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NORTH WEST LONDON CARDIAC NETWORK REVIEW 2004-2006



The North West London Cardiac Network brings together clinicians, other professionals and managers from National Health Service (NHS) organisations across NW London to work together to ensure equal access to services and the overall improved outcomes for cardiac patients.

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Foreword

I would like to welcome you to the first published review of the NW London Cardiac Network's achievements since its inception in 2004.

This review reflects very positive progress against the milestones detailed within the Network's strategy and work plan. This is a reflection of the commitment to partnership working between the Network core team, the Strategic Health Authority, and all our constituent organisations who have worked hard to deliver sector wide improvements in cardiac care.

As I recently took on the role of Chair, I'd like to acknowledge the contribution of my predecessors who have played a key role in developing sustainable working relationships across organisational and professional boundaries. The foundations set in those early days have enabled delivery of key achievements whilst allowing us to continue to improve the patient experience for residents of NW London and beyond.

By having an over-arching view of multiple organisations across the entire cardiac patient pathway, the Network is well-placed to benefit local residents by enabling improvements in care that individual organisations would find difficult to deliver in isolation. A recent example of this is the implementation of a Network wide approach to managing non-elective cardiac transfers between hospitals. The improvements made in this area by the Network have been recognised nationally and, I believe, demonstrates the value of collaborative working.

Our approach to partnership working is reflected throughout this review, and I would like to thank everyone who has worked hard to make these achievements possible. I hope you will find the review informative and of benefit.

Ian Ayres
Chair, NW London Cardiac Network

"I feel that this review reflects positive progress against the milestones detailed within the Network's strategy and work plan."



Ian Ayres
Chair, NW London Cardiac Network

Report from the Director

The last two years (2004-2006) have seen considerable progress in the development of the NW London Cardiac Network. I'd like to take this opportunity to reflect on the background of our Network leading up to its accreditation, as well as to introduce our structure and strategy.

Our Network was established in 2004, serving a population of over 1.9 million people. NW London is characterised by areas of great affluence alongside significant deprivation (Figure 1). It also has some of the most ethnically diverse wards in the country - around 35% of the local population belong to ethnic minority groups. For example, Brent has the highest "non-white" proportion whilst Asian communities account for more than a quarter of the populations in Ealing, Hounslow, Brent and Harrow (Table 1).

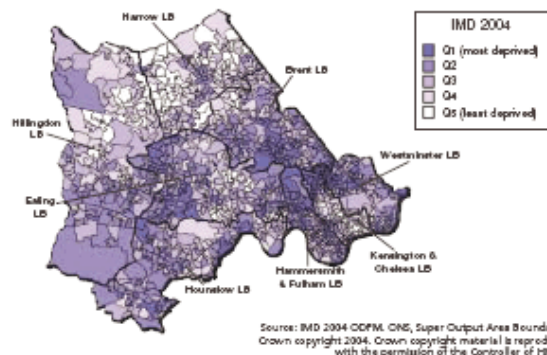


Figure 1 – Index of Multiple Deprivation in NW London, 2004

(Taken from North West London SHA Annual Review Public Health Supplement 2003/04)

Table 1 – NW London Demographics (projections)

	Westminster	Kensington & Chelsea	Hammersmith & Fulham	Ealing	Hounslow	Brent	Harrow	Hillingdon
Population 2006*	247,551	186,814	183,733	324,094	214,492	264,339	231,798	273,953
Ethnicity 2006 % **	31.7	21.6	24.3	43.1	37.9	55.5	40.9	20.7

*Source: ONS Population Projections 1998 ** Source: London Research Centre 1999 Round-based projections (v99 P1)

Coronary Heart Disease (CHD) is the second largest cause of death in NW London. The variations in ethnicity and deprivation across the sector place greater demands upon local cardiac services. Whilst significant progress has been made in improving access to meet local need, inequalities still exist. For example, three of our Primary Care Trusts (PCTs)¹ are still to meet the CHD National Service Framework (NSF) (2000) revascularisation target of 1,500 per million population (pmp)².

Turning to our constituent organisations, there are 8 PCTs and 8 Acute Hospital Trusts providing cardiac services across 11 hospital sites as detailed in Figure 2. Specialist tertiary cardiac services are provided by three Trusts on four sites. As a leading academic institution, Imperial College is affiliated with many of these organisations, leading the way in education and research.

These constituent organisations make up the nucleus of the Network, with representation on our Network Board.

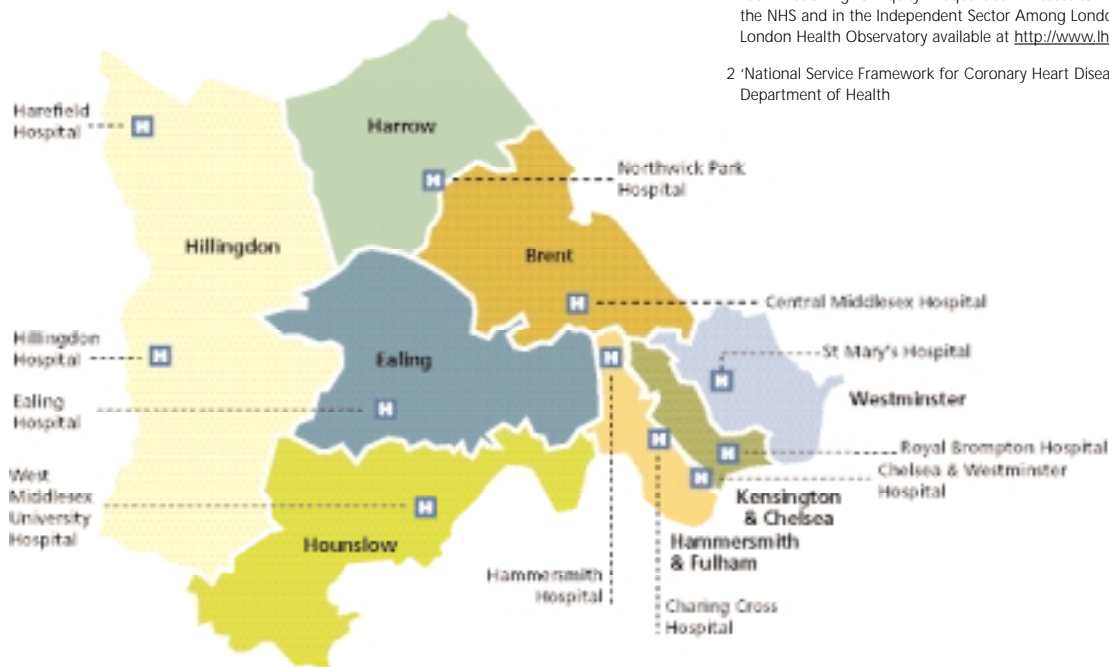


Figure 2 – Acute Hospitals in NW London

¹ 'Commissioning for Equity: Inequalities in Access to Revascularisation in the NHS and in the Independent Sector Among London Residents' 2006, London Health Observatory available at <http://www.lho.org.uk>

² 'National Service Framework for Coronary Heart Disease', 2000, Department of Health

Structure

Leading up to the Network's accreditation, a Board of members was established with accountability via the Chief Executive Forum to local stakeholders. Our Board continues to include both clinical and non-clinical representatives from across NW London spanning primary care, secondary care, tertiary care, commissioning, public health, the Strategic Health Authority (SHA), patients/carers and London Ambulance Service (LAS). This arrangement has facilitated a close relationship between the Network and each local health economy's cardiac implementation teams. This approach has enabled the Network to focus on delivering work to benefit the whole of NW London, whilst allowing individual health economies to take forward service developments in response to local need.

This structure forms part of the Network's wider working relationships, as detailed in Figure 3.

Strategy

As part of the accreditation process, a 3-year strategy was developed in response to the priorities identified by our stakeholders, ratified by the Chief Executive Forum. The strategy laid out a clear work plan with named leads, targets and agreed milestones.

In response to this, a number of task groups were created to take forward specific work streams. Further groups have since been established as new priorities have been identified. All groups report regularly to the Board, making recommendations

on specific agreed areas of work. Further information relating to these key areas of work, are detailed in this review.

Figure 3 – Network Links



Accreditation

In early 2005, the Network was assessed as part of a national 'fit for purpose' accreditation programme, led by the Department of Health (DoH) and Modernisation Agency to gauge the Network's suitability for devolved funding and autonomous working. The Network was given conditional approval for devolved responsibility and funding, subject to the following conditions:

- A satisfactory plan for the effective integration of the service improvement team into the Network.
- Patient representation on the Network Board, with links into wider PPI work and demonstration of mechanisms for effective lines of communication between patients/carers and the Board.

- Development of a communications strategy that identifies clear links with the local stakeholders, including the cardiac workforce, in influencing network activities.
- Development of a Network work plan encompassing both short and long-term objectives.
- Clarity regarding the inter-relationship/formal strategic links between Local Delivery Plans (LDPs) and local service improvement activities.
- A formal review, covering progress and future objectives.

All of these requirements have now been met.

Finally, since acquiring accreditation, the Network has continued to develop. Investment has been made in a number of key areas of benefit to the wider population of NW London such as IT developments, educational events, audit, service developments and achievement towards key targets including the 18 week wait. The continued contribution of all our stakeholders is testament to the achievements of the Network as detailed in the remainder of this review, which I hope you will find of interest.

"The continued contribution of all our stakeholders is testament to the achievements of the Network to date."



Maria O'Brien
Director, NW London Cardiac Network

The Network Core Team

In addition to the Network leadership, other key elements of the Network core team include:

Clinical Leadership

To strengthen the establishment of the emerging Network, clinical engagement was identified as being central to the Network's purpose. In early 2005, Mr Neil Moat, Consultant Cardiac Surgeon, Royal Brompton & Harefield NHS Trust was appointed as Clinical Lead. Among his key responsibilities Neil provides clinical leadership to the Network, promoting joint working with clinicians across different care settings, and gaining consensus on major clinical areas to facilitate the consistent delivery of evidence-based care.

He has supported task group leads to drive forward key areas of work in response to identified priorities, championing service improvement initiatives across NW London. Based on the success of this model, two further lead roles are being developed (GP lead and Public Health lead) to work alongside Neil.

"Networks are about partnership working between different clinical teams across different settings – they therefore have a powerful role in delivering significant improvements to patient care."



Mr Neil Moat
Clinical Lead, NW London Cardiac Network

Service Improvement

Following successful accreditation and subsequent devolution of funding, it was a priority to integrate the CHD Collaborative service improvement team with the emerging Network. In April 2005, the existing team of project managers transferred to the mainstream employment of the NW London Cardiac Network, as the service improvement arm. Skilled in a range of service improvement techniques developed by the Modernisation Agency, project managers continue to be based individually within NW London organisations, facilitating the implementation of local service improvement initiatives. By putting patients and carers at the centre of our work, project managers use these techniques to enable the redesign of cardiac services, such as comparing current practice against variations in demand; highlighting areas for improvement and jointly planning the implementation and evaluation of change.

"By putting patients and carers at the centre of our work, project managers use a variety of techniques that enable the redesign of cardiac services."



Jinty Wilson

Assistant Director, NW London Cardiac Network

A simultaneous review of the team's structure was undertaken to ensure equity of resources to support a balance between local projects and those spanning NW London. This led to the establishment of a number of new posts including sector lead roles for the 18 week patient pathway, workforce development & education, and primary care among others. This structure has contributed to closer working relationships with constituent stakeholders by ensuring the continuity of service improvement as a core value, whilst maintaining consistency in approaches to cardiac care at all levels of the Network.



Members of the Network core team from left: Maria O'Brien, Jinty Wilson, Christine Yates, Temo Donovan, Joanna Pisko, Rima Chowdhury-Hawkins, Margaret Ancobiah, Anna Kilpin, Bruce Nisbet. Absent: Joanna Gardner, Kathryn Wickham

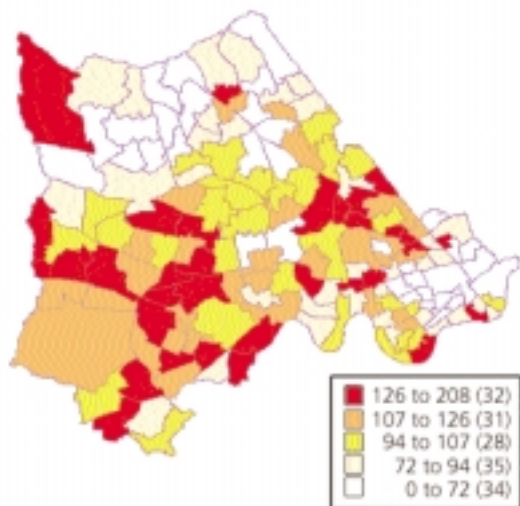
Key achievements

1. Needs Assessment: Coronary Revascularisation in NW London

Early on, the Network commissioned a report from the SHA public health team to map the population profile disease burden of CHD and revascularisation rates.

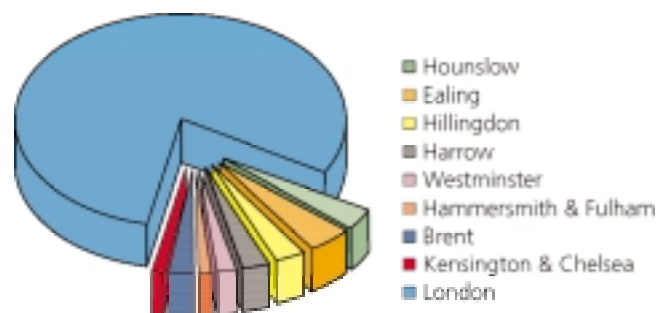
Historically, rates of revascularisation have been high in NW London compared with elsewhere in the country. The report identified current activity levels against capacity, predicted changes and trends, and future population needs. It showed that 95% of revascularisations to residents of NW London are undertaken within sector, although some disparity in the rates was evident between PCTs.

Figure 4 – SMR for Circulatory Disease, <75, by NW London wards, 1998-2002



The report showed that CHD is the second largest cause of death in NW London but that the Standardised Mortality Ratio (SMR) compares favourably to that of the rest of London. However, when mapped by ward level there is significant variation, as shown in Figure 4.

Figure 5 – Directly Standardised Rates for CHD Admissions to Hospital by PCT against London, 2002/03, all ages



Source: HES data, analysis by LHO.

With regards to admission rates, the report indicated that NW London had significantly higher rates of hospital admissions compared to England. Again variations could be seen across the Network as shown in Figure 5, with three PCTs showing significantly lower admission rates against the national standard.

The findings of this report highlighted a number of priority areas for the Network. It also supported the notion of having key services developed sector wide in order to ensure equity in access and provision.

2. Information & Performance

The Network established the need to develop a mechanism that would allow comparative analysis of performance against key national targets. To support this priority, an Information Strategy was developed in January 2005 and ratified by the Network Board. Subsequently a task group was set up to agree a core cardiac data set, linking with existing data collection processes available to the SHA.

The agreed data set is used to provide regular reports to the Network Board on performance in key areas. One example of the areas monitored is shown in Table 2.

The Network works in conjunction with the SHA to support organisations in meeting key targets.

In parallel, Rapport, the information system developed by the Heart Improvement Programme, is used for the analysis of local data to support service improvement projects.

3. Patient and Public Involvement

In 2004, a User Involvement Strategy was developed. A key element of the strategy was the establishment of the Heart2Heart User Forum and appointment of a Chair/representative on the Network Board. Nick Donovan, a NW London patient, took on this post and has played a leading role in the development of the Forum.

The Heart2Heart Forum has successfully recruited patients and carers from across all NW London boroughs from a variety of ethnic groups. The Forum meets regularly and has agreed terms of reference and a work plan. With the support of the Network core team, Forum representatives have forged close working relationships with other patient groups, PPI Forums and local community centres in NW London.

Table 2 - Waiting Times for Rapid Access Chest Pain Clinic 2005/06, Quarter 3

Name	Number of patients seen within 14 days	Number of patients referred to a RACPC	Proportion of patients with new onset chest pain thought to be angina seen in a RACPC within 2 weeks of GP making referral	Target	
Chelsea & Westminster NHS Trust	81	81	100.0%	✓	↔
Ealing Hospital NHS Trust	219	224	97.8%	✓	↓
North West London Hospitals NHS Trust	227	227	100.0%	✓	↔
Royal Brompton & Harefield NHS Trust	39	39	100.0%	✓	↔
St Mary's Hospital NHS Trust	233	233	100.0%	✓	↔
The Hammersmith Hospitals NHS Trust	40	40	100.0%	✓	↔
The Hillingdon Hospital NHS Trust	53	53	100.0%	✓	↑
West Middlesex University NHS Trust	107	107	100.0%	✓	↑
NW London SHA	999	1004	99.5%	✓	↑



Meeting of Heart2Heart User Forum

The Network has supported Heart2Heart members in developing key representation skills through training initiatives such as the Expert Patient Programme and the British Heart Foundation Hearty Voices programme.

".....it is vital for patients, carers, clinicians and management to be able to discuss issues and plan objectively."

Nick Donovan
Chair, Heart2Heart User Forum



Heart2Heart has used a number of techniques locally, including satisfaction surveys and discovery interviews, to gauge a fuller patient perspective on current issues. The outcomes have been used to highlight areas requiring action by the Network. Furthermore, Heart2Heart members sit on each of the Network's key clinical task groups.

Figure 6 - Extract from a Discovery Interview conducted in NW London:

I do have a repeat...the homecare nurse who came here said she would talk to the surgeon and I've got an appointment next Monday, the 19th to see what can be done if anything. So I am still left like this, and I don't really know when this is going to get sorted so that's it I guess really, just waiting. While I was waiting for the op; first of all I had a nurse called Becky, who came but she was leaving. She came here and took my blood pressure and blood test and then Emma came just prior to my op and she did the exact same stuff again. But that was fine, and she explained the op and basically what was going on and I was happy with that.

There are now plans to have an outreach postoperative clinic so that patients can be seen nearer to home and problems such as this can be resolved more swiftly

The Network continues to promote the work of the Forum and recruit members through a variety of methods including communication bulletins, posters and recruitment cards. In 2006, the Heart2Heart User Forum produced their first edition of a patient newsletter which was widely distributed across NW London. In addition, the Heart2Heart Forum have linked with West Middlesex University Hospital to roll out the 'Homepack' – an initiative developed to furnish inpatients with information concerning their condition and support mechanisms available post-discharge.

Network Lead: Joanna Gardner, Service Improvement Project Manager

4. Choice for cardiac patients

In April 2005, cardiac Choice was extended nationally to offer all patients requiring a coronary artery bypass graft (CABG), angioplasty or heart valve operation, a choice of hospital provider following diagnostic angiography.

In conjunction with commissioners, clinicians and Acute Trust managers, the Network developed a model for delivering Choice. This model required all commissioners to sign up to an agreed choice of providers that would apply to all NW London PCTs. The Network agreed to the immediate implementation of the maximum number of choices for NW London residents. The decision to offer a choice of 5 centres with immediate effect, exceeded the indicative national timescale by 8 months.

To support implementation of this model, a patient information leaflet detailing the choice of options for NW London was developed. This provided information to help patients and carers make an informed choice of their preferred provider. The leaflet was disseminated widely and is featured on our website.

A training and education workshop was held to support the roll out of the model and to agree ongoing monitoring mechanisms.

5. Primary Angioplasty

Thrombolysis ('clot busting' drugs) forms the main basis for treating patients presenting with an ST elevated myocardial infarction (STEMI - heart attack). During 2004, NW London agreed to change the

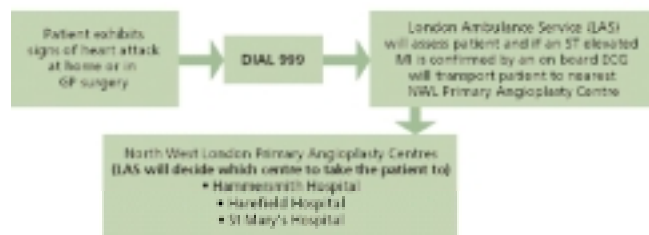
method of treating this patient group by implementing a cohesive strategy for the delivery of primary angioplasty across the Network.

At this time, some of the tertiary cardiac centres within NW London were already providing a primary angioplasty service for a defined catchment area on a 9am-5pm weekday only basis. However, it was recognised that this was inequitable and unsustainable. Therefore, an agreed strategy was designed to ensure that this new service would be made available to all NW London residents on a 24 hours a day, 7 days a week basis.

A Revascularisation task group was formed to drive this work forward. Chaired by Professor Ken Taylor, membership of the group consisted of key clinical/managerial representatives from across the Network including the LAS. Following an early analysis of data, an inner and outer-London model was proposed. The Network Board ratified the proposed model based on it providing a safe, equitable and cost effective service for residents across NW London, and preparatory work began. This was further ratified by Chief Executives and commissioners.

The agreed model involved St Mary's and Hammersmith Hospitals working together to deliver the inner NW London service, and Harefield Hospital providing a service for the outer NW London catchment. In collaboration with LAS, patients presenting with STEMI were diverted to the nearest of these centres as detailed in Figure 7.

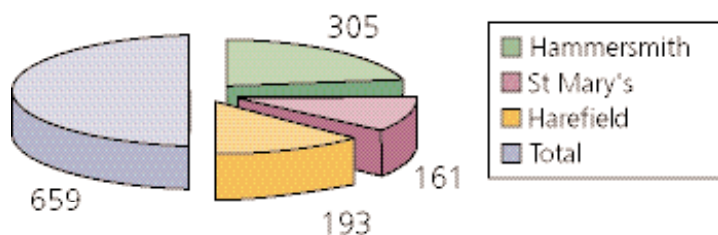
Figure 7 – NW London Primary Angioplasty Pathway



A stepwise approach to implementation across each of the local boroughs was taken so that by October 2005, a fully integrated primary angioplasty service was available 24 hours a day, 7 days per week to all NW London residents.

In parallel, the Department of Health selected NW London as one of eight pilot sites to participate in a national study to assess the feasibility of rolling out primary angioplasty services nationally. This study ended in June 2006 and a report is due in the autumn.

Figure 8 – Total Primary Angioplasty Activity, by NW London centre, Apr 2005–Mar 2006



This model has proved a success. Early evaluation of the NW London service reported a mean response time of 150–200 minutes from initial onset of chest pain to angioplasty intervention for both inner- and outer-London centres. Mortality rates within the first 30 days have fallen significantly from 11.5%-3% and the cost benefit of bed-days saved amounts to an average saving of 8.7 bed-days per case. These early improvements have continued to be sustained.

The Revascularisation task group is now focusing on undertaking two Network wide clinical research studies focusing on target vessel intervention versus total revascularisation, and gender issues.

"I have enjoyed chairing the Revascularisation task group as I feel that this new model of care is a powerful example of how effective partnership working can lead to significant improvements in patient care."

Professor Ken Taylor
Clinical Director of Cardiac Sciences, Hammersmith Hospitals NHS Trust
Chair, NWLCN Revascularisation task group

6. Inter hospital transfers

During 2004, it was found that lengthy delays were frequently being experienced by many cardiac patients admitted to local hospitals as an emergency, who require subsequent inpatient transfer to another hospital for specialist investigation and treatment. Waiting times of up to

eight weeks were not uncommon for patients requiring such procedures as angiography, angioplasty, pacing and surgical intervention. An SHA analysis of NW London centres indicated waiting times in excess of the national average (15.3 days).

With the support of Chief Executives, the Network and SHA worked jointly to deliver immediate improvements in this area. Chief Executives identified clinical and management leads within each of their organisations to lead this work. The Network conducted a scoping exercise to identify bottlenecks alongside areas of good practice to build upon, e.g. 'treat and return' day case arrangements, following which a task group was established.

It was highlighted that a significant proportion of patients treated in the NW London centres, were referred from out of sector hospitals; 40% of referrals originated outside of NW London in two tertiary centres, and 75% in the remaining 2 sites. To ensure equity, any changes implemented would also need to apply to these referring centres.

A target wait of 48-hours from referral to treatment was agreed with the SHA for all patients admitted and identified as requiring angiography, angioplasty and pacing (the largest cohort of referrals). The following changes were implemented:

1. A generic risk stratification and transfer form (Figure 9) was implemented to enable

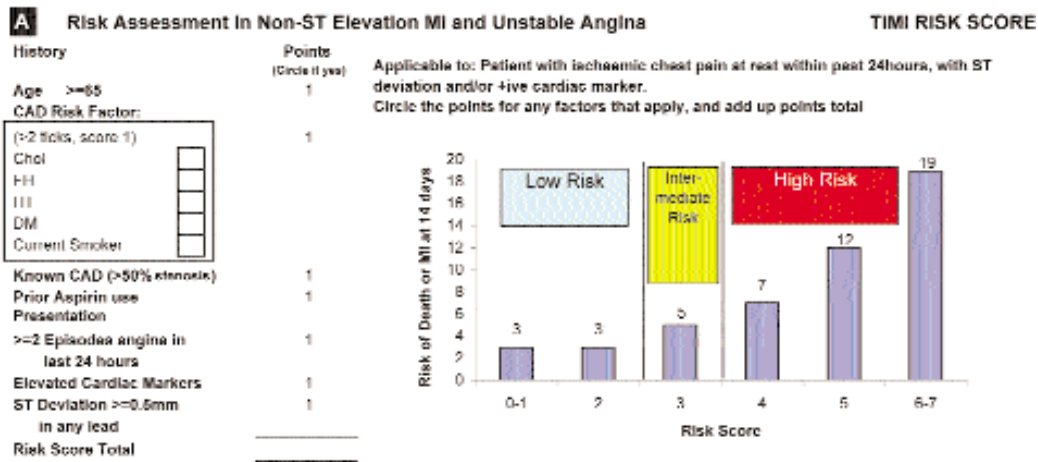
standardisation of practice, reduce inequalities and facilitate data collection.

2. Local data collection and waiting list management processes were set up.
3. A central co-ordination post, funded by the Network, was established to collate data centrally via the generic transfer form, and refer cases to the first available centre. This was supported by changes to existing commissioning arrangements in line with Payment by Results (PbR).
4. Extension of day case 'treat and return' protocols to all NW London hospitals, supported by local ambulance services. (The Tertiary centres supported the training of hospital nursing staff, introduction of written protocols and phased implementation.)

In place of a cumbersome paper based referral system, the Network Board commissioned the development of a web based IT referral system in 2005. The aim was to enable all referring and treating centres to be securely linked via NHS net. Led by Dr Iqbal Malik, working in conjunction with Teleologic, a system was developed (Figure 10) incorporating the risk stratification principles already agreed to accommodate referrals for coronary intervention, electrophysiology and cardiac surgery.

The system acts as a central repository of information whereby it enables staff at referring centres to identify the earliest available slot across

Figure 9 – Extract: NW London Generic Risk Stratification & Transfer form



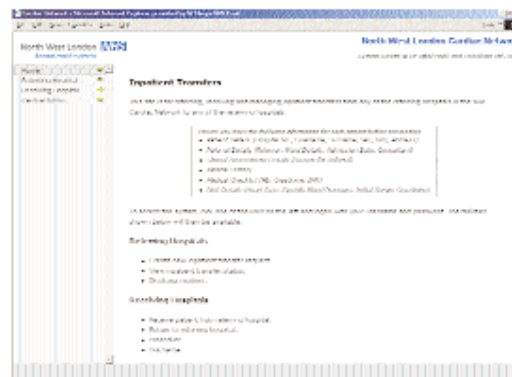
all treating hospitals and refer patients accordingly. Patients can be tracked by both receiving and referring Trusts enabling improved communications and waiting list management. The system is clinically-led, facilitating audit of clinical and non-clinical data.

The system has now been rolled out using a ‘hub and spoke’ model to all NW London organisations and subsequently extended to referring centres outside of NW London. To date, the system has been rolled out to 14 hospitals (64% of total).

Overall, the combination of partnership working across all organisations together with the 48-hour treatment target, changes in practice detailed above, and implementation of the web based inter hospital transfer system have contributed to substantial improvements in waiting times across NW London.

This is demonstrated by the outcomes of local audits combined with the results of a national audit, developed by the Heart Improvement Programme and undertaken in October 2005.

Figure 10 – Home page of the NW London Cardiac Network Inpatient Transfer System.



The national audit showed NW London as being amongst the top performing Networks nationally. Further, an analysis taken from the Dr Foster Shared Intelligence Hospital Acute Tracker (HAT), in early 2006 highlighted that despite rises in emergency admissions across NW London (increase of 14%), there was a corresponding reduction in emergency bed days (down by 8%). Additional analysis of this data by the SHA confirmed that cardiac activity was the major contributing speciality for this improvement.

To build upon this success, the Network is now focusing on a number of initiatives to improve waiting times for surgical referrals. Among these initiatives, it is intended to extend the web based inter hospital transfer system to encompass referrals for both surgery and electrophysiology.

In parallel, the possibility of rolling out the web based system to other Networks is being explored. At a national level, NW London is among the Networks asked to contribute to developing a national dataset for inter hospital transfers (IHT) in conjunction with the Heart Improvement Programme and Central Cardiac Audit Database (CCAD).

"The achievements we have made in improving patient waiting times across the Network has been made possible because of the co-operation and support received from staff across all of our hospitals. This has enabled us to introduce innovative ways of managing patient referrals as demonstrated by the success of the web based IHT system."

Dr Iqbal Malik, Consultant Cardiologist, St Mary's Hospital
IHT Lead, NW London Cardiac Network

7. Cardiac Rehabilitation

Standard 12 of the National Service Framework for CHD requires that NHS Trusts should have systems in place to ensure that, prior to discharge from hospital, people with a confirmed cardiac condition are invited to participate in a multidisciplinary programme of secondary prevention and cardiac rehabilitation.

An initial NW London-wide baseline survey of cardiac rehabilitation services outlined variations in accessibility of cardiac rehabilitation services across the sector. In response, a Cardiac Rehabilitation task group was formed to provide a platform for the delivery of cardiac rehabilitation services across the sector. Chaired jointly by a consultant cardiologist and a CHD clinical nurse specialist, the group's membership comprises representation from both acute and primary care services. The group's mission statement emphasises their overarching aims:

To provide an equitable standard for cardiac rehabilitation across the NW London sector through sustained improvements in service provision, quality and delivery, our goal is to offer a seamless service that allows access across the whole patient pathway to reduce morbidity and mortality from cardiac diseases.

Cardiac Rehabilitation task group

Among the priority areas of work identified by the task group:

- A generic referral form was implemented across the Network following a successful pilot within

Hammersmith and Ealing Hospitals, to ensure improved information flows between services.

- A Network wide unified risk stratification protocol was developed for the assessment of patient risk.
- A Healthy Living brochure containing helpful guidance for patients on general lifestyle topics (Figure 11). This is currently being translated into a number of languages.

In addition, the Network conducted a patient satisfaction survey of cardiac rehabilitation services with a good response received (353 returns) from patients across NW London. The information was analysed and has been used to inform priority areas. In parallel, some NW London organisations have been awarded British Heart Foundation (BHF) funding for the appointment of specialist cardiac rehabilitation nurses to drive forward the development of local services.

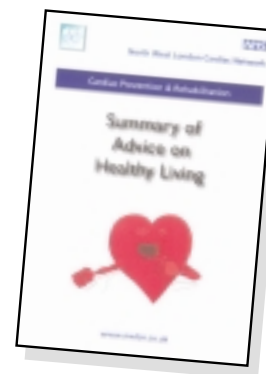
"Cardiac rehabilitation is an integral part of the management of all cardiac patients and is known to be clinically effective. However, it is often overlooked as a priority and we are delighted that this task group has made some considerable in-roads in raising the profile of our local services and in tackling inequity."

Judith Edwards, CHD Clinical Nurse Specialist and Joint Chair, NW London Cardiac Network Cardiac Rehabilitation task group

**NW London Cardiac Network
Cardiac Rehabilitation task group
Joint Chair: Dr Amarjit Sethi, Consultant
Cardiologist, Ealing Hospital
Joint Chair: Judith Edwards, CHD Clinical Nurse
Specialist, Westminster PCT.**

Network Lead: Temo Donovan, Senior Project Manager

Figure 11 – NW London Cardiac Network Healthy Living brochure



8. Heart Failure

Heart failure affects approximately 900,000 people in the UK. Heart failure accounts for about 5% of all medical admissions, 10% of bed days, and has one of the highest emergency admission and readmission rates across all diagnoses.

Specifically across NW London it is estimated that there are up to 22,000 people suffering from heart failure, accounting for more than 27,000 bed days, and it is expected that this number will rise annually due to improved survival from heart attack and an ageing population.

As such, heart failure was considered an important area to take forward, led by the West London Heart Failure task group. Initially, local services were mapped across the patient pathway to assess service provision against need, progress towards implementation of NSF and NICE standards, clinical protocols in use, the range of diagnostic tools available, waiting times, staffing levels and access to 'end of life' care. This exercise identified areas of

good practice as well as variation in the scope and availability of services, and informed the task group's work plan.

Building upon this, the Network requested a detailed public health review of heart failure services including an analysis of Quality and Outcomes Framework (QoF) data. A sample of the key findings are detailed in Figures 12 and 13.

Overall, the report showed that heart failure admission rates increased substantially with age, and were higher among males than females in all age groups, although the rates were relatively similar among the older age groups. Length of stays ranged from 0 to 357 days, with a mean of 14.7 days and a median of 9 days. The length of stay of heart failure patients peaked at 5-9 days, and then fell sharply.

The mapping exercise and public health reports set a benchmark for analysis of future service developments and provided the foundation for the

Figure 12 - Heart failure admission rates (per 100,000) among those aged 60+, by borough of residence and sex: 2001/2 – 2003/4

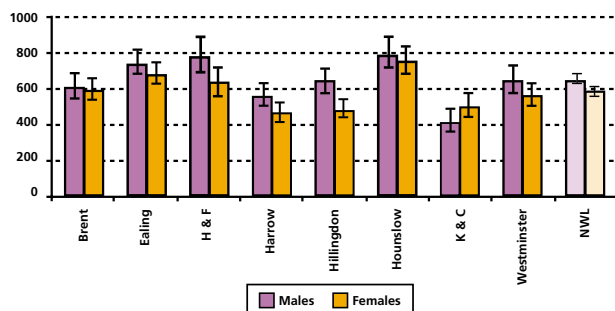
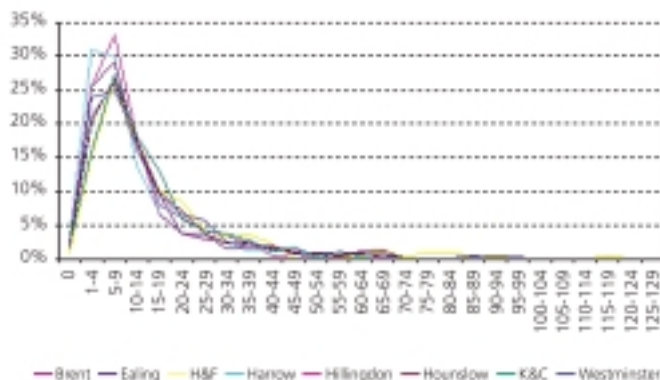


Figure 13 - Length of stay by borough of residence: Comparison of the distribution of length of stay, by borough of residence: 2001/2 – 2003/4

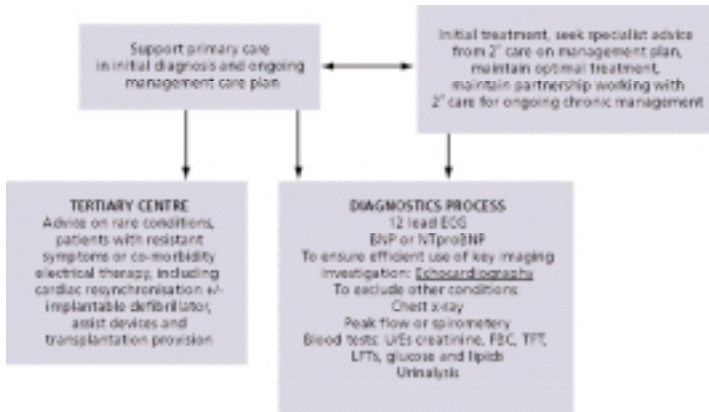


development of a Network wide evidence based document setting standards for heart failure care – a 'Blueprint in Excellence for Heart Failure Services in North West London'.

The document provides a comprehensive blueprint for identification, diagnosis and management of patients in community and hospital settings and highlights the importance of developing a seamless service across the care pathway (Figure 14).

One recommendation contained within the blueprint is the access to B-type natriuretic peptides (BNP and NT-proBNP) testing across the Network. To support this, the Network has developed a business case for consideration by Chief Executives.

Figure 14 - Service provision: taken from a 'Blueprint in Excellence for Heart Failure Services in North West London'



Furthermore, a number of NW London organisations have been awarded funding by the BHF for the appointment of specialist heart failure nurses. This will support the implementation of many of the recommendations contained within the blueprint.

In parallel, NW London was selected to participate in the national 'Do Once and Share Programme', commissioned by NHS Connecting for Health. Led by Dr Mark Dancy, this project focused on heart failure and was one of only two cardiac projects selected nationally.

The overarching aim of the project was to produce an agreed definition of the care pathway for heart failure in the NHS, sufficient to inform the commissioning of an NHS Care Records Service to support best practice in heart failure care.

Supported by the Network, a recommended care pathway with data requirements has been submitted for national consideration.

Currently Imperial College, in association with three NW London Trusts³, are undertaking a randomised controlled evaluation of home telemonitoring of patients with heart failure recently discharged from hospital. The study will assess whether home telemonitoring reduces the risk of re-hospitalisation. This innovative project demonstrates the commitment of NW London clinical teams to undertake clinical research as a means of improving patient care.

"Collaborative working across the patient pathway from diagnosis to palliation, has supported the development of heart failure services within the Network and has provided opportunities to share experiences and explore potential service improvements. Integrating primary, secondary and tertiary service professionals has encouraged a greater awareness of the issues we share in trying to provide an excellent and equitable heart failure service to our population."

Hayley Pryse-Hawkins, Heart Failure Nurse Specialist, Royal Brompton & Harefield NHS Trust, and BHF Nurse Co-ordinator

West London Heart Failure task group
Joint Chair: Professor Martin Cowie, Chair in Cardiology, National Heart & Lung Institute
Joint Chair: Dr Mark Dancy, Consultant Cardiologist, National Clinical Chair, Heart Improvement Programme.
Network Lead: Temo Donovan, Senior Project Manager

9. Medicines Management

During the past year, the Network has become aware of the need for sector wide guidance on the use of key cardiac drugs. The Network's Primary Care task group highlighted examples of inappropriate prescribing within their local PCTs alongside variation in practice.

In response, sector wide guidelines have been developed to introduce standardisation and consistency in prescribing protocols in place across NW London. To date, in conjunction with prescribing leads and clinicians, Network wide guidance has been produced on the use of Clopidogrel and Statins. Implementation of these guidelines is underway and will be monitored.

The Network would like to acknowledge the contribution made by Theodora Michael and Frances Horne, Prescribing Advisors for Brent and Hounslow PCTs respectively.

Network Lead: Maria O'Brien, Director

10. NSF Chapter 8: Arrhythmias and Sudden Cardiac Death

In response to the release of the new NSF chapter, the Network has established an identified clinical lead to take forward this important area of work. The Network's priority is to improve direct access to specialist arrhythmia care through the establishment of multidisciplinary specialist practitioners across NW London, underpinned by appropriate education initiatives spanning primary and acute care.

Two NW London organisations have been awarded funding by the BHF to develop specialist arrhythmia posts and it is anticipated that these will support the Network's preferred model.

The Network is fortunate in already having some examples of good practice in arrhythmia care in place across NW London which are transferable to other areas. One such example is the Charing Cross Hospital Rapid Access Cardiology Service developed by Dr Kevin Fox, Consultant Cardiologist. This service uniquely combines the rapid assessment of patients presenting with chest pain, heart failure or arrhythmias such that a rapid diagnosis, risk stratification and treatment plan can be initiated. Recent evaluation of this service has shown that this is an effective model'.

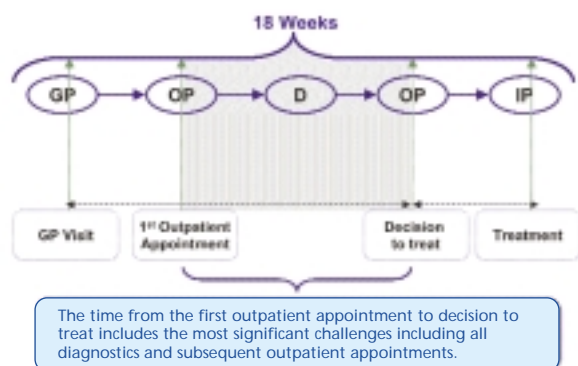
Chapter 8 Clinical Lead: Professor Nicholas Peters, Consultant Cardiologist, St Mary's NHS Trust

11. 18-week Patient Pathway

The Department of Health have set 'an ambitious and ground breaking commitment that by December 2008 no one will have to wait more than 18 weeks from GP referral to the start of hospital treatment.' (DoH Guidance, October 2005).

To assist organisations in meeting this challenging target, the Network appointed a senior project manager to lead the development of a comprehensive strategy across cardiac services. To date, patient pathways for angiography, angioplasty, electrophysiology/device implants, CABG and valve repair/replacement have been

Figure 15 – 18-week Patient Pathway



mapped across every NW London organisation. Waiting times at every stage of the patient pathway have been measured, highlighting areas for improvement. This has led to the implementation of a number of service redesign projects, focusing on different aspects of the patient pathway to inform the Network's strategy in meeting this target.

Among the identified priorities, is the need to accurately measure backlog of "waiters" against real demand.

"The '18 week wait' presents a challenging target for all NW London organisations and I feel it can only be truly achieved by organisations working together. I believe it's an area where the Network is making a real difference."

Mr Neil Moat, Clinical Lead, NW London Cardiac Network

**Network Lead: Rima Chowdhury-Hawkins,
Senior Project Manager**

12. Workforce Development & Education

Fundamental to the delivery of effective cardiac services is the recruitment, retention and development of a highly skilled workforce. To take forward this key area, the Network appointed a senior project manager to develop a strategy to drive forward this work. Whilst still in development, the strategy covers workforce and education issues separately, based on the findings of a comprehensive scoping exercise undertaken to provide an accurate report of the current cardiac workforce across NW London, together with recommendations for future development.

In parallel, the Network has also been involved in a number of key projects supporting workforce and education initiatives including:

Generic Catheter Lab Practitioner

In partnership with London South Bank University, three London Trusts, (Royal Brompton & Harefield, St Mary's and Guy's & St Thomas') developed a one year postgraduate (M Level) course in elective angiography aimed at developing new ways of working, by creating a more flexible non-medical workforce. The new role of Generic Catheter Lab Practitioner was created by extending the roles of cardiac physiologists, radiographers and nurses. In April 2005, a pilot course was run involving sixteen students (nine nurses, five radiographers and two cardiac physiologists from nine NHS Trusts).

⁴ Tenkorang, J. N., et al (2005). 'A rapid access cardiology service for chest pain, heart failure and arrhythmias accurately diagnoses cardiac disease and identifies patients at high risk: a prospective cohort study'. Heart 2006; 92: 1084-1090

The programme is overseen by a Project Board, on which the Network is represented, which has developed a business case to secure mainstream funding for this programme pan London.

Initiatives like this are being incorporated into our Network Workforce Strategy in order to promote models for new ways of working.

Lead: Dr Iqbal Malik, Project Board Chair & Consultant Cardiologist, St Mary's NHS Trust

Cardiac Physiology Workforce

Following publication in March 2005 of the "Cardiac Physiology Workforce Requirements in London," paper which was produced on behalf of all the London SHAs, a pan London group was established to take forward its recommendations. The London Cardiac Networks led the development of a pan London business case to progress the major elements of the report's recommendations. This comprised the implementation of a supernumerary training programme for cardiac physiologists, clinical trainers to support cardiac physiology students, and development of an assistant practitioner role in cardiac physiology. Pending funding being secured, elements of this work are being considered at a national level to progress developments around this staff group. It is also being fed into our Network Workforce Strategy as a high priority area for development.

Network Lead: Maria O'Brien, Director

Certificate in Cardiovascular Medicine

In 2006, the Network jointly launched a sector wide primary care education programme, developed by Harrow PCT in conjunction with St Mary's Hospital and Thames Valley University. More than 40 primary care practitioners attended the first sector wide course, which was run over 4 months and culminated in a formal examination process. As part of the assessment process, candidates were also required to spend time in local cardiology departments, which required considerable support from our NW London hospital clinicians. The benefit of this arrangement has encouraged better working relationships between GPs and their local cardiology departments.

Demand for course places exceeded expectations and there is a continued high level of interest for further courses which the Network will continue to support.

**Course Leads: Dr Amol Kelshiker, GP and GPwSI in Cardiology, Harrow PCT
Dee Hannah, Nurse Consultant, Harrow PCT
Dr Jamil Mayet, Consultant Cardiologist, St Mary's NHS Trust**

"It is heartening that we have had such positive feedback from GPs attending this course. Education in primary care is clearly valued and is an area that as a Network, we should continue to develop further."

Dee Hannah, Joint Course Lead

Network Lead - Workforce Development & Education: Joanna Pisko, Senior Project Manager

13. Commissioning

The Network has worked alongside commissioners to support and advise on key areas of cardiac care. These have included:

- A cost benefits analysis for primary angioplasty.
- A briefing paper with recommendations on the use of closure devices for Atrial Septal Defects and Patent Foramen Ovale (PFO).
- Network wide agreement on cardiac Choice following angiography.
- Specialist commissioning:

Advice on arrangements for the commissioning of Implantable Cardiac Defibrillators (ICDs)

Working with specialist commissioners to support dedicated project management to take forward work around Paediatric and Congenital Cardiac Services (PCCS).

Over the forthcoming year, the Network will start to work alongside practice based commissioning groups to advise on appropriate areas of care.

Network Lead: Maria O'Brien, Director

14. Communications

It is essential that the Network is able to reach and engage with professional groups across NW London to inform and take forward prioritised sector wide work. On a wider basis, the Network needs to share and update all stakeholders effectively in progress, new developments and national priorities for cardiac care.

It is equally important that the Network communicates with patients, carers and the general public about a variety of cardiac-related issues including education and health promotion.

In 2005, the Network developed a Communication Strategy to take forward this important aspect of our work. The strategy links closely with the Network's Information and User Involvement strategies, and was ratified by the Board.

In line with the strategy, Network communications have been taken forward by a number of different approaches - the main ones are detailed as follows.

Website

Early on, the Network commissioned the design of our website www.nwlc.n.co.uk. The website provides a rich source of information for clinicians, managers and the public on the structure and remit of the Network, progress and development on individual work streams, clinical protocols and guidelines, patient information, performance ratings and educational opportunities etc.

The website is constantly maintained by the Network Administrator, Kathryn Wickham, to ensure the information held on the site is accurate and up to date.

Literature

A variety of communication materials have been developed by the Network to reach specific stakeholder groups. These range from postcards, posters, communication bulletins, newsletters,

promotional materials, educational brochures and health promotion pamphlets.

Regular Network briefings tailored to specific stakeholder groups are disseminated, for example, update cards for GPs and health promotion pamphlets to support recognised health awareness events such as 'No Smoking Day'.

In support of this, the Network has developed a comprehensive contacts database both within and

Figure 16 – NW London Cardiac Network Website Homepage

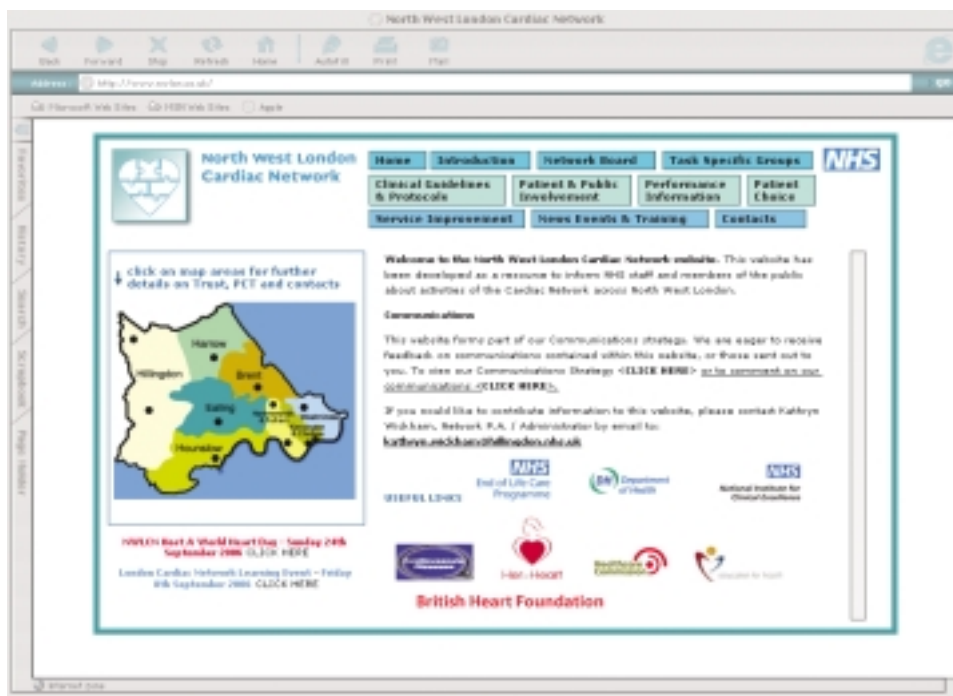


Figure 17 – Selection of NW London Cardiac Network literature



external to NW London. This has ensured that our regular communications reach a wide range of multi-professions across the sector and beyond.

Evaluation suggests that stakeholders value these forms of communication and the Network benefits from raised awareness of its work. The Network is continuing to develop new and innovative ways of maintaining interest in response to feedback received.

Events

In line with our Communication Strategy, the Network is committed to organising and facilitating educational events. To mark our first year's achievement, the Network organised a large multidisciplinary conference: 'At the Heart of It'.

The conference aimed to raise awareness about the Network, share good practice from across NW London and provide an opportunity for colleagues to network. The one-day event was held at the Royal College of Physicians on 7th October 2005. Professor Roger Boyle CBE, National Director of the Vascular Programme at the Department of Health gave the keynote address. Thanks to the valued support of Network members the programme for the day was filled with clinical innovations and

"Well done for organising this. It was a huge success!"

Jaspal S Kooner MD FRCP, Professor of Clinical Cardiology & Consultant Cardiologist, National Heart & Lung Institute, Imperial College

examples of good practice from a broad range of areas. Evaluation of the conference was extremely positive; 97% of respondents indicated the event had met or exceeded their expectations.

All presentations from the conference have been added to our website.



(Photo per kind favour of the Heart Improvement Programme.)

At the Heart of It conference: Professor Roger Boyle CBE, National Director of the Department of Health Vascular Programme, gave the keynote address.

Our communications to date have contributed significantly to promoting the role and remit of the Network and it is recognised that this important area of work must continue to meet the needs of stakeholders. To this end, new and innovative methods of reaching target audiences will remain a Network priority.

Network Lead: Jinty Wilson, Assistant Director

Summary and Future Work Themes

In conclusion, this review demonstrates the considerable progress achieved by the NW London Cardiac Network to date. This is due to the significant support and contribution made by our stakeholders and has laid the foundation to underpin further developments in the future. The remit of the Network is continually evolving and as such there is a need to flexibly adapt in response to changing agendas within the NHS.

The Network will continue to support and develop further the areas already outlined in this review, in addition to a number of new and emerging priorities that have already been identified, as outlined below:

- Public Health initiatives to support the DoH white paper 'Choosing Health: Making healthy choices easier'⁵, improving the impact of primary and secondary prevention interventions.
- Informing commissioning arrangements through joint working with practice based commissioners in line with 'Our health, our care, our say: a new direction for community services'⁶.
- 'End of Life' care for cardiac patients; developing and improving access to appropriate services.
- Imaging: use of non-invasive cardiac imaging including referral pathways, access and introduction of new technologies.

- Research: supporting Network wide clinical research in conjunction with Imperial College.
- Work with the London SHA and stakeholder organisations to inform future provision of acute and specialised cardiac services.
- Pan London work on implementation of the recommendations contained within 'A commissioning guide for services for young people and Grown Ups with Congenital Heart Disease (GUCH)'⁷.
- Stroke: in response to the broadening national agenda for cardiovascular disease, undertake some initial work focused on the care of stroke patients.

Further details on these important areas of work will be available on our website in due course.

⁵ 'Choosing Health: Making healthy choices easier', 2004, Department of Health

⁶ 'Our health, our care, our say: a new direction for community services' 2006, Department of Health

⁷ 'A commissioning guide for services for young people and Grown Ups with Congenital Heart Disease (GUCH)' 2006, Department of Health

Acknowledgement

Our thanks to Network colleagues who have contributed to this review.

The information provided in this review is considered accurate at the time of print, and is without warranty. The Network will not be liable for any damages, direct or indirect, arising from the information provided.