

Engagement Report for Service Specifications

Unique Reference Number	1710
Specification Title	Neurointerventional Services for Acute Ischaemic & Haemorrhagic Stroke
Lead Commissioner	Jacquie Kemp
Clinical Reference Group	Neurosciences CRG
Which stakeholders were contacted to be involved in service specification development?	<p>British Association of Stroke Physicians</p> <p>British Society of Neuroradiologists.</p> <p>British Society of Interventional Radiology</p> <p>Health Education England.</p> <p>Stroke Association</p> <p>UK Neurointerventional Group (UKNG)</p> <p>The Royal College of Radiologists</p> <p>SBNS via rep on the CRG</p> <p>ABN via rep on the CRG</p>
Identify the relevant Royal College or Professional Society to the specification and indicate how they have	<p>SBNS</p> <p>ABN</p> <p>Both members of the Neuroscience CRG and have been involved in reviewing the draft document.</p> <p>British Society of Neuroradiologists & UKNG.</p> <p>British Society of Interventional Radiology</p> <p>British Association of Stroke Physicians</p> <p>All members of the specification working group. And key</p>

been involved	organisations for the development of services for this interim policy.
Which stakeholders have actually been involved?	As above including Stroke Association
Explain reason if there is any difference from previous question	N/A
Identify any particular stakeholder organisations that may be key to the specification development that you have approached that have yet to be engaged. Indicate why?	Further work required with regional ambulance services, this will be undertaken during implementation and when pathways are being agreed.
How have stakeholders been involved? What engagement methods have been used?	<p>Stakeholders as detailed above have been involved in the development of the specification.</p> <p>A stakeholder event was held in London on 7th February. The specification was shared and feedback received. There were over 100 registered at this event and they represented:</p> <p>Charities - Stroke Association</p> <p>Patients</p> <p>Neuroradiology and Interventional neuroradiology</p> <p>Stroke Physicians</p> <p>Radiology</p> <p>Stroke networks</p> <p>Neurosurgery</p> <p>Neurology</p> <p>Cardiology</p> <p>Colleges and organisations</p> <p>Commissioners</p>

	<p>Research</p> <p>Allied health professionals</p> <p>Nursing</p> <p>Ambulance Trusts</p> <p>Health Education England</p>
<p>What has happened or changed as a result of their input?</p>	<p>Key themes were captured and are listed below with responses.</p> <p>Transfers</p> <ul style="list-style-type: none"> • Need for rapid transfer through the ambulance structure- concerns about this. • Transfer from one centre to another is crucial. Ambulance representative explained that the patient is not considered safe within a hospital if they do not provide the service that the patient needs. I.e. If a patient is deemed to need thrombectomy and that hospital does not perform it, then they would be marked as high priority for transfer. This would have to be built into local ambulance commissioning agreements. <p>Workforce/training</p> <ul style="list-style-type: none"> • Huge training requirement for interventionists to be competent • Need more comprehensive training on imaging for stroke physicians • Explained reliance on stroke nurses: concerns if they are going to have to go as a transfer too, will need retraining too. • These are being addressed through the implementation of the policy for thrombectomy. <p>Access to neuro critical care</p> <ul style="list-style-type: none"> • This is being mapped as part of the baseline information <p>Funding</p> <ul style="list-style-type: none"> • Further resource may be required to implement the service specification. NHS England will be giving national oversight to the implementation and considering where centres should be placed to provide additional service for thrombectomy in neuroscience centres. • A tariff has been identified for thrombectomy, other interventional procedures are already commissioned within centres, the service specification and associated policy for thrombectomy should improve access to services. <p>Geographical Variation in services</p> <ul style="list-style-type: none"> • The equity of access both initially and to be able to achieve the transfer times was discussed. This will be part of the national implementation but it is acknowledged that as training numbers for INRs, teams and services are set up there will be variation across the country. <p>The feedback overall was very supportive of the specification and the planning and logistics about the issues above did not require any changes to the specification. An implementation plan to</p>

	address the concerns and assure that gaps are identified and addressed in the planning is part of the work in progress and during the implementation of the specification.
How are stakeholders being kept informed of progress with specification development as a result of their input?	<p>Colleges and The Stroke Association were instrumental in developing the specification or are represented on the CRG and have had the opportunity to comment further on the document.</p> <p>All stakeholders who attended the event will be sent the link when the document goes to public consultation.</p> <p>2 Webinars are being organised during consultation with stakeholders.</p>
What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?	3 months public consultation plus 2 webinars, details of which will be forwarded to stakeholders.