**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**NICE indicator validity assessment**

# Assurance date: March 2022

# Review date: March 2023

# Indicator IAP00093

# People who have had an acute stroke that receive thrombolysis

# Validity assessment

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| **Domain** | **Notes** | **Assessment** |
| Importance | Indicator is part of the CCG Outcomes Indicator Set domain 3 – Helping people to recover from episodes of ill health or following injury.  Data has been published from 2013/14 to 2018/19, the national value has varied slightly but both the earliest and latest values are 11.6%.  In the most recent period of data (2018/19) values range from 3.7% to 24.6% across CCGs. | Indicator is based on a recognised dataset.  The national value has been fairly stable over the period collected, however variation does exist across CCGs. |
| Evidence base | From indicator quality statement[[1]](#footnote-1):  “This indicator forms part of Domain 3: Helping people to recover from episodes of ill health or following injury. Patients with stroke are admitted directly to a specialist acute stroke unit and assessed for thrombolysis, receiving it if clinically indicated. There is no absolute rate of thrombolysis which is appropriate. Thrombolysis is a clot busting drug which can be a very effective way of treating ischaemic strokes (caused by blood clot). The eligibility criteria for thrombolysis are based on age, type of stroke and time lapse since stroke onset.” | Evidence base exists. This indicator is concerned with treatment of stroke and reflects NICE guidance (NG128[[2]](#footnote-2)).  The evidence base for treatment of acute ischaemic stroke has been changing, and, following a review in May 2019, NG128 contains new recommendations on thrombectomy, a new treatment for acute ischaemic stroke.  The stroke national audit currently recommends that “All patients who could benefit from thrombolysis (20%) receive it and expanding mechanical thrombectomy from 1% to 10% of all stroke patients.”[[3]](#footnote-3) |
| Specification | Numerator: The number of acute stroke patients who were given thrombolysis for stroke.  Denominator: All acute stroke patients, including those who were already in hospital at the time of new stroke occurrence.  Exclusions: None  Methodology: Percentage  Geography: England, CCG.  Data Source: The Royal College of Physicians (RCP) Sentinel Stroke National Audit Programme (SSNAP).  Disclosure control: Values are not published for any CCG with fewer than 20 patients or case ascertainment (number of patients included in SSNAP compared to the estimated expected number of patients from Hospital Episode Statistics (HES)) lower than 50%. | The indicator has defined components necessary to construct the indicator. |
| Feasibility | All data from long running data sources. | Data has been flowing for some time and data sources will continue. |
| Acceptability | Indicator source data is robust and comparison with HES provides additional reassurance. | The indicator assesses performance that is attributable to or within the control of the audience.  According to the indicator Appraisal Log provided by NICE, in 2015 the MRG concluded that this indicator was “not fit for purpose” and concluded that “although they do not endorse the indicator for inclusion in the Library of Quality Assured Indicators, they appreciate its value in this field. However, the group feel that only informed users would be able to interpret the indicator as it currently stands.”  Further to this recommendation to the IGB, there have been yet more changes in evidence and practice (see above).  Correspondence with the clinical lead for SSNAP and the National Clinical Director for Stroke confirm that both feel this remains valid. The latter stated that “The thrombolysis metric is still important, but equally so is the thrombectomy indicator”.  Although the Long Term Plan (LTP) states 20% (thrombolysis) and 10% (thrombectomy) targets, these are currently under review and may be revised this year based on emerging evidence secondary to advanced imaging.” |
| Risk | In light of ongoing review of targets and trajectories, the validity of the indicator may change. | The targets for thrombolysis and thrombectomy in the Long Term Plan are under review in 2022 with an expectation of conclusions in summer 2022. |

**Summary:** Indicator to be renewed

Potential change in evidence base and practice should be reviewed on this indicator’s next assessment.

**NHS Digital Indicator reference:**

CCG Outcomes Indicator Set - 3.6 People who have had an acute stroke who receive thrombolysis

1. NHS Digital. CCG outcomes indicator set, Indicator Quality Statement, Domain 3. 3.6 People who have had an acute stroke who receive thrombolysis. Version 1.5, September 2019 [↑](#footnote-ref-1)
2. Stroke and transient ischaemic attack in over 16s: diagnosis and initial management, published 01 May 2019. <https://www.nice.org.uk/guidance/ng128> [↑](#footnote-ref-2)
3. How is SSNAP supporting the NHS Long Term Plan? <https://www.strokeaudit.org/SupportFiles/Documents/miscellaneous/Impact_report_LTP.aspx> [↑](#footnote-ref-3)