



Dundee Advanced Interventions Service

Six-month Report

1 April 2008 to 1 October 2008



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1. Foreword

This document represents the six-month interim report from the Dundee Advanced Interventions Service. It is not intended to duplicate information that has been published in the Annual Report 2008¹ or information that will be published in the Annual Report 2009. It provides summary information on activity levels for the first six months of the 2008 financial year.

For more background to the service, readers are advised to refer to the Annual Report 2008 or the website². We have elected not to report outcomes in detail. The reasons for this are outlined below in Section 6.2.1 below.

¹ http://www.advancedinterventions.org.uk/pdf/AIS_Annual_Report_2008.pdf

² <http://www.advancedinterventions.org.uk>

2. Activity Data: 1 April 2008 – 1 October 2008

2.1 Overview

Table 1. Overview of Activity Data for April – October 2008

	Actual	Planned
Assessments	18	24
Vagus Nerve Stimulation	4	7
Anterior Cingulotomy	2	5
Follow-up	6	12

2.2 Follow-ups

Follow-ups (ACING): 1

Follow-ups (VNS): 5

2.3 Comments on activity levels

In the first six months of the financial year, the service has seen 75% of the planned assessments, conducted 50% of the planned follow-ups, and has implanted 57% of the projected VNS. It has performed 40% of the projected ablative procedures.

It is anticipated that by the end of the 2008/09 financial year, the service will have exceeded the planned number of assessments. It is difficult to estimate the number of further neurosurgical interventions in the latter part of the financial year, but the service has recently received authorisation from the Mental Welfare Commission to proceed with Anterior Cingulotomy in one individual.

2.4 Referrals

2.4.1 Referrals Received during reporting period

Fourteen referrals were received during the first six months of 2008. The referring organisation is given below in Table 2. The male: female ratio was 1:1.

It should be noted that not all referrals result in an assessment, and that some assessments were referred in the previous financial year.

2.4.2 Referring NHS Organisation

The majority of referrals (93%) have come from Scotland. One referral was out with the Service Level Agreement, and funding from the referring health authority is required.

Table 2. New Referrals - NHS Organisation referring

NHS Organisation	Country	No. of Referrals
Belfast Health and Social Care Trust	Northern Ireland	1
NHS Eilean Siar (Western Isles)	Scotland, UK	1
NHS Fife	Scotland, UK	2
NHS Grampian	Scotland, UK	1
NHS Greater Glasgow and Clyde	Scotland, UK	3
NHS Lothian -West Lothian Healthcare Division	Scotland, UK	1
NHS Tayside - Primary Care Division	Scotland, UK	5
	Total	14

2.5 Assessments

2.5.1 Total Assessments

So far, eighteen assessments have been conducted. Details are below.

2.5.2 Referring NHS Organisation

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

Table 3. New Assessments: Referring NHS Organisation

NHS Organisation	Country	No. of assessments
Belfast Health and Social Care Trust	Northern Ireland	1
Dorset Health Care NHS Trust	England, UK	1
Rotherham Primary Care Trust	England, UK	1
NHS Eilean Siar (Western Isles)	Scotland, UK	1
NHS Fife	Scotland, UK	3
NHS Greater Glasgow and Clyde	Scotland, UK	4
NHS Greater Glasgow and Clyde -East Glasgow CHCP	Scotland, UK	1
NHS Lothian -West Lothian Healthcare Division	Scotland, UK	1
NHS Tayside - Primary Care Division	Scotland, UK	4
West Lothian Healthcare NHS Trust	Scotland, UK	1
No. of assessments not covered by SLA:		3
Total Number of Assessments:		18

2.6 Procedures

2.6.1 Procedures performed

A summary of procedures is given below in Table 4.

Table 4. Procedures performed in 2007-2008

Anterior Cingulotomy (ACING)	
As first operation:	1
As second operation:	1
Total:	2
Vagus Nerve Stimulation (VNS)	
As first operation:	4
As second operation:	0
Total:	4
Total number of Procedures:	6

2.6.2 NHS Organisation Funding Surgery

The NHS Organisation responsible for patients undergoing neurosurgery is shown below in Table 5. Please note that Scottish NHS Boards do not fund neurosurgery directly, and these procedures are covered by the Service Level Agreement (SLA).

Table 5. NHS Organisation responsible for Neurosurgical patients

NHS Organisation	Country	Procedure	No. of procedures
Fife Acute Hospitals NHS Trust	Scotland, UK	ACING	1
Health Service Executive, Western Area *	Eire	ACING	1
NHS Highland	Scotland, UK	VNS	1
South Eastern Health and Social Care Trust *	Northern Ireland	VNS	1
Tees, Esk and Wear Valleys NHS Trust *	England, UK	VNS	2

* Indicates procedures performed out with the SLA.

2.6.3 Procedures not covered by SLA

Three procedures were performed out with the SLA. These are indicated in Table 5 by an asterisk.

2.6.4 Durations of Inpatient stay

Details of inpatient admissions are shown below in Table 6.

Table 6. Mean duration of inpatient stay (all categories). All durations in days.

	N	SLA	Non-SLA
Total inpatient stay - all NMD patients, Carseview	6	29	60
Mean inpatient stay - all NMD patients, Carseview*	6	14.5	15
Total inpatient stay - all NMD patients, Ward 23B	6	5	12
Mean inpatient stay - all NMD patients, Ward 23B	6	2.5	3
Total inpatient stay - Inpatient ERP, Carseview**	0	N/A*	-
Mean Inpatient stay -Inpatient ERP, Carseview**	0	N/A*	-
Total inpatient stay - Other, Carseview	0	-	-
Total inpatient stay - Reviews, Carseview	1	-	6

* NMD includes ablative neurosurgery and VNS.

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

3. Mortality and Morbidity Data

3.1 No. of Deaths

No deaths occurred during the reporting period and no deaths have occurred during the lifetime of the NMD service (1992 – current). As reported previously, there have been no suicides of patients who have received neurosurgical intervention in Dundee in the last sixteen years.

4. Waiting Times

4.1 Introduction


Waiting times are given separately for patients from Scotland and from England and Wales. Scottish patients do not require additional funding for assessment or treatment. However, patients from England and Wales require funding approval and this may incur delays over which Dundee AIS has no control. English and Welsh figures reflect this are generally expected to be longer.

4.2 Waiting times from referral to assessment

An overview of waiting times over the last twelve 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. One Scottish patient was excluded because additional information was requested before she was appointed, and another cancelled the first appointment due to illness. She was subsequently reappointed.

There were only two English patients, and one patient from Northern Ireland. These figures have not been included as the numbers are too small. The longest wait for an English patient was 16.5 weeks, due to delays in funding being authorised.

Table 7. Waiting times for the service. Only Scottish patients are shown. All times expressed in weeks from date of referral received to date of assessment.

	N	Average waiting time from referral to assessment (SD/ range)
 Scotland	13	10.5

Please note that the number of patients included in this table may be less than the total number of assessments reported in Section 2.5 above.

4.3 Waiting times from assessment to surgery

For patients proceeding to ablative neurosurgery (Anterior Cingulotomy), there will be a delay of approximately six weeks in order that the Mental Welfare Commission for Scotland can assess them. This process is enshrined in law. Once Dundee AIS has the necessary paperwork, there is a further six-eight weeks whilst operating theatres, admission to hospital, and the necessary preoperative assessments are arranged.

5. Quality of Care

5.1 Formal Complaints

No formal (or informal) complaints were received during 2007/08.

6. Clinical Audit and Outcomes

6.1 Specific Issues

6.1.1 Survival Data

Survival data are of minimal relevance currently since the survival rate is 100%. Only one patient is known to have died since 1992, and this was from an illness unrelated to neurosurgery.

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 annual report 2008, we will continue to report outcomes annually.

6.3 Clinical Meetings

The team meet weekly to discuss new referrals; new cases assessed; ongoing clinical reviews; clinical supervision; and service issues. In addition, the team have regular 'research' meetings where clinical audit, service development, and research activities are discussed.

In the last six months, the team have elected to review particular complex cases in more detail, spending a larger proportion of clinical meetings examining issues relating to the patient's presentation and outcome. The service is examining the possibility of introducing more formal process evaluation mechanisms when assessing patient journeys through the service. This approach is gaining credibility when assessing complex interventions.

7. Developments

There are no developments that are anticipated to have financial implications for further years. The service is currently exploring the possibility of taking part in a clinical trial of Deep Brain Stimulation for major depression. Funding for the study, should it take place, will come from external sources and the cost implications for NSD should be negligible. Further, there should be no impact upon waiting times or assessments since suitable patients are likely to originate from existing referrals.

8. Financial Statement

	FUNDED 2008/09 VALUES			6 MONTH REPORT			
	WTE	FIXED COST £	VARIABLE COST £	TOTAL COST £	BUDGET TO SEPT £	EXPEND TO SEPT £	VARIANCE TO SEPT £
STAFF COSTS							
MEDICAL							
CONSULTANT PSYCHIATRIST	1.00		95896	95896	47948	48432	484
	1.00		95896	95896	47948	48432	484
PTA							
NEUROPSYCHOLOGIST (Band 7)	0.50		23195	23195	11598	5679	-5919
PSYCHOTHERAPIST	0.10		8452	8452	4226	3998	-228
	0.60		31647	31647	15824	9677	-6147
NURSING							
ADDITIONAL NURSE STAFF/OBSERVATION			0	0	0	0	0
CLINICAL NURSE SPECIALIST (Band 7)	1.00		46038	46038	23019	23349	330
NURSE GRADE H (Band 7)	2.00		82206	82206	41103	39735	-1368
	3.00		128244	128244	64122	63084	-1038
ADMIN							
GRADE 4 (Band 4)	1.00		23050	23050	11525	12552	1027
RECEPTIONIST GRADE 3 (Band 2)	0.50		9448	9448	4724	3980	-744
	1.50		32498	32498	16249	16532	283
TOTAL STAFF COSTS	6.10		288285	288285	144143	137725	-6418
INPATIENT STAY							
INITIAL ASSESSMENT			8016	8016	4008	0	-4008
PRE OPERATIVE			24046	24046	12023	4723	-7300
NEUROSURGICAL STAY (PART POST & PRE OP)							0
-ABLATIVE NINEWELLS			7679	7679	3840	2516	-1324
-VAGUS NERVE NINEWELLS			3583	3583	1792	1677	-115
POST OPERATIVE							0
-ABLATIVE CARSEVIEW			30057	30057	15029	3838	-11191
-VAGUS NERVE CARSEVIEW			4007	4007	2004	0	-2004
FOLLOW UP (INCL. MRI)			21773	21773	10887	249	-10638
THEATRE COST							
ABLATIVE PLUS VAGUS NERVE PROCEDURE			15538	15538	7769	2702	-5067
VAGUS NERVE STIMULATOR			58846	58846	29423	7920	-21503
TRAVEL			3598	3598	1799	3701	1902
MISCELLANEOUS COSTS			4223	4223	2112	583	-1529
OVERHEADS							
PROPERTY MAINTENANCE		16290		16290	8145	8145	0
CLEANING		4958		4958	2479	2479	0
HEAT, LIGHT & POWER		3062		3062	1531	1531	0
RATES		2490		2490	1245	1245	0
CAPITAL CHARGES		18347		18347	9174	18347	9173
TOTAL NON PAY		45147	181366	226513	113260	59656	-53604
INCOME FROM ENGLISH HEALTH BOARDS							0
SERVICE TOTAL	6.10	45147	469651	514798	257403	197381	-60022

Note:

The income from English Health Boards has not been included since guidance has been sought from NSD for the level of recovery. Figures should therefore be interpreted accordingly.