

Flash report – Final Draft

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Cardiology Clinical Pathway Group highlight report – May 2013

Clinical Commissioning Lead: Dr John Womersley

Progress Chart for Key Deliverables (Key: Black – Time estimate, Green – On target, Amber – Slightly off target, Red – Seriously off target)

ID	TASKS	May				June				July				Aug				Sep			Comments	
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3		
1.	Improve PCI and Angiogram Pathways (Cardiac Sandwich)	[Black bar]																				
1.1	Review data analysis	Green																				
1.2	NDDH Clinical note audit – pre transfer pathway								Green	Green	Green											
1.3	Pathway consultation with patient representatives									Green	Green											
1.4	Specify required pathway (inc. transfer criteria)										Green	Green	Green									
1.5	Agree contractual mechanism													Green	Green							
1.6	Implement pathway																				Green	
2.	Improve Cardiac Arrhythmia Pathway	[Black bar]																				
2.1	Redesign Cardiac arrhythmia pathway	Green																				
2.2	Recruit arrhythmia nurse (NDDHT)				Green	Green																
2.3	Implement pathway									Green												
2.4	Communication of pathway changes at GP event																				Green	
2.5	6 and 12 month Evaluation of pathway change																					
3.	Improve Heart Failure Pathway	[Black bar]																				
3.1	Redesign Heart Failure Pathway	Green																				
3.2	Implement pathway including access criteria																				Green	
3.3	Communication of pathway changes at GP event																				Green	
4.	Develop patient self-management and self-care	[Black bar]																				
4.1	Identify actions required																				Green	
		[Black bar]																				

Activities – March-May

The Northern Devon Cardiology CPG met in May 2013. The North Devon Lead Commissioning Manager also attended the Eastern Locality Cardiology CPG in May.

- NDHT has recruited a cardiac arrhythmia nurse and a new cardiac arrhythmia pathway will shortly be implemented
- Breathlessness clinic being scoped with respiratory physicians
- Plan defined to work with patients to specify PCI/Angiogram pathway following consultation with patient representatives
- Heart Failure pathway to be implemented

Activities – June- August

- Cardiology pathways- Undertake clinical note audit of pre transfer period for 30 patients
- Collate comparative RDE and NDHT LOS data
- Convene patient pathway group
- Scope pathway tariff/lead provider arrangement
- Implement cardiac arrhythmia pathway and monitor outcomes
- Cardiology team to attend GP shutdown event to communicate pathway changes

Board decision or escalation required

There has been an invitation from the Eastern CPG, to join the northern and eastern CPGs together, with the eastern clinicians representing the consultant cardiologists. The view of Dr John Womersley, clinical commissioning lead is that there is a need for the locality to engage with clinicians on a local basis but there is an intention to provide cohesion and continuity between the two groups and across clinical pathways. The Northern Locality Clinical Commissioning Manager will provide a link in the first instance between the two groups from a commissioning perspective.

Risks and issues

Cardiac Arrhythmia

NDHT has recruited an additional cardiac arrhythmia nurse. There is a risk that the pathway change will not result in the required outcomes being delivered which include financial efficiencies due to a reduction in strokes and unnecessary consultant outpatient appointments.

PCI and Angiogram

It may not be possible to gain a shared agreement about the pathway for North Devon patients across the two providers or to negotiate alternative contractual arrangements if this is required.