

Dizziness Clinic : Dr Roberts Stuart Road Surgery

The aim of this work is to test a primary -care centred approach to dizziness that will confirm, or reject a neuro-vestibular cause to an individual's symptom of dizziness.

Aim

The work will use the "video goggles" system which monitors and records a patient's eyes, whilst a series of physical task are performed. Following this the performing practitioner (or other) can observe the recorded footage to detect whether there's an uncontrolled movements of the eye.

How it will work?

We have estimated the potential number of patients who may be referred to this service but obviously the pilot will help us to determine real numbers. We will be keeping a close eye on this and if we find referrals outstrip planned demand we will look to take measures to bring this under control.

The [accompanying diagram](#) provides an overall outline of the work and details the criteria for a referral to the St Thomas Road Surgery, and an outline of what can be expected from them

Who is the pilot suitable for?

New patients presenting with dizziness symptoms as per the attached diagram.

Existing patients that have had no definitive diagnosis and have been prescribed betahistine (Serc), prochlorperazine (Stemetil) and cinnarazine (Stugeron) for periods longer than two weeks.

How can I refer a patient?

A referral can be made by phone or letter to St Thomas Road Surgery. An appointment will be made for the patient, with St Thomas Road Surgery informing the patient of their appointment. The test will then be performed. Following this there are three possible options;

1. The individual has a neuro-vestibular cause to their dizziness and will be treated initially by the St Thomas Road Surgery. Information on this and a treatment plan will be sent to their GP.
2. A second opinion is required, with the St Thomas Road Surgery sending the video footage (via security link) to Dr Mark Lewis (Consultant Neurologist) to view. The St Thomas Road Surgery then receives his opinion and either provides initial treatment, or not. Information on this is sent to the patient's GP.
3. A neuro-vestibular cause is not present, with information to this effect sent to the patient's GP.

More Info

This pilot has been approved both clinically and financially. The former has been via the Wakefield District Clinical Management Committee. The latter has been via the NHS Wakefield District Directors of Strategy, Commissioning and Finance. The pilot will be funded on an activity basis by NHS Wakefield District. Following the pilot discussions will be held with clinical commissioners on the potential both to continue this and to expand it.

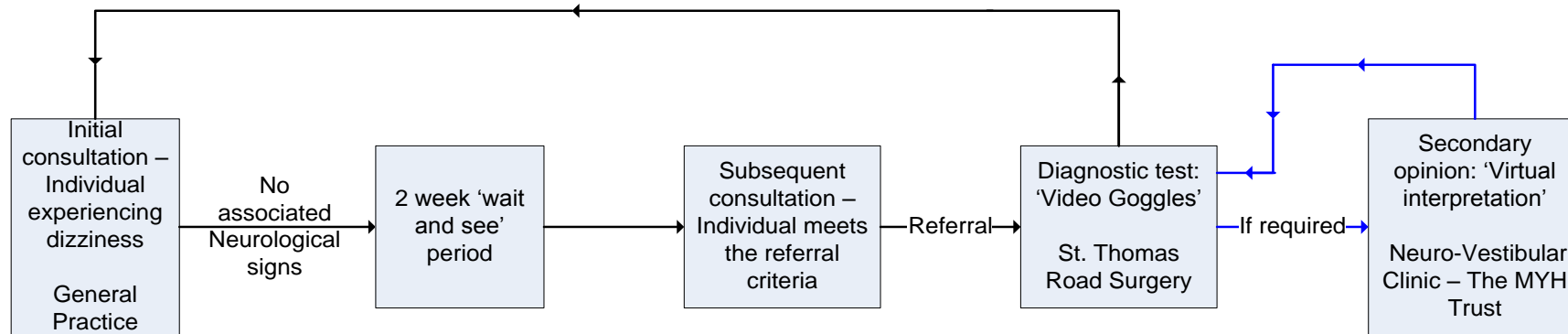
Contact details

NHS Wakefield District Commissioning Lead, **Simon Rowe - 01924 317589** (direct line)

The MYH Trust Clinical Lead, **Dr Mark Lewis (Consultant Neurologist) - 01924 212365** (secretary)

The St Thomas Road Surgery Clinical Lead, **Dr David Roberts- 0844 4773482** (practice)

The Set Care Approach for the Six-Month Dizziness Pilot – January 2011



Referral criteria

- 1) Patient describing rotatory or spinning symptoms, rather than feeling light-headed
- 2) Persistent or recurrent dizziness/vertigo for more than 2 weeks
- 3) No associated aural symptoms or signs
- 4) No associated neurological signs