Consultation Report

Topic details

Title of service specification:	Stroke Thrombectomy Service for Acute Ischaemic Stroke - delivered in a non-neuroscience centre. (Adults)
Programme of Care:	Trauma
Clinical Reference Group:	Neurosciences
URN:	1868

1. Summary

This report summarises the outcome of a public consultation that was undertaken to test the service specification.

2. Background

The service specification describes stand alone stroke thrombectomy centres where there is poor or no geographical access within the tight timeframe for optimal outcomes for patients. It is estimated that to achieve good geographical coverage for thrombectomy there is a need for 4-7 of these units in England. Some solutions where geography is an issue but there is a low population other pathways, such as helicopter transfer, are being considered.

There are approximately 80,000 stroke admissions in England per year. Currently, around 12% of all stroke patients receive intravenous thrombolysis and the majority of patients suitable for thrombectomy will come from this group. It is estimated that up to 8,000 patients per year are eligible for treatment in England.

The service specification has considered the current stroke pathway, the need to ensure that investigations and treatment such as thrombolysis are carried out immediately and without delay, that the clinical commissioning criteria for thrombectomy are applied through the availability of the required imaging and expert assessment and that any intervention itself is provided by specialists with the required training and experience within appropriate units. The specification also recognises the need for patients having thrombectomy to receive care on a HASU or equivalent and to ensure that services are planned to ensure prompt transfer back to local inpatient or outpatient specialist rehabilitation services.

3. Publication of consultation

The service specification was published and sign-posted on NHS England's website and was open to consultation feedback for a period of 30 days from 4th November to 3rd December 2019. Consultation comments have then been shared with the Service Specification Working Group to enable full consideration of feedback and to support a decision on whether any changes to the policy might be recommended.

Respondents were asked the following consultation questions:

- Does the impact assessment fairly reflect the likely activity, budget and service impact? If not, what is accurate?

- Does the document describe the key standards of care and quality standards you would expect for this service?
- Please provide any comments that you may have about the potential impact on equality and health inequalities which might arise as a result of the proposed changes that have been described?
- Are there any changes or additions you think need to make to this document, and why?

4. Results of consultation

There were 23 responses to public consultation. 11 from clinicians, 2 from patients, 3 from service providers and a further 7 from other or unspecified sources.

Key themes:

- 17 respondents felt that the document adequately described the key standards of care required.
- There was a several response from critical care networks who felt there was an impact on critical care, particularly if patients were not transferred back rapidly and as these patients without thrombectomy would have been admitted to a stroke unit and not ACC. Therefore there is a pressure on ACC within a centre that provides thrombectomy that as not apparent before. This is more in relation to the impact felt from the implementation of thrombectomy that has progressed within neuroscience centres.
- The neuro-anaesthesia and Adult Critical Care society raised concerns about access to neurocritical care where this was required for sicker patients. This is also part of the feedback received regarding changing where a service id delivered and the impact on the trust critical care infrastructure.
- Some wording changes to reflect operators should undertake 40 ‘intracranial’ interventions so that it was clear competence had to demonstrate intracranial interventions to maintain skills.
- One clinician wanted clarity on the number of centres and whether this covered UK.
- There was concern that the impact assessment didn’t reflect the cost of the service. The impact assessment confirms: Funding for the thrombectomy service was approved as part of policy 1627 Intra-arterial thrombectomy for proximal occlusion of the middle or anterior cerebral arteries which was approved by CPAG in 2017-18. Additional non-recurrent funding has been provided as part of the Long Term Plan to support the development of up to 7 non-neuroscience hyper-acute stroke centres (HASUs) to ensure equitable access to services across the country due to the critical 6 hour time frame from onset of symptoms to treatment.

5. How have consultation responses been considered?

Responses have been carefully considered and noted in line with the following categories:

- Level 1: Incorporated into draft document immediately to improve accuracy or clarity
- Level 2: Issue has already been considered by the CRG in its development and therefore draft document requires no further change
- Level 3: Could result in a more substantial change, requiring further consideration by the CRG in its work programme and as part of the next iteration of the document
- Level 4: Falls outside of the scope of the specification and NHS England’s direct commissioning responsibility

6. Has anything been changed in the policy as a result of the consultation?

Critical care concerns about increased admissions due to patients receiving care in a different setting. This will be picked up within the aligned tariff work, this work will ensure that critical care activity is funded as bed days. Any further capacity issues will be considered as part of the whole impact of new and innovative interventions and their impact on ACC Additionally wording changes as suggested regarding access to critical care to also include ‘if required’. Also critical care ‘anaesthetist’ change to consultants.

Wording changed to reflect that this is an intracranial interventions wording now states explicitly ‘intracranial interventions’.

The impact assessment now confirms that there is no further funding required as money is available through the LTP and also the national implementation of thrombectomy as detailed in section 4.

7. Are there any remaining concerns outstanding following the consultation that have not been resolved in the final policy proposal?

No outstanding issues or concerns raised.