



Dundee Advanced Interventions Service

Six-month Report

1 April 2012 to 1 October 2012



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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 2012/13, and it covers the period 1 April 2012 – 1 October 2012. 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 continue to believe that reporting of outcomes for small numbers of people is less preferable and less informative than reporting outcomes in a larger cohort of individuals.

For more information on the service, readers are advised to refer to our website¹ which includes previous Annual Reports.

¹ www.advancedinterventions.org.uk

2. Activity Data: 1 April 2012 – 1 October 2012

2.1 Overview

Table 1. Overview of Activity Data for April 2012 – October 2012

	Actual	Planned (Whole Year)
Assessments	17	24
Vagus Nerve Stimulation (VNS)	0	7
Anterior Cingulotomy (ACING)	0	5
Follow-up	6	12

2.2 Referrals

2.2.1 Referrals Received during reporting period

During the first six months of 2012, 25 referrals have been received. The referring organisation is given below in Table 2. The male: female ratio was 1:1.1, which is a little more equal than in previous reporting periods.

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.

2.2.2 Referring NHS Organisation

The majority of referrals (72.0%) continue to come from Scotland, and 28% of referrals come from England. This is a slightly higher proportion than in previous reporting periods, but is consistent with variation over time.

Table 2. New Referrals - NHS Organisation referring

NHS Organisation	Country	No. of Referrals
NHS Ayrshire & Arran	Scotland, UK	1
NHS Fife	Scotland, UK	2
NHS Forth Valley	Scotland, UK	1
NHS Grampian	Scotland, UK	4
NHS Greater Glasgow and Clyde	Scotland, UK	2
NHS Highland	Scotland, UK	1
NHS Lothian	Scotland, UK	1
NHS Tayside	Scotland, UK	6

NHS Organisation	Country	No. of Referrals
Coventry and Warwickshire Partnership Trust	England, UK	1
Hertfordshire Partnership NHS Trust	England, UK	1
Northumberland, Tyne and Wear NHS Trust	England, UK	1
South West London and St George's Mental Health NHS Trust	England, UK	3
UCL Institute of Neurology, London	England, UK	1
	Total	25

2.3 Assessments

2.3.1 Total Assessments

So far, 17 assessments have been conducted. Details given are below. The service has continued to see a small number of patients where there has been significant uncertainty about the diagnosis and/ or treatment options for a patient. In other 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, the service doesn't take over the care and treatment for that patient and only makes recommendations regarding further treatment. Such 'second opinions' are not included in the figures reported herein.

Referring NHS Organisation

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

Table 3. New Assessments: NHS Organisation

NHS Organisation	Country	No. of assessments
NHS Fife	Scotland, UK	3
NHS Grampian	Scotland, UK	2
NHS Greater Glasgow and Clyde	Scotland, UK	5
NHS Highland	Scotland, UK	1
NHS Lanarkshire	Scotland, UK	1
NHS Lothian	Scotland, UK	1
NHS Shetland	Scotland, UK	1
NHS Tayside	Scotland, UK	2
Northumberland, Tyne and Wear NHS Trust	England, UK	1
No. of assessments not covered by SLA:		1
Total Number of Assessments:		17

2.4 Procedures

2.4.1 Procedures performed

A summary of procedures is given below in Table 4.

Table 4. Procedures performed between 1 April 2012 and 1 October 2012.

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

At the time of writing, one patient is due to undergo Anterior Cingulotomy later on in the year and another has undergone implantation of Deep Brain Stimulation as part of the clinical study described below (page 15).

2.4.2 Indications for surgery

The primary indication for surgery (Deep Brain Stimulation) was F33.2 Recurrent depressive disorder, current episode severe without psychotic symptoms.

2.4.3 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
NHS Tayside	Scotland, UK	DBS	1

2.4.4 Procedures not covered by SLA

No ablative procedures were performed outwith the SLA. Deep Brain Stimulation procedures are not covered by the SLA.

2.4.5 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):	-	-	-
Mean inpatient stay - all NMD patients, Carseview (days):	-	-	-
Total inpatient stay - all NMD patients, Ward 23 (days):	-	-	-
Mean inpatient stay - all NMD patients, Ward 23 (days):	-	-	-
Total inpatient stay - Inpatient ERP, Carseview (days):	2	N/A	239
Mean Inpatient stay - Inpatient ERP, Carseview (days):	2	N/A	119.5
Total inpatient stay - Other, Carseview (days):	1	89	-

	N	SLA**	Non-SLA
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.

Two patients were funded by their own Health Boards to undergo inpatient treatment for OCD in Dundee. One remains an inpatient at the time of writing. An additional patient, with a complex mood disorder, was admitted for further assessment and treatment outwith the SLA.

2.5 Comments on activity levels

2.5.1 Assessments

In the first six months of the financial year, the service has seen 71% 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. It is predicted that by the end of the 2012/13 financial year, the service will have met the planned number of assessments and a number of assessments have already been arranged.

2.5.2 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. Vagus Nerve Stimulation is no longer part of the Service Level Agreement (subject to confirmation of the SLA) and no further VNS procedures have been performed in Dundee since the AIS five-year review.

Based on planned and predicted activity over the next six months, it is likely that the service will have performed at least two ablative procedures by the end of the financial year.

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 Dundee NMD service (1992 – October 2012). 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. Due to the small no. of assessments from English PCTs, these figures are not reported in detail, but the English assessment was seen within 10 weeks of the referral being received. For Scottish patients where there are no delays, patients are usually seen within two months of referral.

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	7.1 \pm 1.7

Please note that the number of patients included in this table may be less than the total number of assessments reported in Section 2.3.1 above.

For the four Scottish patients who were not seen within 18 weeks, the reasons were: delays in receiving additional requested information (N=1); waiting for ongoing treatment plans to be completed (N=2); cancellation by patient of initial appointment (N=1).

4.3 Waiting times from assessment to surgery

For patients proceeding to ablative neurosurgery (Anterior Cingulotomy), there is typically 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 2003².

² <http://www.opsi.gov.uk/legislation/scotland/acts2003/20030013.htm>

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.

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 treatment³ and such an indicator is not always considered appropriate for interventions such as these; where hurrying patients to neurosurgery is not necessarily a good thing.

³ 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

There have been no formal complaints received during this reporting period.

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 at 12-months, 24-months, and 5-years 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 described in our previous annual reports⁴, we will continue to report outcomes annually.

⁴ 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.⁵

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

Two patients have now undergone implantation of DBS. One has completed 12 months of follow-up and the other is currently in the double-blinded stage of the trial. We do not expect to report their outcomes 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 (referred from Primary and Secondary Care) were referred to this study which began on the 1st November 2010. Seventy-three patients 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.

Significant reductions in depressive symptoms were seen in 30% of participants; a further 30% made clinically significant improvement; and 40% experienced no change in symptoms. Overall, 60% of participants were substantially improved on measures of depression, general health, social functioning, quality of life and the quality of interpersonal relationships.

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

The study is progressing with a total of 50 subjects having been scanned from the three groups (post-neurosurgery for depression, chronic depression, and non-depressed controls). Ethical approval has been granted to extend the study to include subjects with Obsessive Compulsive Disorder and to-date 4 post-neurosurgery for OCD patients have been scanned. It is anticipated that a total of 20 subjects will take part in the 'chronic OCD' control group.

⁵ http://www.advancedinterventions.org.uk/pdf/Reports/AIS_Annual_Report_2011.pdf

7.2 5-year review of Advanced Interventions Service

It is hoped that the AIS will be able to upload the report to the website in due course.

7.3 Changes to Service Level Agreement

It is anticipated that a two-year SLA, including intensive treatment for Scottish patients with OCD, will be signed in the next month. This should enable the AIS to provide intensive treatment for OCD for a small number of patients who have failed to respond to available treatment options in secondary care, and for whom intensive exposure and response prevention (ERP) is appropriate.

8. Financial Statement

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