Integrated TIA Service for The James Cook University Hospital, Middlesbrough and The Friarage Hospital, Northallerton.

Background

Recognised that patients how have a TIA may have a high risk of disabling stroke in the days immediately following event.

Guidance now that :

1. All patients with suspected TIA assessed as having high risk of stroke should be seen in a specialist TIA clinic within 24 hours of presentation and have appropriate imaging and have treatment optimised.
2. All other patients should be seen in a specialist TIA clinic within 7 days.

All patients need to be risk assessed using the ABCD2 score

High risk : ABCD2 score ≥4 or 2 events in 1 week or an full anticoagulation or in Atrial Fibrillation
Low risk : ABCD2 <4 or more than 1 week from presentation.

At specialist clinic :
Patients need to be seen by stroke specialist or Neurologist.
To have brain imaging if appropriate
To have Carotid imaging if appropriate
To commence antithrombotics / Lipid lowering treatment if appropriate
To refer to vascular surgeons if surgically significant stenosis.

TIA Best Practice Tariff : from April 2011
Currently JCUH TIA service meets criteria for basic BPT except for the requirement for a follow up visit. FHN TIA service does not meet the criteria.

Current Service

JCUH
Clinics 5 days a week in AAU (PM) – 4 slots per clinic, nominally 2 carotid imaging slots.
Brain imaging usually CT via neuroradiology.
No clinics if consultant away so around 4 /week on average

Weekend adhoc clinics on stroke unit for suspected high risk patients only – Carotid Doppler imaging available.
Referrals faxed to Dr Young's secretary for clinical triage – then booked into AAU clinic. OOH A+E / AAU book directly into TIA clinics ringing AAU or AAU clinic area, and if these clinics full instead contact ward 28 for patient to be seen. So in fact 4 separate points of contact (ward 15, AAU clinic, Dr Young's Sec and ward 28) in current service.

FHN
2 clinic per week – currently only 1 of these has dedicated carotid imaging slots (and probably little point assessing new referrals in clinic where brain and carotid imaging not available).

Proposed Service

Single access point – primarily a fax no at JCUH
JCUH area patients – booked as now but access point changed
FHN area – low risk patients booked into FHN clinic
High risk only seen at FHN if clinic within a day of presentation. Otherwise patients booked into JCUH clinics.

Implications

Around 50% of referrals have a high risk score. So likely most of these will be seen at JCUH,
Around 600 suspected TIA patients seen at JCUH and around 200 FHN area patients of whom 50% will require assessment at JCUH.

Capacity :
Will impact on capacity of Current JCUH clinics.
Will be met by increasing number of slots per TIA clinic to 5.
Would need more flexibility over number Carotid imaging slots.
Will be referrals (as now) that come via other routes (e.g. Ophthalmology, and in-patients) which will need to be accommodated.

Details of new service

Referral from Primary Care (see attached form)
Referral to fax machine on ward 28 (stroke unit JCUH)
Would mean all referrals inc high risk referrals made to one point of contact. Greater potential for availability of clinical opinion over the phone (in hours) if required either from stroke Physician or stroke nurse practitioners.

FHN AAU and A+E will need to follow same pathway as JCUH a+E for high risk patients.

Pathway

1.Primary Care

Suspected TIA : Risk assess using ABCD2 score
Commence Aspirin

High Risk and low risk – fax referral form and any other supplementary details to ward 28 ± seek telephone advice. Advise patient may be seen same or following day if high risk. Note essential we have current / accurate contact telephone and or mobile numbers.

2.A+E departments

Suspected TIA : Risk assess using ABCD2 score
Commence Aspirin

Phone ward 28 for appointment plus fax A+E notes and referral form.
-advise patient may be seen same or following day if high risk.
Note essential we have current / accurate contact telephone and or mobile numbers

3. Paramedics

Suspected high risk TIA – bring to nearest A+E dept
Suspected low risk TIA – advise patient to contact GP following day.
In both cases aspirin should be commenced.

	AM	PM
Monday	*Ward 28 ad hoc clinic*	JCUH clinic 4 slots
Tuesday	*Ward 28 ad hoc clinic*	JCUH clinic 5 slots FHN clinic 5 slots
Wednesday	*Ward 28 ad hoc clinic*	JCUH clinic 5 slots

Thursday	*Ward 28 ad hoc clinic*	JCUH clinic 5 slots*
Friday	*Ward 28 ad hoc clinic*	JCUH clinic 5 slots
Saturday	*Ward 28 ad hoc clinic*	
Sunday	*Ward 28 ad hoc clinic*	

*Once there is capacity to provide Carotid imaging there will be a 2nd TIA clinic at FHN (anticipated this may be October 2011)

JCUH clinics now located in the Marton Day Unit (next door to ward 28 and adjacent to Neuroradiology).

For FU of JCUH patients (obligatory for patients with confirmed TIA) will have a clinic in MDU Wednesday am run by Stroke Nurse Practitioners who will have availability of stroke consultant for advice if needed on ward 28. For patients needing FU because of uncertainty of diagnosis these could be accommodated in existing clinics (as now).

For FU of FHN patients – could be accommodated on Thursday clinic by Dr Jayasuria.

<u>MRI brain imaging</u>
At present very limited capacity Will improve with new Neuroradiology 3T scanner. Anticipated should be able to have same day MRI available for appropriate patients (est 30-50% of total may be appropriate) from July 2011. Same day MRI would not however be an option for patients attending FHN.

Adrian Bergin
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