

**CLINICAL PRIORITIES ADVISORY GROUP
November 2017**

Agenda Item No	
National Programme	Trauma
Clinical Reference Group	Neurosciences
URN	1868

Title
Stroke Thrombectomy for Acute Ischaemic Stroke (service Specification) All ages

Actions Requested	1.Recommend the adoption of the service specification

Proposition
Routinely commission. This is a specification to describe how services are provided for patients who have restricted or no geographical access to emergency stroke intervention. These services are planned to be piloted in 2-3 centres without neuroscience centres but have to be associated and integrated with a neuroscience centre that delivers interventional neuroradiology

Clinical Panel recommendation
Not applicable

The committee is asked to receive the following assurance:	
1.	The Head of Clinical Effectiveness confirms the linked policy proposal has completed the appropriate sequence of governance steps and includes an: Evidence Review; Clinical Panel Report
2.	The Head of Acute Programmes confirms the proposal is supported by an: Impact Assessment; Stakeholder Engagement Report; Consultation Report; Equality Impact and Assessment Report; Service Specification. The relevant National Programme of Care Board has approved these reports.
3.	The Director of Finance (Specialised Commissioning) confirms that the impact assessment has reasonably estimated a) the incremental cost and b) the budget impact of the proposal.

4.	The Operational Delivery Director (Specialised Commissioning) confirms that the service and operational impacts have been completed.
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The following documents are included (others available on request):	
1.	Service Specification
2.	Consultation Report
3.	Evidence Summary
4.	Clinical Panel Report NA
5.	Equality Impact and Assessment Report

The Benefits of the Proposition		
<i>No</i>	<i>Metric</i>	<i>Summary from evidence review</i>
1.	Survival	
2.	Progression free survival	
3.	Mobility	As assessed on the modified Rankin Scale, 63% of patients treated with thrombectomy will be independent or mobile without assistance; with usual care this would be only 43%
4.	Self-care	See above
5.	Usual activities	20% more stroke patients treated with thrombectomy will be independent after stroke than those treated using current standard care (including IV thrombolysis)
6.	Pain	
7.	Anxiety / Depression	
8.	Replacement of more toxic treatment	
9.	Dependency on care giver / supporting independence	See above
10.	Safety	No additional mortality or serious adverse events from adding thrombectomy to usual care
11.	Delivery of intervention	

Considerations from review by Rare Disease Advisory Group
Not applicable

Pharmaceutical considerations

Considerations from review by National Programme of Care

1) The proposal received the full support of the Trauma PoC Board on .
The service specification itself is cost neutral and linked to the thrombectomy policy and service development.