NICE National Institute for Health and Care Excellence

Appendix B: Stakeholder consultation comments table

2023 surveillance of Stroke and transient ischaemic attack in over 16s: diagnosis and initial management (2019)

Consultation dates: 24th March to 11th April 2023

1. Do you agree with the proposal not to update the guideline? Please could you let us know if you agree or disagree (yes/no) and provide us with your comments regarding the same			
Stakeholder	**Overall response**	**Comments**	**NICE response**
Microvention Europe	Yes	I am agree with the proposal. No additional comment.	Thank you for your comments.
British and Irish Association of Stroke Physicians (BIASP)	No	I do not agree with the proposal not to update the guideline. I acknowledge the limitation of nonavailability of RCT data on outcome. However, modern neurovascular imaging of both the brain and blood vessels supplying it underpins the decision for the current standards of stroke management. The consultation came at a time when the National Stroke Service Model is geared to implement the NOSIP (National Optimal Stroke Imaging Pathway), where an MRI scan of the brain with specialist	Thank you for your comments. The scope of this exceptional review is evaluating whether there is sufficient evidence to support an update on carotid MRI to obtain IPH data for risk prediction in patients with TIA or stroke. Although the Schindler 2020 analysis showed the potential to improve risk assessment, we are not aware of existing data on its impact on patient outcomes.

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		sequences is recommended in cases of acute mild stroke symptoms or if there is a diagnostic uncertainty. If NOSIP is adopted widely, then there will be scope to include carotid imaging for IPH. This will be a game changer in identifying high risk strokes which mostly occur within months of initial presentation. This will not only help to diagnose these high risk patients correctly but also to manage adequately to prevent life changing strokes. Although the data shown in Schindler paper is derived from meta-analysis, there is a clear signal to indicate that high-risk strokes can be triaged adequately for fast-track carotid intervention or optimizing the medical treatment.	We are unable to comment on issues outside the scope of this exceptional review. However, we have logged this for considerations in future updates of related guidelines.
Diabetes UK	No	No - we feel there are areas that could be updated to reflect the diabetes status of people presenting with a stroke 1.1 - We would ask that you consider including the assessment of glycaemic status by measuring Hba1c and blood glucose on admission for everyone presenting with a suspected stroke or TIA. 1.5 - We would ask that you consider a blood glucose range of 6-12mmol/l so as to align with the JBDS inpatient guidelines for people with diabetes to avoid hypoglycaemia in this patient group. We would also ask for it to be recommended that people with diabetes are referred to the diabetes team to support blood glucose management.	Thank you for your comments. The scope of this exceptional review is evaluating whether there is sufficient evidence to support an update on carotid MRI to obtain IPH data for risk prediction in patients with TIA or stroke. We are unable to comment on issues outside the scope of this exceptional review. However, we have logged these for considerations in future updates.
Bristol Health Partners - Stroke Health Integration Team	No	Disagree NO The proposal appears to be driven by lack of capacity in	Thank you for your comment.

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		the NHS, whereas MRI could be outsourced. Spire Bristol in the past did not have a problem with imaging appointments. The proposal is based on meta-analysis, and without knowledge of the source papers, funding, and the peer reviews, it is difficult to draw a conclusion particularly the relatively small number of patients in the cohort. The guidelines should be focused on patient safety and not access issues. Access issues to MRI should be irrelevant when writing guidelines for diagnosis. Patients should come first as it's about diagnosis and access should be worked out not a barrier. MRI seems to be routinely used at North Bristol Trust (NBT) for diagnosis even for stroke mimics. Since the guidelines were written there have been significant improvements in diagnosis using MRI. How long would the proposal to monitor IPH data and patient outcomes take? There could be many more undiagnosed strokes in that time. Agreed that evidence does not impact clinical decision-making regarding treatment but could have an impact on patient outcomes.	The scope of this exceptional review is evaluating whether there is sufficient evidence to an update on carotid MRI to obtain IPH data for risk prediction in patients with TIA or stroke. The evidence currently available is around the correlation of IPH with stroke events obtained through observational studies, as analysed in the IPD meta-analysis paper considered. Our decision on this was based on evidence on patient impact or outcomes, rather than access issues. The feedback from our topic experts suggested that there is no evidence on patient impact to support routinely doing carotid MRI to obtain IPH data. They thought it would have been inappropriate to do this, especially when MRI access issue is taken into consideration. However, this is currently not an issue (widespread use of carotid MRI) in the country due to resource limitations. This stakeholder consultation further confirmed that there is no existing evidence on patient impact. We will continue to monitor for emerging evidence from the ongoing trial identified. If you are aware of other new trial or emerging evidence, please do not hesitate to email us.
NHS England	NA	*No answer given*	NA

2. Do you have any comments on areas excluded from the scope of the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
Microvention Europe	No	No	Thank you for your comments.
British and Irish Association of Stroke Physicians (BIASP)	Yes	The NOSIP (National Optimal Stroke Imaging Pathway) was excluded which is important	Thank you for your comments.
Diabetes UK	No	No	Thank you for your comments
Bristol Health Partners - Stroke Health Integration Team	Yes	What were the patient profiles in the studies used for meta-analysis? Is there evidence that ultrasound is not sufficiently detecting plaque and/or turbulence? A key question is how did MRI scanning results compare with ultrasound? Groups of patients missing 66/560 does not seem a large enough sample to base a decision on. MRI seems to be most effective way of spotting. MRI seems favourable and more accessible. Inequalities in age and ethnicity should be a concerning factor and should influence change in the guidelines especially as we now know more about the risk factors in certain populations. Suggest more research needs to be done and used as a basis for a wider research project	Thank you for your comments. The details of the IPD analysis and included studies is available through the publication Schindler 2020 (https://www.sciencedirect.com/science/article/pii/S1936878X19304371?via%3Dihub). Thank you for raising the inequalities issues. We agree that more research needs to be done in this area and we will continue to monitor any ongoing studies. In additional to the opinion of topic experts, we have also conducted this stakeholder consultations for this exceptional review to obtain wider views and opinions. Please do not hesitate to email us if you are aware of emerging evidence in this area.

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		using a larger sample of patients from all ethnicities. The use of topic experts is only 5 people. There could be many more varied opinions nationwide. Statistics can be unreliable, need to factor in the wider picture to provide a more balanced overview.	
NHS England	Yes	- General - Medication management in particular (ie use of warfarin etc.) should be given consideration for people with a learning disability, ensuring easy read material but also consideration around needle phobia and medication monitoring where regular blood tests may be required • General: We strongly suggest the following is included to ensure accessibility for people with a learning disability and autistic people: ensure that any communication and information which would be used as part of diagnosis and initial management should be accessible including easy read options and that practitioners who will be using the guidance to diagnose and provide initial interventions should understand reasonable adjustments and how the use of appropriate reasonable adjustments will improve diagnostic experience and outcome as well as management of stroke and TIA's and the outcome of initial management in preventing longer term problems • General: staff should also be aware of and pay attention to healthcare passports: Some people with a learning disability and some autistic people may have a healthcare passport giving information about the person and their health needs, preferred method of communication and other preferences. Ask the person or their accompanying carer if they have one of these.	Thank you for your comments. The consideration for patients learning disabilities and special needs are more general and considered in our patient experience guidelines.

3. Do you have any comments on equality issues related to doppler imaging in patients with stroke or TIA? Please could you provide us with your comments			
Stakeholder	**Overall response**	**Comments**	**NICE response**
Microvention Europe	No	No	Thank you for your comments.
British and Irish Association of Stroke Physicians (BIASP)	Yes	If NOSIP is implemented, this will further streamline the pathways for imaging in TIA and stroke and may replace the widely used current methods of imaging such as carotid doppler, which probably is not available as round the clock service.	Thank you for your comments.
Diabetes UK	No	No	Thank you for your comments
Bristol Health Partners - Stroke Health Integration Team	Yes	Appendix A could not be opened. The difficulty in diagnosis (and treatment) for people in rural areas covers every aspect of Primary and Secondary Care. The text refers to patients who have had a stroke or TIA; were they not diagnosed in hospital? If they were, then the comment is not valid. Many people feel claustrophobic in an MRI scanner, particularly with the head inside the scanner. That might be a good reason to use ultrasound, but that is not mentioned. Ultrasound Doppler imaging is non-invasive this question is confused.	Thank you for your comments. We have added the information about claustrophobia and sound sensitivity to the EHIA.

NHS England	NA	*No answer given*	-

4. Are there any published or ongoing trials in which could help to inform us on the patient impact of IPH data for stroke or TIA patients? For example, 'Test and treat' RCTs for MRI imaging of carotid artery, or RCTs of intervention(s) where the patient group has been selected based on the on the IPH findings (instead of NASCET or ECST)Please could you provide us with details on any trials

Stakeholder	Overall response	Comments	NICE response
Microvention Europe	No	No	Thank you for your comments.
British and Irish Association of Stroke Physicians (BIASP)	No	NA	Thank you for your comments.
Diabetes UK	No	NA	Thank you for your comments.
Bristol Health Partners - Stroke Health Integration Team	No	Would expect NICE to be aware of any trials or would have methods of finding out.	Thank you for your comments. NICE does have monitoring mechanisms for identifying new evidence, however, no mechanism is of 100% comprehensive. Hence, we also appreciate intelligence provided by stakeholders to ensure we are aware of all important new evidence and intelligence.
NHS England	NA	*No answer given*	-

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