

National Service Framework Chapter 8: Structure for Implementation

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Cardiac Electrophysiology

- Ablation Therapy for Arrhythmias
 - 1987 AVNRT / AVRT / Atrial Flutter >98% Success Rate
 - 1993 Atrial Tachycardia / VT >85% Success Rate
 - 1998 Atrial Fibrillation ~70% Success Rate
- Implantable Defibrillators
 - 1997 Improves survival in patients at risk for sudden cardiac death
- Biventricular Devices
 - 2001 Improves survival and symptoms in Heart Failure

2005

- High quality and efficient service
- Diagnosis and treatment
- Sudden cardiac death

Coronary Heart Disease

Chapter Eight
Arrhythmias and Sudden
Cardiac Death

NHS

National
Service
Framework

8

DH Department
of Health

National Service Framework for Arrhythmias

>700,000 patients treated for arrhythmias per year in England



Top 10 causes of hospital admissions

400 Sudden Cardiac Deaths in young people



100,000 Sudden Cardiac Deaths Caused by coronary disease

NSF Ch 8:

Three quality requirements

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

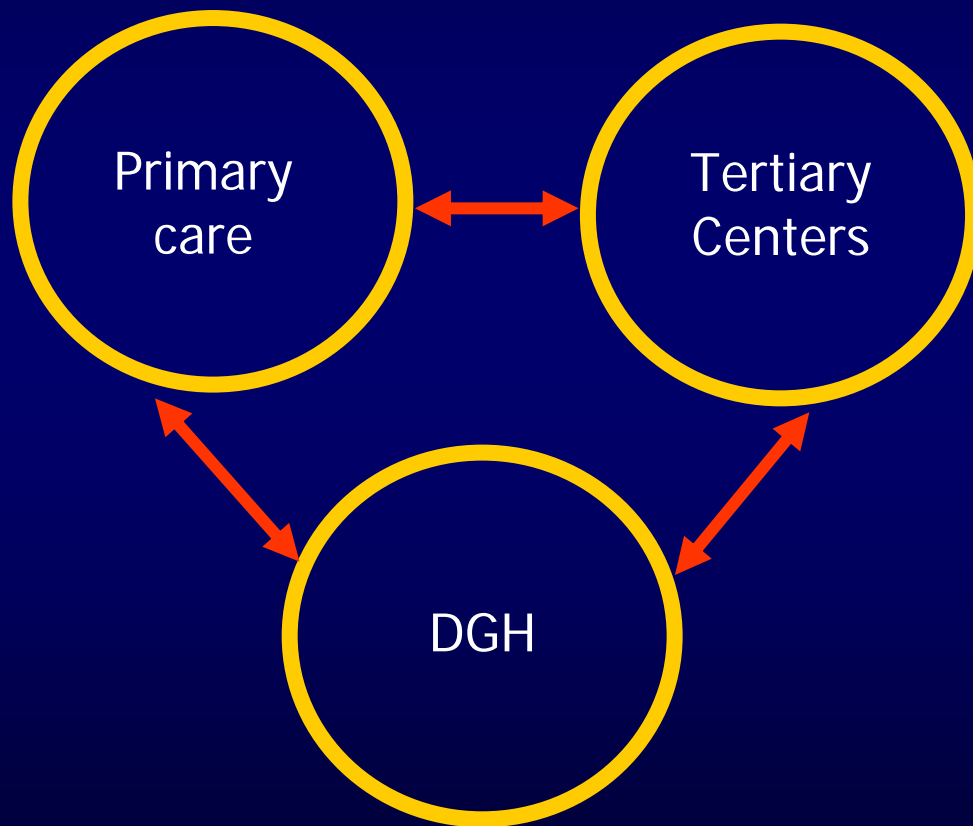
People presenting with arrhythmias, in both emergency and elective settings, receive timely assessment by an appropriate clinician to ensure accurate diagnosis and effective treatment and rehabilitation.

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.

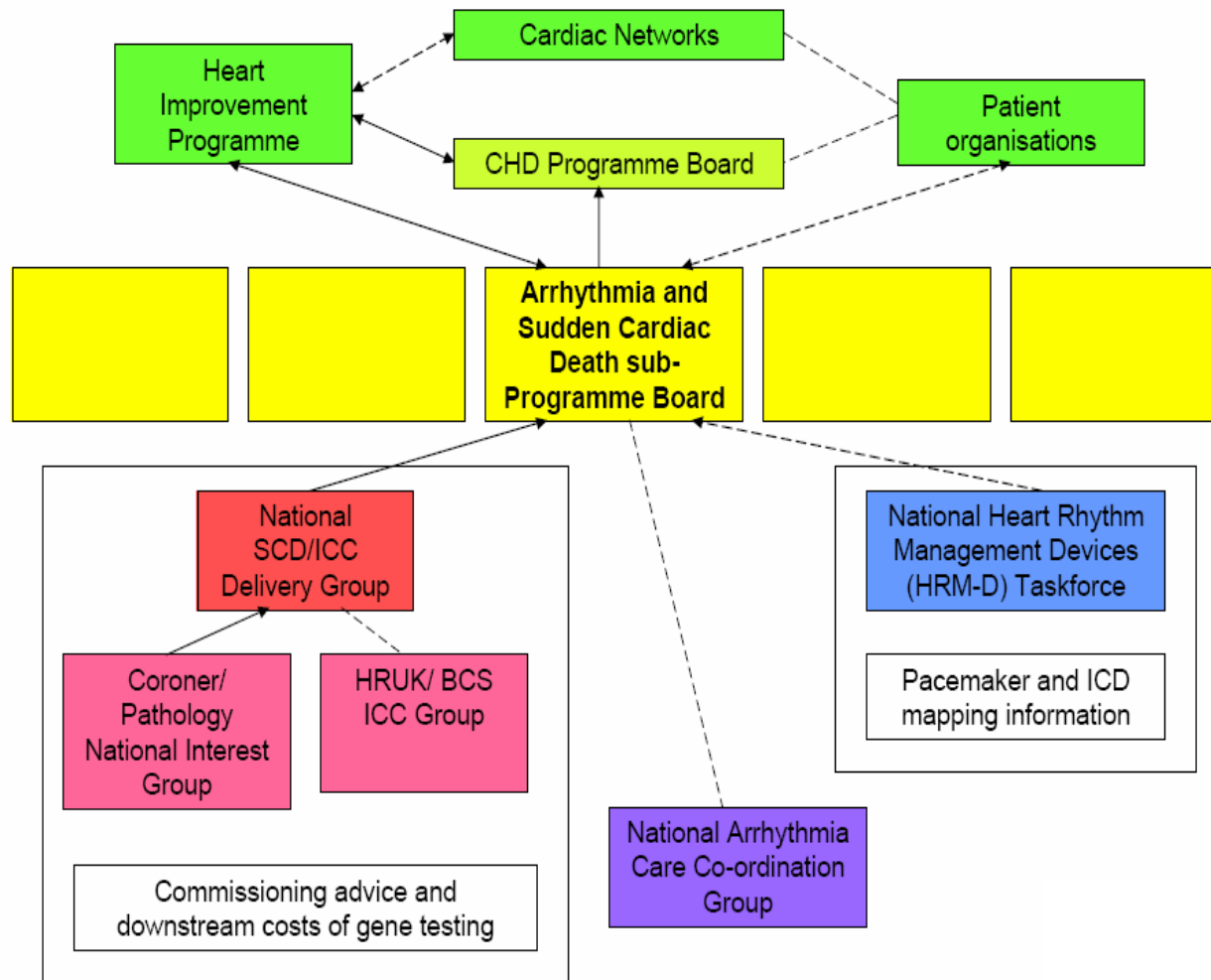
18 weeks

Implementation



- Challenges
 - Low awareness
 - Low priority
 - Lack of infrastructure
 - Coordination

Facilitators



Quality requirement 1

Patient support

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

Arrhythmia Care Coordinators



- Total number of nurses funded
32
- At the Brompton & Harefield:
 - Pre- and Post- arrhythmia treatment:
 - Clinical
 - Psychological
 - Educational support
 - ICD patient support group
 - Education to the hospital staff

Royal Brompton & Harefield **NHS**
NHS Trust

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Arrhythmia Care Coordinators



- In progress
 - Nurse lead arrhythmia clinic
 - Pre- and Post- ablation clinic
 - AF clinic
- Future
 - Integration with primary and secondary care
 - Comprehensive education programme

Quality requirement 2

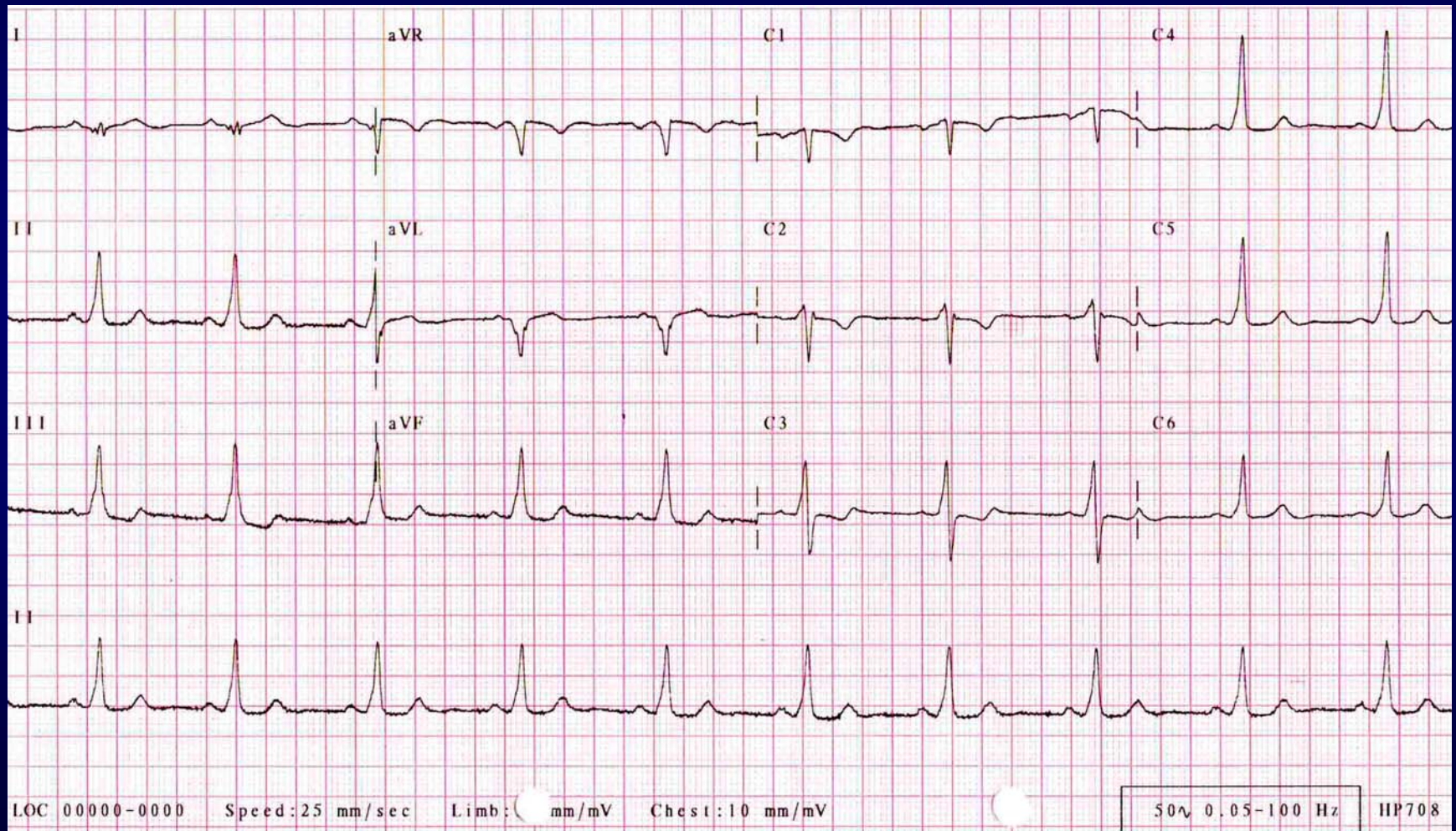
Diagnosis and Treatment

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

Case

- 27-year-old
- Palpitations for more than 10-years
- Several visits to A&E: sustained palpitation 3 years ago
- Worse during her last pregnancy
- Referred to a local cardiologist from the obstetrician
- 10-month old baby

Case



Wolff-Parkinson-White Syndrome

- NSF chapter 8:

'Patients with Wolff-Parkinson-White (WPW) syndrome or asymptomatic pre-excitation should be referred to heart rhythm specialist'

- Risk of sudden cardiac death
- >90% success in curing this condition from catheter ablation

The system has failed!

- Awareness
 - Patient
- Referral
 - Primary care
 - Secondary care (A&E)
- Access to investigations
- Obstetrician → Cardiologist → Arrhythmia specialist took 10 months!

Improvement of service

- Raise awareness and Educate Key Cares
- Care pathways
- Access to diagnostic and therapeutic services
- Communication

Education

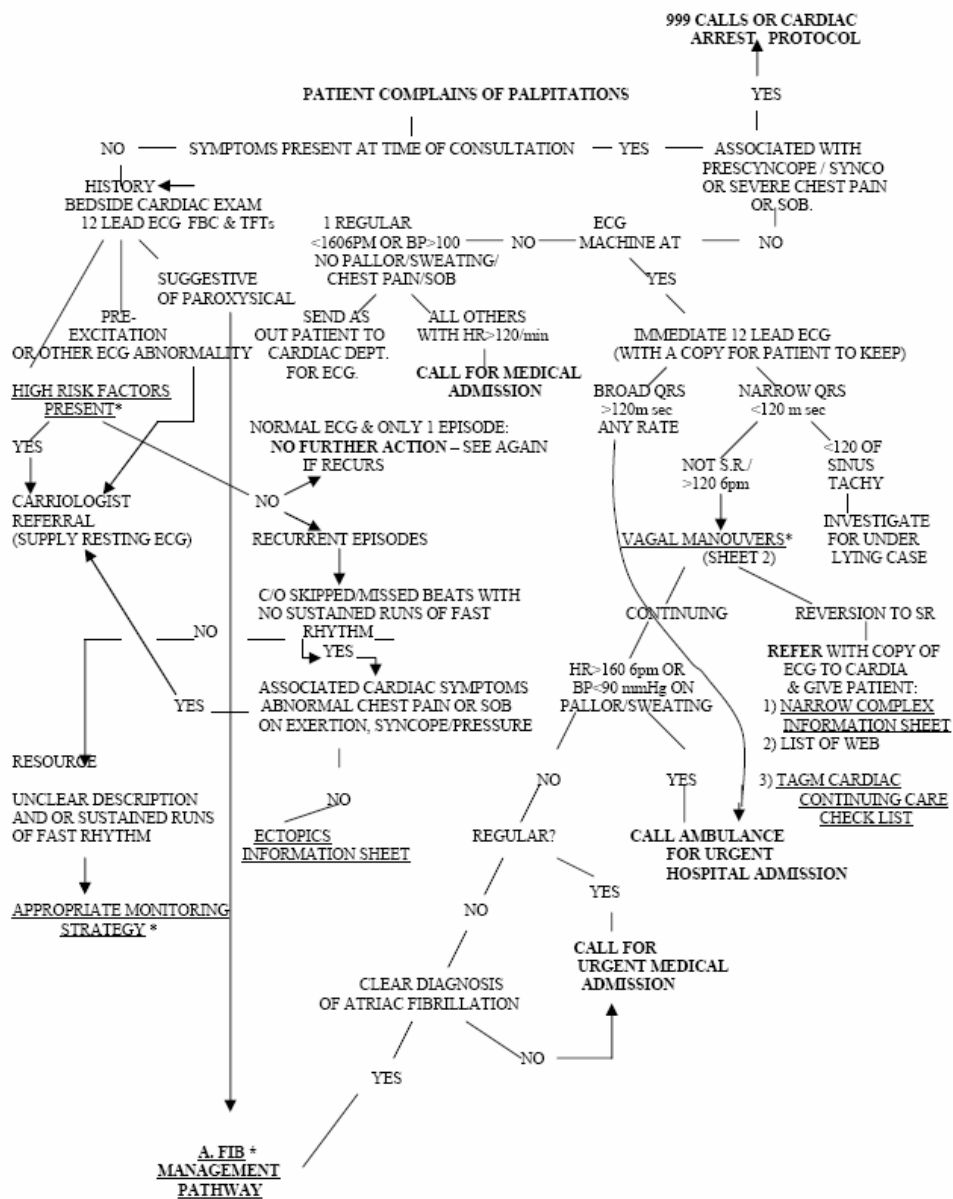
- Primary care
 - Primary care arrhythmia meeting
- Hospital staff
 - lectures, staff round
- Arrhythmia Alliance
 - <http://www.aral.org.uk>
- Education for health
 - www.educationforhealth.org.uk

Improvement of service

- Raise awareness and Educate the Key Cares
- Care pathways
- Access to diagnostic and therapeutic services
- Communication

GP APPOINTMENT

(IT SHOULD BE A GOAL THAT ALL GP SURGERIES SHOULD BE ABLE TO PERFORM A 12 LEAD ECG).



Improvement of service

- Raise awareness and Educated the Key Cares
- Care pathways
- Access to diagnostic and therapeutic services
- Communication

Access

- Diagnostic
 - ECG
 - ECHO
 - Holter
- Specialist clinics
 - Arrhythmia clinic
 - Blackout clinic

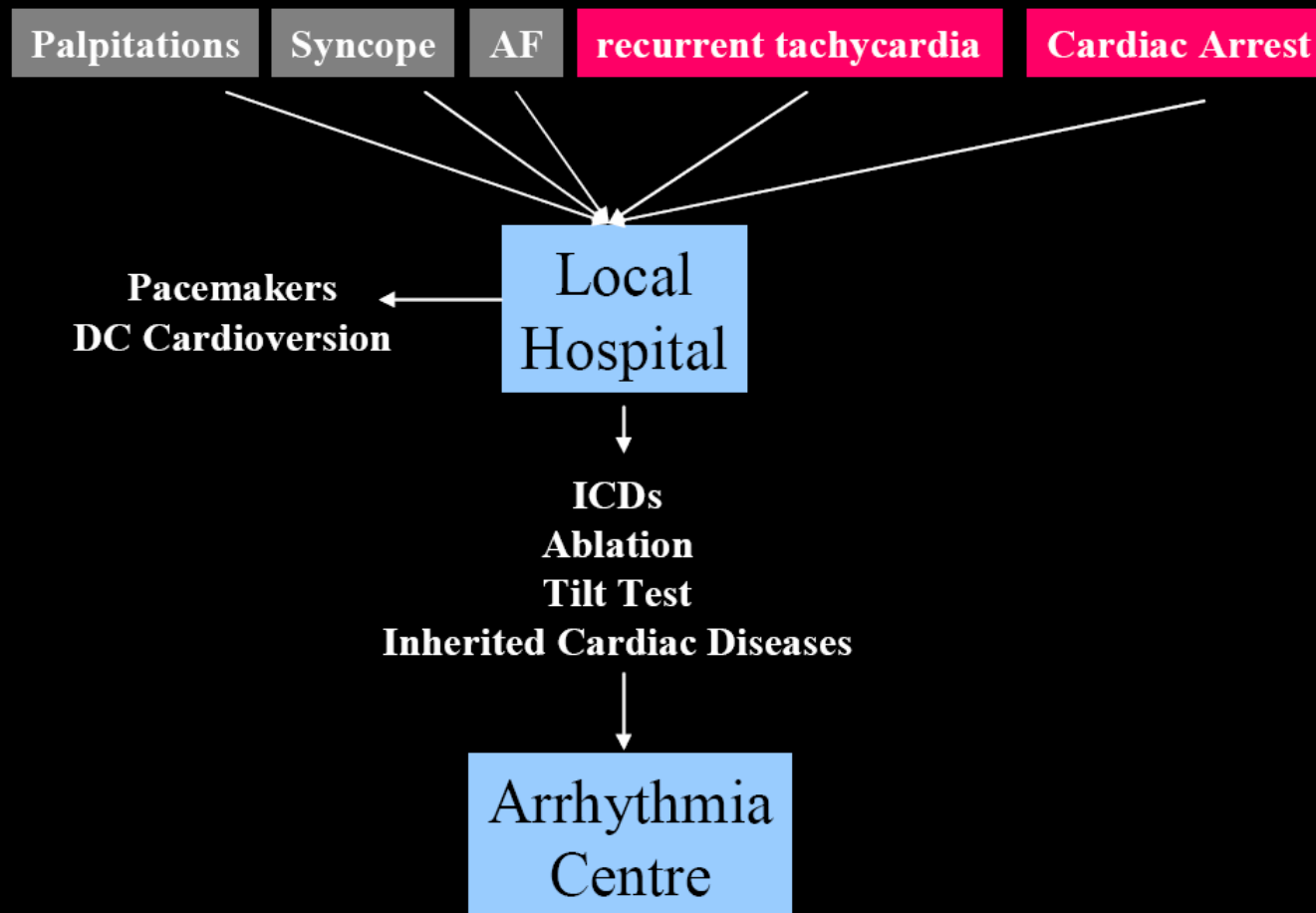
Improvement of service

- Awareness, Education
- Care pathways
- Access to diagnostic and therapeutic services
- **Communication**

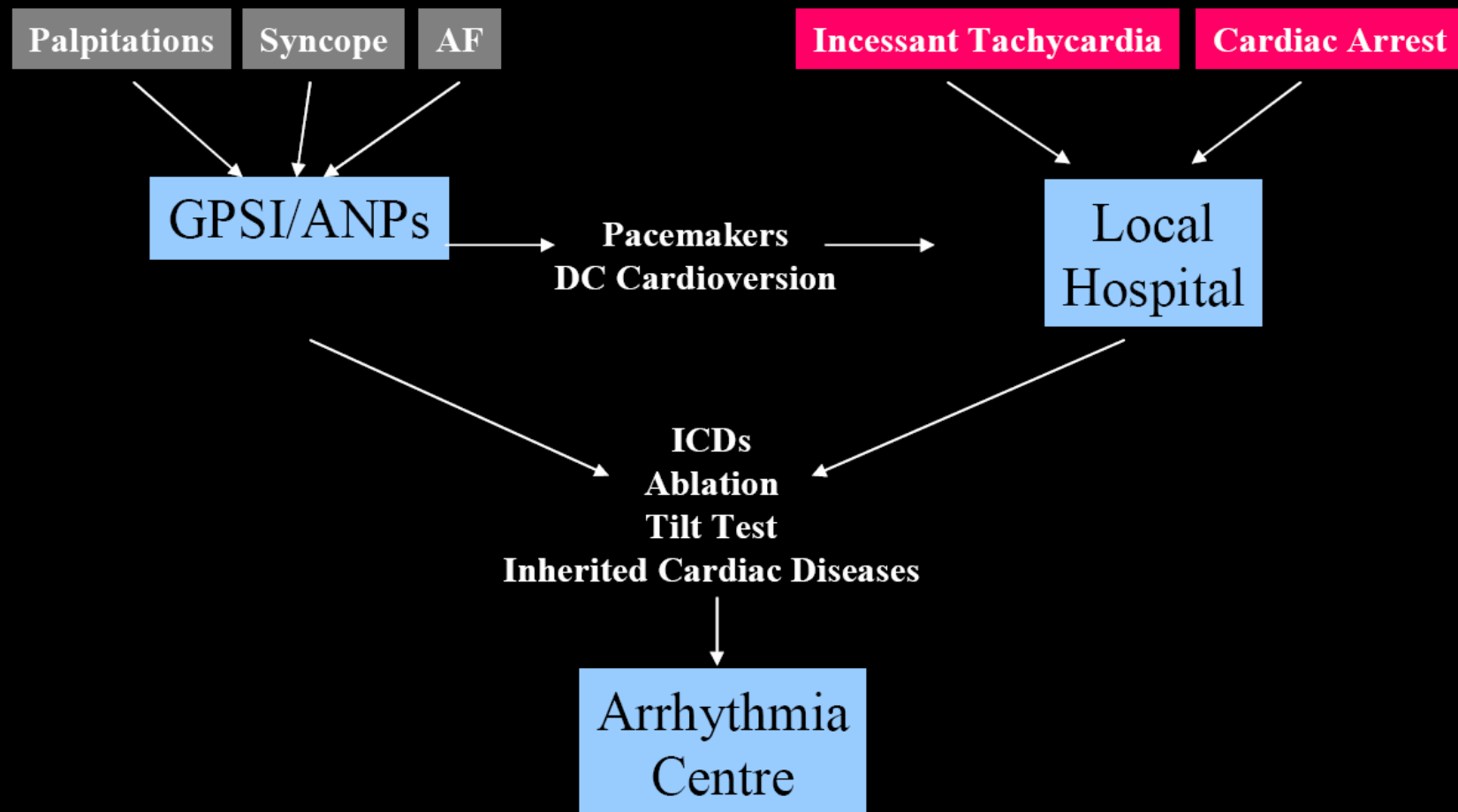
18 weeks

2008

Current Model



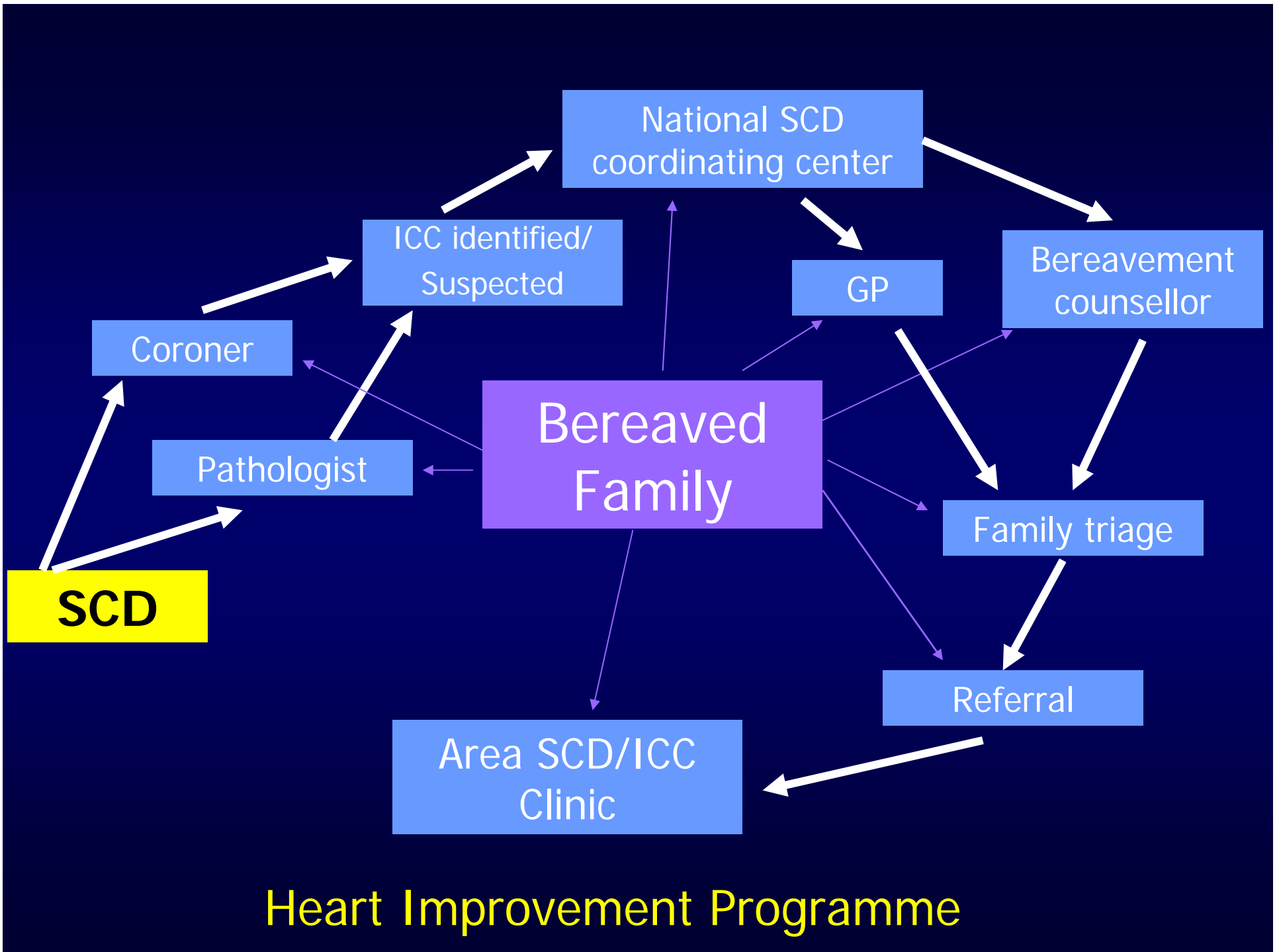
Potential New Model for Chapter 8



Quality requirement 3

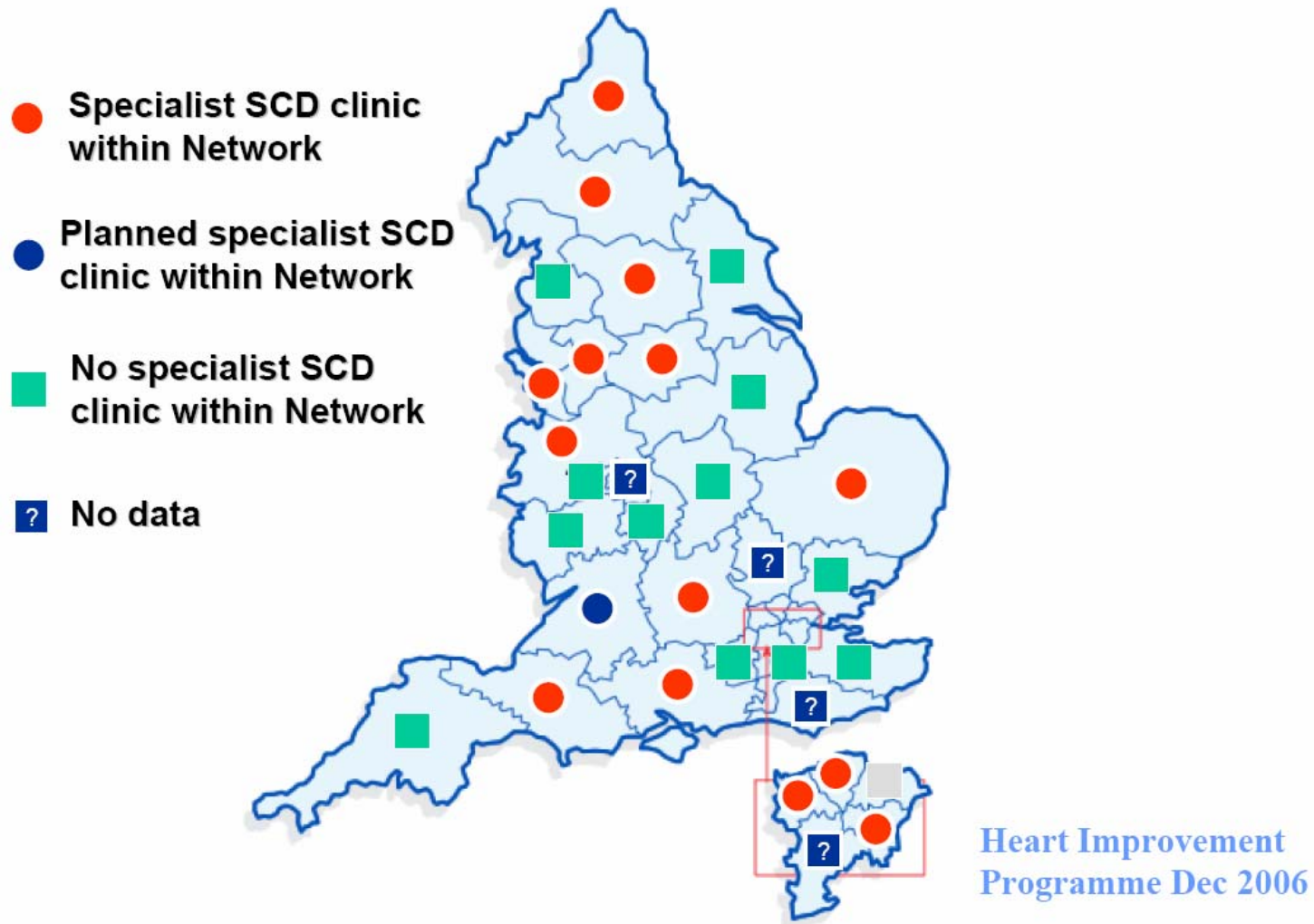
Sudden Cardiac Death

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



Heart Improvement Programme

Current provision of specialist SCD clinics



Summary

Structure for Implementation (NSF Ch8)

- Arrhythmia care coordinators
- Awareness and education
- Higher priority for CRM therapies in primary care
- Infrastructure for bringing tertiary care CRM to primary care

