

Summary of Heart Failure Scoping Exercise NWL

November 2004

Purpose

- To gain baseline understanding of HF services across NWL
- To determine whether areas of inequity exist within NWL
- To assist in informing Network HF priorities and a work plan for the West London HF Group

Main Findings

- All Trusts returned data
- Considerable variability in provision of service
- All but 1 Trust (Hillingdon) have a funded Nurse Specialist post
- All Trusts run HF clinics
 - Wait for new HF appt varies 1 day – 8 weeks
 - Some clinics completely Nurse Led
 - All but 1 Trust (Hillingdon) provide a minimum of 2 HF sessions per week

- Hillingdon Trust only centre to have GPSIs running HF clinics
- Community services established in H&F PCT, with BHF funding agreed at K&C, Westminster & Brent PCTs to develop nurse-led HF services
- Cardiology Nurse Specialists employed within Harrow PCT running practice based pilots for CHD referrals including HF
- Hillingdon PCT to fund development of GPSI service & to implement community diagnostics e.g. ECHO

- Most centres have protocols in place but only NWL/Brent/Harrow had shared protocols with primary care. No centre have mechanisms for auditing compliance to these
- Only 4 Trusts have BNP testing (different provision levels: Lab Vs near patient testing)
- Only 2 centres (RBH & SMH) have dedicated Cardiac Rehab services for HF (Northwick Pk providing limited access)

ECHO Services

- Waiting times identified as a problem by most centres (2 – 3 months)
- Insufficient Cardiac Physiologists employed in baseline establishments
- Difficulty in recruiting to vacant Cardiac Physiology posts
- Not all centres have BSE accredited Cardiac Physiologists undertaking ECHO
- Community ECHO services provided by Brent PCT

Good Practice

- Shared protocols, pathways and guidelines with primary and secondary care (NWL NHS Trust, Brent PCT, Harrow PCT)
- Palliative care pathway incorporated within ICP (Ealing)
- Cardiac Rehabilitation (RBH) Heart Failure Gym (SMH)
- MV02 testing (SMH & RBH)
- Specialist multi-agency HF management allowing specialist support e.g. bi-ventricular pacing, transplantation, palliative care
- Monthly support groups, bi-annual clinical governance meetings, active patient network (RBH)
- GP letter template at WMUH allowing fast GP communication
- Research (WMUH/RBH)
- One stop service model provided at Charing Cross allowing fast patient access, diagnosis and clinical support from community HF team
- GPwSI (Hillingdon)

Biggest Challenges

- Long waits for ECHO leading to delayed treatment
- Lack of facilities/funding for BNP testing
- Lack of HF services in the community
- Lack of administrative support for HF services
- Vacant posts – Nurse Specialists and Cardiac Physiologists
- Financial pressures
- Cardiac rehabilitation for HF
- Lack of PCT “buy-in” for supporting HF
- Encouraging GPs to refer to community services
- Nurse prescribing
- Initiation of beta blockers in the community
- Poor “buy-in” from secondary care clinicians for community services (poor adherence to shared protocols by some secondary care clinical teams and mixed messages re: beta blockers)

Summary & Priorities

- Lack of an agreed model of care for HF
- Inconsistent use of protocols with only one example of a shared pathway with primary care
- Access to diagnostics
 - Long waiting times for ECHO
 - Workforce issues
 - Quality issues (lack of BSE accredited CPs across NWL)
- Inconsistent use of BNP in centres (lack of protocols & direct GP access)
- Lack of Cardiac Rehabilitation for HF

Conclusion

- NWL Cardiac Network would wish to seek an **agreed** sector wide approach to these priority areas
- West London HF group to agree action plan with timescales for making recommendations to the Network Board (recommendations should be informed by patient, clinical & management/commissioning views)
- Network Service Improvement Team will support any demand/capacity work and re-design around new/existing service models