



Dundee Advanced Interventions Service

Six-month Report

1 April 2011 to 1 October 2011



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1. Foreword

In this report, Dundee Advanced Interventions Service (AIS) describes the activity undertaken in the first six months of the financial year 2011/12. As before, we intend to make the annual report the primary focus for reporting of outcomes and so this report does not cover outcomes. We believe that reporting of outcomes for small numbers of people is less preferable and less informative than reporting outcomes of a larger cohort of individuals.

For more background to the service, readers are advised to refer to previous Annual Reports or our website. Although the Annual Report 2009¹ covers outcomes in detail, the 2008 report² provides much more information about the interventions offered, the service, and the staff. The URLs in the footnotes below will take you directly to the reports and the website³.

¹ [http://www.advancedinterventions.org.uk/pdf/AIS Annual Report 2009.pdf](http://www.advancedinterventions.org.uk/pdf/AIS%20Annual%20Report%202009.pdf)

² [http://www.advancedinterventions.org.uk/pdf/AIS Annual Report 2008.pdf](http://www.advancedinterventions.org.uk/pdf/AIS%20Annual%20Report%202008.pdf)

³ <http://www.advancedinterventions.org.uk>

2. Activity Data: 1 April 2011 – 1 October 2011

2.1 Overview

Table 1. Overview of Activity Data for April – October 2011

	Actual	Planned (Whole Year)
Assessments	12	24
Vagus Nerve Stimulation (VNS)	0	7
Anterior Cingulotomy (ACING)	2	5
Follow-up	6	12

2.2 Follow-ups

Follow-ups (ACING): 5

Follow-ups (VNS): 1

2.3 Referrals

2.3.1 Referrals Received during reporting period

During the first six months of 2011, 26 referrals have been received. The referring organisation is given below in Table 2. The male: female ratio was 1:1.8, which is consistent with the M:F ratio for major depression.

Not all referrals progressed to an assessment, and reasons for this will be detailed in the Annual Report when 12-months of data have been compiled. In many cases, advice was given to the referrer regarding ongoing management or referral to other services.

2.3.2 Referring NHS Organisation

The majority of referrals (88.5%) continue to come from Scotland.

Table 2. New Referrals - NHS Organisation referring

NHS Organisation	Country	No. of Referrals
Hertfordshire Partnership NHS Trust	England, UK	1
North Cumbria Mental Health and Learning Disabilities NHS Trust	England, UK	1
South West Yorkshire Partnership NHS Foundation Trust	England, UK	1
NHS Borders	Scotland, UK	1
NHS Eilean Siar (Western Isles)	Scotland, UK	1
NHS Fife	Scotland, UK	5
NHS Grampian	Scotland, UK	3
NHS Greater Glasgow and Clyde	Scotland, UK	2
NHS Lanarkshire	Scotland, UK	1
NHS Lothian	Scotland, UK	3
NHS Shetland	Scotland, UK	2
NHS Tayside	Scotland, UK	5
	Total	26

2.4 Assessments

2.4.1 Total Assessments

So far, 12 assessments have been conducted. Details given are below. In addition to the 12 referrals for consideration for neurosurgery, the service has also conducted 4 second opinion assessments, where there has been significant uncertainty about the diagnosis and/ or treatment options for a patient. In some cases, the patient may be a member of staff of NHS Scotland. In the absence of tertiary affective disorders services in Scotland, and where such an assessment doesn't impact upon waiting times for other AIS referrals, the service will often agree to see the patient. However, it doesn't take over the management for that patient.

Referring NHS Organisation

The NHS organisation (NHS Board or Primary Care Trust) referring each assessment is shown below in Table 3.

Table 3. New Assessments: NHS Organisation

NHS Organisation	Country	No. of assessments
<-- Non-UK Health Authority -->	N/A	1
Hertfordshire Partnership NHS Trust	England, UK	1
South West Yorkshire Partnership NHS Foundation Trust	England, UK	1
NHS Borders	Scotland, UK	1
NHS Fife	Scotland, UK	2
NHS Grampian	Scotland, UK	1
NHS Greater Glasgow and Clyde	Scotland, UK	1
NHS Lothian	Scotland, UK	1
NHS Shetland	Scotland, UK	1
NHS Tayside	Scotland, UK	2
	No. of assessments not covered by SLA:	2
	Total Number of Assessments:	12

Although one assessment was from a country out with the UK, this falls within the SLA by virtue of arrangements within NHS Scotland.

2.5 Procedures

2.5.1 Procedures performed

A summary of procedures is given below in Table 4.

Table 4. Procedures performed between 1 April 2011 and 1 October 2011.

Anterior Cingulotomy (ACING)	
As first operation:	2
As second operation:	0
As third procedure:	0
Total:	2
Vagus Nerve Stimulation (VNS)	
As first operation:	0
As second operation:	0
Total:	0
Total number of Procedures:	2

At the time of writing, one patient is currently an inpatient, awaiting neurosurgery. In addition, one individual has undergone implantation of Deep Brain Stimulation as part of the clinical study described below (page 16).

2.5.2 Indications for surgery

Indications for surgery (Cingulotomy) were:

1. F42.2 Obsessive compulsive disorder, mixed obsessional thoughts and acts (N=1).
2. F33.2 Recurrent depressive disorder, current episode severe without psychotic symptoms (N=1).

2.5.3 NHS Organisation Funding Surgery

The NHS Organisation responsible for patients undergoing neurosurgery is shown below in

Table 5.

Table 5. NHS Organisation responsible for Neurosurgical patients

NHS Organisation	Country	Procedure	No. of procedures
Derbyshire Mental Health Services NHS Trust	England, UK	ACING*	1
NHS Greater Glasgow and Clyde	Scotland, UK	ACING	1
** Not part of SLA **	Scotland, UK	DBS	1

2.5.4 Procedures not covered by SLA

One procedure was performed for a patient from an English PCT. This is indicated by an asterisk in Table 5 above.

2.5.5 Durations of Inpatient stay

Details of inpatient admissions are shown below in Table 6.

Table 6. Duration of inpatient stay (all categories)

All durations in days. Means not shown due to low numbers.

	N	SLA	Non-SLA
Total inpatient stay - all NMD patients, Carseview (days):	2	25	35
Mean inpatient stay - all NMD patients, Carseview (days):	2	-	-
Total inpatient stay - all NMD patients, Ward 23 (days):	2	3	2
Mean inpatient stay - all NMD patients, Ward 23 (days):	2	-	-
Total inpatient stay - Inpatient ERP, Carseview (days):	-	-	-
Mean Inpatient stay - Inpatient ERP, Carseview (days):	-	-	-
Total inpatient stay - Other, Carseview (days):	-	-	-
Total inpatient stay - Reviews (days):	-	-	-

* NMD includes ablative neurosurgery and VNS.

** Inpatient ERP is not included in the SLA and must be funded by the referring NHS organisation.

2.6 Comments on activity levels

In the first six months of the financial year, the service has seen 50% of the planned assessments for the year and conducted 50% of the planned follow-ups. This is broadly comparable to the activity seen in the same period last year and it does not raise any concerns about meeting planned activity levels.

2.6.1 Assessments

It is predicted that by the end of the 2011/12 financial year, the service will have met the planned number of assessments.

2.6.2 Procedures

As discussed in previous reports, since the overall numbers of procedures are low, it is to be expected that there will be a degree of year-to-year variation in neurosurgical activity levels. Six months into the current financial year, the service will have performed 3 cingulotomies (including the current inpatient); 60% of the predicted level of activity.

3. Mortality and Morbidity Data

3.1 No. of Deaths

No deaths occurred during the reporting period and at the time of writing, Dundee AIS is not aware of any deaths relating to neurosurgery having occurred during the lifetime of the NMD service (1992 – October 2011). As reported previously, there have been no suicides of patients who have received neurosurgical intervention in Dundee in the last nineteen years.

4. Waiting Times

4.1 Introduction


Scottish patients do not require additional funding for assessment or treatment. However, patients from outside of Scotland require funding approval and this may incur delays over which Dundee AIS has no control. The service tries to work closely with referring services to minimise delay in patients out with Scotland being seen.

4.2 Waiting times from referral to assessment

An overview of waiting times over the previous six months is given below in Table 7. These are averages for all patients who did not have additional factors affecting the time taken to assessment. They include the second opinion assessments discussed above, but don't include the individual seen from a non-UK health authority (due to the long delays incurred in clarifying funding). Due to the small no. of assessments from English PCTs, these figures are not reported.

Table 7. Waiting times for the service

All times expressed in weeks from date that referral is received to date of first consultant assessment

	N	Mean (average) waiting time from referral to assessment (\pm SD)
 Scotland	12	7.6 \pm 6.0

Please note that the number of patients included in this table may be less than the total number of assessments reported in Section 2.4.1 above.

4.3 Waiting times from assessment to surgery

For patients proceeding to ablative neurosurgery (Anterior Cingulotomy), there will be a delay of approximately 6-8 weeks in order that the Mental Welfare Commission for Scotland can assess them. This process is specified by Section 235 of the Mental Health (Care & Treatment)(Scotland) Act 2003⁴.

Once Dundee AIS has received the necessary paperwork (Form T1), there is a further 6-8 weeks whilst operating theatres, admission to hospital, and the necessary preoperative assessments are arranged.

⁴ <http://www.opsi.gov.uk/legislation/scotland/acts2003/20030013.htm>

The service is currently using the receipt of the T1 form in the context of the current NHS Scotland waiting time initiatives. The 'clock' starts when the form is received and stops when surgery takes place. There is a range of factors outwith the control of the service that impact upon the time from assessment to treatment⁵ and such an indicator is not always considered appropriate for interventions such as these; where rushing patients to neurosurgery is not necessarily a good thing.

The small numbers, and numerous reasons for variation in times, makes reporting at this stage impractical. However, we will endeavour to report on this particular measure in due course.

⁵ Such as the need to plan post-operative care, and liaise with local services. Many patients may require additional visits to discuss treatment and plan care.

5. Quality of Care

5.1 Formal Complaints

The service received feedback on a particular aspect of the service received from one individual. Although it was not a formal complaint, the service handled it as such. Senior members of the team met to discuss each issue raised and responded formally. The patient has also had the opportunity to discuss the AIS response with their AIS consultant.

6. Clinical Audit and Outcomes

6.1 Specific Issues

6.1.1 Survival Data

Survival data are of lesser relevance at the current time since the survival rate for neurosurgical interventions (VNS and Anterior Cingulotomy) is 100%. Only one patient is known to have died since 1992, and this was from an illness unrelated to neurosurgery.

No patients have died during this reporting period.

6.1.2 Number of Hospital Acquired Infections

None.

6.1.3 Number of Critical Incidents

None.

6.1.4 Readmissions

No patients have been readmitted to the neurosurgical wards during their inpatient stay. Admission durations have not exceeded planned stays.

6.2 Clinical Audit

6.2.1 Outcome Data

As previously intimated, we do not consider outcomes prior to 12 months to be a meaningful indicator of an individual's recovery. In addition, reporting of outcomes in a 'piecemeal' fashion six-monthly does not permit sufficient numbers for meaningful conclusions to be drawn. Since a patient's outcome at six-months may not truly reflect their response to the interventions provided, we continue to assess outcomes 12-months after the procedure. Although we closely monitor treatment response in the interim, these data are not used to make decisions about overall response.

Therefore, in accordance with the principles intimated in our previous annual reports⁶, we will continue to report outcomes annually.

⁶ http://www.advancedinterventions.org.uk/pdf/AIS_Annual_Report_2008.pdf

7. Developments

7.1 Update on clinical trials

Descriptions of the clinical trials and research projects being undertaken by the AIS can be found in last year's Annual Report.⁷

7.1.1 Multi-site, International Study of Deep Brain Stimulation for Treatment-Refractory Depression (the BROADEN Study).

One patient has undergone implantation of DBS and they are currently in the double-blinded stage of the trial. One additional patient is expected to be enrolled in the trial shortly. We do not expect to report their outcomes in any detail as this intervention is out with our Service-Level Agreement and is being conducted as part of a clinical trial.

7.1.2 Intensive psychotherapy for chronic, treatment-resistant depression: a pilot investigation of clinical effectiveness and mediators of learning in the Cognitive Behavioural Analysis System of Psychotherapy (CBASP)

One hundred and thirteen patients were referred to this study which began on the 1st November 2010. These 113 patients (referred from Primary and Secondary Care) were offered the opportunity to undergo a structured assessment of their current difficulties and to establish the presence of chronic depression. Seventy-three of the 113 patients referred met inclusion criteria and consented to enter the 6 month treatment phase consisting of up to 20 sessions of one to one therapy (CBASP) in a 6 month period.

We are currently in the post-treatment phase of reassessing the health status of these patients. Not all patients who entered the therapy phase have completed their course of treatment at the time of writing this report. We expect this phase of the study to be completed by February 2012

7.1.3 Diffusion Tensor and Functional Imaging of Chronic Treatment Refractory Depression and Neurosurgical Treatments

The study is progressing, with a total of 35 subjects having been scanned. Subjects are being scanned from all three groups (post-neurosurgery, chronic depression, and non-depressed controls).

⁷ http://www.advancedinterventions.org.uk/pdf/Reports/AIS_Annual_Report_2011.pdf

7.2 5-year review of Advanced Interventions Service

Over the last 6-9 months, the AIS has undergone a five-year review of the service. The final report has been completed and is awaiting review by NSAG and Scottish Ministers. It is hoped that the AIS will be able to upload the report to the website in due course.

8. Financial Statement

Please note that the financial statement will be sent separately, following reconciliation and confirmation of accuracy.