

Cardiology Flash report

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Cardiology Clinical Pathway Group highlight report – September 2013

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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 | | | | | | | | | | | | | | | | | | | Amber | | |
| 3.3 | Communication of pathway changes at GP event | | | | | | | | | | | | | | | | | | | Amber | | |
| 4. | Develop patient self-management and self-care | [Black bar] | | | | | | | | | | | | | | | | | | | | |
| 4.1 | Identify actions required | | | | | | | | | | | | | | | | | | | Green | | |
| | | [Black bar] | | | | | | | | | | | | | | | | | | | | |

Activities – June- August 13.

- The cardiac arrhythmia nurse is in post and is undertaking a period of skills and service development. Monitoring of QIPP scheme has been agreed from Jan 2014
- Breathlessness clinic pending discussion through JTWG
- Following clinical audit of patients staying longer than 48hours at NDHT prior to angiogram and PCI, a system has been commenced of immediate referral from MAU. This should minimise any non-clinical delays other than a small number related to the absence of 7 day consultant cover
- Heart Failure pathway to be implemented. Cardiologists to attend the January shut down event to communicate with GPS.
- Self-management is felt to be built into existing pathways particularly the monitoring of weight gain in heart failure

Activities – Sep-Nov 13

- There is evidence of pathway improvements in transfer and discharge of PCI and angiogram patients who are admitted to NDHT first. It was therefore agreed that a discussion should take place as part of 14/15 contract negotiation process to scope whether alternative contracting models would release funds for reinvestment in services.
- The cardiology CPG have identified a further project for scoping – near patient Troponin testing which may increase the number of patients conveyed directly to RDE who require and angiogram of PCI. Scoping to be completed by January 2014 for potential implementation of a pilot by April 2014.
- A decision will be required as to whether there is a workplan for the Cardiology CCG next year

Board decision or escalation required

None

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

Providers may not agree to a change in the contractual mechanism for these pathways. The new specialised commissioning specification for primary care may result in more patients currently discharged directly home from RDE being transferred back to NDHT. This will need to be reviewed as part of the the review of specialised commissioning specifications process.