Progress on implementation of thrombectomy service in Scotland

Prof Martin Dennis
# Thrombectomies in UK

**Apr 16-Mar 17**

- **26 centres**
- **Only one 24/7 service**

<table>
<thead>
<tr>
<th>Centre</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>St George’s Hospital HASU</td>
<td>87</td>
</tr>
<tr>
<td>Royal Victoria Hospital Belfast</td>
<td>69</td>
</tr>
<tr>
<td>Royal Stoke University Hospital</td>
<td>59</td>
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<tr>
<td>North Bristol Hospitals</td>
<td>56</td>
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<tr>
<td>Charing Cross Hospital HASU</td>
<td>46</td>
</tr>
<tr>
<td>Queen Elizabeth Hospital Edgbaston</td>
<td>28</td>
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<tr>
<td>Leeds General Infirmary</td>
<td>22</td>
</tr>
<tr>
<td>University Hospital of Wales</td>
<td>21</td>
</tr>
<tr>
<td>The Walton Centre Stroke Team</td>
<td>18</td>
</tr>
<tr>
<td>Derriford Hospital</td>
<td>18</td>
</tr>
<tr>
<td>Royal Victoria Infirmary</td>
<td>17</td>
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<tr>
<td>Queens Hospital Romford HASU</td>
<td>16</td>
</tr>
<tr>
<td>Royal Preston Hospital</td>
<td>16</td>
</tr>
<tr>
<td>Southampton General Hospital</td>
<td>16</td>
</tr>
<tr>
<td>University College Hospital HASU</td>
<td>14</td>
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<tr>
<td>Royal Sussex County Hospital</td>
<td>14</td>
</tr>
<tr>
<td><strong>Western General Hospital, Edinburgh</strong></td>
<td>12</td>
</tr>
<tr>
<td>Southend Hospital</td>
<td>10</td>
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<tr>
<td>James Cook University Hospital</td>
<td>10</td>
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<tr>
<td>King’s College Hospital HASU</td>
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<tr>
<td>Addenbrooke’s Hospital</td>
<td>8</td>
</tr>
<tr>
<td>Queen’s Medical Centre - Nottingham</td>
<td>6</td>
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<tr>
<td>Hull Royal Infirmary</td>
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<tr>
<td>Royal London Hospital HASU</td>
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<tr>
<td>John Radcliffe Hospital</td>
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<tr>
<td>Salford Royal Hospital</td>
<td>4</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>592</strong></td>
</tr>
</tbody>
</table>
Challenges

• Lack of expertise amongst stroke physicians in selection of suitable patients
• Lack of capacity to do CTAs and to interpret these
• Lack of capacity and interpretation of advance imaging to offer thrombectomy in wake up stroke and delayed presentations
• Geography – need support of SAS and development of guidance on transfers to local hospital, or thrombectomy centre
• Lack of Interventionalists – INRs and others
• Lack of catheter labs with appropriate imaging
• Staffing for catheter labs out of hours
• Lack of HASU beds and repatriation service in potential thrombectomy centres
• Lack of agreed pathways, criteria, governance procedures etc
Interventionalists

• 3rd INR appointed in DCN, Edinburgh
• Trainee in post
• RCR have identified that significant number of IRs interested in extending their skills
• RCR producing guidance on training & credentialing IRs on the job
DCN re-provision at RIE

- Interventional neuro radiology currently on WGH site with very limited acute stroke service – 240/yr with little thrombolysis
- Spring 2018 moves to RIE
  - 950 acute stroke admissions per year
  - 7 day/weeks stroke physician cover
  - Co-locations with 24/7 IR and PCI services
  - Critical care
  - Helipad – day and night
Making the case

- Scottish HTA group recommend implementation to NHS Scotland
- Recommended in RCP (London 2016) and SIGN guidelines
- NHS England establish National Implementation Plan and Guidance for Commissioners
Central planning

• Scottish Government Health Dept agree to establishment of Expert Advisory Group – 1st meeting June 2017
• Directors of planning to formally constitute group
• Build on similar work in England and Ireland
• ? National Planning Group
Funding possibilities

• If accepted as “National Service” funding Top sliced from NHS Scotland budget

• If not will need to be found from within NHS Board budgets – main source of new funding from “Transformation plans” (Sept 17, Mar 18)
Training for interpretation of CT angiograms

• University of Edinburgh – Prof Andrew Farrall/Joanna Wardlaw
• Medtronic sponsoring development of ACCESS CTA

www.ed.ac.uk/edinburgh-imaging/access
Scottish Ambulance Service

• Repurposing work on Major Trauma Units
• Implementing new Stroke pathway
NHS Lothian

• Supportive of implementation

• Local planning meetings
  • To agree pathways, governance structure and data collection
  • To consider resources
  • Options for providing immediate access to catheter lab

• Agree to gradually increase capacity as manpower and resources allow
Currently

• Thrombectomy only available in Mon-Fri 9-5
Personal view

Agree Referral Pathways & criteria

Training for stroke teams

Extended hrs service
Coverage increases Hours & geography

24/7 national Service based on two centres
North service 9-5 supported by rotation

3rd INR At WGH
DCN Move to RIE
Extra cath lab
4th INR Appointed In Edin
Glasgow Centre Starts & expands

2017

> 2022 ??