

Meeting: Ayrshire and Arran NHS Board

Meeting Date: Monday 31 March 2025

Title: Patient Story: Experience of the new West of Scotland Thrombectomy Service

Responsible Director: Vicki Campbell, Director of Acute Services

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1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Government policy/directive
- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

In March 2024, the Interventional Neuroradiology Suite was opened on a phased implementation at Queen Elizabeth University Hospital (QEUH) to provide a thrombectomy service for people throughout the West of Scotland.

This story highlights the experiences of three NHS Ayrshire & Arran (NHSAA) patients using this new service and the positive impact it had on their recovery.

2.2 Background

Stroke can have a life changing impact on patients and treatment options have in the past been limited to thrombolysis (dissolving the clot) and extensive rehabilitation to try and recover some motor function to areas affected by paralysis.

In March 2024, the Interventional Neuroradiology Suite was opened on a phased implementation at QEUH to provide a thrombectomy service for people throughout the West of Scotland. Thrombectomy (clot retrieval) is a procedure that removes the clot from the brain by inserting a device into the

patient's artery. This evidence-based procedure allows reperfusion and aims to prevent brain cell death. The procedure has a longer time window than thrombolysis after symptom onset and is most effective in treating clots that are in large blood vessels

Thrombectomy gives approximately a 45% change of regaining independence. The quicker thrombectomy is performed the better the chance of a good outcome. With this in mind, NHSAA is running awareness campaigns of Time is Brain to educate people across Ayrshire and Arran to access urgent help if they have any symptoms of stroke.

2.3 Assessment

This story presents details of the new service and outlines the experiences of three patients who received a thrombectomy.

Senga suffered an ischemic stroke while at home. She was admitted into University Hospital Crosshouse (UHC) and was assessed as suitable for thrombectomy and subsequently transferred to the Queen Elizabeth Hospital via the Scottish Ambulance Service with a nurse escort. She was at Glasgow within three hours of her onset of symptoms. The thrombectomy procedure was successful, and after some further time in UHC, Senga was discharged home, where she is recovering well and has regained a lot of the mobility, speech and quality of life that she had prior to the stroke.

Senga describes her experience in the patient story.

Julie* (not her real name) is a 50-year-old fit and independent lady who suffered from a significant stroke with associated loss of speech, right sided weakness and a decreased conscious level. Following thrombolysis, Julie was transferred to Glasgow and had the thrombectomy procedure carried out. Despite some post-operative complications, she made a full recovery and was discharged home after 70 days with improved overall function.

Her experience is also shared in this story.

Finally, we tell John's* (not his real name) story and describe his stroke journey to thrombectomy and despite presenting with rapidly progressing symptoms, he was discharged home within 10 days and currently is living independently with his wife.

The story and supporting paper have been shared with the Acute Stroke Team and the team in Glasgow.

2.3.1 Quality/patient care

NHSAA have had the highest number of referrals to the service. To date, 21 patients from across NHSAA have been transferred to QEUH and of these 13 have received thrombectomy.

The Stroke Team at UHC have been delighted with the positive patient outcomes and experiences they have observed of patients using this service.

The story highlights these positive outcomes from three patients who have used the service.

2.3.2 Workforce

Using healthcare stories to share good and bad feedback with staff across the organisation demonstrates an open honest and transparent approach to improvement and this encourages other teams and individuals to adopt a similar approach in their improvement journeys.

2.3.3 Financial

The reduced length of stay and reduced need for intensive rehabilitation services is predicted to generate significant savings for NHS Ayrshire and Arran.

2.3.4 Risk assessment/management

No identified risk

2.3.5 Equality and diversity, including health inequalities

An impact assessment is not required as the individual sharing the story has given consent and any impact on others will be individual

2.3.6 Other impact

- **Best value**
Demonstrates the importance of collaborative working across health boards to support the best possible outcome for patients and their families
- **Safe, Caring & Respectful**
The story fully complies with our corporate objectives and highlights the importance of applying them to every patient throughout their care journey

2.3.7 Communication, involvement, engagement and consultation

This patient story will be shared across all Services to highlight these patient's positive experiences.

2.3.8 Route to the meeting

This story has not been heard at any other meetings but has been shared with the service involved and colleagues in Glasgow.

2.4 Recommendation

For discussion. Members are asked to listen to the story, note the advances being made and take assurance from Ayrshire & Arran's commitment to provide the best possible care for their patients.