CVD Programme Board Update

Health & Care Partnership for Cheshire & Merseyside

Issue 2
January 2020

Update – What has been going on?

Happy New Year! Wishing you all the best for 2020.

Over the last few months the Cardiovascular Programme team have continued to work with our colleagues across Cheshire & Merseyside working with groups to explore what the best models of care should be for patients who suffer from cardiovascular disease. In particular, we have been successful in setting up a Prevention sub group which includes stakeholders from NHS providers, Liverpool University, commissioning groups, the ambulance service and 3rd sector organisations, to work on the CVD Ambitions for A,B,C. The group will start to meet on a bi-monthly basis with the first meeting being early January. A workshop focusing on Atrial Fibrillation was held on the 28th November in Runcorn with partners from across the region and had good representation from Primary Care Clinicians. The event has served to confirm that all partners have the same view of expected outcomes and by working together on these areas, we will start to make a difference to people with Cardiac Disease.

Jane Tomkinson
Senior Responsible Officer CVD Programme

Chief Executive Liverpool Heart and Chest Hospital

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Prevention CVD Ambitions:

A large focus for 2020/21 will be around the National CVD Ambitions. A new coalition led by Public Health England (PHE) and NHS England has announced the first ever national ambitions to improve the detection and treatment of atrial fibrillation, high blood pressure and high cholesterol (A-B-C) – the major causes of cardiovascular disease (CVD). Working on improvements and building on work already underway both within the STP and across our locality looking at a region-wide approach that will support the adoption and spread of best practice and provide a focus for accelerating improvement for prevention and detection of cardiac disease.

After formal discussion and agreement, it was decided that the CVD Programme Board for the HCP will move to a bi-monthly meeting to support the development of an alternate bi-monthly meeting on a newly created body - **the CVD Prevention subgroup.**

The work for the CVD National Ambitions will be taken forward by the newly formed Prevention Subgroup which will feed up to CVD Programme Board. The prevention group will seek to develop clinical leadership, co-ordinate activities and promote and support educational programmes related to the areas of atrial fibrillation, BP and cholesterol and will orchestrate the work locally being the conduit of ABC via the prevent, detect, protect, perfect model.

Any resources, information, pathways and updates from this work, will be available to access on the Happy Hearts Website.

www.happy-hearts.co.uk

Community Heart Failure Pathway:

In response to improving outcomes for people with Cardiovascular Disease the 'CVD Outcomes Strategy' (part of the wider Cheshire & Merseyside Sustainability & Transformation Plan encourages the use of pathways for both providers and commissioners and in addition, the strategy demonstrates where pathways can benefit patients and the wider healthcare system.
The Strategy helped identify four key areas relating to problems in Heart Failure (HF) treatment and care:

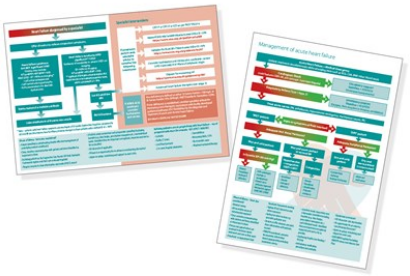
1. HF is poorly diagnosed in primary care
2. Management and treatment of HF is sub-optimal
3. Early identification could improve quality of life
4. Variation in care

To help to address the identified problem within C&M an initiative was identified; the 'HF Commissioning for Value' program.

The aim of the Program (a redesign to HF care pathways across primary, community and acute care) is to:
Provide better, more efficient and sustainable care for patients within Cheshire & Merseyside STP.

The objectives of the program are to:

- Redesign new models of patient care to provide more effective, and sustainable care to patients when and where they need it.
- Endeavour to re-assert the GP's role so that care for
- patients with HF is co-ordinated through them.
- Maximise the use of technology and innovation (e.g. Virtual MDT's; patient mobilisation).
- Increase service provision in the community.
- Increase efficiency by removing duplication and waste.
- Improve patient experience, ensuring they are seen by the right HCP at the right time.



Developing the pathway:
The pathway was developed using an expert panel comprising of primary, secondary and tertiary care physicians, nurses, and allied health professionals, public health, commissioners and third sector colleagues. Collectively the pathway for HF management across Cheshire and Merseyside footprint was pulled together and is now in the final stages of completion before being submitted to

The current position;

A service review is being carried out across 10 GP Practices covering 54k patients within the locality which will support the evaluation report and future service redesign.

The pathway is in its final stage of completion and will be presented at Programme Board March 2020.

An implementation Programme is currently being developed to ensure full engagement and uptake of the pathway across Primary Care Services within C&M.

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

Acute Coronary Syndrome (ACS)

Acute coronary syndrome is a syndrome occurring due to decreased blood flow in the coronary arteries which results in parts of the heart muscle either being unable to function properly or die. The proposed pathway is to treat patients with high risk ACS (non ST Elevation Myocardial Infarction, nSTEMI).

A pilot has been running for the last 12 months between Warrington District General Hospital (DGH), Liverpool Heart & Chest (LHCH) and the North West Ambulance Service (NWAS). There are two work steams in this Warrington Pilot: Emergency ACS (8am-4pm only, immediate acceptance of patient from NWAS or A&E) and High risk ACS (inter-hospital transfers within 24hrs, undertaking to accept patient next day).

Whilst the projected numbers were small, early detection and intervention for this group of patients can greatly improve outcomes.

As of Monday 9th December 2019 the pilot was extended from 8am-4pm to 24/7. To date, there have been four patients transferred to LHCH. Over the Christmas period two patients were transferred as an emergency ACS.

Next steps;

The Warrington service will continue to be monitored with an ambition to extend the pilot to another organisation Spring 2020.

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

Stroke for North Mersey

Clinical Lead Update;

We would like to take this opportunity to thank Dr Deb Lowe for all her hard work over the last six years as Clinical Lead for Stroke for the Clinical Network in Cheshire and Mersey and we wish her every success in her next venture.

We would like to introduce Dr Nik Sharma as the new Clinical Lead for Stroke in Cheshire and Mersey. Nik is currently Clinical Director for Ageing and Complex Medicine and Consultant Physician for Stroke, Geriatrics and General Internal Medicine at the Royal Liverpool and has been in post with the Clinical Network since November 2019. During this time, Nik has worked tirelessly on the many work streams within the Stroke currently being worked on in Cheshire and Mersey.

"Hot topics" for Stroke;

- ISDN(Integrated Stroke Delivery Networks) - We are currently working towards the setting up and development of a Cheshire and Mersey Integrated Stroke Delivery Network in line with National recommendations. This will allow us to work more collaboratively as we continue to improve services for all of our patients.
- Telemedicine - We are in the process of implementing an exciting new telemedicine system called Visionable in each of the Stroke Services across Cheshire and Mersey. This system will not only allow patients access to consultants when they need it most but also support the Multi Disciplinary Team meetings which are pivotal to patient care.
- North Mersey Stroke Programme- This piece of work includes the Stroke Services in North Mersey i.e. The Royal, Aintree and Southport as well as The Walton Centre as this is the region's IAT centre. We have held 3 very well attended workshops for all levels of staff at all Trusts in North Mersey to discuss the idea of optimised services in North Mersey and appraise all options both practical and impractical. We have managed to whittle down 20 plus options to just 6 which are currently being worked up in order to be discussed and appraised at Workshop 4 which is to be held in February 2020.
- ESD services – We are proactively seeking to develop our community care services to Stroke patients in Cheshire and Mersey to ensure every is able to access the same high standards of care, regardless of where they live.

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

CVD Board Focus

With the development of the National Cardiovascular / Respiratory Board, the Cheshire and Merseyside CVD Board will seek to mirror the triumvirate approach being taken and bring together Cardiology, Stroke and Respiratory services into one place. Taking the collaborative leadership approach the CVD Board will seek to develop a work plan for 2020 that will Lead, Orchestrate and in specific circumstances deliver change programmes. This will be evident with the development of the CVD Prevention Group a new subgroup of the CVD Board which will focus on the National CVD Ambitions and become the conduit for coordinating the work on Hypertension, Atrial Fibrillation and Lipids.

Cardiology

The CVD Board and Acute Sustainability Boards respectively have become increasingly aware of sustainability issues for Cardiology and as a co-dependency stroke and respiratory services. Hence the Board will be seeking to develop an integrated model of care and benchmark information from each provider so as to understand the financial and clinical sustainability issues. This will also involve a number of facilitated workshops so as to explore more networked arrangements as promoted with the Integrated Stroke Delivery Model for the future.

Spotlight on our clinical leads;

Dr Bruce Taylor – Primary Care Advisor

After over thirty years working as GP in Birkenhead, I decided to take retirement from clinical practice in January 2019 but felt that I still wanted to make a contribution to the NHS particularly in the area of education and primary care cardiovascular disease prevention and management.

In June 2019, I was appointed as a part time primary care advisor to the Health Care Partnership [HCP] as well as to the strategic team within LHCH. Previously, I had worked for over 15 years as a GP with special interest in cardiology at St Catherine's Heart Centre and had served as the Primary Care Advisor for the strategic clinical network for the last four years.

My main interests are in Hypertension and Atrial Fibrillation. As well as this new advisory role, I continue to work with Wirral Public Health on their BP programme building on the work we did in recent years using model 'Beacon BP' practices to try and improve the detection, management and self management of patient with Hypertension. I regularly attend the national meeting of strategic clinical advisors cardiovascular care.

Since I arrived in post, I have been delighted with the dedication and ambition of the LHCH strategy team particularly in taking the lead within the Cheshire and Merseyside area to support Primary Care to help deliver locally the national programme on CVD prevention.

This work centers on delivering significant improvements in both the detection and management of patients with Atrial Fibrillation, Hypertension and adverse Cholesterol levels – known as the **ABC a**pproach – with these three risk factors being central for much of the burden of cardiovascular disease. I have recently helped with the setting up of a new subgroup of the main CVD Programme Board to specifically look at these areas of work and will try to ensure that appropriate resource and support for primary care remains a clear focus of our work.

As well as helping with the above, I am also working hard with the strategy team to develop a comprehensive cardiovascular educational programme for clinicians within Primary care that will help to Improve their future capacity and competence in dealing with common cardiovascular problems. The long-term aim is to have a fully trained and supported cardiovascular lead within each of the recently formed Primary Care Networks and to also improve the educational facilities within LHCH itself.

LHCH is patently an outstanding place to work and is full of talented and committed staff. I very much look forward to continue to work on the above and related issues and am also very happy to offer a primary care perspective as requited to any group within LHCH wishing to look at changing patterns of care.

Contact; bruce.taylor3@nhs.net