

# GPwSI Integrated PCT service in cardiology

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Harrow PCT

# What is a GPwSI?

- GP with specialist interest who can work autonomously in that field but with support of the local cardiology unit for Clinical Governance.
- It is a PCT/Trust post ... cannot set up unilaterally
- Must have local GP and consultant “buy in”. So must in some way be better not about being CHEAPER. GPwSI are not cheap for PCTs!!

# Getting started: how to be a GPwSI

- Get PCT support: is this a priority area?
- Find a cardiology mentor... your local consultant
- Find a Post grad course:
  - RILA/Middlesex University
  - Bradford University
- 12-18m intense study: cases, attending clinics, viva, exams
- Cost: £7000
- Course not enough...

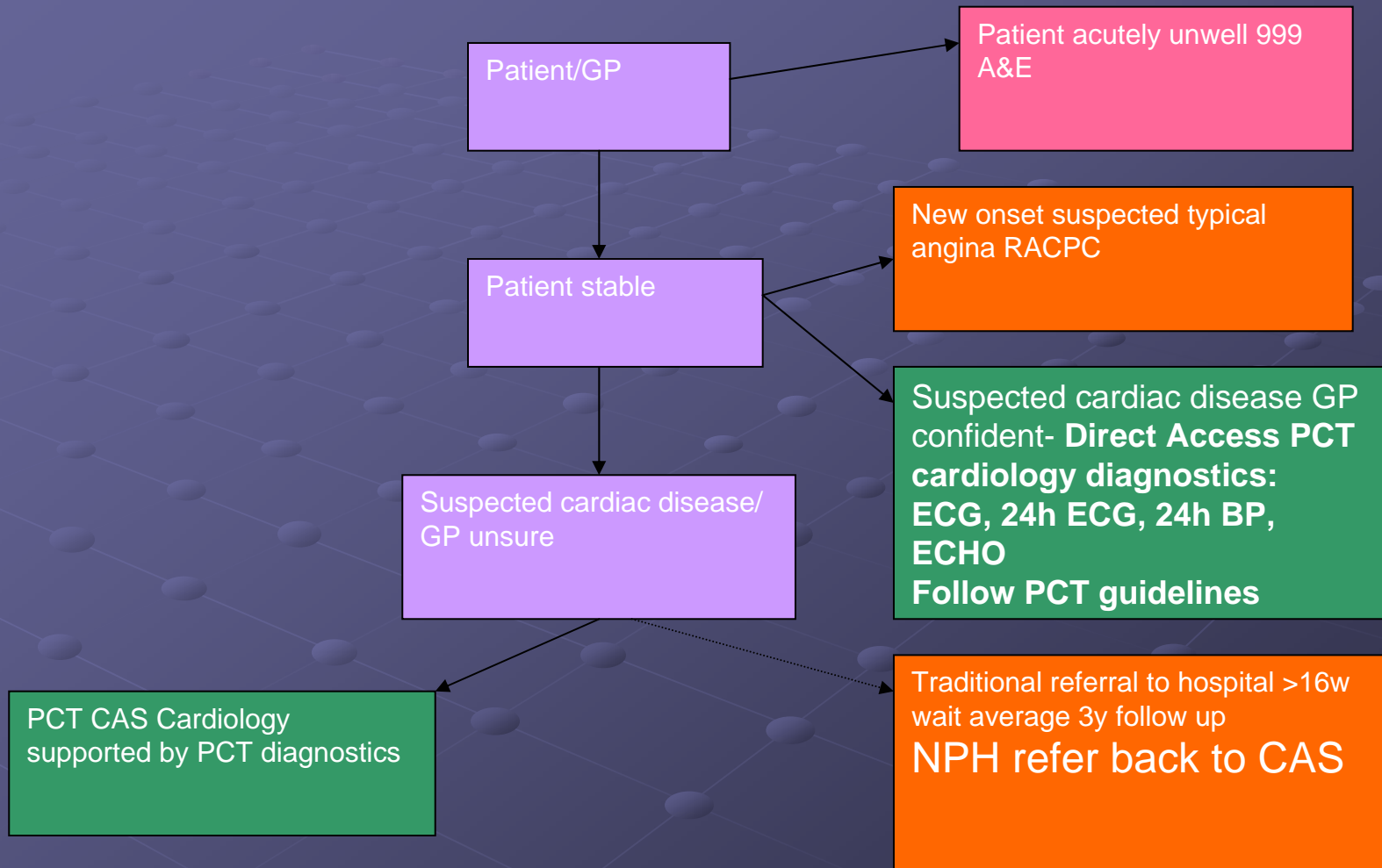
# Starting out for the PCT

- Agree the pathway of care and the role of GPwSI
- Assess demand... how many will you need? Not stand alone!
- In addition to GPs will need Nurse specialists, HCAs and community based equipment to be truly autonomous
- Decide site(s): accessibility
- Drawing referral guidelines
- Setting up Clinical assessment service to take referrals

# An example: Harrow PCT

- 3 GPwSI, Nurse Consultant (PWsI), CHD specialist
- ***Cardiology outreach St. Mary's Hospital started Nov 06***
- +2 GPwSI + 1 PWsI to join Jan 06
- Up to 2 sessions a week – 12 patients
- Referral form & pathways sent to GPs
- Attempt diagnostics before seeing patient
- GPs responsible for baseline blood tests
- Clinic care template on PC sent to GP within 5 working days

# Patient pathway



# Alternative pathway where GPwSI used:

- See specific category of patients e.g. monitoring heart failure, hypertension
- Attached in cardiology outpatients
- Running RACPC.

# PwSI cardiology

- Total referred to CAS Jan to Nov=600
- Referred at triage to secondary care- 20%
- Referred to secondary care by PwSi- 10%
- Average waits – 4 weeks to PwSI but diagnostics a problem....ECHO at present 6w wait vs +12w at NPH. Planning more.
- Planning one stop services for SOB, Arrhythmias...later Exercise ECG

# Referrals

- Suspected arrhythmias, funny turns -25%
- Suspected hypertension + control-10%
- Atypical chest pains-10%
- Atrial fibrillation-15%
- SOB -30%
- New onset chest pains in existing IHD patients -10%

# Inappropriate referrals

- Unstable angina - 999
- New onset angina - RACPC
- Other specialities e.g. respiratory, patients anaemic
- Confusion over referral forms!
- Referring children

# CHD Specialist Nurses

- Rehab: MI, CABG and PTCA, Angina
- Those at high risk of a cardiac event
- Heart Failure-ACE titration, B-blocker, rehab
- Patients who have had an event in the past and who need advice/risk factor modification or exercise
- Those missed after discharge from secondary care to reduce readmission.

# Practice based Commissioning

- New opportunities – models around country
- Extended Primary care diagnostics
- Commission packages of care directly with Consultants in “chambers”