TRSUT LOGO

Directorate	**Medicine (Respiratory)**
Service Proposal	**Service Airways Clinic**
Directorate Lead	
Clinical Lead	
Finance Lead	
Business Development Manager	
Date Submitted	**15th March 2010**

Directorate/Support Service Impact Checklist			
Directorate	Impacted	Person Consulted	Sign Off
Anaesthetics / Theatres	No	N/A	
Child Services	No	N/A	
Emergency Department	No	N/A	
General Medicine	Yes		
Head & Neck	No	N/A	
Neurosciences	No	N/A	
Oncology	No	N/A	
Orthopaedics	No	N/A	
Plastic Surgery	No	N/A	
Renal	No	N/A	
Women's Services	No	N/A	
Pathology	No		
Imaging	Yes		
Professional Support Services	Yes		
Pharmacy	No		
Estates & Facilities	No		
IT Services	Yes		
Information Services	No	N/A	
Pastoral Care	No	N/A	
Human Resources	Yes	As part of implementation	
Laundry	No	N/A	
Medical Staffing	No	N/A	
Finance	Yes		
Workforce	Yes	Directorate	
Call Centre	Yes		
Medical Records	Yes		
Waiting Lists	No	N/A	
Equality & Diversity	N/a	See assessment	
Patient / Public Involvement	N/a	-	

1. Introduction to Service Proposal

1.1 The purpose of this paper is to provide an overview and options appraisal, given the current knowledge of the airways services. This is to deliver a multi-disciplinary (MDT) approach for the management of Vocal Cord Dysfunction (VCD) and other associated conditions.

1.2 VCD is a complex respiratory disorder, which is often wrongly diagnosed as asthma or other respiratory disease. Making the correct diagnosis is vital to prevent unnecessary intensification of medical treatment. Appropriate intervention for VCD is often associated with a subsequent reduction in asthma medication and for chronic patient's reduced hospital admissions and length of stay.

1.3 The Trust receives a high number of Tertiary referrals into the service, this is due to its specialist remit. The Trust will not be affected by reduced hospital admissions as many of our patients come from out of region. At the moment our Primary Care Trust (PCT) patients make up **60%** of SLT referrals and **40%** are from outside of the area. The Trust has seen an increase in out of area referrals and the referrals are increasing rapidly, yet our referral rates are much the same (see graph in appendix 2).

1.4 Over the previous year the respiratory service has met waiting times through the consistent use of waiting list initiatives (WLI's). This has been caused by a shortfall in baseline capacity in the speciality to meet new and follow up appointments.

1.5 The respiratory service has seen greater demand in particular on follow up clinics being created through WLI's.

1.6 Moving forward it is proposed to eradicate WLI from the three consultants that deliver the specialised service making a saving, and replace these with an asthma and ventilation nurse. This offers a more cost efficient delivery of service, and allows the right professional to see the patients at the right time. This will enable the nurses to see the patients that require more frequent appointments, therefore delivering a more quality service to patients and avoiding patients from being admitted into hospital.

2. Executive Summary

This paper is set out in four sections:-

Section 1 – Expansion of the current speech and language therapy (SLT) role

Section 2 – Expansion of physiotherapy and psychology roles

Section 3 – The creation of a post for an asthma nurse

Section 4 – The creation of a post for a ventilation nurse

The intention is to implement these roles into the team, and income generate via a MDT working approach.

Through these posts the service will improve quality standards for outpatient and inpatient care and move the Trust one step closer to being recognised as the regional respiratory service .

3. Financial Implications

The service currently brings in income of **£81,691**. If the proposal is implemented the service will bring in total income of **£627,488** with recurrent costs year on year of **£336,638** and a one off set up cost of **£40,000** for equipment. The service will no longer need to continue to carry out WLI's therefore making a saving of **£35,000**. The service will bring in year on year after recurring costs **£244,159**.

A full breakdown of the finances can be found in the appendix 1

4. Recommendations – Options for Consideration

4.1 The Operational Management Team is asked to note the content of the paper

Option 1 - To do nothing thus waiting lists will continue to build and the Trust will be at risk regarding 18 week breaches in this area, and the service will cease to develop.

Option 2 - To support the proposed new service model by implementing the proposal, and delivering a higher quality and more efficient service to the patients

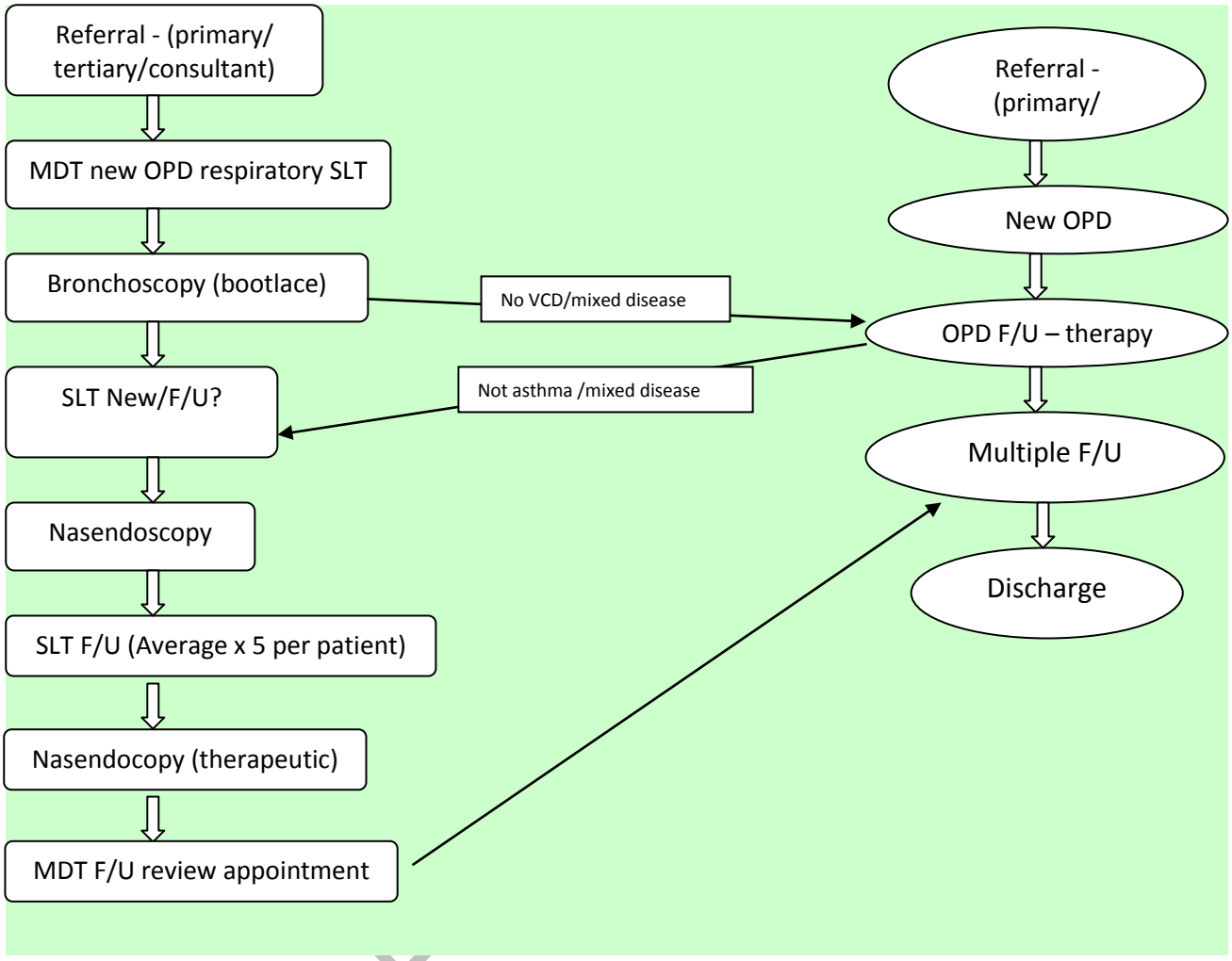
5. Background & Current Pathway

5.1 XXX complex asthma and undiagnosed breathlessness clinic is recognised as a leading and innovative site in the country for VCD diagnosis and management[1]. The unit receives regional and national referrals and is now established as a leading centre for VCD management, which supports the development of the regional respiratory service.

[1] Haines J, *the Airways Clinic: A new multidisciplinary service for patients with vocal cord dysfunction.* RCSLT Scientific Conference 2009 Partners in progress: spreading the word.

The optimal pathway for VCD management is pivotal on MDT care. The current pathway reflects this:

NEW - Vocal Cord Dysfunction (VCD) Pathway **Asthma Pathway**



6. Proposed Service Model

Section 1 – Expand the Speech and Language Therapy role *(Job plan in Appendix 2)*

SLT

6.1 Current literature identifies SLT (within a MDT treatment forum) as the cornerstone for management. Bronchoscopy/nasendoscopy is the gold standard for diagnosis and treatment outcome review. Following diagnosis patients attend for outpatient SLT to gain airway control (average of 4 F/U clinic visits). A patient will receive approximately 1bronchoscopy & 2 nasendoscopy procedures throughout their pathway.

6.2 ***Current capacity*** **-** Since the clinic's conception in April 2006 referrals have increased at an average yearly rate of 58%. Demand now exceeds current SLT provision of 0.4WTE and 18 week wait target breeches are imminent. At present the SLT post is 0.4WTE, this allows for one diagnostic nasendoscopy session a week.

6.3 Currently those with VCD are unable to access review nasendoscopy slots during and after SLT intervention, this is due to the scarcity of slots. This is clinically suboptimal for the patient and a revenue opportunity lost for the Trust. There is also a need to increase out patient therapy clinics to improve quality of care and allow timely and effective delivery of a VCD therapy block. If referrals continue to increase at the average yearly rate (please see table in appendix 2) additional resource of 0.6WTE SLT will be required to meet this and ensure 18 week compliance.

6.4 The SLT post currently delivers 102 New OPD and 204 F/U OPD with 40 nasendoscopy. This brings in income into the directorate of £60,372 per year.

Section 2 – Expansion of the Physiotherapy and Psychology roles *(Job plan in Appendix3)*

Physiotherapy

6.5 There is a need to increase the physiotherapist and psychologist time to support the previously identified MDT approach. These posts would work alongside the expanded SLT post and offer support to patients through the pathway.

6.6 Physiotherapy sees patients with VCD who also suffer secondary hyperventilation and dysfunctional breathing patterns.
Current capacity **-** The service at present is allocated a session a week of a physiotherapist's time, but this is in a mixed clinic. Currently, the physiotherapist will see and treat patients with bronchiectasis and other respiratory problems during this clinic. The referral rate for VCD patients to physiotherapy has risen by approximately 50% in the last year, which reflects the increased SLT referral figures (please see appendix 2).

6.7 ***Projected demand***
Designated protected time to treat VCD is essential to ensure optimal treatment within the MDT forum and prevent the 18 week waiting target from being breeched. 0.5 WTE of a physiotherapist will ensure projected demand is met and targets are achievable. Designated time also supports the development of the Lancashire Chest Clinic as a specialist respiratory centre.

Psychology

6.8 Patients referred into psychology services often have a complex psychological history which manifests itself as VCD. Patients in this group may have suffered past trauma which requires a highly specialist mental health psychologist to manage effectively.
Current capacity VCD patients are currently seen as part of the general medicine clinical psychology service. Currently psychology will see and treat patients in their general caseload and no specialist mental health support is in place.

6.9 ***Projected demand*** **-** Due to the complexity of these patients, a significant period of psychological intervention may be required, and as such a mental health psychologist will be needed to ensure ready access and appropriate follow up capacity. 0.5WTE of a psychologist designated time for the VCD service will ensure demand is met and targets are achievable. Designated time also supports the development of the Lancashire Chest Clinic as a specialist respiratory centre.

6.10 Section 3 - 4 – Creation of a post - Asthma Nurse & Ventilation Nurse

To support the delivery of the complex asthma and undiagnosed breathlessness clinic as well as support the development of the Lancashire Chest Centre. Two specialist respiratory nurses one at band 8a and the other post band 7 will work as part of the respiratory department supporting our tertiary complex asthma and Ventilation services. There will be specialist and general respiratory clinics run by the nurses.

6.11 They will also have an acute role improving inpatient care (allowing the trust to attain quality care benchmarks) and supporting early discharge. The implementation of the two nursing roles will enhance the service and give the patients a more quality service, by allowing the patients to be followed up on a more regular basis by the specialist nurses. These roles will support the follow up lists presently being done by the consultants, therefore allowing the consultants to see more new patients.

Acute remit

6.12 The two specialist nurses would assess and support the management of all respiratory patients admitted on non-respiratory medical wards. They would ensure complex cases which had been reviewed by the respiratory medical team via consultant to consultant referrals had their management plans followed to ensure quality of care was received by the patients. All uncomplicated patients who are admitted to non-respiratory wards they would ensure appropriate care was delivered and patients were efficiently discharged thus reducing length of stay (LOS).

6.13 It has been proven by the homecare chronic obstructive pulmonary disease (COPD) team that LOS for inpatients in the Trust can be dramatically reduced by such specialist nurses. This new service will allow all patients admitted with respiratory illness to have a specialist review compared to around 45% of current patients. The band 8a nurse will also have the remit to work along side Intensive Care Unit (ICU) to support complex wean patients thus improving quality of care of these patients and reducing blocking of ICU beds and ventilators.

Elective remit

6.14 Both nurses would run respiratory clinics. They each would have a specialist remit of complex asthma and ventilation. This service will help provide multidisciplinary service, which currently does not exist. General respiratory patients reviewed on the non-respiratory medical wards would be seen as emergency first in the nurse's general respiratory outpatient clinics.

6.15 This new service infrastructure will income generate, and support 18 weeks target attainment and improve quality of care in the out-patient setting of our specialist regional service. It will also decrease the need for the number of waiting list initiatives (WLI) clinics currently undertaken by the department.

7. Equality & Diversity

7.1 The service is open to all groups requiring a referral respiratory support. This service meets with Trust requirements regarding equality and diversity. A full assessment can be found in appendix 4.

8. Evaluation

8.1 In line with the agreed business development process a review of the case will be conducted approximately six months after implementation. This review will include all key stakeholders and will be presented back to OMT/CRG.

8.2 This will include a review of the actual demand on the service in 2009/10 and any further adjustments required. This review will incorporate activity and efficiency measure in line with the business development process.

8.3 In summary the proposal will provide additional income to the Trust, whilst providing a specialist quality developing service to the patients, with an MDT approach.

Lead Officer -

Clinical Lead -

Business Development Manager –

Appendix 1
INCOME
NEW ACTIVITY - 10/11 ROADTEST
TARIFF
With Nasendoscopy as
Daycase/Elective

	Current Activity	New Additional Activity	HRG Code	HRG 4 Tariff	Current Income	Additional Income	Total Income
Speech & Language Therapy (SLT)							
Outpatients, New	102	168	Respiratory OPFA Multi Professional	266	27,130	44,684	71,814
Outpatients, Follow Up	204	336	Respiratory OPFU Multi Professional	135	27,446	45,206	72,652
Procedures							
Nasendoscopy Combined Daycase/Elective	40	280	CZ06Q: Minor Throat Procedures without CC	678	27,115	189,806	216,921
Bronchoscopy Combined Daycase/Elective	0	140	DZ07Z: Fibre optic Bronchoscopy	522	0	73,025	73,025
Asthma							
Outpatients, New	0	80	Respiratory OPFA Single Professional	238	0	19,043	19,043
Outpatients, Follow Up	0	800	Respiratory OPFU Single Professional	108	0	86,106	86,106
Ventilation							
Outpatients, New	0	80	Respiratory OPFA Single Professional	238	0	19,043	19,043
Outpatients, Follow Up	0	640	Respiratory OPFU Single Professional	108	0	68,885	68,885

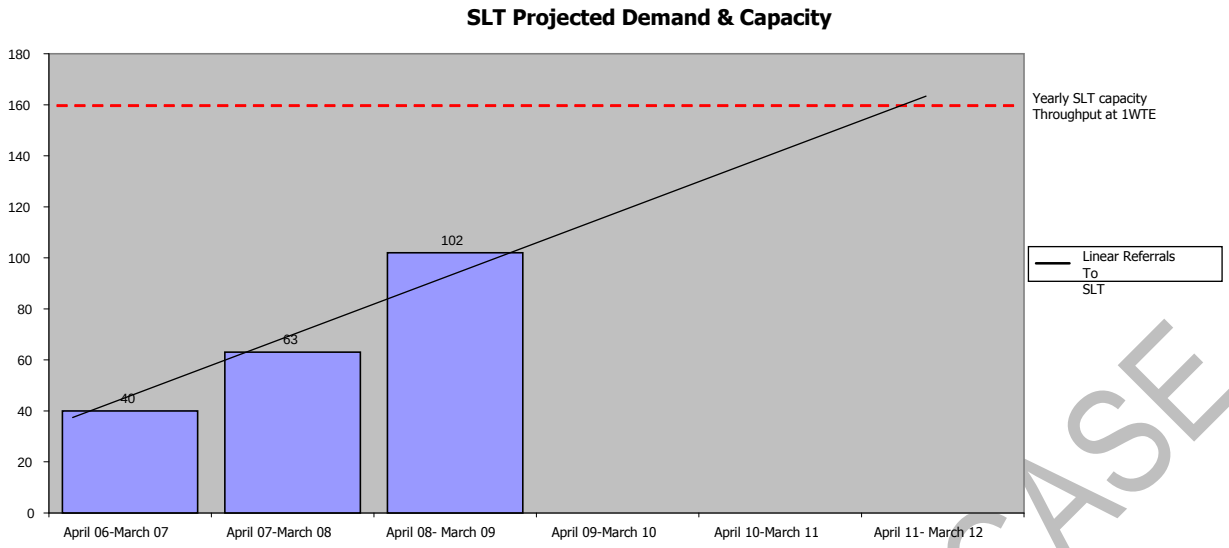
Total	**346**	**2,524**	**81,691**	**545,797**	**627,488**

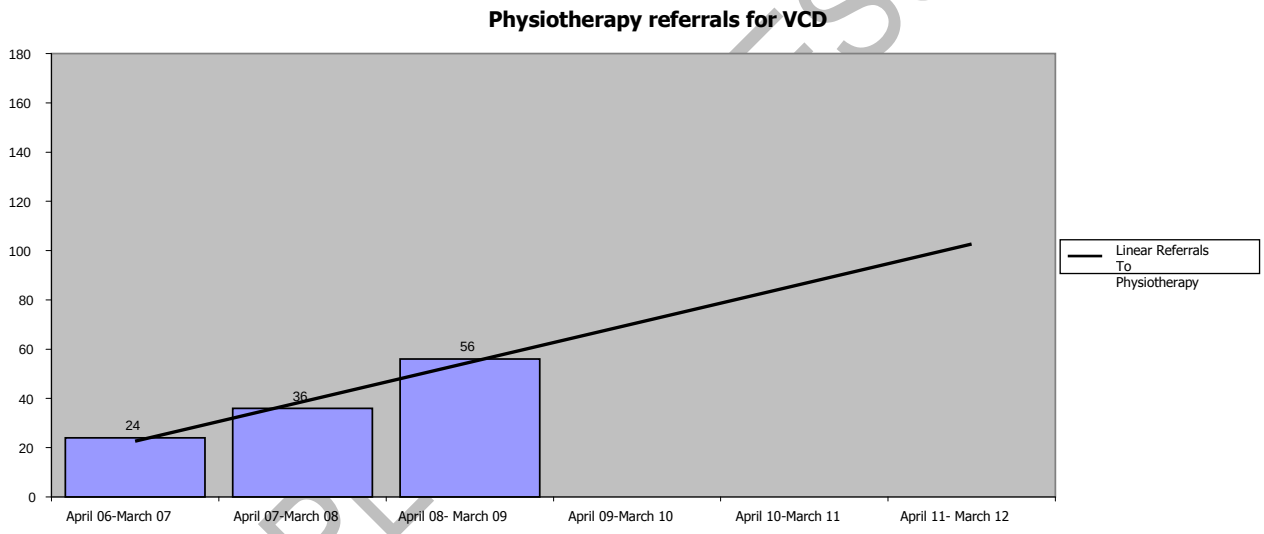
EXPENDITURE

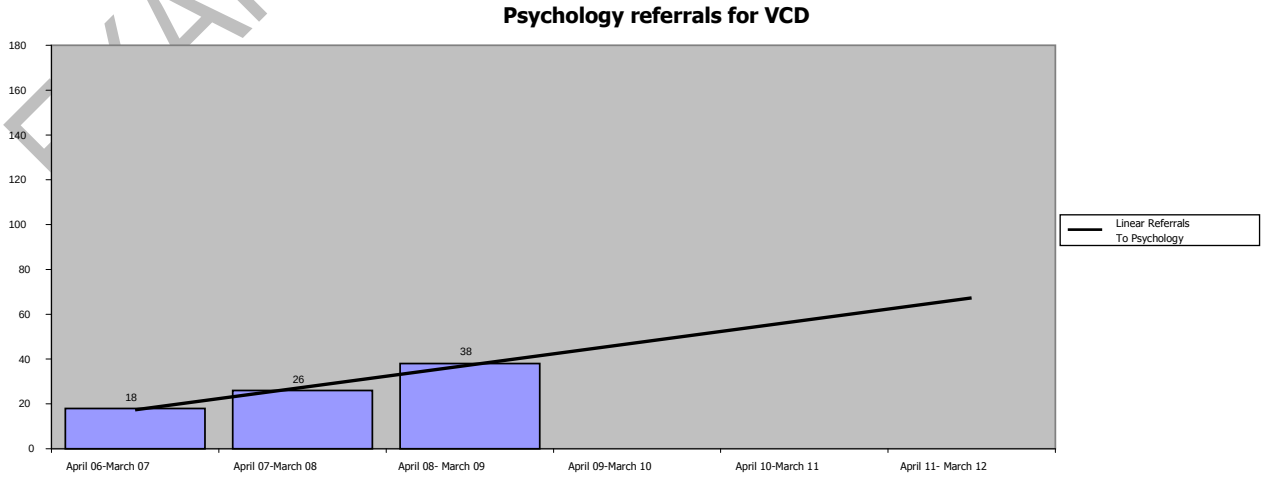
Resource Requirement	WTE/Number	Cost per test / staff cost	Recurrent cost p.a.
PAY			
Consultant	0.20	£134,000	£26,800
Band 7 (Asthma Nurse)	1.00	£41,000	£41,000
Band 8a (Ventilation Nurse)	1.00	£51,000	£51,000
Band 3 HCSW (bronchoscopy clinics)	1.00	£20,000	£20,000
Band 3 Clerical support	1.00	£20,000	£20,000
Band 7 Physiotherapist	0.50	£41,000	£20,500
Band 8a Specialist Mental Health Psychologist	0.50	£51,000	£25,500
Band 8A SLT Nurse	0.60	£51,000	£30,600
Band 7 SLT Nurse (for development)	0.40	£41,000	£16,400
Band 1 medical records	1.00	£16,000	£16,000
Clinic costs			**£39,522**
SUB TOTAL: PAY	**7.20**		**£307,322**
NON PAY			
Clinic letters	2,268	£0.36	£816
Non pay (uniform/ travel/ training)			£2,000
Course Fees			£4,000
Clinic non pay incl SSD sterilisation	420	£50	£21,000
Bootlace Bronchoscopes	2	£12,000	£1,000
Instrumentation fibrescope			£500
Office Set up			
Removals/ Advertising			

SUB TOTAL: NON PAY	**£29,316**
Total Non Pay	**£336,638**
SURPLUS	**£209,159**
Saving on Waiting List Expenditure	£35,000
SURPLUS INCLUDING WLI SAVING	£244,159

Appendix 2







Appendix 3 - Job Plan - Section 1

Principal Speech & Language Therapist

	Monday	Tuesday	Wednesday	Thursday	Friday
Wk 1	Admin	Acute MAU	OPD New F/U	nasendoscopy therapeutic	OPD New & F/U
	Research & Development	OPD New F/U	nasendoscopy Diagnostics	Admin	Research & Development

Job Plan - Section 2

Senior Specialist Physiotherapist

	Monday	Tuesday	Wednesday	Thursday	Friday
Wk 1			OPD New Follow up	OPD New Follow up	
		OPD New Follow up	Admin	Research/Audit/PDP	

LTH Principal Psychologist

	Monday	Tuesday	Wednesday	Thursday	Friday
Wk 1			OPD 1 New 2 Follow up	OPD 1 New 2 Follow up	
		OPD 1 New 2 Follow up	Admin	Research/Audit/PDP	

Job Plan - Section 3

Specialist Asthma Nurse

	Monday	Tuesday	Wednesday	Thursday	Friday
Wk 1	General Respiratory OPD F/U & urgent F/U	Acute ward assessment	Asthma Parallel clinic New & 4 F/U	Acute ward assessment	Acute ward assessment
	Acute ward assessment	Asthma Nurse lead clinic F/U & urgent F/U	Feed back on patients to medical team & admin	Research/Audit /PDP	Admin

Job Plan - Section 4

Specialist Ventilation Nurse

	Monday	Tuesday	Wednesday	Thursday	Friday
Wk 1	Acute ward assessment & ICU	Research/Audit /PDP	Acute ward assessment & ICU	Ventilation parallel clinic New & F/U	General resp OPD F/U
	Admin	Acute ward assessment & ICU	Ventilation clinic nurse lead F/U	Feedback on patients & admin	Acute ward assessment

Appendix 4 Equality & Diversity Impact Assessment

1 Referral or Access Criteria (Direct Discrimination)
1.1 Who will decide who is referred to this service?
Referral into the service will be follow normal protocols and pathways.
1.2 For each of the following categories, please indicate to whom the service is open:

DIRECT DISCRIMINATION				**TACKLING HEALTH INEQUALITIES**
CATEGORY	**TO WHOM IS THE SERVICE OPEN?**	**DO THESE ACCESS CRITERIA INDICATE DIRECT DISCRIMINATION?**	**FOR ANY IDENTIFIED DIRECT DISCRIMINATION PLEASE INDICATE PROPOSED AMENDMENTS AND/OR JUSTIFICATION**	**FOR EACH CATEGORY, IS THERE A PARTICULAR TARGET AUDIENCE? WHY?**
AGE RANGE	All No applicable thresholds	No	N/a	N/a
GENDER	All. No applicable thresholds	No	n/a	n/a
LEARNING DISABILITY	All. No applicable thresholds	No	n/a	n/a
MENTAL HEALTH	All. No applicable thresholds	No	n/a	n/a
SENSORY IMPAIRMENT	All. No applicable thresholds	No	n/a	n/a
PHYSICAL DISABILITY	All. No applicable thresholds	No	n/a	n/a
RACE	All Races	No	n/a	n/a
ETHNICITY	All Ethnic groups	No	n/a	n/a
CULTURE/ CULTURAL TRADITIONS	All cultures and cultural backgrounds No exclusions	No	n/a	n/a
RELIGION/ SPIRITUAL BELIEFS	All religions	No	n/a	n/a
SEXUAL ORIENTATION	All	No	n/a	n/a
OTHER	N/a	No	n/a	n/a

2 The Enabling World (indirect discrimination)
2.1 Please indicate what measures or facilities, if any, are proposed for the service to support potential users in each of the following diversity and equality categories who may experience practical difficulties while using the service:

CATEGORY	**PROPOSED ENABLING MEASURES**	**PLEASE EXPLAIN THE JUSTIFICATION FOR ANY GAPS**
AGE	None proposed	
GENDER	None proposed	
LEARNING DISABILITY	TP-84 (Policy for the Care of People with Learning Disabilities) will apply where applicable.	

MENTAL HEALTH	Existing policies and toolkits will be applicable for this service	
SENSORY IMPAIRMENT	Patients with visual impairments will be offered more extensive verbal discussions and information supply to ensure understanding	
PHYSICAL DISABILITY	None proposed. All areas involved in the delivery of patient services are wheelchair accessible.	
RACE	None proposed	
ETHNICITY	None proposed	
CULTURE/ CULTURAL TRADITIONS	None proposed	
RELIGION/ SPIRITUAL BELIEFS	None proposed	
SEXUAL ORIENTATION	None proposed.	
OTHER		