

NHS Cornwall and Isles of Scilly wanted to review the provision of TIA clinics in Cornwall and Scilly, and asked Selective Analytics to model a number of alternative arrangements. The project considered over 20 different arrangements against patient access and likely demand. Our results are helping the NHS provide a good patient service in an efficient manner.

“We are very pleased and impressed with the thoroughness and level of detail of this work, which is helping us shape the future of our TIA service provision.”

Peter Curnow
Associate Director of Commissioning
NHS Cornwall and Isles of Scilly

Examples of items produced during this project
GeoMap (left) of patient activity. Graph (right) comparing the effect of different options on patient access times.



Stages in the project

- We were asked to model the effect of two different arrangements of clinics for both high and low risk TIA patients.
- We compared each arrangement with others in its group and with the current service. This generated over 20 options.
- The top five arrangements showed an improvements in access time if patients could be scheduled to local clinics.
- Our team shared our analysis with the stoke team so that they could identify the best proposal to take to the next stage.

The Client’s requirements

NHS Cornwall and Isles of Scilly was reviewing the provision of stroke services, especially their TIA (Transient Ischaemic Attack) clinics. Selective Analytics was asked to analyse the current arrangement and model some different arrangements which might improve the service.

The current scheme has TIA clinics rotating around different locations each weekday, with a central location at the weekend. While this seems like a ‘fair’ approach there was a need to check mathematically that this was indeed fair, and how other arrangements more suited to clinical provision would impact patient access.

We modelled twenty five different combinations of low and high risk clinics and ranked them against the effect on patient access times. We also compared them with the current arrangement to highlight the effect of any change.

Finally we discussed the findings of the modelling with the stoke team. This showed that there was no single ‘right answer’ but that a number of arrangements produced good patient access. The team could then select one of these combinations that worked with their clinical and staffing capabilities.

The benefits to the client

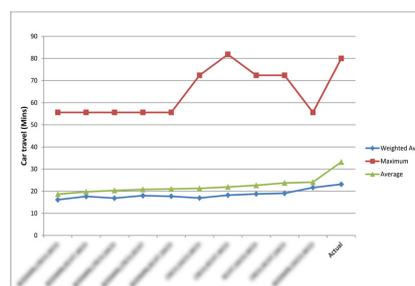
The analysis and modelling produced a range of detailed information on TIA clinic attendance, both on the trends and possible options. This allowed the stroke team to evaluate the possible effect of new arrangements on patient access before deciding on any change.

In addition the analysis was independent and mathematically-based. In addition, because our modelling uses a ranking system it still allowed local factors, such as equipment or staff availability, to be brought in to make the final selection.

The actions taken

The first stage was to analyse the current situation against the different stroke risk factors. This showed some interesting trends in the data, such as a growth in high-risk referrals that had to be seen within 24 hours. This was useful for long-term capacity planning.

NHS Cornwall and Isles of Scilly asked us to model two new arrangements, i.e. using two or three weekday clinic locations instead of the five currently employed.



Would you like us to help you with a healthcare situation that involves geographic location, patient activity or capacity planning?

Contact us today for a free, no-obligation meeting to discuss your specific requirements.