

SPECIALISED COMMISSIONING – CLINICAL PANEL REPORT FOR POLICY PROPOSITIONS

URN: 1627

TITLE: Intra-arterial thrombectomy for proximal occlusion of the middle or anterior cerebral arteries.

CRG: Neurosciences

NPOC: Trauma

Lead: Jacquie Kemp

Date: 19/04/17

This policy is	For routine commissioning	X	Not for routine commissioning	
Is the population described in the policy the same as that in the evidence review including subgroups?	Yes. This is clearly based on the evidence of effectiveness regarding patients for whom the intervention offers benefit.			
Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	Yes. Panel noted the clarification of the time window within which thrombectomy may be carried out, based on the research evidence.			
Is the comparator in the policy the same as that in the evidence review? Are the comparators in the evidence review the most plausible comparators for patients in the English NHS and are they suitable for informing policy development?	Yes. The main comparators are thrombolysis alone and best supportive care (where thrombolysis is contraindicated)			
Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	Yes. These are clearly supported by the evidence.			
Are the clinical harms demonstrated in the evidence review reflected in the eligible	Yes. These are reported in the research.			

and /or ineligible population and/or subgroups presented in the policy?	
Rationale Is the rationale clearly linked to the evidence?	Yes.
<p><u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover:</p> <ul style="list-style-type: none"> • Uncertainty in the evidence base • Challenges in the clinical interpretation and applicability of policy in clinical practice • Challenges in ensuring policy is applied appropriately • Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review. 	<p>The Clinical panel received the service specification and policy proposition. Both documents were reviewed and the Panel agreed that it is reasonable to set the minimum number of procedures at 40 per annum per operator. This is to ensure that operators gain sufficient experience to deliver thrombectomy to the required standard. This is consistent with evidence from other areas of health care that can be extrapolated to thrombectomy. It is also consistent with service delivery requirements given the likely number of centres and number of patients requiring treatment.</p> <p>The Panel requested the following amendments:</p> <ul style="list-style-type: none"> • Inclusion of a cross reference to the service specification in the policy. • Ensure that the term 'absolute chance' is amended throughout the documents, to 'absolute probability' or other appropriate term reflecting that the changes reported are 'absolute' rather than 'relative' <p>The policy proposition was agreed to progress.</p>

Overall conclusions of the panel

Report approved by:

David Black

Clinical Panel Chair (Deputy)

10/05/17