

Compliance with Equality / Inequalities Legislation in the formation of Service Specifications

1868 - Stroke Thrombectomy Service for Acute Ischaemic Stroke - delivered in a non-neuroscience centre (adults) – service specification

4th March 2020

Advice from the National Programme of Care to Clinical Priorities Advisory Group

Summarise the responses to consultation that addressed the promotion of equality and reduction of health inequalities.

Consultation supported the further roll out to improve access for patients who suffer a stroke. The incidence of stroke in people from BME communities is twice that of other ethnic groups and it occurs at a younger age. This service specification will improve geographical access to all for thrombectomy and comments supported its implementation stating that it would improve equity and access across the country and provide access to a life changing intervention for those who may have been left with significant disability after a stroke if this was not available.

Would adoption of the policy proposition advance or hinder the promotion of equality for people with protected characteristics – if so, describe how.

This specification proposition is driven by the requirement to ensure that all eligible patients have access to thrombectomy with the outcome being, reduced disability, improved outcomes and more people surviving a stroke without significant disability as a result of stroke across the whole of England.

It is considered that it will improve equality of access to a life changing intervention for people living with disability, access to this service within an equitable timeframe for treatment will improve overall long term and immediate outcomes for people who suffer a stroke will allow geographical access and improve access for those higher risk people living in areas of deprivation.

Do the clinical criteria described in the service specification prejudice any particular group with protected characteristics? If so, is the criteria supported by reliable clinical evidence?

People presenting with stroke who have a significant disability prior to the stroke would not be eligible for thrombectomy. This would be measured using the modified Rankin score. This has already been discussed and supported as part of the development of the accompanying published policy.

Would adoption of the policy proposition increase or reduce inequalities between patients (general population) in access to health services and the outcomes achieved – if so, describe how. For example, would the policy make it more difficult in practice for a specific group to access services compared with other groups?

This expanded access is considered to reduce inequalities amongst the population of England as services are developed and increased emergency access to thrombectomy is available.