



Managed Clinical Network for Coronary Heart Disease



**ANNUAL REPORT
2008 - 2009**

Managed Clinical Network

**Cluden Cardiac Unit,
Cluden East
Crichton Hall
Dumfries
DG1 4TG**

Tel : 01387 244293 Fax 01387 244063

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1. Introduction

As a result of local health board reporting requirements this annual report covers the shortened period of July 2008 to February 2009. Please note that some of the data contained within this report may reflect a different timescale.

Managed Clinical Network (MCN) Organisation

There have been no changes to the membership or structure of the Managed Clinical Network for Coronary Heart Disease since the last report. (Appendix 1) The regular sub-groups within the MCN are:

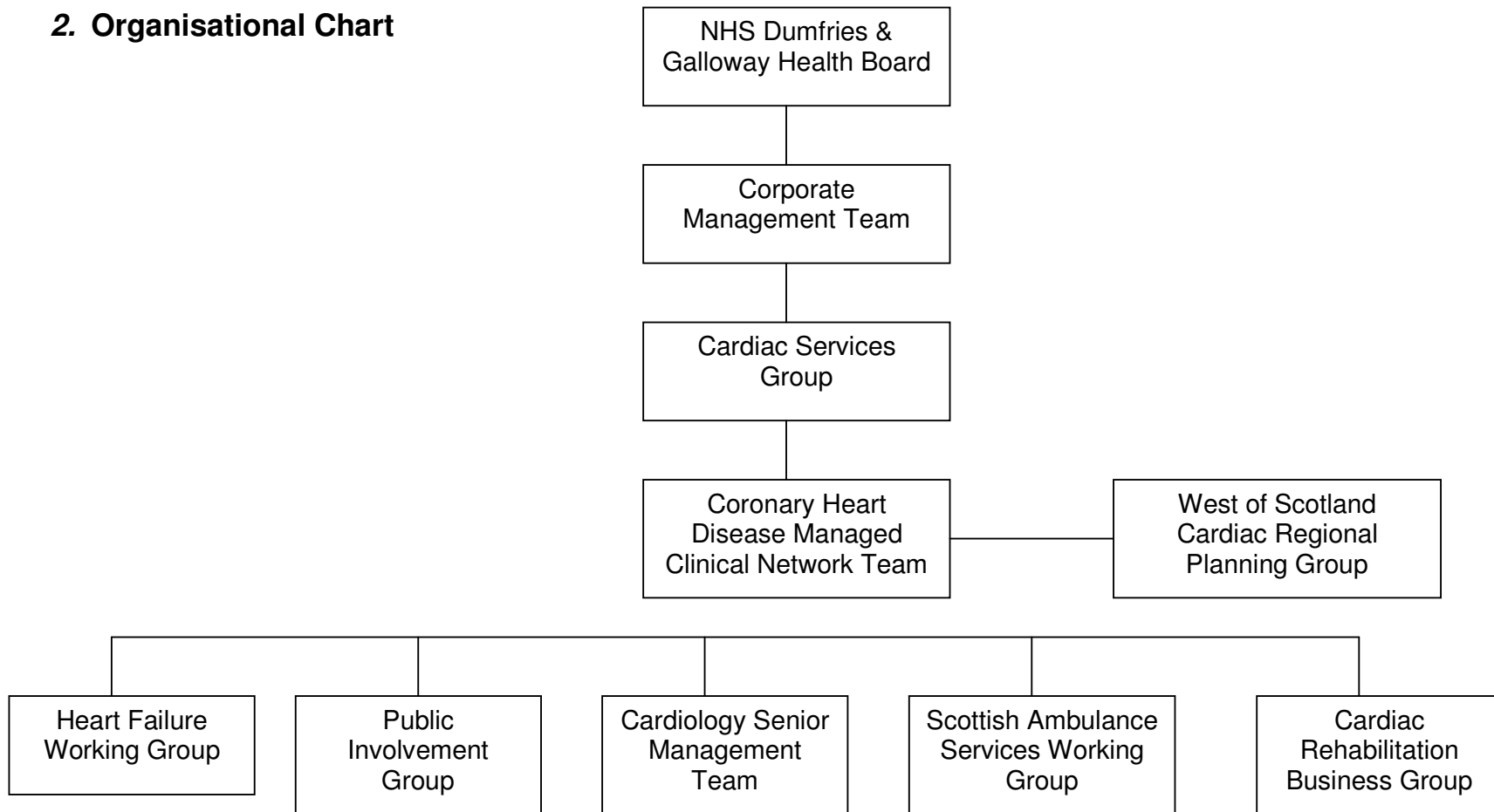
- The MCN Team
- Heart Failure Working Group
- Public Involvement
- Cardiology SMT
- Scottish Ambulance Services Working Group
- Cardiac Rehabilitation Working Group

The work of the groups is then reported to the Cardiac Services Group which meets quarterly.

All MCNs require to be accredited by their local Health Board.

NHS QIS is in the process of developing new templates for accreditation and the MCN for CHD will be working with NHS QIS over the next year to achieve this.

2. Organisational Chart



3. Workforce Planning Issues

The Cardiology service continues to experience various pressures in relation to capacity issues and waiting times targets. The two full time consultant cardiologists have been supported by a locum consultant cardiologist and the post of temporary Staff Grade doctor. Even with this additional temporary work force there is still a requirement for staff to work overtime to run extra out patient clinics to meet waiting time targets. A business case is currently being developed to address medical staffing issues and will be considered as part of the local prioritisation process.

Use of locum cardiac physiologists on an ad hoc basis has been required to support the cardiac physiology services. These diagnostic services are of paramount importance for all aspects of cardiology services and require to be taken into consideration when future planning is being undertaken. There is a national shortage of cardiac physiologists, partly due to changes being made to the training programme and partly due to the fact that no graduate training is available in Scotland. There is a proposal currently underway that graduate physiology training will be available at Glasgow Caledonian University by the end of this year. For average referral rates for diagnostic services please see Appendix 2.

4. Optimal Reperfusion Service (ORS)

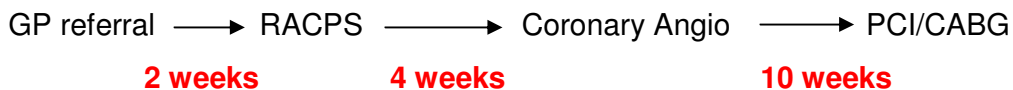
The main development since the last report has been the implementation of the West of Scotland Optimal Reperfusion Service on 12th January 2009. This service sees all patients in NHS Dumfries and Galloway who present with ST elevation myocardial infarction (STEMI) receiving thrombolysis locally. This "clot busting" drug is given either by the Scottish Ambulance Service (SAS) paramedics in the community or by the doctors or nurses at Dumfries & Galloway Royal Infirmary (DGRI) or the doctors at the Galloway Community Hospital (GCH). The patients are then transferred immediately to the Golden Jubilee National Hospital (GJNH) at Clydebank for coronary angiography and percutaneous intervention (PCI) if required. This procedure entails a small balloon being inserted into, and inflated in, the affected coronary artery with a small stent being left in place to keep the artery open. When fully recovered the patients are then transferred back to DGRI or GCH for further management.

Partnership working with the MCN for CHD, acute services and ambulance services

has played a major part in the local planning and implementation process for the service. During the planning stages of this project, one of the major issues identified was the lack of confidence of the SAS paramedics in delivery of pre-hospital thrombolysis. This was recognised in all the health board areas in the West of Scotland region. The cardiology team locally devised a one-day training programme for the paramedics and during November and December 2008, 55 paramedics received this one-day update. This required a huge joint effort and commitment from the consultant cardiologists, cardiology nurse specialists, SAS managers and paramedic staff.

Following on from this training day there has been a noticeable increase in the number of patients receiving pre-hospital thrombolysis. The introduction of ORS has also seen service redesign taking place within D G R I. Prior to the introduction of this service all STEMI patients received thrombolysis in Ward 8 – now patients presenting to A & E are receiving thrombolysis in A & E and then being transferred directly to GJNH for assessment and PCI. It is still early days since the implementation of the service but January 2009 was a particularly busy month for STEMI – so as soon as the service went “live” all the various components of the service were put to the test. Continuous monitoring of the service is being undertaken and is reviewed at each MCN team meeting and at the Scottish Ambulance Working Group meetings. (Appendix 3)

5. Rapid Access Chest Pain Service



The Rapid Access Chest Pain Service (RACPS) is now well established. The referrals are received via SCI Gateway from those practices with this electronic link up and by paper from the others. To date, the service has been receiving on average 8 rapid access referrals per week and we estimate that the service receives 10 – 12 urgent chest pain referrals per week. The number and times of clinic slots allocated have been adjusted accordingly.

6. Community Holter

The community holter pilot project has been completed. The initial project was trialled at Galloway Community Hospital and Sanquhar Health Centre. This allowed patients identified by their GP as needing a 24 hr ECG monitor to have this test carried out within their own area instead of having to travel to Dumfries to have the device fitted and in some cases returning the next day to have the device removed. It has now been decided to site the other monitors at Newton Stewart Hospital, Castle Douglas Hospital and Annan Hospital. Staff training is underway for those identified at each site to undertake this devolved service.

7. MCN for CHD Website

The MCN for CHD website has recently been launched and is available on the DGHB public website in the “services” option or via the link <http://www.nhsdg.scot.nhs.uk/dumfries/252.html>

Many thanks to all who have contributed to this site to date and to IT department for their help and support.

8. SIGN Guidelines

Following on from the original launch of the CHD SIGN Guidelines:

SIGN 93 Acute Coronary Syndromes,

SIGN 94 Cardiac Arrhythmias in Coronary Heart Disease,

SIGN 95 Management of Chronic Heart Failure,

SIGN 96 Management of Stable Angina,

SIGN 97 Risk Estimation and the Prevention of Cardiovascular Disease

The various working groups allocated to each guideline have met on a regular basis and monitored the progress of the implementation process. The most recent working groups met during February 2009 and the cumulative report is currently being finalised.

9. NHS QIS - Clinical Standards Prevention and Treatment of Coronary Heart Disease

NHS QIS is currently undertaking a comprehensive programme of work in relation to CHD and includes the development of clinical standards, clinical indicators and a national audit programme. This work is directly linked to the work of the Scottish

Patient Safety Alliance (SPSA) which has introduced standards of care for myocardial infarction and heart failure patients to their programme. Members of the MCN attended the recent workshop on Improvement Methodologies for CHD as part of the SPSA programme.

The draft Clinical Standards for the Prevention and Treatment of Coronary Heart Disease were published in February 2009 and the MCN for CHD has been active in collating feedback and responses for the consultation process, holding a workshop event locally in March 2009 and participating in the national consultation meeting.

Baseline audit information will be collected during April and May 2009 to help inform the consultation process and is expected to be repeated towards the end of 2010.

The link to the draft Clinical Standards can be found on the MCN website or at

www.nhshealthquality.org

10. SCI CHD ACS

SCI CHD ACS the national data collection system has now been used since April 2008 at DGRI and GCH. Continuous improvements have been made with upgrades to the system allowing the production of discharge letters. The system has recently been tested to export data to MINAP (the national system used in England) and this will allow a more national picture of STEMI incidence and management to be produced. The developments planned for this year include networking the system regionally – in effect this would allow the GJNH to enter data for a patient from NHS Dumfries and Galloway during their stay there and then local data can be entered for the remainder of the patients' stay in the local hospital. Other links proposed for this year are to link with the system used by the Scottish Ambulance Service and the system used nationally in A/E departments.

A recent report has been produced from the system allowing comparative data within the health boards currently using the system. (Appendix 4)

11. Heart Failure Service

Since September 2008, Sister Jennifer Bell has been seconded for 0.5WTE to the British Heart Foundation (BHF) as Nurse Specialist Project Manager for 2 years. This has allowed development for 2 senior nurses (one from Ward 8 and one from GCH) to backfill the post. This not only allows staff development but has allowed a

specialist nurse to be based in the west of the region. An original audit of heart failure patients in primary care has recently been repeated and the final results are awaited. The service is currently participating in a national audit of acute admissions with heart failure. Annual referrals rates can be seen in Appendix 5.

12. Cardiac Rehabilitation

The introduction of the ORS at the GJNH has impacted on the local cardiac rehabilitation service. The STEMI patients are now experiencing a shorter length of stay in hospital and this stay is split between GJNH and their local hospital. The patients are repatriated to D G R I and GCH from GJNH usually 24 – 48 hours after PCI. They then stay at their local hospital for approximately another 24 – 48 hours to ensure recovery. During this 24 – 48 hrs stay at the local hospital all the information and support which is part of the Phase 1 Cardiac Rehabilitation programme has to be given.

Prior to the introduction of the ORS this information and support was delivered gradually over the five days or so that the patients spent in the local hospital. There was also more possibility to have contact with family members or carers to address their needs.

The new service sees the patients and carers having to absorb a lot of information in a very shortened timescale about a serious illness which is impacting on their usual way of life. Unfortunately there is no provision for cardiac rehabilitation at the GJNH so by the time the patients arrive back at their local hospitals they have lots of queries, worries and stresses which they need help to address. It is too early to tell if this is having a negative impact or not and to date psychological measurement hasn't demonstrated any significant changes however some patients do appear to have unrealistic expectations about the recovery process – possibly as a result of not fully appreciating the seriousness of their illness. From a service point within current staffing levels it is much more difficult to offer additional support to those patients immediately after discharge. One solution may be to invite the patients to participate in the phase 3 programme sooner in the recovery process. This requires close monitoring over the next year.

The service was included in the 2008 BHF National Audit of Cardiac Rehabilitation and has been shown to be performing well when benchmarked against other Health

Boards (www.bhf.org.uk). See Appendix 6 for annual referral rates.

13. Regional Developments

- *Optimal Reperfusion Service*

The implementation of the West of Scotland Optimal Reperfusion Service has now been completed for most health boards in the west of Scotland. See page 5 for the local perspective. The ORS Short-Life Working Group set up to oversee this regional work continues to meet to monitor and address any difficulties experienced in the different areas. The MCN for CHD provides local representation to this sub-group.

- *Follow Up Care for Implantable Cardiac Defibrillators (ICD)*

A scoping exercise has been completed within the West of Scotland Regional Planning Group looking at implications for local health boards if the follow up care for patients with ICDs is undertaken locally rather than at the tertiary centre. A major issue will be training needs for the cardiac physiologists to deliver this service.

- *Regional Imaging Strategy*

Work has recently started to produce this regional strategy and local representation is provided by Dr J Kajzr, Consultant Cardiologist and Dr Peter Hrobar, Consultant Radiologist. Initial pathway mapping has been undertaken and specialists' sub-groups developed.

14. The Year Ahead

The MCN intends to focus on the following areas during the next year:

- Develop a business case addressing workforce planning needs for cardiology services
- Audit and monitor the ORS
- Monitor the Community Holter service
- To support needs for new developments:
 - Stress echo service
 - ICD follow up care
 - ICD implantation service
- Support the BHF specialist nurse secondment
- Work towards MCN accreditation with NHS QIS

The MCN for CHD team would like to thank the members of the Public Involvement Group for their continued help and support. Their commitment and willing participation in the work of the MCN is much appreciated.

15. How to Give Feedback on This Report

Feedback about services provided within Dumfries and Galloway and this report is both helpful and important to ensure that services continue to develop and that they meet the needs of those accessing them.

Feedback can be made to:

Linda Lockhart
01387 244153
linda.lockhart@nhs.net

or Ashley Webster
01387 244293
ashley.webster@nhs.net

Cluden Cardiac Unit
Cluden East
Crichton Hall
Glencaple Road
Dumfries
DG1 4TG

Fax: 01387 244063

Group Membership

Cardiac Services Group	<p>Alison Burns, LHP Manager Wigtownshire Dr Angus Cameron, Medical Director Dr Andrew Carnon, Consultant in Public Health Nicole Connell, Waiting Time Manager Mairi Dunn, Performance Manager Hazel Dykes, Head of AHP Services Colin Feierabend, Training Officer, Scottish Ambulance Service Mary Harper, Planning & Commissioning Manager Joyce Kerr, Clinical Governance Projects Manager John Knox, Business Manager John Locke, LHP Lead GP Linda Lockhart, Cardiology Nurse Manager Marian McDonald, Critical Care Nurse Manager Gordon McLean, Regional Services Improvement Manager for Cardiac Services David Potter, MCNs Programme Manager Jim Stuart, Patient Representative Neil McNaught, Patient Representative Dr Graeme Tait, Consultant Cardiologist Jennifer Watt, Divisional Finance Manager</p>
MCN Team	<p>Mairi Dunn, Performance Manager Elaine Kearney, Head of Clinical Physiology Services Joyce Kerr, Clinical Governance Projects Manager John Locke, LHP Lead GP Linda Lockhart, Cardiology Nurse Manager Marian McDonald, Critical Care Nurse Manager Gordon McLean, Regional Services Improvement Manager for Cardiac Services David Potter, MCNs Programme Manager Jim Stuart, Patient Representative Dr Graeme Tait, Consultant Cardiologist</p>
Heart Failure Working Group	<p>Eleanor Bell, Public Representative Jennifer Bell, Heart Failure Nurse Specialist Carolyn Brown, Heart Failure Nurse Specialist Kevin Cunningham, Public Representative Brian Henderson, Patient Representative Dorothy Kirkpatrick, Prescribing Support John Locke, LHP Lead GP Linda Lockhart, Cardiology Nurse Manager Marian McDonald, Critical Care Nurse Manager David Potter, MCNs Programme Manager Dr Graeme Tait, Consultant Cardiologist</p>

Public Involvement Group	<p>Eleanor Bell, Dumfries H & H Brenda Cottam, British Heart Foundation (Heartstart) Kevin Cunningham, Castle Douglas H & H Frances Gormley, Kirkcudbright H & H Noel Kirkham, Crichton H & H Jim Liggins, Langholm Cardio Club John Locke, LHP Lead GP Linda Lockhart, Cardiology Nurse Manager Jenny Mark, Sister, Cardiac Rehabilitation Sam Martin, Dumfries H & H Joe Massie, Annan H & H Ian Maxwell, Kirkcudbright H & H Linda McFarlane, Health Improvement Programme Lead-Food and Physical Neil McNaught, Machars Coronary Club Anne Murray, Langholm Cardio Club David Potter, MCN Programme Lead Jim Stuart, Crichton H & H William Stevenson, Sanquhar/Kirkconnel H & H Christine Wakefield, CHSS Support Worker Graham Ward, Annan H & H Gillian Witts, Cardiac Physiotherapist</p>
Cardiology SMT	<p>Jennifer Bell, Heart Failure Nurse Specialist Carolyn Brown, Heart Failure Nurse Specialist Susan Bryant, Cardiology Nurse Specialist Margo Burtney, Cardiac Physiologist Nicole Connell, Waiting Time Manager Heather Fitzpatrick. Miverva Nurse Maire Flaherty. S/N Ward 8 Valerie Jones, Senior Sister, Ward 8 Dr Jaroslav Kajzr, Consultant Cardiologist Elaine Kearney, Head Cardiac Physiologist Joyce Kerr, Clinical Governance Projects Manager John Knox, Business Manager Linda Lockhart, Cardiology Nurse Manager Marian McDonald, Critical Care Nurse Manager Elaine McFadzean, Cardiology Pharmacist Martin McKeown, Charge Nurse, Ward 8 Karen McMeeken, Senior Sister, Cardiac Rehabilitation Kirstin Nelson, Sister, Ward 8 Joan Pollard, Service Improvement Manager William Pollock, Charge Nurse, Ward 8 David Potter, MCN Programme Manager Michael Pratt, Head of Pharmacy Dr Graeme Tait, Consultant Cardiologist Joanna Toohey, Cardiology Nurse Specialist</p>

	Jennifer Watt, Divisional Finance Manager Debbie Wilson, Sister, Ward 8
SAS Working Group	Ron Lilly, Clinical Lead Manager for SW Scotland John Locke, LHP Lead GP Linda Lockhart, Cardiology Nurse Manager Sam McNeish, Area Service Manager Kenny McFadzean, Head of Service David Potter, MCN Programme Lead Dr Graeme Tait, Consultant Cardiologist
Cardiac Rehabilitation Business Group	Angela Allan, Sister, Cardiac Rehabilitation Brenda Donaldson, Cardiac Rehab Audit Nurse Hazel Hughes, Sister, Cardiac Rehabilitation Dr Chris Isles, Consultant Physician Linda Lockhart, Cardiology Nurse Manager Jenny Mark, Sister, Cardiac Rehabilitation Sam Martin, Patient Representative Karen McMeeken, Senior Sister, Cardiac Rehabilitation Dr Graeme Tait, Consultant Cardiologist Gillian Witts, Cardiac Physiotherapist

Cardiac Physiology

Diagnostic tests – referral rate / week

Summary for Tests shown in Graphs	
Key TEST	<i>Ave. Per Week</i>
ECG Outpatients	40
ECG Inpatients	160
ECHO Out Patients	40
ECHO Inpatients	13
ETT Inpatients	3
ETT Outpatients	19
24 Hr Tape	17
Pulmonary Function Test	15
Total Key Tests	307
Summary Other Tests	
BP	5
Doppler	1 to 3
TTT	1
Month Recorder	10 to 14

Optimal Reperfusion Service

12th January to 28th February 2009:

16 total STEMIs

4 received pre hospital thrombolysis and were transferred to GJNH

- 3 received Percutaneous Intervention (PCI)
- 1 did not require treatment

9 received in hospital thrombolysis

- 4 in A & E in Dumfries & Galloway Royal Infirmary (D G R I)
- 4 in Ward 8 in D G R I
- 1 in Galloway Community Hospital (GCH)

All 9 patients were transferred to GJNH and received PCI.

3 patients were not thrombolysed due to contraindications

- 2 were transferred to GJNH and 1 received PCI

SCI CHD ACS

Summary report quarter end Jun 2008

DUMFRIES & GALLOWAY CHD MCN	Total STEMIs admitted	In-hospital thrombolysis		
		Percentage with Door-to-needle time within 30 mins [†]		
		Numerator	Denominator	%
Hospital Code				
All Contributors	416	139	165	84.2%
Hospital636	22	13	13	100.0%
Hospital27	13	3	5	60.0%
Hospital839	43	25	28	89.3%
Dumfries & Galloway Royal Infirmary	24	11	14	78.6%
Hospital705	20	8	15	53.3%
Hospital938	44	15	19	78.9%
Hospital394	1	0	0	..
Hospital338	22	12	12	100.0%
Hospital988	30	5	7	71.4%
Hospital585	27	17	17	100.0%
Hospital436	58	12	16	75.0%
Hospital627	26	3	3	100.0%
Hospital966	47	0	0	..
Hospital654	12	0	0	..
Hospital67	27	15	16	93.8%

Heart Failure Nurse Service

1st January 2008 – 31st December 2008

Readmissions to service	13
New Referrals	70
Patients seen	151
Hospital Admission	54
Home Visits	741
HFNS Clinic	133
Hospital Visits	80
Telephone Call	598
Withdrawn	55
Exercise Referral	12
Deaths	13

Cardiac Rehabilitation Referrals1st January 2008 – 31st December 2008

Condition	Total
MI (NSTEMI)	127
MI (STEMI)	88
ACIS Tp neg	6
ACIS Tp pos	37
CABG	43
CABG & VR	11
Valve Replacement	28
PTCA only (no MI)	19
other	10

Source: Cardiac Rehabilitation database