

Case Study

Proposals for Mechanical Thrombectomy in Acute Stroke in Yorkshire and the Humber

Background

In September 2019 the Yorkshire and the Humber Clinical Senate was asked to provide independent clinical advice to Yorkshire and the Humber Specialised Commissioners to inform their future model of mechanical thrombectomy (MT) services. The Senate was asked to focus its advice on whether the proposal for a MT service, delivered by each of the three MT centres (Hull, Leeds & Sheffield) on a one in three rotational basis, was a suitable and acceptable interim solution to enable a MT service to be available during the weekend.

The Problem

Mechanical Thrombectomy (MT) is carried out at Hull, Leeds and Sheffield in limited hours during Monday to Friday. There is no in-hours service on Saturday and Sunday and no referrals are accepted after 15:00hrs to allow out of hours access to interventional neuroradiology for existing commitments. More Interventional Neuro Radiologists (INRs) are required in Yorkshire and the Humber to allow this service to expand and it may take up to 5 years before each of the 3 units has sufficient workforce to deliver their own 7 day service. As an interim measure, the Senate was asked to consider the proposal that MT is offered at a single centre for all referrals from the Hyper Acute Stroke Units in Yorkshire and the Humber and Chesterfield on a one in three rotating basis between the 3 treatment centres in Hull, Sheffield and Leeds.

Our Advice

The Senate welcomed the proposals to try to increase the number of hours for providing this life

changing intervention. The Senate advised that further consideration of the proposals should be given, based around 4 main issues –

- To consider whether a single centre should be the focus for the weekend service and operators from the other sites travel to provide cover
- To further explore the possibility of extended weekday working in parallel to weekend hours
- To simplify the communications between referral units and referring centres and ensure there is a solution to the issue of the image transfer
- To address the need for comprehensive audit and joint governance

Our Impact

The independent clinical advice from the Senate was important in confirming for the commissioners that the proposal put forward was clinically appropriate and would improve outcomes for more people than at present. The Clinical Advisory Group (CAG) will be further considering how best to respond to the advice given in a post COVID service.

Testimonial

The thrombectomy CAG was grateful for the comments made by the Senate review team and the support offered to the proposed development. The advice given was challenging but helped the CAG go forward with assisting the individual Integrated Stroke Delivery Networks (ISDNs) in formulating business cases for the next stage in developing the pathway to allowing more people with stroke to receive this life changing treatment.

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