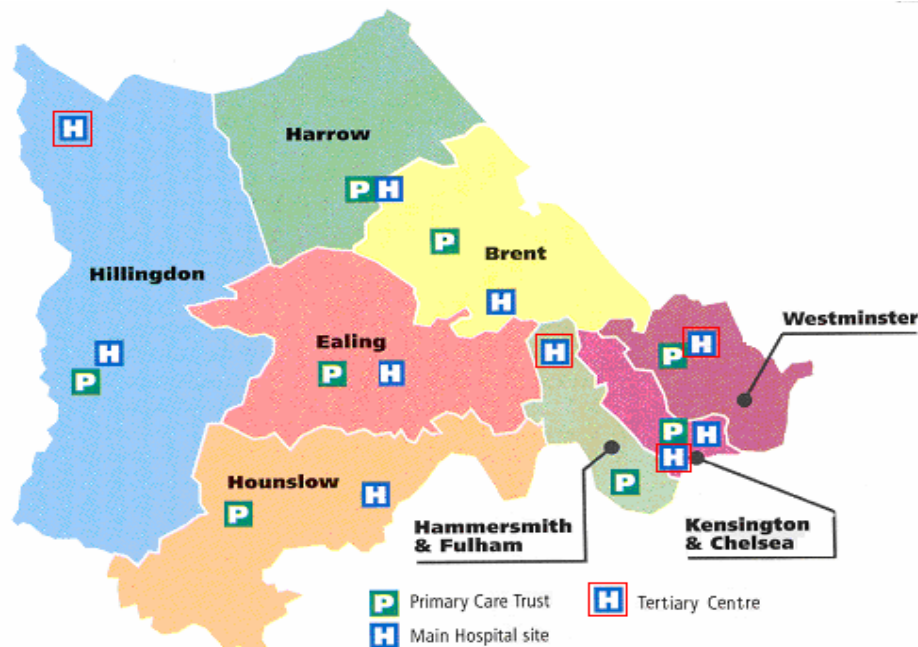




North West London Cardiac Network

# Half Yearly Review of the Network Strategy & Work Plan for 2007 – 2009



Author:	Maria O'Brien – Network Director	Submitted to Heart Improvement Programme, 29 September 2007
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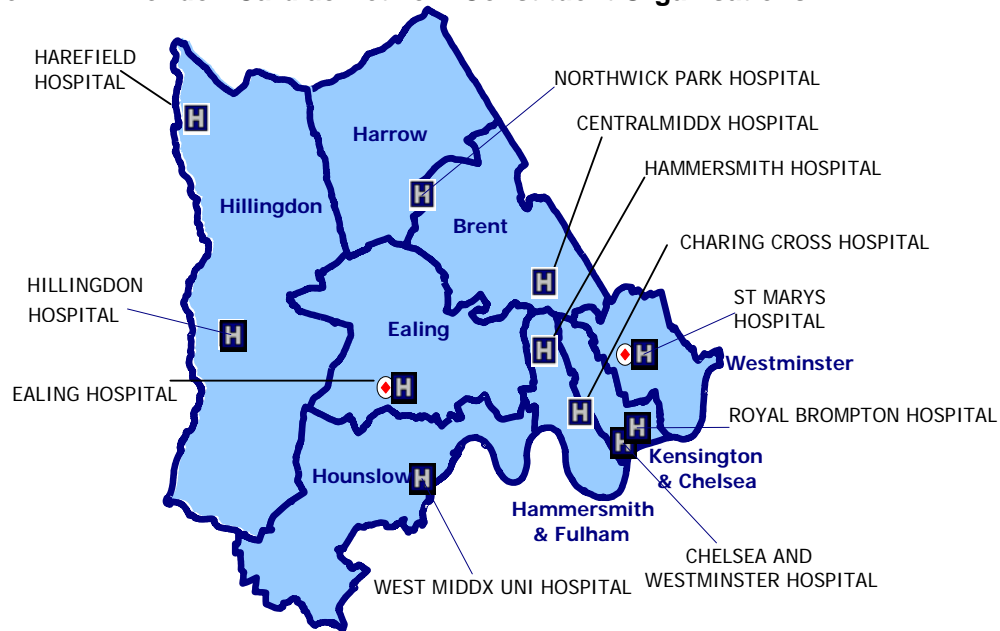
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## 1. Introduction

The Network, (Figure 1) reviewed its strategy and work plan in January 2007. The revised document was ratified by the Network Board and subsequently the NW London Chief Executives during April 2007. This summary document provides an overview of the progress made against the agreed milestones over the last 6 months.

Additionally, the Network has progressed new and additional pieces of work which were not envisaged within the ratified work plan. These have been incorporated and reflected within this summary review.

**Figure 1 – NW London Cardiac Network Constituent Organisations**



<b>2.</b>	<b>Overview of Progress Apr-Sept 07</b>	
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## SECTION A - CORE NETWORK WORK STREAMS

### 2.1 Service Improvement

Deliverables achieved against priorities	Benefits
Service improvement and re-design activities have been focused to support relevant priority work streams. Work plans have been established to support priorities identified within local health economies	Detailed local health intelligence completed for all health economies. Targeted approach has enabled achievement of specific work plans as highlighted below. Spread of work across organisations with sustainability plans incorporated as part of agreed projects.

### 2.2 Patient and Public Involvement

Deliverables achieved against priorities	Benefits
Network User Involvement Strategy reviewed	Provides a clear vision for all stakeholders in relation to the network's planned patient and public involvement priorities
Further recruitment of patients/carers to the H2H User Forum and establishment of a detailed database for all community groups	Enabling further ability to reach out to new members of the community; providing input to all work streams within the network.
Completion/evaluation of 2 user surveys (rehabilitation and heart failure)	Highlighted strengths and weaknesses within both services from a user perspective and has enabled implementation of specific changes and targeting of further work.
Home packs extended to Westminster/St Mary's	Improved provision of information for patients enabling more effective self management
Health Events: 1) No smoking day event – Westminster/St Mary's, 2) World Heart Day event – Hammersmith & Fulham	Both events completed and well attended. Days focused upon promotion of health and mechanisms to support patients. 98 lifestyle health checks completed during world heart day.
Hearty Voices training for South Asians in conjunction with the British Heart Foundation	11 South Asian candidates recruited to the one-day training programme, 10 of which received training. Has enabled these individuals to participate as an active voice within their local health economy. Mechanism for enabling organisations to listen to hard to reach communities in order to reduce inequalities. Supporting joint working with voluntary sector.

### **2.3 Network Communication**

<b>Deliverables achieved against priorities</b>	<b>Benefits</b>
<p>Survey of stakeholders completed to review effectiveness of communications:</p> <p>Electronic questionnaire sent to a random sample of stakeholders where respondents were asked to rate aspects of our communication cards. 4% response rate achieved indicating a positive overall result. A maximum rating of 5 against each aspect was given (5 = excellent). Overall scores for card appearance and content averaged 4.5, and 4.25 for regularity.</p> <p>Website hits have also been monitored indicating a 9% increase in website hits following circulation of the most recent stakeholder communication.</p>	<p>This evaluation has shown that our communications are 'fit for purpose', although there is some work to do around the regularity of circulation. We conclude that The results have demonstrated that our communication bulletins and website are valued and both should be maintained to a high standard.</p>
<p>Website reviewed and redesigned</p>	<p>To support improved communications and in response to user comments.</p>
<p>Production of two quarterly communication bulletins to 1000+ stakeholders, production of 2<sup>nd</sup> edition of Heart2Heart Newsletter, production of a "smoke free" England card in support of national "no smoking" day.</p>	<p>In line with the Network's communications strategy, com's cards are produced quarterly and disseminated to NW London stakeholders and beyond. Response to these is monitored through the number of 'hits' to our website, to ensure our communications fulfil expectation.</p>

### **2.4 Information Strategy and Performance Monitoring**

<b>Deliverables achieved against priorities</b>	<b>Benefits</b>
<p>QoF benchmarking exercise completed across all of NW London alongside a comprehensive written report.</p> <p>Production of a variety of other benchmarked information e.g. heart failure, length of stay, 18 week RTT pathways, primary angioplasty performance, drug prescribing, IHT waiting times, smoking cessation, ambulance response times, congenital heart disease etc</p>	<p>This has enabled problem areas to be addressed e.g. LoS for IHT, focused service improvement activity to reduce waiting times in outpatients and diagnostics. QoF – enabled prioritisation of work plan and has supported prioritisation of primary prevention registers.</p>
<p>Links established with the new London SHA for the provision of an agreed dataset circulated on quarterly performance information. Links formed with the London Commissioning Support Service</p>	<p>As per above to support all work streams</p>

### **2.5 Clinical Governance**

<b>Deliverables achieved against priorities</b>	<b>Benefits</b>
<p>Existing arrangements have remained unchanged with a decision to delay review pending a) national review and clarity around the future of networks b) London wide decision on network accountability (commissioner/provider) c) potential expansion of the network's remit to other areas including stroke.</p>	<p>N/A</p>

## SECTION B - SPECIFIC NETWORK WIDE WORK STREAMS

### 2.6 Delivering the 18-week Patient Pathway

Deliverables achieved against priorities	Benefits
All cardiac pathways have been mapped across 11 organisations detailing waiting times at each stage of the RTT.	This has enabled identification of bottle-necks within particular organisations.
<p>Significant service improvement and re-design activities have been targeted within specific organisations to reduce waiting times including:</p> <ol style="list-style-type: none"> <li>1) Ealing Hospital – Echocardiography services, (validation of waiting lists, introduction of partial booking, review of scheduling)</li> <li>2) Hammersmith – Diagnostics (move towards implementation of a one-stop service for all diagnostics starting with echo services)</li> <li>3) Hillingdon Hospital (service redesign to support implementation of one-stop services for outpatients and all diagnostics)</li> <li>4) NWL NHS Trust - Northwick Park and Central Middlesex Hospitals. Significant service improvement has been undertaken here including: full process mapping, D&amp;C, waiting list validation, review of DNA policy, Introduction of Clinic Outcome sheets to capture RTT, quantification of 'backlog', development of model to support introduction of a 'one-stop' service.</li> <li>5) Chelsea &amp; Westminster – introduction of a 'one-stop' service model for all diagnostics</li> <li>6) Royal Brompton/Harefield – one stop services introduced for Echo. Paediatric services are currently being reviewed – detailed process mapping and D&amp;C activities have been carried out to enable action planning around areas requiring improvement.</li> </ol>	<p>This has resulted in significant reduction in waiting times and implementation of more effective pathways contributing to an improved patient experience</p> <ul style="list-style-type: none"> <li>- Reduction in waiting times from 16 to 6 weeks</li> <li>- Backlog eliminated and all echo services now reduced from 9 weeks to 0 wait via introduction of a 'drop in service'</li> <li>- OPD waiting times reduced to 5 weeks with all diagnostics done prior to OPD appt</li> <li>- Backlog has been identified and is being reduced. (waits 13 weeks for OPD, echo and 24hr monitoring). One-stop service due to be introduced at NPH 29<sup>th</sup> October. At CMH, a revised referral form has been introduced to enable introduction of one-stop service (wait down from 12 to 6 weeks currently)</li> <li>- Waiting times for OPD/Diagnostics to 2-4 weeks</li> <li>- All stages of treatment milestones being met with a robust Trust plan to reduce treatment waiting times each month by 1 week to meet RTT</li> </ul>
Network wide steering Group established: focusing upon intra-provider transfer and data capture	Action plan being developed to support a network wide approach
<p>Hillingdon Arrhythmia Project:</p> <p>Project Board established to review whole RTT for patients with Arrhythmia requiring medical treatment, device implantation or EP/Ablation.</p>	<p>This project has support from primary care, local PCT, secondary care and tertiary care.</p> <p>It will support definition of the pathway for arrhythmia across the Hillingdon local health economy to support improved patient care and delivery of the 18-RTT pathway.</p>

## **2.7 Reducing Length of Stay: Improved Effective Management of inter-hospital Transfers**

<b>Deliverables achieved against priorities</b>	<b>Benefits</b>
Monitoring and benchmarking of performance of all centres across the Network – peer reviewed.	To enable targeting of additional service improvement. Has resulted in consistent and sustained improvement in waiting times.
Continued development of IHT WBTS: specifically additional modules to support surgery and EP	Supporting improved data quality and capture of information.
Standardised pathways for surgical referrals are being developed	Will contribute to improve waiting times for this patients group where longer waiting times continue to occur.
IHT National Project: Ealing and 3 tertiary centres <ul style="list-style-type: none"> <li>- Project Board established</li> <li>- Baseline data collected</li> <li>- Action plan to be formulated for change during October</li> </ul>	Longest surgical waits have been identified at Ealing. This project will support changes to practice to enable significant improvement in waiting times and a more effective clinical pathway.

## **2.8 Primary Angioplasty & Clinical Research to advance Improvements in Care Delivery**

<b>Deliverables achieved against priorities</b>	<b>Benefits</b>
Data set agreed to support ongoing monitoring of performance and clinical outcomes for the NW London primary angioplasty centres	Has enabled accurate comparison of performance and quality outcomes in a consistent manner across each of the 3 PPCI centres.
Data benchmarked and presented for peer review across the Network	This has enabled gaps to be identified and has supported the ongoing improvement in “call to balloon” times for all centres. Significant improvement has been demonstrated in this area quarter on quarter.
Research Proposals and Steering Groups established to consider: <ol style="list-style-type: none"> <li>1) Gender differences in access to revascularisation</li> <li>2) Target versus total revascularisation in PPCI</li> </ol>	Proposals have been developed and ethical approval is being sought for both these multi-centre research projects enabling more effective cross-organisational working. The outcome of this research will enable direct improvements to patient care through subsequent changes in practice.

## **2.9 Heart Failure Services**

<b>Deliverables achieved against priorities</b>	<b>Benefits</b>
Benchmarking performance: all organisations being benchmarked against performance of the Network’s Blueprint in Heart Failure/Healthcare Commission review. Action plans being developed with individual health economies where gaps identified. Investment has been identified within those services highlighted as requiring resources.	To improve the quality of care for patients. To reduce length of stay and emergency readmission rates.

Action plan to support roll-out of BNP across all local health economies.	7 of the 8 health economies now have BNP available within either the acute Trust or primary care. Within 2 of these, evaluation has shown that this has a) reduced requests for echocardiography and b) reduced subsequent referral to the acute Trust.
Training in heart failure for community matrons (Aug – Oct)	To improve the knowledge base and skills of this staff group to enable them to work more effectively with HF teams in supporting patients in the home and avoiding admission to hospital. Full evaluation in progress.

## **2.10 'End of Life' Care**

<b>Deliverables achieved against priorities</b>	<b>Benefits</b>
Comprehensive 'Directory of Services' completed and published: monitored and updated regularly via the NWLCN website	Has enabled identification of national, charity, independent, NHS, hospice services for all sectors. Improving communication between all groups and enabling improved identification and access to services for patients.
Symptom Control Guidelines published and implemented across the Network	Improvement in the management of patients at the end of their life through provision of detailed and standardised guidance.
Advanced Communication Skills Workshop for HF Nurse Specialists	Improved confidence and skills of the HF Nurse Specialists to discuss end of life issues with their patients and carers
'Preferred Place of Care' documentation standardised and agreed across the Network	Provides a consistent approach to roll-out across the Network.
Preferred place of care: Hillingdon	PPC implemented within Hillingdon via the HF service
ICD Deactivation Guidelines	Project group formulated to take this forward providing set guidelines on managing this patient group. This will support correct implementation of PPC and avoid unnecessary and distressing emergency admissions to hospital to deactivate these devices.
Training in HF and End of Life Care for practice nurses, hospice nurses and care home nurses	Programme developed for this group to increase awareness of end of life issues in heart failure, PPC documentation, GSF and LCP. Project will be fully evaluated upon completion.

## **2.11 Rehabilitation**

<b>Deliverables achieved against priorities</b>	<b>Benefits</b>
Roll out of NACR database (partially implemented)	Action plan in place to support roll-out to all 12 programmes. Ongoing IT issues have hampered timely roll-out and are still being worked through. When fully rolled out, this will enable collection of robust clinical audit

	information and support benchmarking across the Network.
Roll-out of generic cardiac rehabilitation referral form and risk stratification across the network	Improved quality of referral; improved communication between programmes.

## **2.12 Public Health**

<b>Deliverables achieved against priorities</b>	<b>Benefits</b>
<p>Smoking Cessation:</p> <ul style="list-style-type: none"> <li>- Formal links established with Smoke Free London &amp; survey completed involving local NHS, SHA and council leads</li> <li>- Production of smoking awareness literature across the network (generic and women specific literature)</li> <li>- Production of information and literature on the dangers of Shisha smoking (in conjunction with the local councils)</li> <li>- Identification of acute trust management and clinical champion leads</li> </ul>	<p>Co-ordinated and joint working with a variety of agencies to support effective implementation of smoke-free initiatives.</p> <p>Monitoring of referral to local smoking cessation services underway following identification of local acute trust management and clinical champions.</p> <p>Roll-out of 'stop before the op'; forming part of commissioning SLAs.</p>
Review of revascularisation rates across London and 2 year comparison data to assess trends	Enable areas with low revascularisation rates to be identified with action plans formulated with relevant PCTs to ensure appropriate activity commissioned.
NICE Consultations: Co-ordination of network wide responses to all relevant NICE consultations e.g. Post MI secondary prevention, lipid modification, stroke strategy etc.	Providing a detailed and consensus view from all constituent organisations on relevant NICE guidance
NW London Obesity leads group re-launched with prioritised work plan identified	Agree sector wide initiatives and enable spread of good practice.

## **2.13 Primary Care**

<b>Deliverables achieved against priorities</b>	<b>Benefits</b>
Pilot of commercial software completed across 7 PCTs to enable assessment of tools required to establish primary prevention registers.	Full and comprehensive evaluation completed with recommendations for action. Has enabled PCTs to review options for developing primary prevention registers. 3 of the 8 PCTS have to date a) purchased software and/or b) developed LES to prioritise this area with GPs
QoF benchmarked activity completed with recommendations for action presented.	Methodology has been applied to look in some PCTs at performance by Cluster/PbC group to assess performance and required action to improve quality of care.
Re-launch of Primary care sub group	This group acts as the main decision making group for progressing relevant network wide initiatives across all constituent organisations.
In response to an identified need, training programme developed specifically for primary	Full evaluation undertaken of all training initiatives to assess application to practice.

care: <ul style="list-style-type: none"> <li>- Practice Nurse Training Programme</li> <li>- Community matron HF training</li> <li>- GP Arrhythmia Training</li> <li>- GP Cardiac Education Days</li> </ul>	
Re-review of the curriculum and re-accreditation of the Certificate of Achievement in Postgraduate Cardiovascular Medicine, (HE Level 7 Masters, 30 Academic Credits)	Provides a stepping stone to support GPs/Specialist community nurses wishing to practice as GPSI's/PSIs.  Provides a rigorous training programme to improve theoretical and practical knowledge of GPs and specialist community nurses
Comprehensive Baseline Assessment of all PCT funded community services completed	Enable assessment of strengths and gaps in care. Will support further work aimed at assessing impact upon health outcomes and appropriate models of care requiring spread to other localities.

#### **2.14 Medicines Management**

<b>Deliverables achieved against priorities</b>	<b>Benefits</b>
Network wide guidance on statin prescribing implemented.	Provides consistent approach to the management of risk factors. Support local PCT guidelines to support increased prescribing of generic statins.
Network wide guidance on Clopidogrel prescribing implemented	Provides consistent approach to the management of risk factors. Support local PCT guidelines to support improved communication between secondary and primary care on Clopidogrel prescribing.
Network wide audit on Clopidogrel prescribing completed.	Has enabled assessment of effectiveness of existing guidelines and areas requiring further targeted work.

#### **2.15 Supporting Commissioning and Service Planning**

<b>Deliverables achieved against priorities</b>	<b>Benefits</b>
Pan London Cardiac Commissioning Paper produced July 2007	Highlighting priorities for investment over the next financial year.
Non-invasive imaging paper – advice for commissioners produced July 2007	To support commissioners in decision making related to the use of non-invasive imaging/Angiography.
Links now established with all NW London practice based commissioning groups	Joint working established with some PbC groups where aspects of cardiology have been highlighted as a priority within their local commissioning plans.

## **2.16 Chapter 8: Arrhythmia & Sudden Cardiac Death**

<b>Deliverables achieved against priorities</b>	<b>Benefits</b>
Comprehensive baseline assessment completed	Has highlighted areas requiring investment and SI in both primary and acute level care
Rapid Access Arrhythmia model being developed across 4 health economies, (BHF and industry funded arrhythmia posts at St Mary's)	Model developed to support implementation of rapid access models of care spanning 4 health economies enabling improved identification of patients in primary care and early intervention/treatment.
Arrhythmia pathway being developed to support primary care (final draft in circulation) based upon the principles of the traffic light system	Will support early identification, triage and appropriate referral for this patient group by primary care clinicians.
Model for Sudden Cardiac Death specialist services in development	To enable development of a high quality service which is accessible to all residents of NW London.
Education initiatives for primary care	2 separate training events have been held to improve knowledge of primary care physicians in the management of this patient group. Full evaluation is available.

## **2.17 Non-invasive Imaging**

<b>Deliverables achieved against priorities</b>	<b>Benefits</b>
Non-invasive diagnostics benchmarked across the Network, (activity and waiting times) against use of Angiography prior to revascularisation	Enabled identification of bottle-necks, comparison against NICE criteria, highlighting where further investment is required and production of gate-keeper ratios for access to revascularisation.
Comprehensive report completed highlighting recommendations for change and to support commissioners in decision making	Has enabled production of informed decision making by commissioners around this area.

## **2.18 Workforce and Education**

<b>Deliverables achieved against priorities</b>	<b>Benefits</b>
Workforce Review Completed	Provides analysis of all workforce groups across Network to support local planning.
Educational initiatives developed including: <ul style="list-style-type: none"> <li>- Seminars for primary care clinicians</li> <li>- Network wide conference: "At the Heart of It – one year on"</li> <li>- Workshops: motivational skills training, advanced communication skills</li> <li>- Others (as already highlighted above)</li> </ul>	Address skills/knowledge gap identified
Continued support for new roles including: <ul style="list-style-type: none"> <li>- Cardiac Catheter Laboratory Practitioner Project (in conjunction with partner organisations – St Mary's, Guys, Royal Brompton &amp; South Bank University.</li> </ul>	Improved skills of staff, extension of existing skills and attainment of a transferable qualification.

### **2.19 Grown up Congenital Heart Disease**

<b>Deliverables achieved against priorities</b>	<b>Benefits</b>
Pan London GUCH multi-disciplinary strategy group established during 2007	Enable decision making around appropriate pathways of care for GUCH across London
Framework developed for assessing performance of centres against the DH GUCH guide – completed by means of a standard template which organisations self-assessed performance against.	Has provided an overview of strengths and gaps within current services. Allowed benchmarking of data across London with MDT input via the strategy group.
Development of and external peer review assessment process (commencing October 07)	Will ensure that designated centres meet the required quality markers and will inform a report to commissioners recommending a London-wide pathway for GUCH.

### **2.20 New Technologies: Percutaneous Valve Implantation**

<b>Deliverables achieved against priorities</b>	<b>Benefits</b>
Network wide group established with clear terms of reference	To ensure that new technologies are implemented in a co-ordinated way across the Network. To enable research to be appropriate linked such that it impacts positively upon patient care with minimal delay. Provides a mechanism for advising commissioners on appropriate new therapies and stages for implementation to clinical practice.
Establishment of monthly Network-wide Percutaneous Valve MDT	Improved co-ordination of patient care. Discussion of complex patients involving all 4 tertiary centres across the Network enabling appropriate patients to receive best treatment in a timely manner.

<b>3.</b>	<b>Future Developments</b>	
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### **3.0 Stoke Services**

<b>Deliverables achieved against priorities</b>	<b>Benefits</b>
Baseline Assessment partially completed of all stroke service across the Network	To inform future working which will encompass stroke services within the Network.