

CVD Programme Board Update

Health & Care Partnership
for Cheshire & Merseyside



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Endocarditis Regional MDT

Infectious endocarditis affects all age groups and is associated with a high morbidity and mortality whether associated with native valves, prosthetic devices or pacing systems. Several literature reports exist documenting improved outcomes when this disease is managed within the context of hospital multi-disciplinary teams. Endocarditis care within the region of Cheshire and Merseyside HCP, North Wales and Isle of Man has no formal structure. The existence of local endocarditis MDTs is variable.

Patients are managed by a range of specialties and referred to cardiology and surgery on an *ad hoc* basis. In addition, endocarditis care within the "hub" that is LHCH, has no formal structure. Our aim is to formalise MDTs within each hospital in the region, including LHCH, and channel patients through pathways in a "hub and spoke" model facilitated through a weekly teleconferencing MDT. This is an initiative at the regional level and entirely novel within the UK.

The current position;

A pilot has taken place including Aintree, Warrington & LHCH. This has proven successful and we are now in the process of rolling out to all remaining trusts within C&M.

For further details, please contact tracie.keats@lhch.nhs.uk



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Well being screening for patients with Heart Failure

To improve the holistic care offered to patients with heart failure in Liverpool the pilot would see the introduction of a Mental Health screening tool being used at the first appointment with a heart failure specialist nurse. This would allow the screening to be carried out discreetly as part of other interventions made by the nurse and provide the patient that opportunity of accessing appropriate services earlier should this be necessary.



Preventing or reducing the progress of a mental illness through screening could help improve a patient's physical health. To introduce screening at the point of diagnosis will help increase early intervention to IAPT services. By acting quickly, the onset and progression of mental health could be slowed and patient outcomes improved.

The current position;

A pilot is currently in progress with three community clinics within Liverpool.

There has already been a handful of patients identified and the nurses feel so confident in the new process they are hoping to roll out across the city.

For further details, please contact tracie.keats@lhch.nhs.uk

Cardiopulmonary Rehab in Liverpool is changing

Cardiac and pulmonary rehab are essential elements of secondary prevention for a wide range of cardiac and respiratory conditions, and provide significant benefits at a patient and population level. The NHS Long-Term Plan sets very specific ambitions for quantified reductions in CVD mortality and morbidity, and cardiac rehab is a key part of achieving these aims in Cheshire and Merseyside. The plan also sets out specific increases in the range and scope of pulmonary rehab.

The current cardiac and pulmonary rehab services for Liverpool residents are fragmented, provided by three different provider organisations, and do not meet all of the current service standards in terms of timeliness equity of access. The current service operates separate

cardiac and pulmonary programmes, and the cardiac rehab programme is largely hospital based. All three services operate Monday-Friday, 9am-5pm only.



The proposed service model;

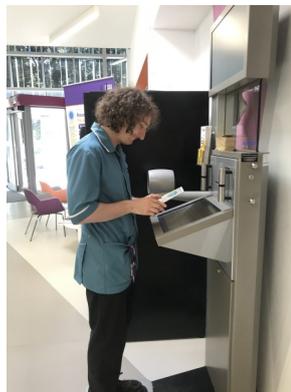
There is widespread clinical consensus that the preferred service model for Liverpool residents is a fully integrated, standard compliant, cardio-pulmonary rehab service that is a community-based. It will extend the current offer to include home assessments and domiciliary delivery for some patients.

It is proposed that the new integrated service is managed and delivered by a single provider with responsibility for the whole service, including responsibility for all staff and accountability for delivering all agreed service standards.

For further details, please contact jan.naybour@lhch.nhs.uk

WellPoint Health Kiosk

In total there are 10 kiosks around Cheshire & Merseyside which are in place to increase BP checks being taken in the community. The way in which they have been commissioned varies slightly from each area: Two are directly funded by BHF for two years, six by the health and care partnership for 12 months, two are directly commissioned by St Helens Council and one by LHCH direct.



To demonstrate the effectiveness of the kiosks, since the installation on 23rd July over 1000 health checks have been performed at LHCH alone. One user said

“I thought I was well until I used the machine for my health check and realise now there are things I need to improve “

Improvement to integrated Community Heart Failure

Additional investment in Heart Failure (HF) has been much needed for a number of years in Liverpool in order to provide an equitable service for all HF patients in line with NICE Guidance and the Five Year Forward View. A more integrated service will provide capacity in the system for proactive management of all patients with chronic heart failure.

Within Liverpool (Liverpool CCG) only patients diagnosed with LVSD have access to Community Heart Failure Nurses with all other HF patients being managed within a hospital setting or by their own GP



An integrated service will see Community Heart Failure Nurses upskilled to deliver care to patients diagnosed with LVSD in the community. In addition to this, a structured MDT will be established and a consultant led community clinic at two locations across the city.

The current position;

Recruitment into several new roles has started but the start date cannot be confirmed until the team are all in place.

Meetings are taking place to discuss the MDT along with training and competency.

For further details, please contact tracie.keats@lhch.nhs.uk

Atrial Fibrillation across Cheshire & Merseyside

There are over 15k people who are undiagnosed (QoF 17/18) with Atrial Fibrillation (AF) within our region and a similar number who are not well managed or do not comply with anti-coagulation therapy. Research shows that up to half of patients who are diagnosed and anti-coagulated are not complying with treatment regimes thus leaving themselves at the risk of stroke.

A scoping exercise has recently been carried out across Cheshire & Merseyside to identify what work is being done and how things can be linked together to provide better support to Primary Care for the management of patients. The detail of which will be used to support the development of an AF Strategy.

The current position;

The HCP is undertaking some quality improvement work within practices in South Cheshire and Vale Royal for patients with AF. This includes case identification, initiation of treatment and optimising medication. The team will build a sustainable approach to enable practices to reduce the number of patients at risk of stroke.

We are also holding an event aimed at Primary Care Clinical Leads which will aim to support improvement for the management of patients with AF.

The event is due to be held on Thursday 28th November 2019 in Runcorn.

For further details on the above or to register for the event, please contact tracie.keats@lhch.nhs.uk



Stroke

Update for North Mersey



The NHS Long Term Plan sets ambitious targets for stroke. There is strong evidence that hyper acute interventions such as brain scanning and thrombolysis are best delivered as part of a networked 24/7 service. The evidence shows that centralising hyper acute care into a smaller number of well-equipped and staffed hospitals gives the greatest improvements in patient outcomes. Thrombectomy – a procedure to move clots from the brain – is currently delivered to 1% of stroke patients and needs to increase to 10%. The way services are currently configured means that if things stay as they are we will be unlikely to be able to deliver these improvements.

In the North Mersey area (Liverpool, Knowsley, Sefton, Southport & Ormskirk) work is underway to redesign acute services. A case for change has been developed and we hope an additional 26 lives could be saved, and disability significantly reduced, by changing the way things are done.

The current position:

Workshops are taking place between staff and patients led by stroke consultants from the Royal, Southport & Ormskirk Hospitals and neuroradiology consultants from The Walton Centre, to explore possible re-configuration scenarios. A list of 21 options has been narrowed to six of which will be fully modelled and form part of a business case for public consultation.

For further details, please contact Anthony.bennett@lhch.nhs.uk



Cheshire & Merseyside Happy Hearts

Public and patient engagement and empowerment to prevent, identify and where possible self-manage CVD risk factors such as high blood pressure (BP), atrial fibrillation (AF) and high cholesterol is important if we are to achieve an at-scale, sustainable solution that impacts on population CVD outcomes and reduces inequalities.



Cheshire & Merseyside STP were identified as a region whose BP/CVD prevention work-streams had reached a level of maturity at which it could benefit from the rapid co-development and launch a localised version of the “Healthy Hearts” website. With this came the offer of a years support from NHS Right Care to establish a CVD Prevention website to be launched to support ‘Know your numbers week’ in September.

An initial cross-sector stakeholder workshop was held to establish if this was something that local partners wanted to pursue. There was widespread agreement that a C&M CVD prevention website could greatly support both public and professional-facing communications and engagement.

The Happy Hearts website will:

- Provide a central point of focus for all CVD prevention work within Cheshire and Merseyside
- Promote the CVD Prevention work to the public and provide education, information and signposting
- Encourage further uptake by the public of CVD prevention activities
- Provide staff with a central portal of useful resources and information
- Provide co-ordinated and consistent public and profes-

For further details and information please visit;

www.happy-hearts.co.uk

Context—NHS Long Term Plan:

The NHS Long Term Plan prioritises heart attack, stroke and dementia as national clinical priorities. Following the Professor Michael Marmot event at Chester Racecourse 19th September, the Cheshire and Merseyside Health and Care Partnership also recognised CVD as one the major priorities for the partnership in its forward plan.

The CVD Board will continue to lead the development of those pathways that have benefit across Cheshire and Merseyside, as highlighted within the newsletter, and also oversee the delivery of the National CVD Ambitions as part of the wider systems collaborative on prevention, detection, protection and perfection.

Jane Tomkinson
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Chief Executive Liverpool Heart and Chest Hospital



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