

RE: Transient ischaemic attack referrals at University Hospital Birmingham

Dear Principal,

With the publication of the NICE guidelines in 2008 we are modifying existing pathways to accommodate the new recommendations around TIA assessments. The recommendation has been that the ABCD² score is adopted for risk stratification and that high risk patients – i.e. those with a score of 4 or more should ideally be seen and assessed within 24 hours. Lower risk ones or those that have waited a week to attend your surgeries can be seen within 7 days.

This is a very ambitious target and by necessity some patients may still need referring into hospital for admission or will wait longer, especially at the weekend. But I am pleased to say we have an increased capacity to see these patients during the working week in outpatients. From the **9th February** we will have a daily TIA clinic accessible through a single fax number which can be used to send the TIA referral form. The TIA referral form will shortly appear on your section on the Hospital Intranet and I have enclosed a copy complete with the fax number.

Our wish, not promise, is to try and see patients the next day (or even the same day) who are high risk where they can have an assessment by a stroke specialist and if indicated a carotid Doppler. There is little role for routine CT in clear TIA patients as I am sure you are aware.

If I could just make a couple of pleas;

We have around 14 TIA slots a week which is over three times more than the number of TIAs one should expect in South Birmingham. If you could restrict your referrals to those patients with a clinical likelihood of TIA (i.e. hemi-weakness / dysphasia/ amaurosis fugax) it would be much appreciated.

Also, please include a daytime contact number for the patients and I would recommend that you advise them to commence 300mg aspirin and that they should expect a clinic appointment in the next week or *perhaps* much sooner.

I am happy to be contacted for questions or queries about this matter. As an aside Stroke Thrombolysis will be live 24 hours a day from the same date. If anyone patients contact you with persistent new focal neurology please consider blue-lighting them into UHB.

Kind regards,

Don Sims
Consultant Geriatrician and Stroke Physician