

LEVEL 3

Seven day service provision within an organisation

University Hospitals of Leicester NHS Trust

Rapid access 'one-stop' outpatient service seven days a week prevents admissions to hospital

"First class service. From the welcome to departure. All the tests done without excessive waiting. Very efficient and much appreciated..."

"If all the NHS was like this we would have nothing to complain of" Patient

Overview

The University Hospitals of Leicester NHS Trust (UHL) stroke service provides a consultant-led seven day rapid access one-stop outpatient service for patients with suspected transient ischaemic attacks (TIA). This service was set up in response to the National Stroke Strategy (NSS) in 2007 to reduce the risk of stroke for patients. Prior to this, patients were only seen Monday to Friday, and were not prioritised in terms of risk and had delayed access to diagnostics and treatment. Patients are now:

- Risk stratified, assessed, receive appropriate investigations, diagnosis and treatment, in a single visit (including referral for carotid intervention)
- Higher risk patients are seen within 24 hours of first contact with a healthcare professional and lower risk within seven days.

The service commenced in 2008 and is supported by nurses, healthcare assistants, clinic aides and vascular technicians.

Impact

This system provides people with the best possible chance of stroke prevention by improving the proportion of patients that are seen and treated within 24 hours, if high risk and seven days if lower risk. The Express (2007)* study identified that investigating and treating high-risk patients with TIA within 24 hours could produce an 80 per cent reduction in the number of people who go on to have a full stroke. This is achieved by:

- GPs and professionals in emergency department, emergency admissions unit or eye casualty being able to refer online, by fax or direct phone call to the clinic
- Outpatient appointments being issued immediately if the person is still with the referrer
- Referrers risk assessing the person using a recognised ABCD2 scoring system to prioritise appointment allocation
- Consultant outpatient clinic being accessible seven days a week from 08.00 to 18.00hrs – clinic is staffed with one band six nurse and a clinic aide or clinic clerk
- Access to carotid doppler ultrasound during clinic – morning clinics have doppler machines in clinic MR/CT brain imaging is provided by radiographers already on site
- Clinical assessment, diagnosis and management in one clinic appointment. Interventions include, ECG, Blood screening, Blood pressure monitoring, and Body Mass Index calculation and lifestyle adaptation counselling
- Same day prescription of medication (electronically if required) and GP letter outlining diagnosis and treatment printed and faxed immediately
- Same day referral for a carotid intervention, if required, by a telephone discussion with the on call vascular surgeon.
- Direct admission to the vascular surgical unit, if indicated, where carotid endarterectomy procedures are usually performed on the Tuesdays and Fridays.

TIA Vital Sign (Integrated Performance Measure)
Percentage of Transient Ischaemic Attack (TIA) cases with a higher risk of stroke who are treated within 24 hours

	Q1 2013/14	Q2 2013/14
Leicester City CCG	63%	74%
Leicester County CCGs	66%	62%

Overall system

This system helps avoid admission of patients to hospital that are at higher risk of TIA (except for a very small clinically indicated subset).

Challenges and solutions

Overcoming workforce challenges was key in the delivery of service:

- Consultants staffing for the TIA outpatient clinic was achieved by incorporation into rotas for the provision of 24/7 thrombolysis and is covered by Professional Activities (PA's). The consultant on for the weekend covers thrombolysis, the stroke wards and the TIA clinic from 17.00hrs Friday to 08.00hrs Monday, on a one in eight rota
- Nursing staff and clinic clerk/aide cover the clinic from 08.00 hours to 18.00 hours, as part of a normal seven day rota; this is achieved by weekend enhancement payments
- Vascular technicians work Saturday and Sunday mornings covered by a 37.5 hr / week contract with time in lieu agreed for the weekend hours worked
- Access to MR as the brain imaging of choice at weekends – initially, CT had to be used at the weekend but now MR is available with additional funding to enable services provision which included two PAs consultant radiologists, two WTE Band six radiographers and two WTE Band two portering staff.

If the extra capacity for MR is not required by the TIA clinic it is used flexibly for stroke in-patients at the weekend.

Emerging principles and themes

- The TIA service is part of a whole service seven day approach to stroke care

- Education and understanding of all staff groups involved of the clinical benefits of the service are crucial to engaging them in providing a seven day service
- As the numbers are relatively small for TIA it may be that there is a minimum population base for a viable weekend service. In some areas this may require trusts to work in partnership to provide a weekend service for a geographical area

TOP TIPS

- **Clinical leadership determined to deliver a evidence based best practice service to patients with the best outcomes is essential**
- **Work with commissioners to achieve a properly funded service from the outset**
- **Robust data collection and continuous ongoing audit enables the service to be altered quickly as appropriate**
- **Getting patients to attend at weekends is rarely a problem – no more than during the week when asked to attend at short notice**
- **Seeing both higher and lower risk patients at the weekend smoothes the flow across the week**
- **A seven day service ensures a backlog free Monday for both assessment and imaging**

Contact

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