

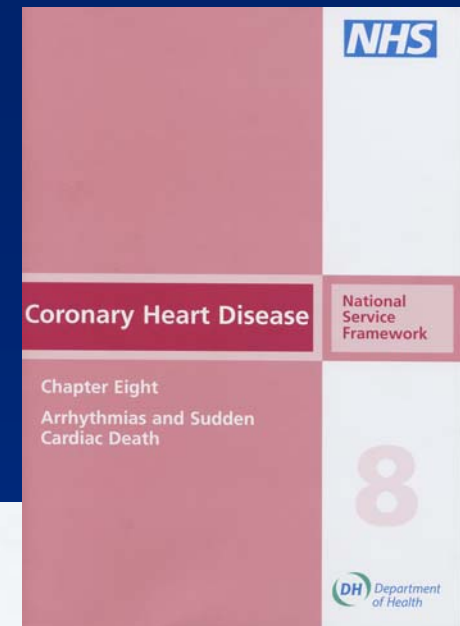
Implementing NSF Chapter 8

The National Perspective

NW London Cardiac Network Jan 2007

Section 2

Quality requirements



The quality requirements

12. The quality requirements set out in this chapter are:

Quality requirement one: Patient Support

People with arrhythmias receive timely and high quality support and information, based on an assessment of their needs.

Quality requirement two: Diagnosis and Treatment

People presenting with arrhythmias, in both emergency and elective settings, receive timely assessment by an appropriate clinician to ensure accurate diagnosis and effective treatment and rehabilitation.

Quality requirement three: Sudden Cardiac Death

When sudden cardiac death occurs, NHS services have systems in place to identify family members at risk and provide personally tailored, sensitive and expert support, diagnosis, treatment, information and advice to close relatives.

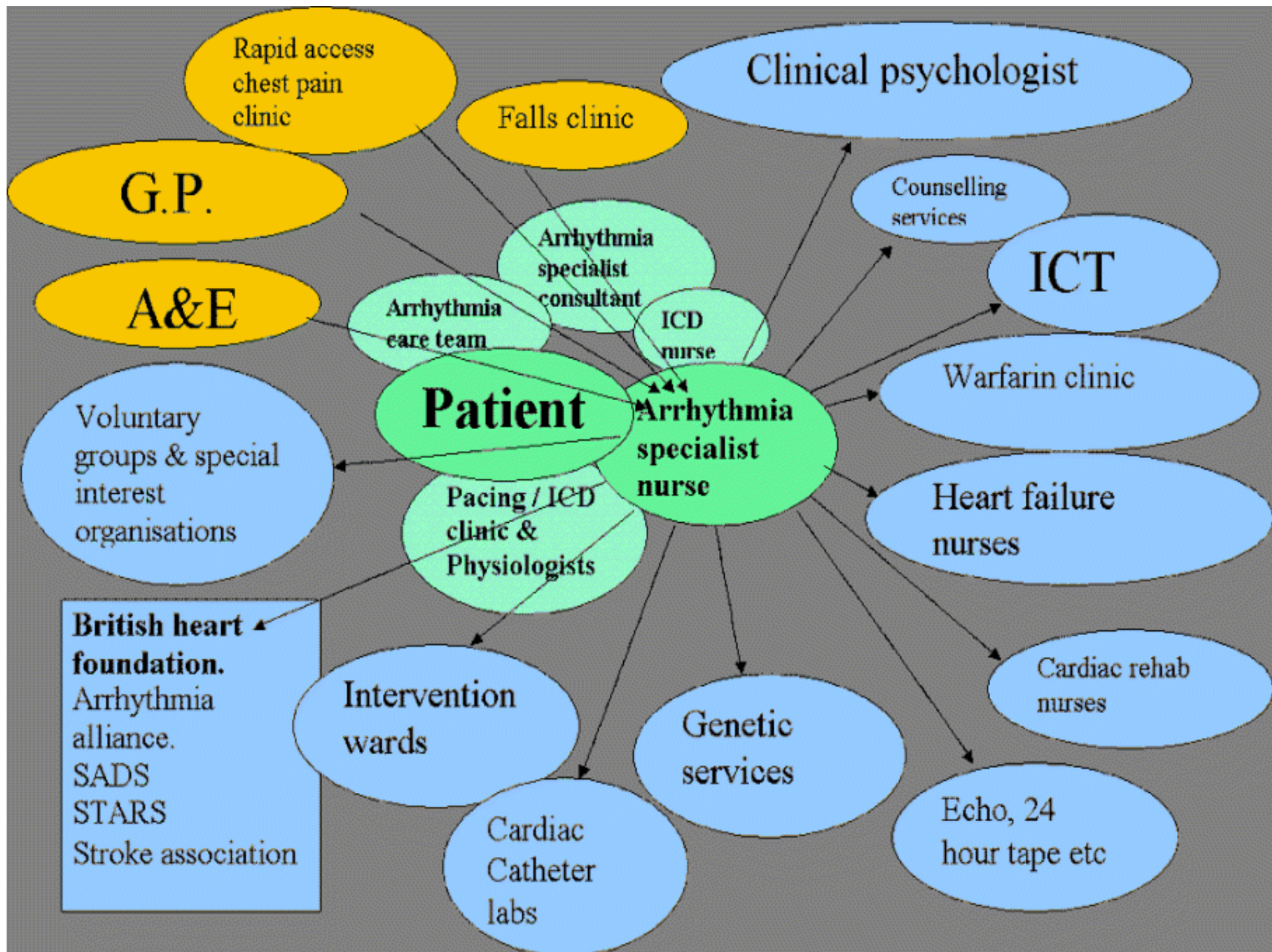
Quality requirement 1

Patient support

BHF Arrhythmia Care Co-ordinators



- The arrhythmia care coordinator posts will be pump primed for 3 yrs
- Total number of nurses 32 – 28 already recruited
- “Adoption” of other existing nurses
- External evaluation of the project by York University, funded by BHF
- Cardiologists based in the project sites to provide medical supervision and support with teaching sessions on the course



Accessible Point of Contact for Patients

- You've come to the right place.
- This is what you need to do.
- This is what we can do.
- These are the options.
- How do you want to tackle this ?
- What else can we do to help you?



Dorset and Somerset Cardiac Network PPI focus group - Jan 2007

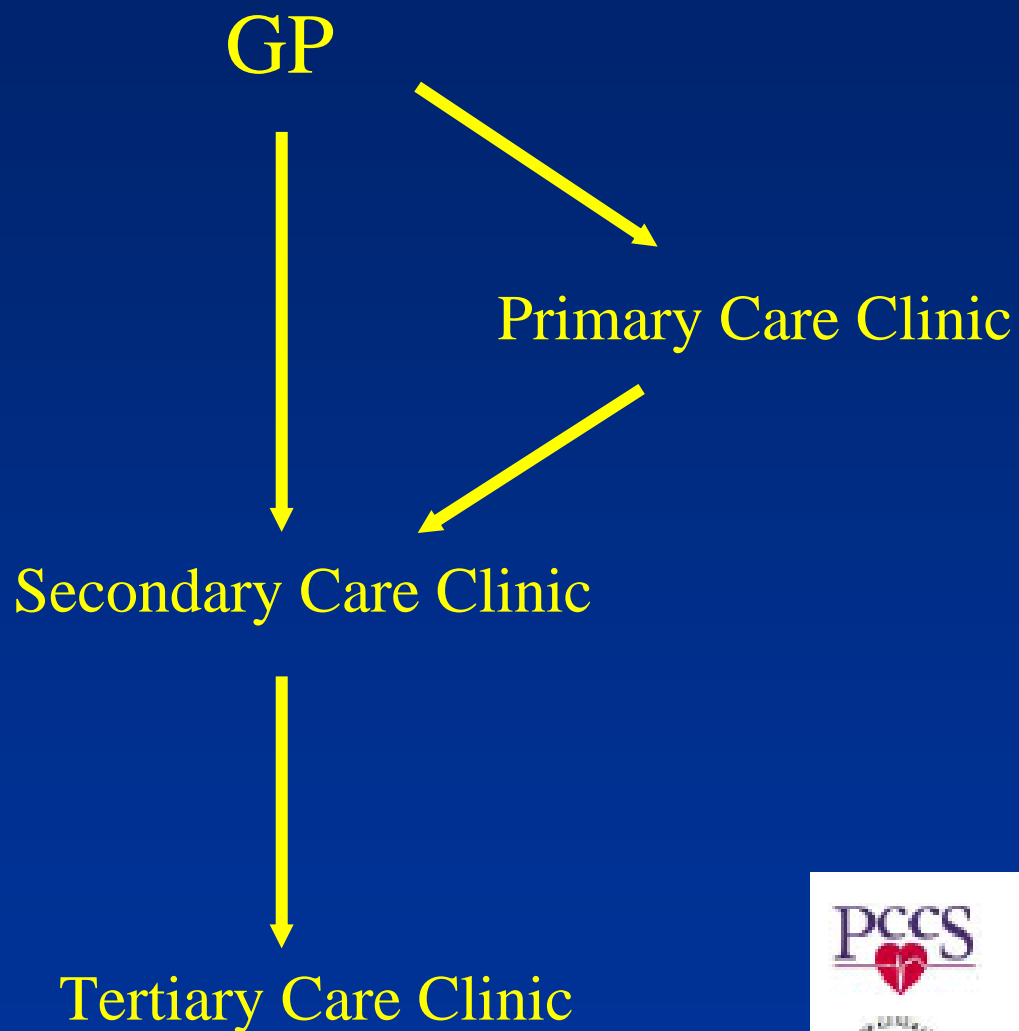
- Difficulties of diagnosis
- Importance of timely and effective information
- Value of ongoing and accessible support

Quality requirement 2

Diagnosis and treatment

Secondary care dedicated arrhythmia clinics

- Growing in number
- AF clinics
- Syncope triage clinics
- Rapid access
- One stop



Heart Improvement Programme

A skills-based operational framework for Practitioners with a Special Interest in Cardiology

Report of a multidisciplinary working party convened by the NHS Heart Improvement Programme and endorsed by the Royal College of General Practitioners, Royal College of Physicians, Royal College of Nursing, British Cardiovascular Society, Primary Care Cardiovascular Society, the Heart Team, and the Skills for Health unit of the Department of Health.

January 2007



Primary Care arrhythmia clinics Bradford

- Community arrhythmia clinic
- Community service for 24h ECG
- Syncope triage service about to start
- 2 GPSI already operating
 - 3 more trained and wishing to set up clinics
 - 2 other GPs asking to train

Matthew.fay@bradford.nhs.uk

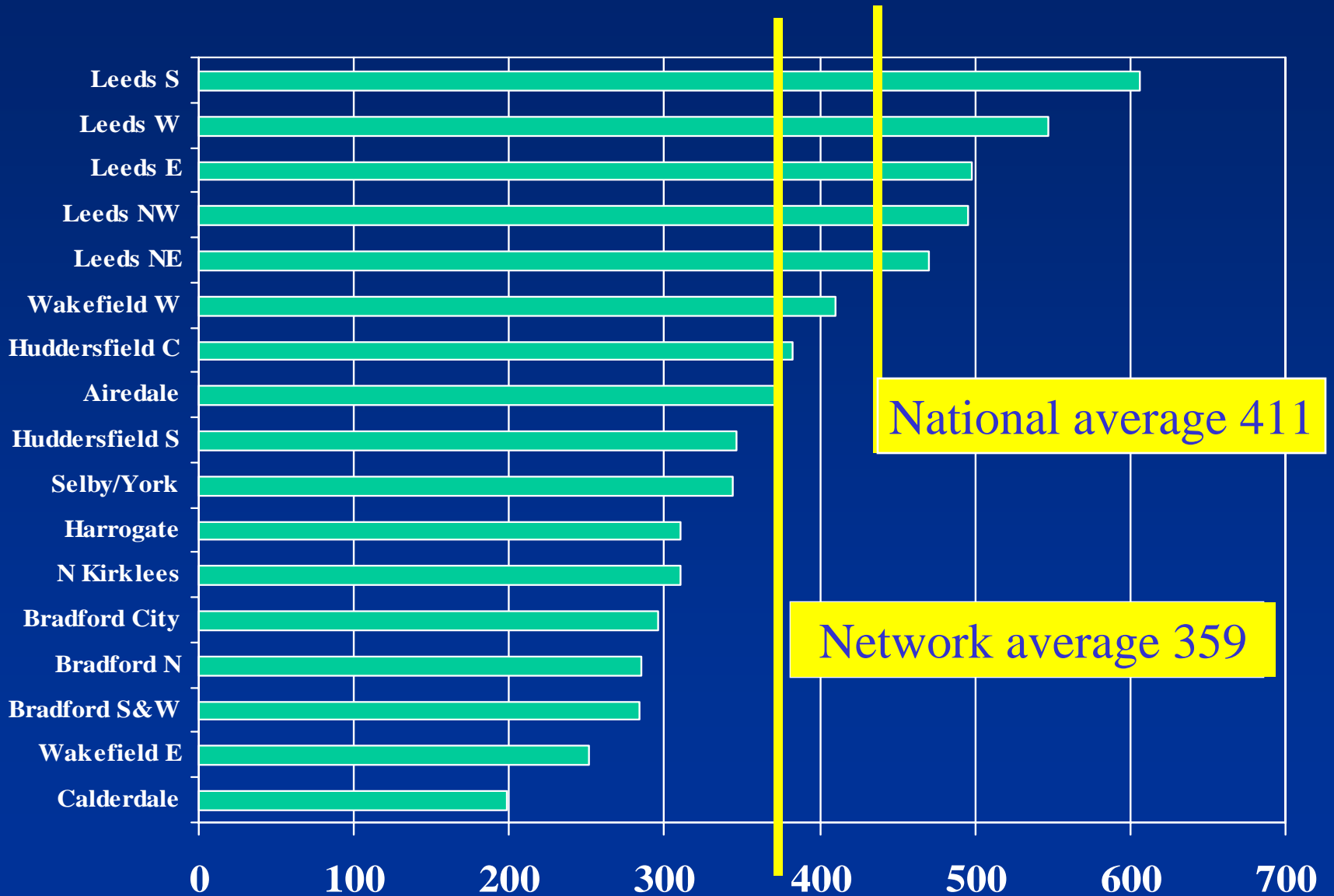
Community 24 h ECG service

- Recorders applied in general practice
- Recordings transferred over the internet to be analysed centrally – BRI
- Secondary care have the authority to take over patients with any arrhythmia which gives cause for concern or requires further investigation

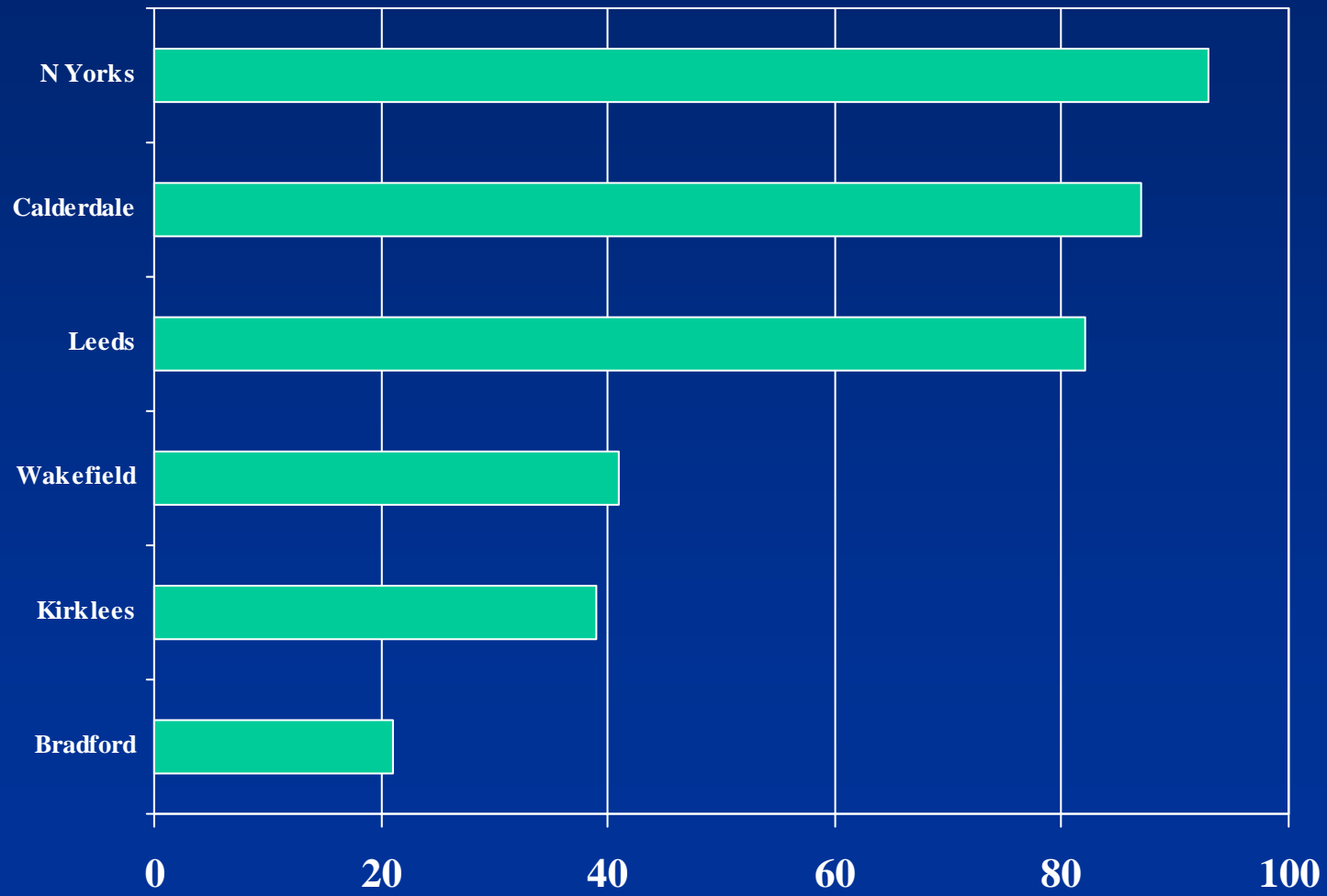
Problems in primary care engagement

- PCT reorganisation
 - Preoccupied with “bigger” issues
 - Concern for jobs
 - No one in a position to take decisions
- Financial stringencies

Pacing rate / million – Age corrected



Ablation rate / million – WYCN



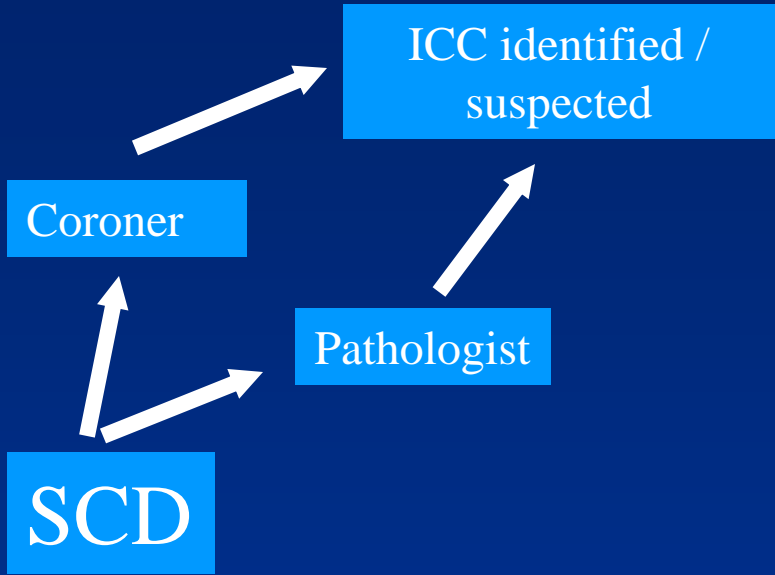
Ablation Tariffs

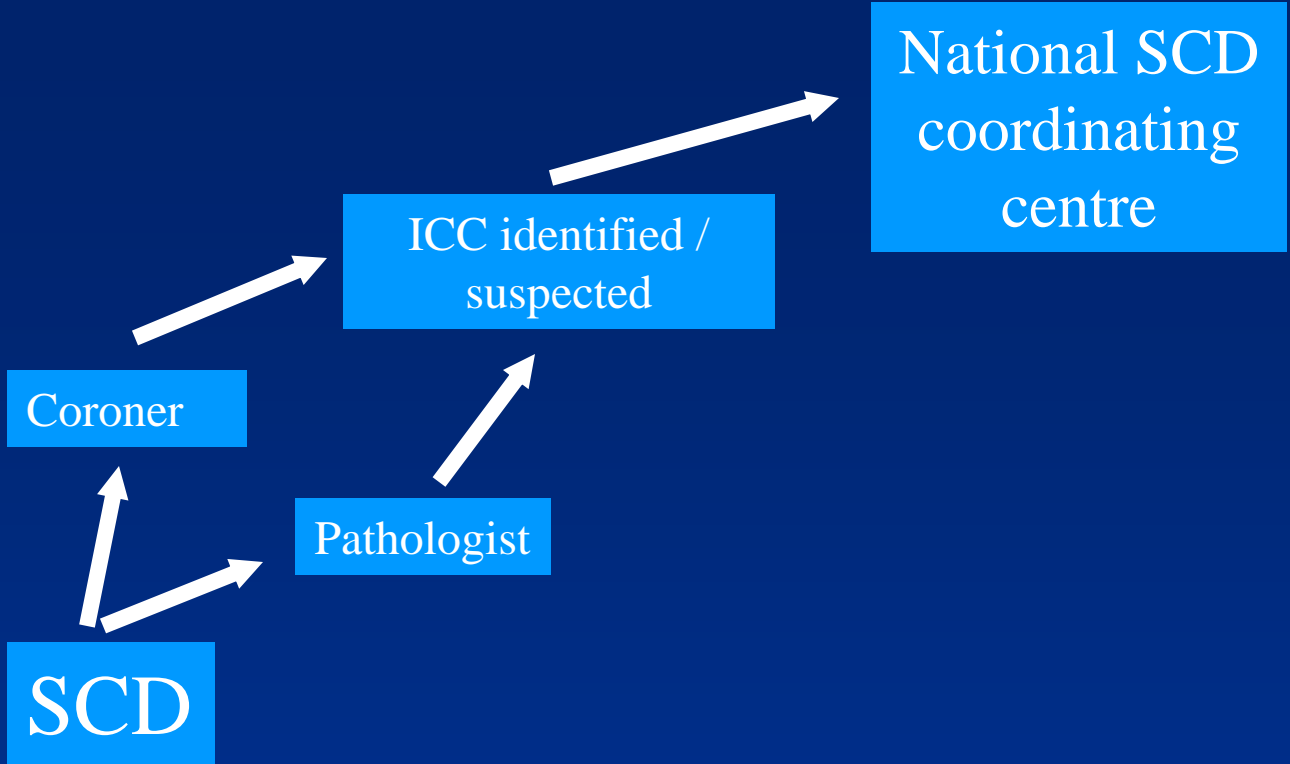
| Procedure | Average Cost | 2005/2006 Recoverable Cost | 2005/2006 % Recoverable | 2006/2007 Recoverable Cost | 2006/2007 % Recoverable |
|------------|--------------|----------------------------|-------------------------|----------------------------|-------------------------|
| SVT | 3039 | 2825 | 93 % | 2577 | 85 % |
| A Flutter | 3416 | 2825 | 83 % | 2577 | 76 % |
| A Fib | 7332 | 2825 | 39 % | Tariff + exclusion | 100 % |
| Complex VT | 6993 | 2825 | 40 % | Tariff + exclusion | 100 % |

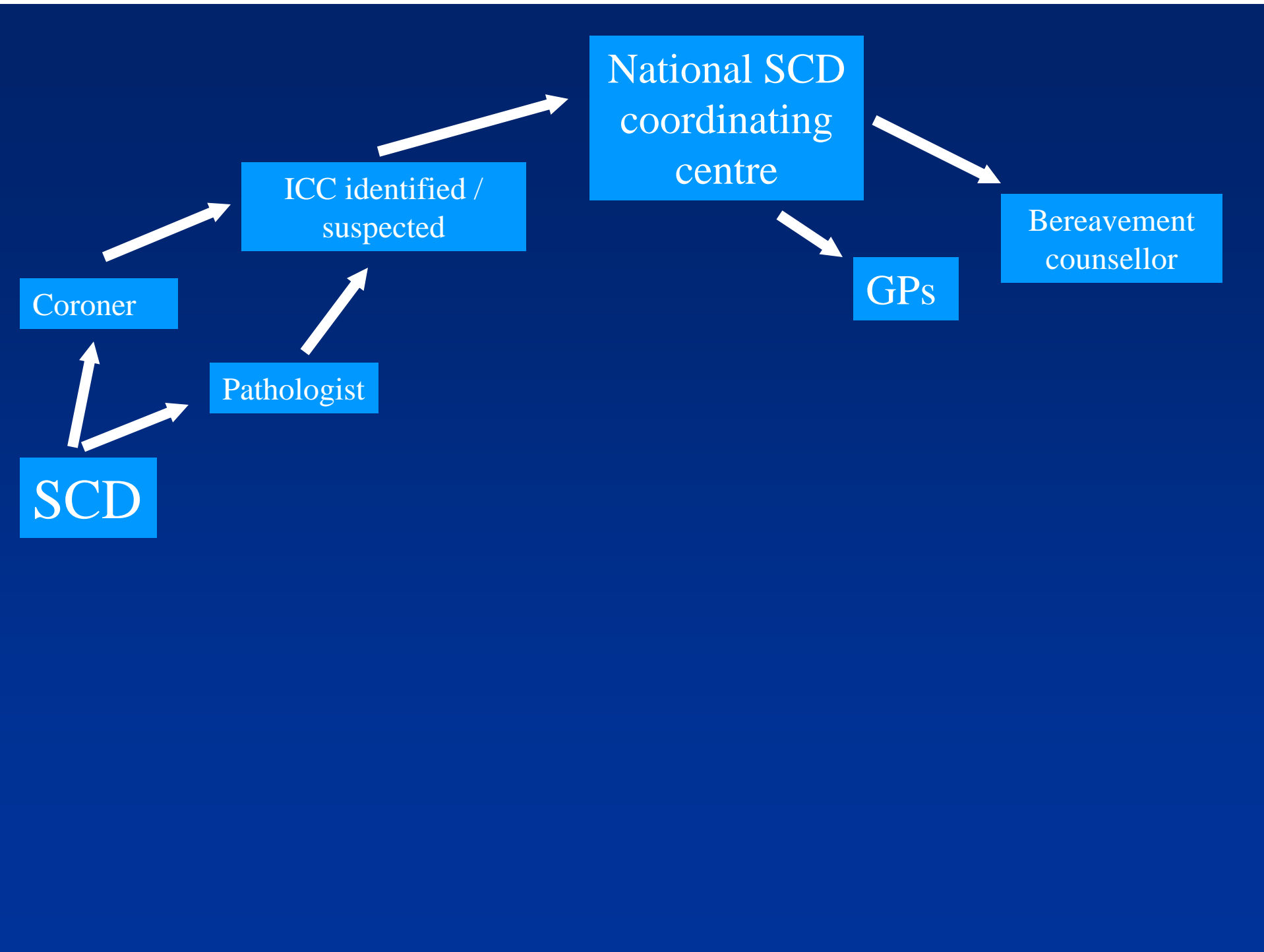
Quality requirement 3

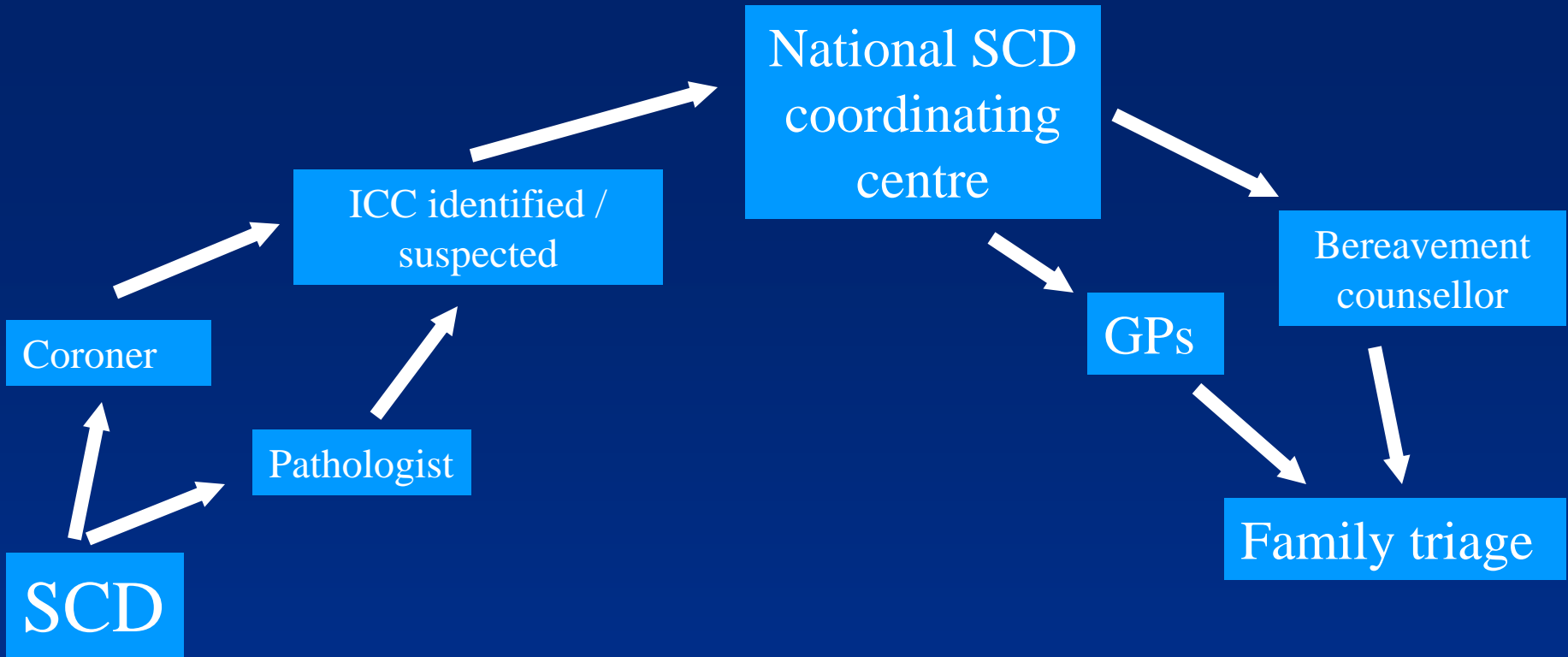
Sudden cardiac death

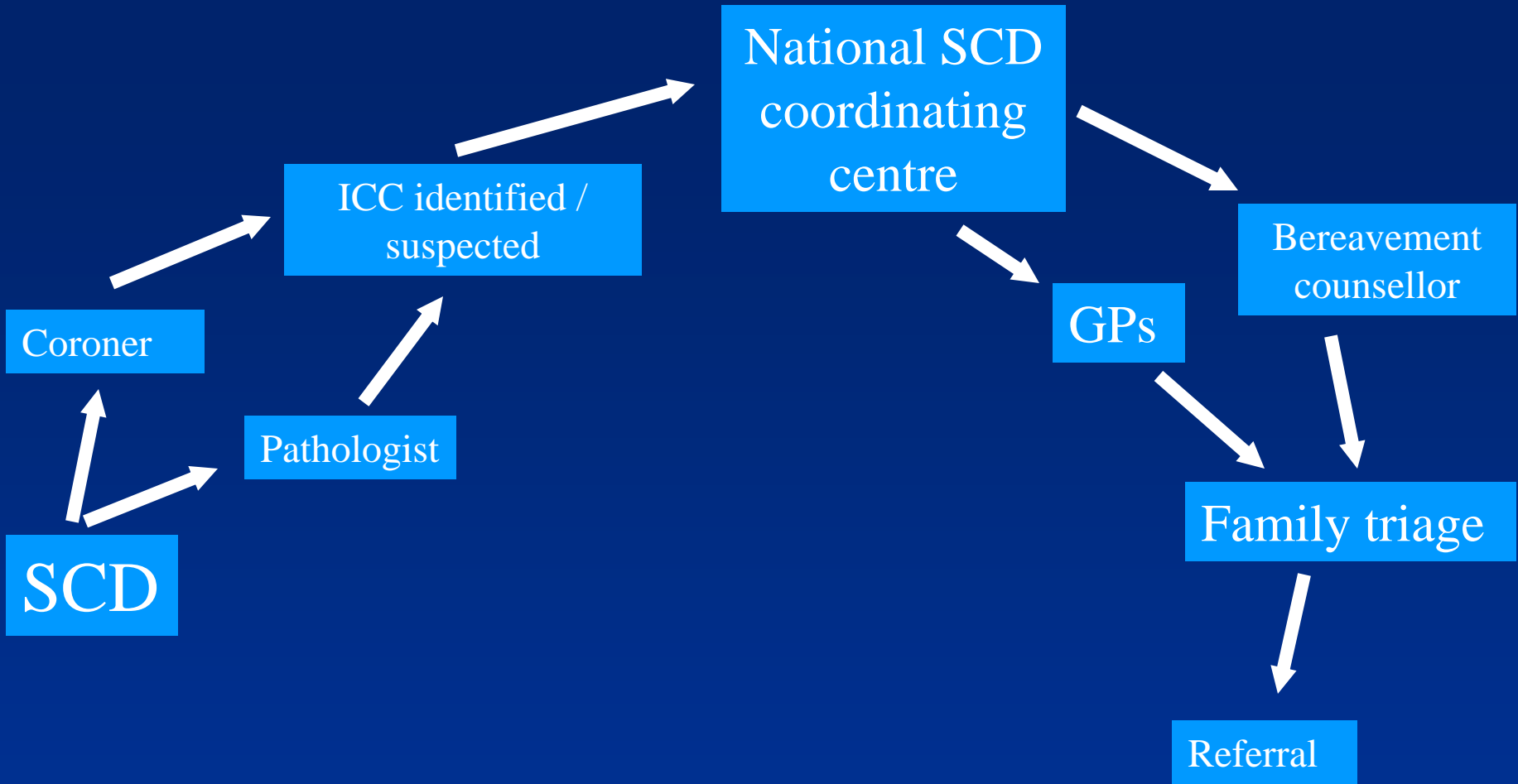
SCD

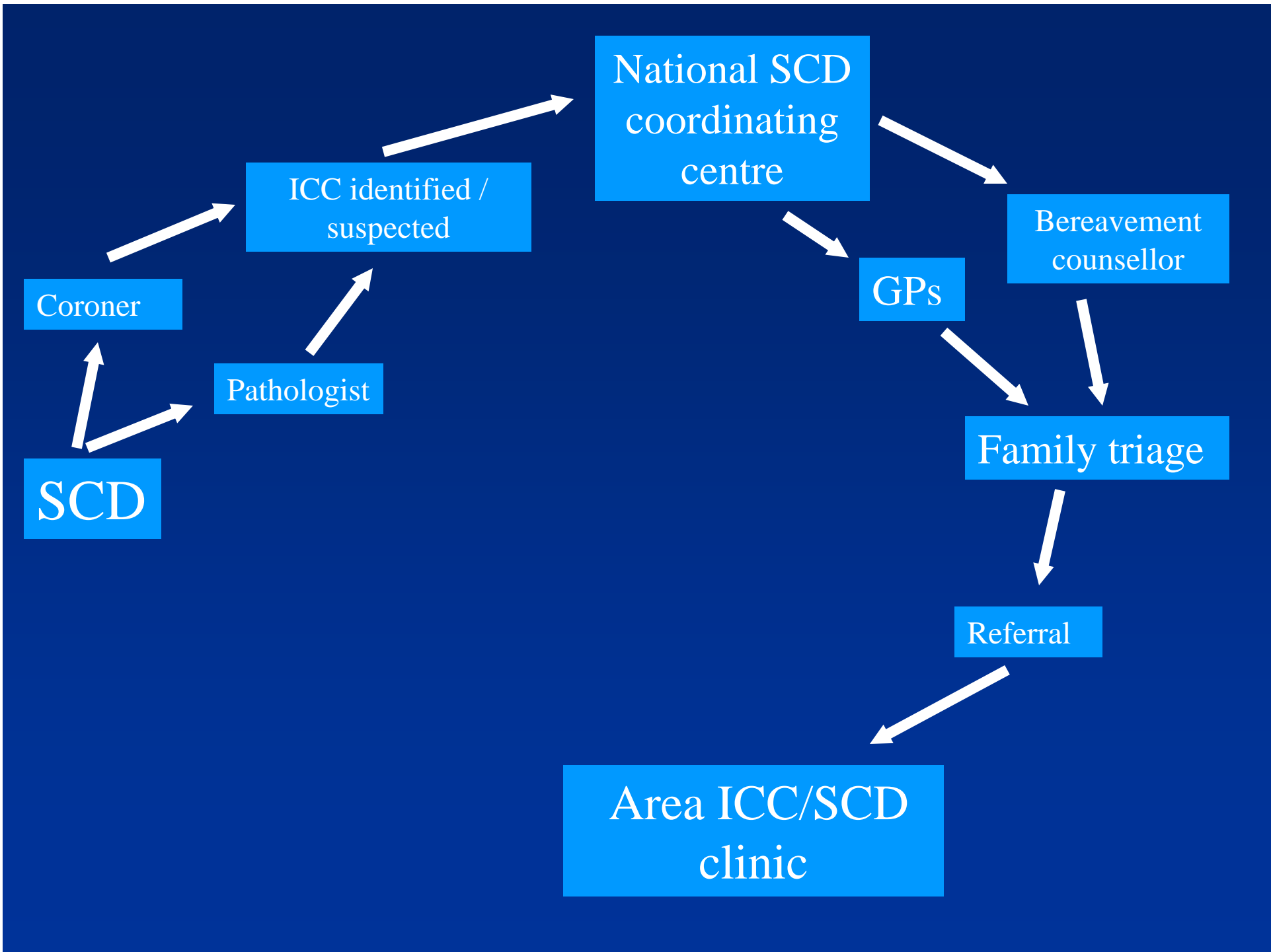


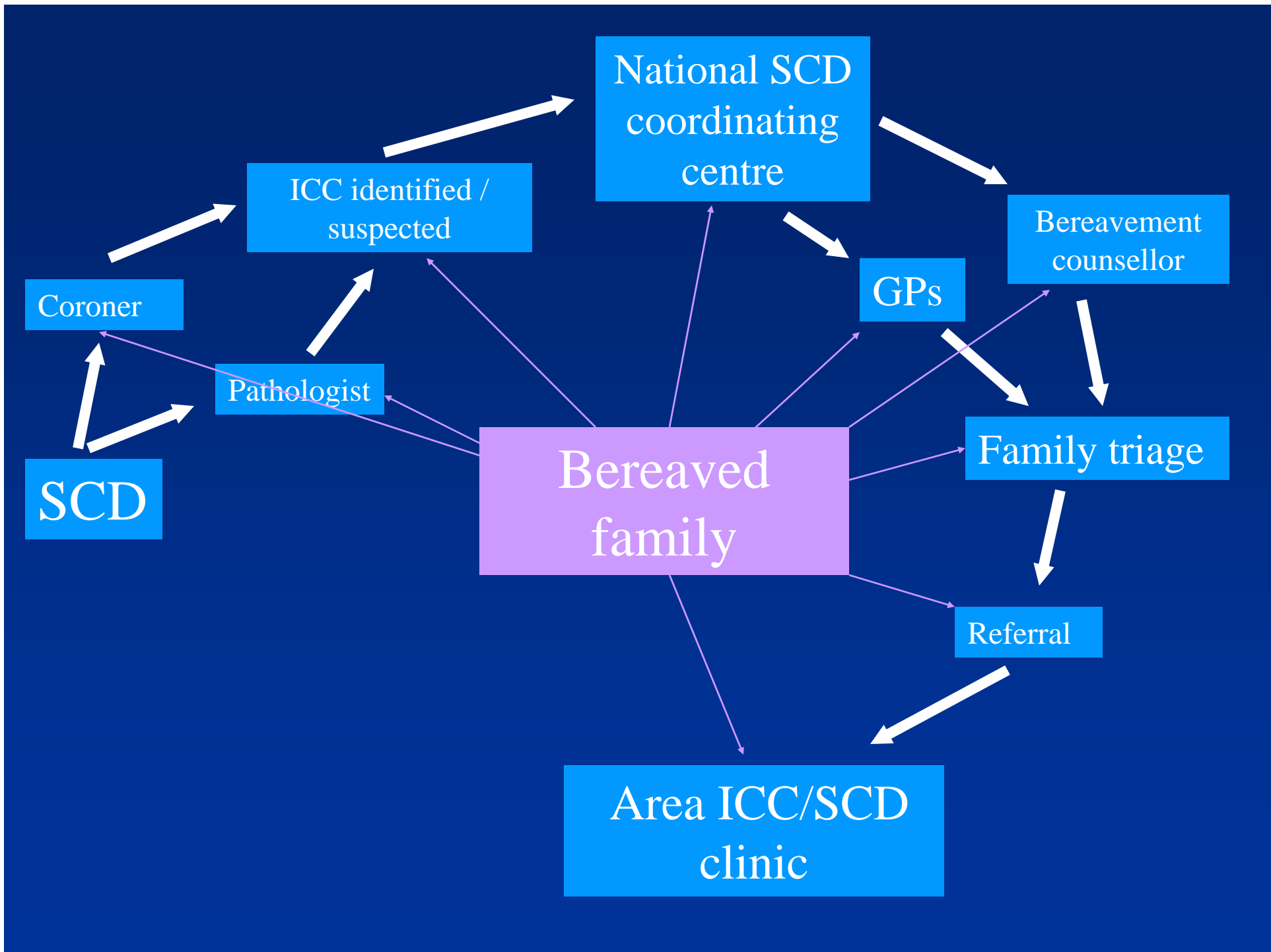


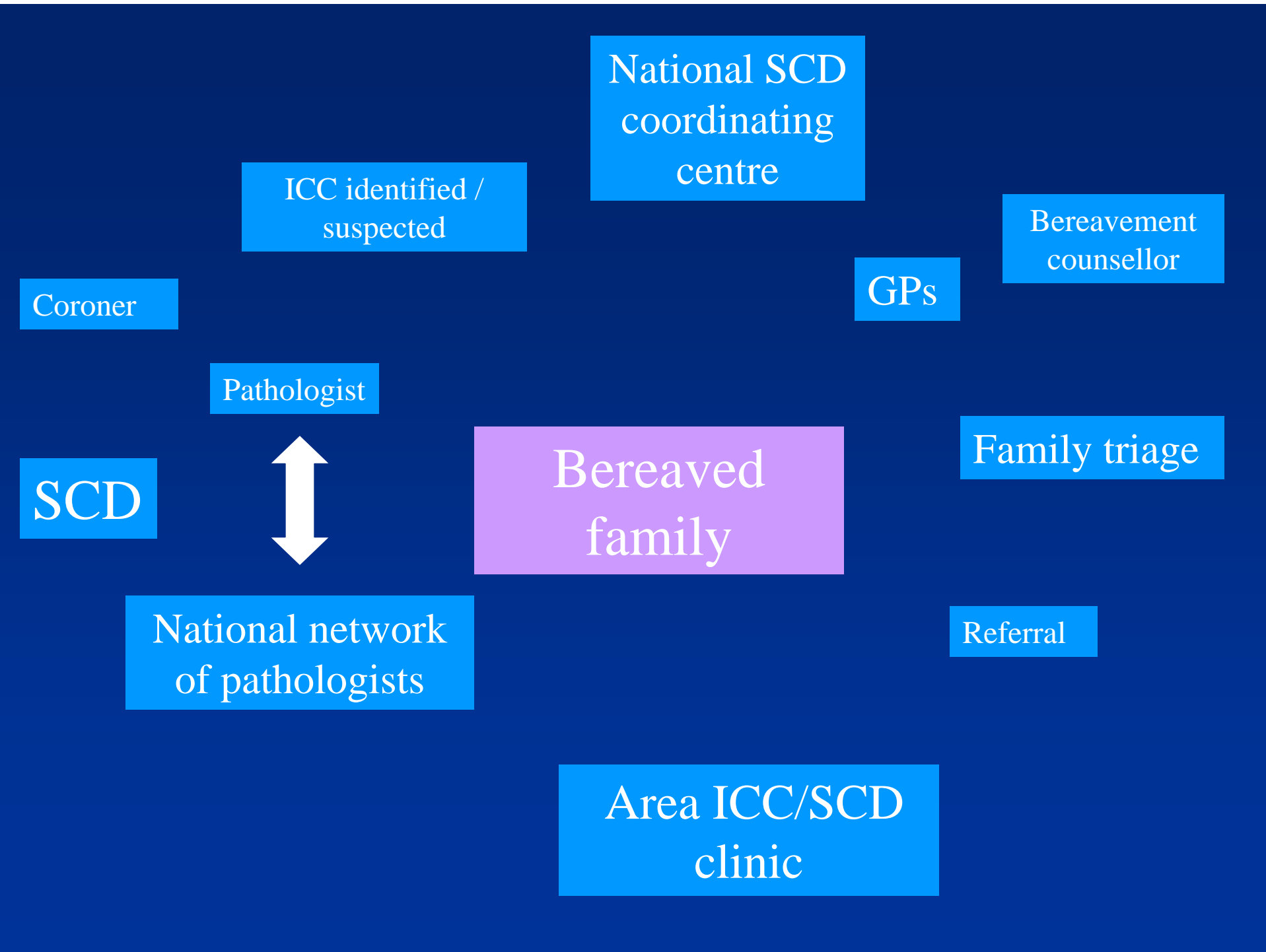












National SCD
coordinating
centre

ICC identified /
suspected

Bereavement
counsellor

Coroner

GPs

Pathologist

Family triage

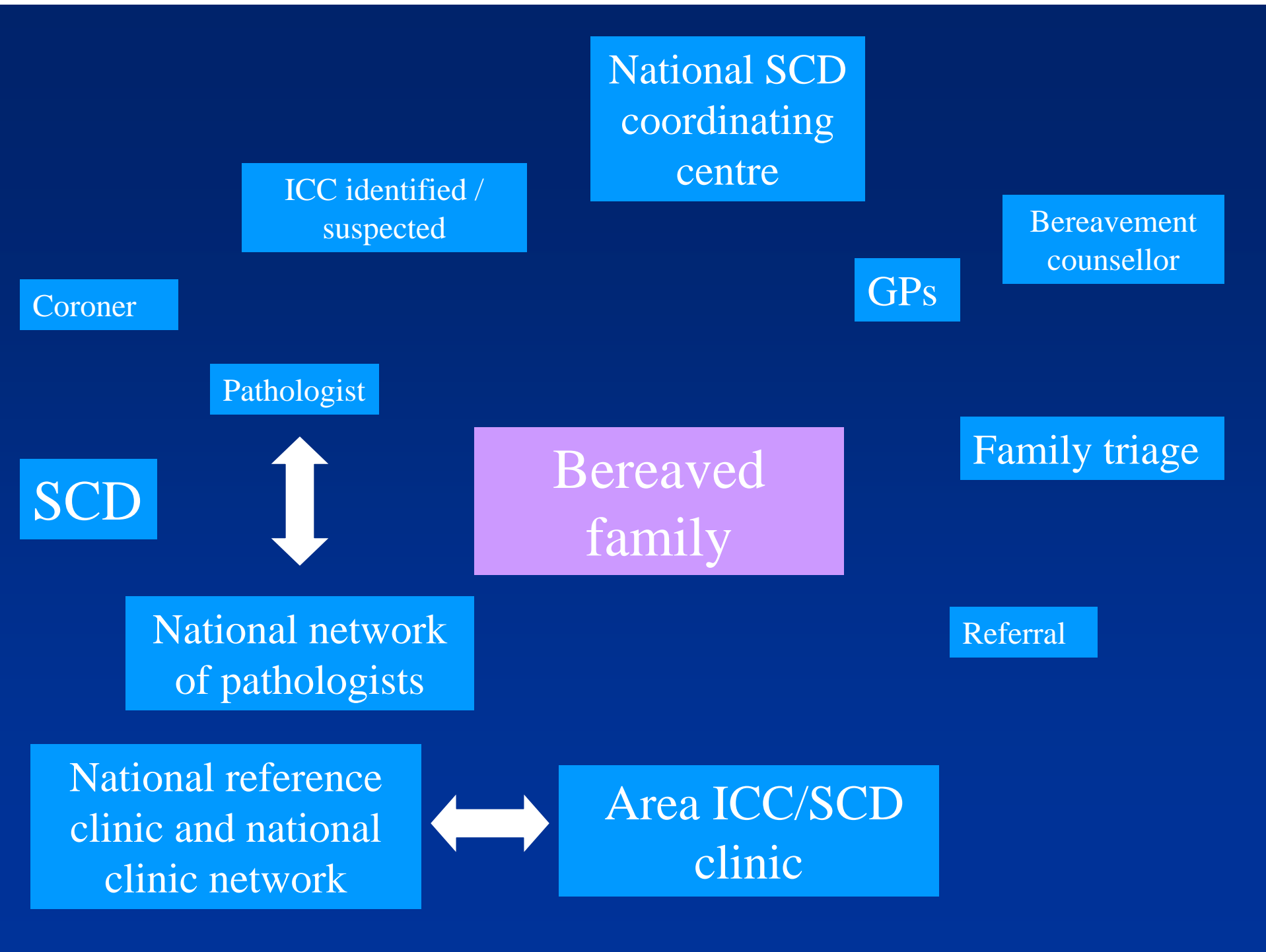
SCD

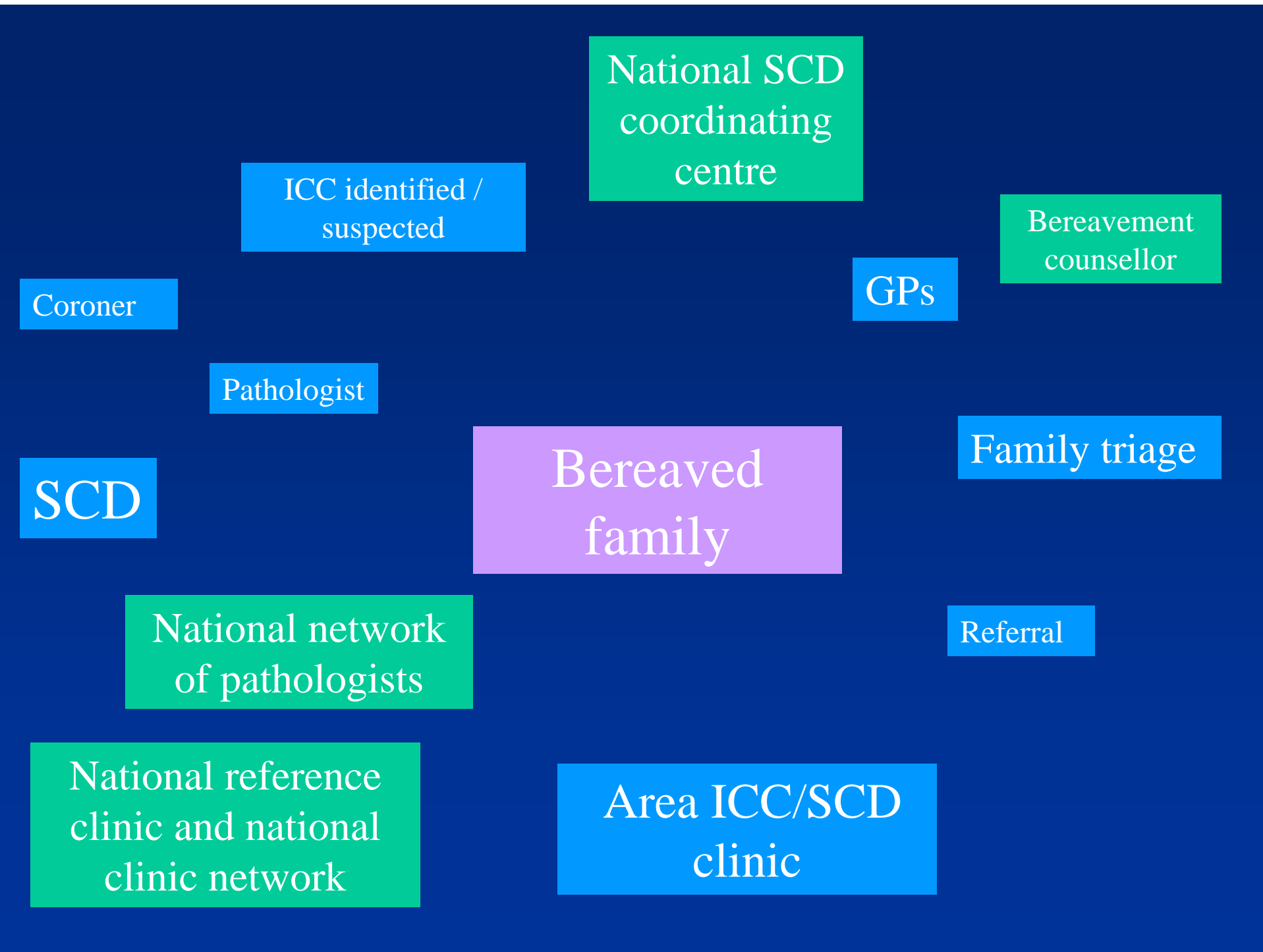
Bereaved
family

National network
of pathologists

Referral

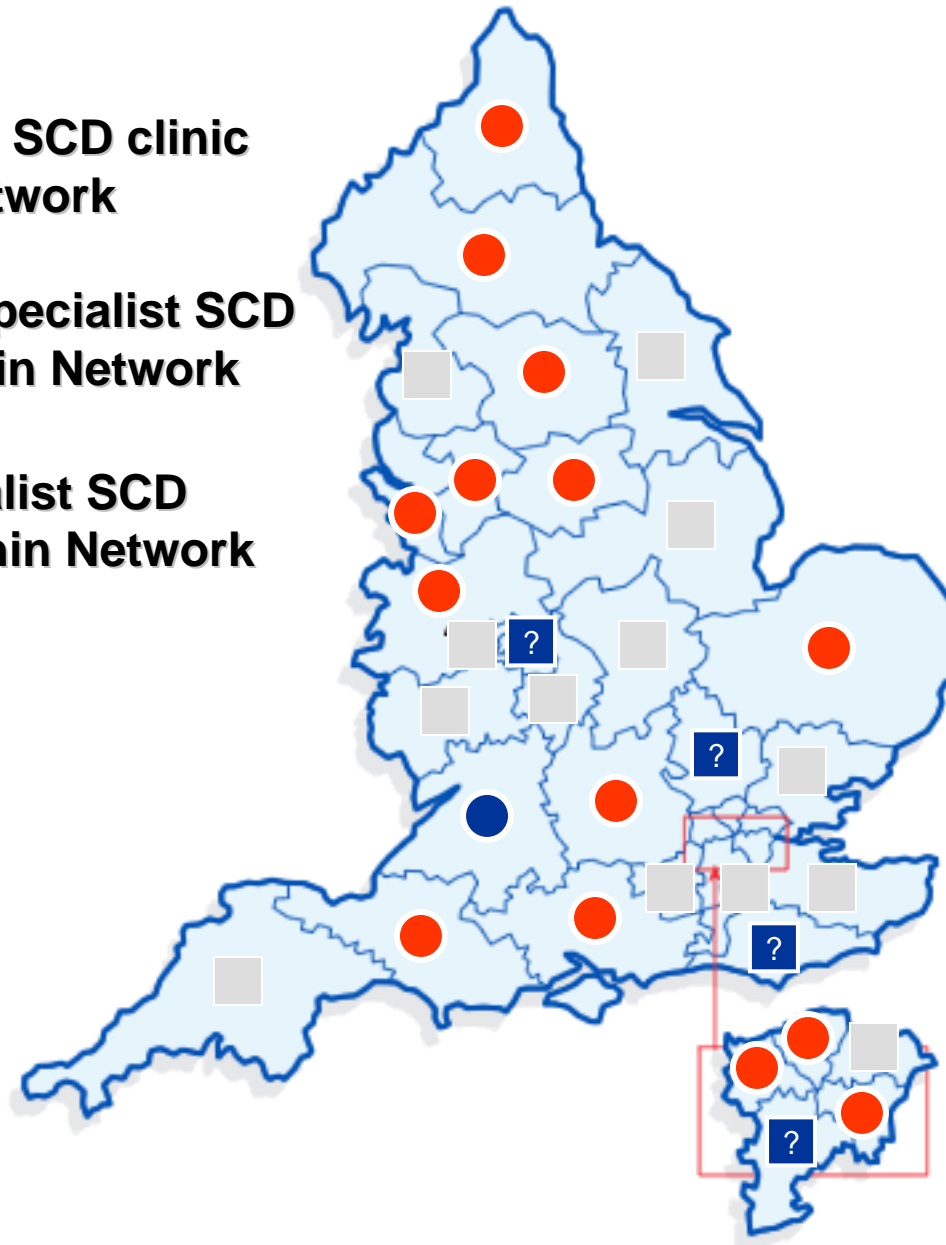
Area ICC/SCD
clinic





Current provision of specialist SCD clinics

- Specialist SCD clinic within Network
- Planned specialist SCD clinic within Network
- No specialist SCD clinic within Network
- ? No data



Heart Improvement
Programme Dec 2006

Requirements for SCD / hereditary cardiac disease clinic

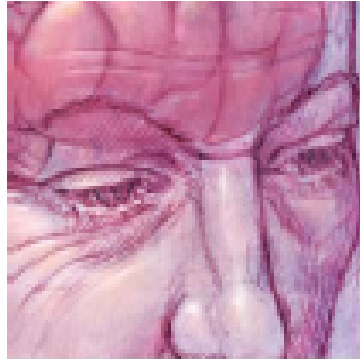
- Links to coroner / pathologist
- Bereavement counselling
- Adult cardiology input
 - knowledge of muscle disorders
 - knowledge of “channelopathies”
- Paediatric cardiology input
- Genetics input
 - genetics counselling
 - genetics testing

Key challenges

- Primary care engagement

Key challenges

- Primary care engagement
 - Making more of QOF AF information



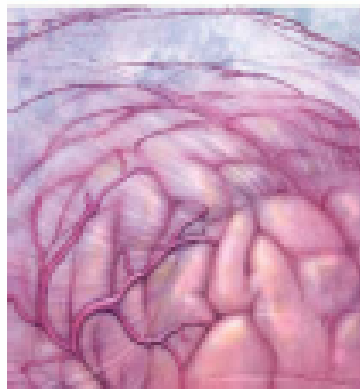
Joining Forces to Deliver Improved Stroke Care

19 OCTOBER 2006

THE QUEEN ELIZABETH II CONFERENCE CENTRE
LONDON



The Way Ahead:
responding to the NAO and Public
Accounts Committee findings

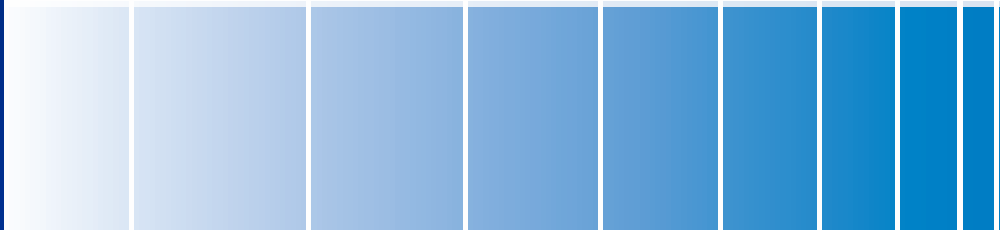


Professor Roger Boyle CBE
National Clinical Director for Stroke
Department of Health



National Audit Office

Improving Stroke Services: a guide for commissioners



Key challenges

- Primary care engagement
- Widening the program of arrhythmia coordinators

Key challenges


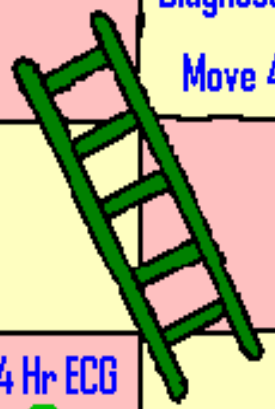


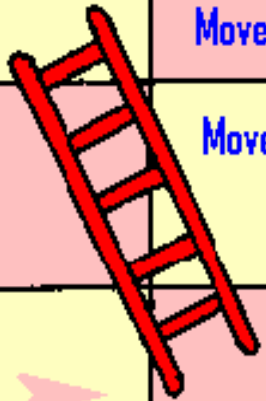





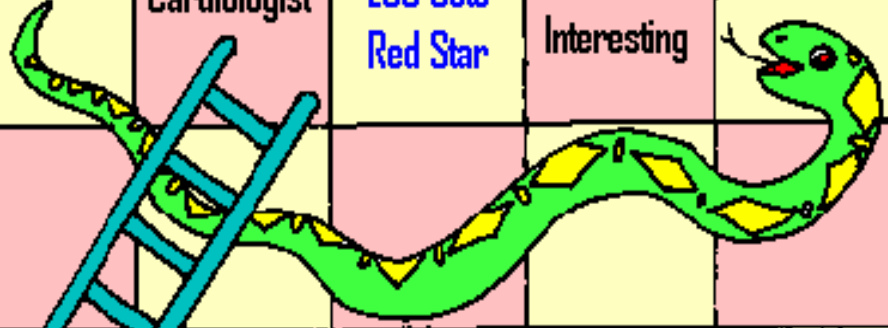

- Primary care engagement
- Widening the program of arrhythmia coordinators
- More dedicated arrhythmia clinics

Key challenges

- Primary care engagement
- Widening the program of arrhythmia coordinators
- More dedicated arrhythmia clinics
- Aggressively attack postcode issues

Key challenges

- Primary care engagement
- Widening the program of arrhythmia coordinators
- More dedicated arrhythmia clinics
- Aggressively attack postcode issues
- 18 week wait

| | | | | | | | | |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| | Goto ▲ Treatment | | Move 1 ▶ | Diagnosed Move 4 | | ▶ | | Treatment |
| ▶ | |  | |  | Go for ▶ | Don't Know ▲ Move Back 2 | |  |
| Cardiologist ★ | Move 3 ▶ | Move 3 | 24 Hr ECG ● Move 6 | Waited long enough! | Echo ▶ | | | ▶ |
|  |  | Move 3 | DNA Goto Start |  | Diagnostic Services |  |  | |
| Goto Yellow Circle | ▶ | | Back 3 | Cardiologist | ECG Goto Red Star | Interesting | Echo ▲ Back 1 |  |
| ▶ | | ▶ | |  | |  | | Wait Result ★ Go Back 2 |
|  | Wait & See Move 3 | Referral Move 1 | GP Visit ● | Go to Red Star for ECG | Diagnosis goto Brown Triangle | | Goto yellow triangle for result | ▶ |

Key challenges

- Primary care engagement
- Widening the program of arrhythmia coordinators
- More dedicated arrhythmia clinics
- Aggressively attack postcode issues
- 18 week wait
 - Challenge and opportunity

Key challenges

- Primary care engagement
- Widening the program of arrhythmia coordinators
- More dedicated arrhythmia clinics
- Aggressively attack postcode issues
- 18 week wait
- National audit of Ch 8 implementation

20 Markers of
Good Practice
Within the 3
Quality
Requirements



