Cross-Party Group on Stroke

Friday 25 April 2025, 1pm – 2pm

Minutes

1: Welcome & apologies

Apologies noted from: Dr Jackie Hamilton, Dr Sarah Keir, Dr Thérèse Lebedis, Mr Alan Flynn & Dr Charlie Chung

2: Review of previous meetings & actions

Previous meeting: Friday 6 December 2024 Topic: rehabilitation in stroke

An agreed action at this meeting was for the Convener to write to the individuals accountable for delivering improvements for stroke in the respective 14 Health Boards. Convener asked each individual to clarify 1): what their plans are for funding stroke rehabilitation services; and 2): what steps are being taken to improve their respective Health Board's RAG charts rehabilitation rankings. Completed.

The Convener received responses from NHS Borders, NHS Grampian and NHS Highland. NHS Shetland acknowledged it will respond by end of April. No responses from the other 10 Health Boards. The responses which were received will be circulated with these Minutes to members.

A follow-up ACTION was suggested by the Convener: that she write again on behalf of the CPG to those 10 Boards who did not respond and ask again for them to do so. This action was approved by members.

Previous meeting: Friday 31 January 2025 AGM Actions agreed:

- Gillian Mackay MSP was re-appointed CPG Convener.
- Roz McCall MSP re-appointed CPG Deputy-Convener.
- Stroke Association re-appointed CPG Secretariat.
- Meetings in 2025 to be held on Friday 25 April, Friday 26 September & Friday 5 December.

3: Discussion: Thrombectomy in the other UK nations: what can we learn?

Speakers:

Dr Anthony Cox, interventional neuroradiology consultant based in North Bristol NHS Trust

Dr Ivan Wiggam, consultant stroke physician and clinical director at Belfast Health and Social Care Trust

Dr Cox spoke about their 24/7 thrombectomy service in Bristol.

Key points:

- Huge challenge of implementing a 24/7 national thrombectomy service due to the size and structure of NHS systems.
- The pathology of stroke makes emergency prioritisation difficult in comparison to road traffic accidents or heart attacks but no less important.
- NHS Bristol is a 24/7 service. It performed 450 thrombectomies last year. 100 more than the next busiest, Royal London Hospital.
- Spoke of importance of managing people in the service. Actions taken by NHS Bristol INRs include a fair distribution of work; bypassing bureaucratic procedures if needed; engagement with wider hospital staff; separation of elective and acute procedures to their appropriate labs/operating rooms to prioritise emergency cases.
- Importance of pay e.g. thrombectomy services perform better where a "pay per case" model is in place.
- Spoke of nursing retention challenges. Gave example of Bristol nurses receiving extra £1.20 an hour at night, same as nurses in Cardiff. Bristol nurses supported delivery of 450 thrombectomies last year, compared to 10 in Cardiff [i.e. more work for same pay]
- Concluding remarks: listen to the experts. Prioritise the input of INRs on how thrombectomy centres should be run. Healthcare economics are important - incentivise work and pay in line with a colleague's ability and willingness to work in the service.

Dr Wiggam delivered a talk with slides on the thrombectomy service in Belfast.

Key points:

- Basic info: Northern Ireland has a population of 1.9 million. There were 2,900 ischaemic strokes last year. 8 hospitals receive acute strokes, with one thrombectomy centre based at the Royal Victoria Hospital.
- Thrombectomy service runs Monday to Sunday, 8:00am – 17:00pm, covered by 5 INRs. 156 procedures were carried out in 2024 (5.4% of ischaemic strokes). Some patients may get ad hoc treatment out of hours.
- 3 month rolling average of thrombectomy activity showed a significant increase in 2022, coinciding with formation of Northern Ireland's regional thrombectomy group. Demonstrates importance of referrals and increasing equity of access to thrombectomy.
- SSNAP 23/24 thrombectomy rates dataset shows Northern Ireland is performing well against many English health boards and Wales. Similar rates of admission, age and severity of stroke patients.
- Key differences in Belfast's thrombectomy service include: greater use of CT perfusions – they use the RAPID AI app; lower use of General Anaesthetics (GA), greater use of local anaesthetics or conscious sedation. The service uses

a Red-Amber-Green system to determine whether a patient needs GA (red), to make an anaesthetist aware (amber) or proceed without notifying (green).

- Mortality rates marginally lower in Northern Ireland compared to national rates. Outcomes and mortality rates overall are par with outcomes elsewhere despite differences in the NI service.
- Achieving delivery of 24/7 thrombectomy a significant challenge. INR colleagues almost ready but other parts of the service (stroke physicians etc) required. It will require maximum use of existing services and for government to consider additional funding and its allocation of current funds across the health service. Government should do this as thrombectomy is both cost-effective and cost-saving.

4: Q & A and discussion

Status of Bristol's operation theatres

Dr Cox explained that Bristol has two neuro-biplane theatres. Previous INR system did not have enough procedures to use both theatres. One theatre started having elective procedures. Thrombectomy requires use of both theatres for modern INR work. A new model has been developed to separate acute from elective procedures to allow emergency treatment to take place in the theatres.

Pension taxation on older INR colleagues

Dr Cox clarified that this issue is resolved due to the increasing of the threshold by the UK Government.

Communication with families – drip and ship/long distance journeys

Dr Wiggam explained that there are bed pressures for thrombectomy patients at Belfast. Stroke patients are first assessed at a regional hospital. Contact will attempt to be made to update families if the patient is travelling to Belfast. Patients travelling from a distance may be re-imaged to assess again for thrombectomy. Patients treated for thrombectomy will be repatriated to their regional hospital.

Dr Cox added that hospitals will be called by Bristol to advise them to prepare for repatriating patients. Expertise should be prioritised over distance to ensure patients are treated at Bristol rather than a local hospital.

Influencing colleagues to prioritise thrombectomy procedures

Dr Cox advised that influencing colleagues and organisations is important for prioritising thrombectomy services and use of operating theatres. Spoke of walking the pathway with multiple senior leaders/medical Directors/execs.

5: Actions and AOB

Membership agreed to the following actions:

ACTION 1: Convener to write to the Minister for Public Health and Women's Health to seek detailed information on the Scottish Government's plans for thrombectomy. This will include detail on the spending allocation in this year's stroke and thrombectomy budget.

It was agreed to also urge the provision of facilities for thrombectomy such as Angio suites.

ACTION 2. For the Convener to write to the named individuals responsible for stroke service delivery of the 10 Health Boards who did not respond to the action taken at the December 2024 meeting (spending plans for stroke rehab and steps being taken to improve their respective RAG rankings).

AOB

Deputy Convener will lead the remaining 2025 meetings as the Convener will be on maternity leave. The membership expressed its best wishes.

The next CPG Stroke meeting will take place on Friday 26 September 2025, 1pm – 2pm, via Teams.

ENDS