff Study Day – Deeside

Stroke Care Patient Pathway

Work continues on developing a Stroke Care Patient Pathway in conjunction with the City CHP and other stakeholders. This is a dynamic and changing document being reviewed and updated on a regular basis. The weblink to this is:-


5. PUBLIC INVOLVEMENT

Meaningful public involvement is very high priority for the MCN.

Public Involvement Sub Group – Chair, Margaret Somerville

The Stroke Public Involvement Sub Group continues to meet every three months. Chaired by Margaret Somerville, Director of Advice & Support, Chest, Heart and Stroke Scotland (CHSS), the membership includes eight members of the public who have had experience of stroke. The ex-patients form a representative group who have experienced a variety of challenges since having had a stroke, including communication difficulties. Currently the group were looking to recruit non-professional carer representation. The remit of the group is to ‘act as Advisory Group to the Stroke MCN on any relevant issues, contributing to steering the agenda and strategy for Grampian’.

Activities this year included:
- Comments on CHSS leaflet “Your Stroke Journey”
- Input into the Stroke Care Pathway – at an extra meeting specifically to discuss this on 5th March 2008
- Aphasia-friendly minutes and agenda produced
- Producing an article for the Stroke MCN newsletter aimed at professionals regarding making identity clear to patients and verbally keeping the patient informed on what they were going to do – giving the patient opportunity to ask
questions

• Comments/input on CHSS Stroke Voices Project
• Review group remit and membership – time limit for membership
• Demonstration of Computer access to Readplease
• Laptop/projector and screen access to papers at every meeting
• Comments on the Quality Assurance Framework (QAF)
6. MEASURING HOW WE ARE DOING

The ultimate aim of MCNs is to improve patient care in terms of quality, access and appropriateness. During 2007, the MCN completed a Quality Assurance Framework which was submitted and approved by NHS Grampian. Copies are available from the MCN office. As outlined in the last annual report the Framework includes:-

- a document scoping the outline of the MCN and the services it will provide
- a set of standards for the services provided by the network, ratified by NHS QIS
- agreed arrangements by which performance against the standards will be reviewed and monitored
- Performance review of existing stroke services across Grampian on a regular basis

During 2008 the MCN were regularly reviewing, and striving to meet and adhere to the standards in the Framework and this will continue as part of objective setting for 2009 - 2010 and beyond.

Stroke Protocols/Stroke Proformas

Work was ongoing regarding reviewing all stroke protocols and proformas, to ultimately be placed on the Stroke website.

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<thead>
<tr>
<th>Stroke Quality Assurance Sub Group – Chair, Dr Stephen Lynch</th>
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<tbody>
<tr>
<td>The Stroke Quality Assurance Sub Group has been meeting approximately every 3 months. During 2008, work of the group has included:-</td>
</tr>
<tr>
<td>1. Reviewing the work of the other stroke subgroups where any items of relevance to do with quality assurance have arisen</td>
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<td>2. Looking at the QIS unmet Standards in the Acute Hospital setting and working through addressing these issues.</td>
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<tr>
<td>3. Reviewing and agreeing the local Quality Assurance standards for the MCN</td>
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<td>4. Review of QOF stroke indicators for Stroke from primary care</td>
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<tr>
<td>5. Review of work done in the Scottish Stroke Care Audit</td>
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<tr>
<td>6. Organising a Stroke awareness day for General Practitioners in the Spring of 2008</td>
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</tbody>
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Future activity:

- Continuing to review the local Quality Assurance Standards for the MCN.
- Continue to review work done for the Scottish Stroke Care Audit.
- The new QIS standards for acute inpatient care will be a significant challenge for the MCN. Initial work will revolve around drawing up an action plan.
- Review of QOF stroke indicator achievement in primary care.
- Reviewing the work of the other stroke subgroups where any items of relevance to do with quality assurance have arisen.
QIS Standards for Acute Stroke Care

* updated 2007 figures based on 99% of stroke cases audited
No. of patients audited  607  659  633

STANDARD 1.1
70% of stroke patients are admitted to an Acute Stroke Unit within 1 day of admission to hospital

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<thead>
<tr>
<th></th>
<th>2007</th>
<th>2007*</th>
<th>2008</th>
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<tbody>
<tr>
<td>% of patients treated in Acute Stroke Unit</td>
<td>81</td>
<td>78</td>
<td>78</td>
</tr>
<tr>
<td>% of patients admitted within 1 day of admission</td>
<td>72</td>
<td>71</td>
<td>67</td>
</tr>
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STANDARD 2.2
80% of patients have brain imaging performed within 2 days of admission

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<tr>
<th></th>
<th>2007</th>
<th>2007*</th>
<th>2008</th>
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<tbody>
<tr>
<td>Scanned at any time during admission</td>
<td>95</td>
<td>96</td>
<td>95</td>
</tr>
<tr>
<td>Scanned within 2 days of admission</td>
<td>82</td>
<td>81</td>
<td>81</td>
</tr>
</tbody>
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STANDARD 2.3
Aspirin treatment is initiated within 2 days for all patients unless contraindicated
(this standard relates to prescribing of aspirin only as antiplatelet and does not allow for use of clopidogrel or dipyridamole)

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<tr>
<th></th>
<th>2007</th>
<th>2007*</th>
<th>2008</th>
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<tbody>
<tr>
<td>Started on aspirin at any time during admission</td>
<td>80</td>
<td>79</td>
<td>83</td>
</tr>
<tr>
<td>Started on aspirin within 2 days of admission</td>
<td>68</td>
<td>68</td>
<td>75</td>
</tr>
</tbody>
</table>

STANDARD 2.4
All patients have an initial swallow screen test performed unless contraindicated

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2007*</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swallow screen performed at any time during admission</td>
<td>63</td>
<td>69</td>
<td>74</td>
</tr>
<tr>
<td>Swallow screen performed on day of admission</td>
<td>46</td>
<td>53</td>
<td>54</td>
</tr>
</tbody>
</table>

STANDARD 1.7
80% of new patients are seen within 14 days of receipt of referral to Neurovascular Clinic

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2007*</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of patients audited</td>
<td>587</td>
<td>601</td>
<td>701</td>
</tr>
<tr>
<td>Proportion seen within 14 days</td>
<td>81</td>
<td>82</td>
<td>89</td>
</tr>
</tbody>
</table>

STANDARD 1.8 (Desirable)
80% of new patients are seen within 7 days of referral to Neurovascular Clinic

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2007*</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion seen within 7 days</td>
<td>56</td>
<td>57</td>
<td>69</td>
</tr>
</tbody>
</table>
### ADDITIONAL AUDIT OF CAROTID INTERVENTION

<table>
<thead>
<tr>
<th></th>
<th>42</th>
<th>42</th>
<th>21</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of patients audited</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean - Days from last event to examination</td>
<td>7.1</td>
<td>7.1</td>
<td>7.2</td>
</tr>
<tr>
<td>Carotid Doppler performed (%)</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Referred to vascular surgeon (%)</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Intervention performed (%)</td>
<td>84</td>
<td>84</td>
<td>95</td>
</tr>
<tr>
<td>Mean - Days from referral to seen by surgeon</td>
<td>9.4</td>
<td>9.4</td>
<td>6.3</td>
</tr>
<tr>
<td>Mean - Days from seen by surgeon to surgery</td>
<td>29</td>
<td>29</td>
<td>9.3</td>
</tr>
<tr>
<td>Mean - Days from last event to carotid intervention</td>
<td>41.4</td>
<td>41.4</td>
<td>28.6</td>
</tr>
</tbody>
</table>

### Stroke Audit Co-ordinator

**Scottish Stroke Care Audit**

The Grampian Stroke Care Audit began in September 2000 to accurately record incidence of stroke disease within Grampian and primarily to identify where patients admitted with acute stroke were being treated. This audit has expanded over the years and continues to reflect incidence but now supports the work of the Stroke MCN’s Quality Assurance Framework.

If you would like more information on this audit please contact:

Elaine Horne  
Stroke Audit Coordinator  
Acute Stroke Unit  
Ward 11  
Aberdeen Royal Infirmary

Email [elaine.horne@nhs.net](mailto:elaine.horne@nhs.net)  
Tel 01224 (5)59505

### Stroke MCN Newsletters

The Stroke MCN were regularly producing Newsletters:

Issue 10 – January 2009

Back copies are available on the Stroke MCN Website.  

Positive reports from staff had been received regarding the Newsletters which kept staff informed of what was currently happening within the MCN. Newsletters were also circulated to all participants in the Stroke Training Courses run by the Stroke Training Co-ordinator.
7. INVESTMENTS

What Funding has there been to support MCNs

In 2003/04 the Scottish Executive announced the allocation of £15m of additional funding to support various developments proposed within the CHD/Stroke Strategy for Scotland. NHS Grampian receives just over 9% of the total funding available for distribution which means that we receive £1.2m per year, shared equally between CHD and Stroke. These monies were initially ring-fenced but are now part of Grampian's core allocation.

In Grampian the Stroke MCN has used this funding to establish the MCN Networks, further develop and maintain Stroke database information, enhance Neuropsychology services, increase dedicated Therapy services for Stroke patients, support co-ordinated activities with Chest Heart and Stroke Association and a number of other developments.

A significant amount of slippage was generated over a number of years and this has largely been used to support staff training activities and purchase new and replacement equipment specifically for Stroke patients.

The funding plans for financial years 2008/09 through to 2010/11 are detailed in the table below.

Non-recurring allocations specifically approved in 2008/09 included:

1. Equipment   £102,000
2. Training          £36,000    (total of £49k including recurring £13k)
<table>
<thead>
<tr>
<th>STROKE STRATEGY FUNDING – NHS GRAMPIAN</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FUNDING</th>
<th>2008/09</th>
<th>2009/10</th>
<th>2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke MCN</td>
<td>60</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>Stroke Database</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Expansion Neurovascular Clinic</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Early Stroke Rehab</td>
<td>92</td>
<td>92</td>
<td>92</td>
</tr>
<tr>
<td>Neuropsychology services</td>
<td>56</td>
<td>56</td>
<td>56</td>
</tr>
<tr>
<td>Stroke Flexible Therapy Team</td>
<td>150</td>
<td>150</td>
<td>150</td>
</tr>
<tr>
<td>Mobile Doppler</td>
<td>41</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>Stroke AHP Consultant</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Stroke Vascular Prevention</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>CHSS Nurse Dr Grays</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Clinic Nurse</td>
<td>21</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Mobile Stroke Nurse</td>
<td>16</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Cardiovascular Risk Nurse (NOF)</td>
<td>38</td>
<td>38</td>
<td>38</td>
</tr>
<tr>
<td>SALT (2 sessions)</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Physio for Stroke Rehab</td>
<td>10</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Consultant on-cal cover</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>CHSS Stroke Training Co-ordinator</td>
<td>40</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>IT Equipment - New Neuropsychology</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Training Allocation</td>
<td>49</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Stroke Equipment</td>
<td>102</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Stroke Expenditure</strong></td>
<td><strong>802</strong></td>
<td><strong>693</strong></td>
<td><strong>693</strong></td>
</tr>
</tbody>
</table>
8. PLANS FOR THE COMING YEAR

Stroke MCN Objectives 2008/09

We expect to deliver the following new improvements:

- The top priorities for the Stroke MCN in Grampian in the coming year are to support the establishment of the Stroke Rehabilitation Service in North Aberdeenshire and to develop and implement the Moray Stroke Plan.
- The Stroke MCN will undertake ongoing performance review across the various components of the Stroke Network in Grampian. The outcome of these reviews will be formally submitted to NHS Grampian as part of its governance arrangements.
- Improved Grampian-wide pathways for patients with suspected stroke and TIA to ensure that they receive appropriate assessment and treatment. This will provide guidance for local GPs, NHS 24, ambulance services and those working in A&E departments. It is likely to involve quite a lot of change in consultant work patterns and therefore will take time to introduce. It is hoped that the introduction of these changes will help the service to meet NHS QIS standards for the waiting times to access a neurovascular clinic, the time taken for a stroke patient to access a stroke unit bed and the time to be given aspirin if appropriate.
- We will continue to seek to reduce waiting times for carotid endarterectomy intervention.
- We will contribute to prevention of stroke and TIA in the community through working with GP practices and in particular promotion of the ‘FAST’ Campaign. We are involved with several primary care initiatives to improve primary prevention.
- We will review each area of our work and develop improved links with the Community Health Partnerships and the Acute Sector.
- We want to make more use of the information we already collect in the NHS by feeding it back to staff so they can benchmark themselves and learn from others.
- We expect to build on our successful staff training and pilot new learning methods for taking forward the national guidance on Core Competencies for all staff.
- We want to strengthen our involvement with patients and carers and our links with Chest, Heart and Stroke Scotland and the Stroke Association.

ENQUIRIES

Headquarters:
CHD & Stroke Managed Clinical Network, c/o Diabetes MCN Office, Woolmanhill, Aberdeen, AB25 1LD, Telephone: (01224) 555380

Dr Steve Hamilton, Lead Clinician, Stroke MCN
stevenhamilton@nhs.net

Ms Thérèse Jackson, Consultant Occupational Therapist in Stroke
therese.jackson@nhs.net
Dr Karen Simpson, Lead GP, Stroke MCN  
Karen.simpson5@nhs.net

Ms Christina Cameron, Acting Network Manager  
christina.cameron@nhs.net

Ms Lynsey Duncan, Stroke Training Co-ordinator  
lynsey.duncan@nhs.net

Mrs Christine Gray, Secretary  
christine.gray2@nhs.net

PROJECT ORGANISATION
The MCN for Stroke in Grampian has:
Steering Group and Sub Groups
Chairperson:
- Project Board  
  stevenhamilton@nhs.net  
  Dr Steve Hamilton, 
- Acute Services Sub Group  
  mmd275@abdn.ac.uk  
  Dr Mary-Joan MacLeod, 
- Education Sub Group  
  therese.jackson@nhs.net  
  Ms Thérèse Jackson. 
- FAST Public Awareness Sub Group  
  margaret.somerville@chss.org.uk  
  Ms Margaret Somerville, 
- Moray Sub Group  
  therese.jackson@nhs.net  
  Ms Thérèse Jackson, 
- Nursing and AHP Forum  
  elaine.horne@nhs.net  
  Miss Elaine Horne 
- Public Involvement Sub Group  
  margaret.somerville@chss.org.uk  
  Ms Margaret Somerville, 
- Quality Assurance Sub Group  
  stephen.lynch@nhs.net  
  Dr Stephen Lynch, 
- Secondary Prevention Sub Group  
  davidwilliams4@nhs.net  
  Dr David Williams,

PROJECT BOARD MEMBERSHIP

Steve Hamilton (Dr)  
MCN Lead Clinician and Chair

Jackie Bremner  
Service Planning Lead, Aberdeen City CHP
Ward Manager, Ward 6, Woodend Hospital

Alastair Cozens (Dr)  
Consultant in Rehabilitation, Woodend Hospital

Jon Cresswell, (Dr)  
Consultant in Public Health Medicine

George Downie,  
Director of Pharmacy & Medicines Management, Woodend

Alison Hamilton  
Head of Service, Speech and Language Therapy

Jackie Hamilton (Dr)  
Acting Consultant Clinical Neuropsychologist, ARI

Elaine Horne  
Stroke Audit Co-ordinator, Ward 11, ARI

Thérèse Jackson,  
Consultant Occupational Therapist in Stroke

Ruth Lancaster  
Ward Manager, W12, Stroke Rehabilitation Centre,

Mary-Joan MacLeod  
Consultant, Acute Stroke Unit, ARI

Rose McKechnie  
Ward Sister, Ward 40, ARI
MCN Stroke Project Board Meetings

Thursday 6 March 2008 at 2pm
Thursday 5th June 2008 at 12.30pm
Thursday 13 October 2008 at 2pm

WEBSITE
Website  http://www.nhsgstrokemcn.scot.nhs.uk

Minutes, agendas, newsletter, forthcoming events, local and national policies, protocols and guidelines are all available on this website. Links to other websites include the Grampian Intranet and the GP Portal.