

CVD Programme Board Update

Health & Care Partnership
for Cheshire & Merseyside



Issue 3
May 2020

Message from our Chief Executive

Dear colleagues

Whilst the CVD Board has not met face to face, during the covid crisis, webinars, virtual team meetings, the use of MS Teams and our strong networks have enabled planning and delivery to continue.

This newsletter captures the key updates for wider dissemination.

During the covid period there has been a national recorded reduction in A&E and Primary Care attendances. This has also been observed in the number of patients presenting with cardiovascular disease particularly heart attack and heart failure symptoms. With the highest UK death rates observed within the last 20 years, not all COVID attributed, it is important that symptoms such as chest tightness, chest discomfort, worsening breathlessness, and worsening oedema are considered as signs of urgent referral.

Liverpool Heart and Chest Hospital has been supporting local systems capacity, offering mutual aid and, in collaboration across the Northwest, identified as the centre for urgent surgical referrals. Whilst this has been a very challenging time for the Trust it is important to note that LHCH has the capacity and capability to support local hospital's and primary care networks. Whilst the Trust is providing care for patients with Covid-19 this is not at the expense of other cardiovascular presentations and colleagues are encouraged to refer patients as usual.

The CVD Board is developing a new work plan for 2020/21 and welcomes input from local hospitals, community services, primary care networks, clinical networks and partners as to what these priorities should be.

Clearly coronavirus has and will change our pathways, collaborations and mutual partnerships. As organisations consider their own reset and recovery plans the priority for developing a system wide integrated and mutually dependable model of care for sustainable cardiology is paramount and, in line with the HCP priority` in line with Simon Steven letter, the CVD Board has this as a critical whole systems piece of work for this year.

Other intended priorities include

- a. Sustainable cardiology services
- b. Stroke care Respiratory care
- c. CVD Prevention (ABC model)
- d. Heart failure – particularly given the impact of coronavirus on the heart itself
- e. Education – development of an integrated educational offer

Should you wish to be part of the developing CVD Board agenda or that of the CVD Prevention subgroup please do not hesitate to let me know. I would also be grateful for your view and input into our developing agenda for 2020/21.

Jane Tomkinson
Senior Responsible Officer CVD Programme
Chief Executive Liverpool Heart and Chest Hospital



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Heart Failure

The impact of COVID 19 on the heart muscle is a big concern on the future of heart disease prevalence and will remain a Priority for CVD Programme Board 20/21.

Prior to COVID, the Liverpool Community Heart Failure programme had started to mobilise with staff appointments being made to this new service. This service has continued through COVID-19 offering virtual appointments for patients and has successfully moved to business as usual.

Alongside this, we had also been working on a programme for Improving quality, value and outcomes for people living with heart failure. This was the development of a pathway for clinicians and commissioners with the aim to support patients with suspected heart failure or a pre-existing heart failure diagnosis.

The pathway has been developed using an expert panel of stakeholders and can be accessed using the link below.

<https://www.lhch.nhs.uk/media/7183/hfpathway-final-draft-version-10.pdf>

The current position;

The pathway is now complete and in the final draft stage.

This draft pathway would have ordinarily gone to CVD Programme Board but in the absence of the board meeting we would like to ask our partners and stakeholders for comments.

Any comments should be forwarded to Tracie.keats@lhch.nhs.uk

Next steps;

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

If any one within our local system has the ability to pilot any of the six stages within the document as part of the recovery plans, please contact Tracie.keats@lhch.nhs.uk

Mental Health and Heart Failure

There is a concern about the impact of COVID on people who have Heart Failure who may also be experiencing mental health challenges and this will be taken in to account in future updates through the CVD Board.

It is important to highlight, this is still a final draft and is not available to use as yet in any clinical setting.

Acute Coronary Syndrome (ACS)

Further rollout of the pilot for direct transfer of urgent high risk ACS patients has been paused due to COVID.

During the COVID response, ACS transfers to LHCH have fallen by around 28% since the lockdown was announced on 23rd March, when compared to the same period last year. Although activity has now returned to more normal levels, around 80 fewer transfers than expected have been made. This may well reflect a reduction in patients presenting with ACS to primary and secondary care which will in turn have significant adverse effects on cardiovascular mortality rates and morbidity in the short to medium term.



Aortic Dissection

The aortic dissection pathway has been socialised within all NHS Trusts and is part of the new referral pathway.

During the covid period, as seen in other clinical areas across the system, referrals have been lower than expected giving rise to concerns about mortality.

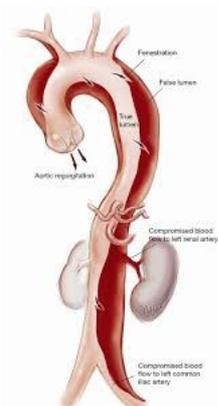
Colleagues are asked to use the referral pathway and are encouraged to contact the surgical team at LHCH for support.

The full document can be accessed using this link

<https://www.lhch.nhs.uk/media/7184/acute-aortic-syndrome-pathway-v3.pdf>

The pathway only can be accessed using this link

<https://www.lhch.nhs.uk/media/7185/aos-pathway.pdf>



Stroke

Telemedicine:

Since the last CVD Programme Board massive strides have been made in the implementation of Visionable.



To date all stroke services across Cheshire and Mersey have received all hardware, have had face to face training with Visionable representatives, have received user guides and standard SOPs to support users.

With support from STP funding, Telemedicine is now being delivered for all trusts to use and is available across Cheshire & Merseyside.

For further details, please contact patricia.o'keefe@nhs.net

North Mersey Stroke Services:

As part of emergency planning to manage the increased demand due to the COVID-19 pandemic Aintree and the Walton Centre have been working together to provide hyper acute and COVID free stroke services. This has required a temporary reconfiguration of capacity in order to provide the appropriate levels of care for the population of North Mersey.

Cardiopulmonary Rehab service for Liverpool

The current progress;

The Liverpool cardiopulmonary rehabilitation service integration work pre Covid had progressed well with initial steps of the programme agreed;

- ⇒ A project team had been established.
- ⇒ Regular monthly meetings have been planned in advance.
- ⇒ Colleagues had given commitment to attend and support.
- ⇒ An agreed project plan has been put in place outlining objectives & time frames.
- ⇒ Completion date had been agreed for April 2021.



Next steps;

Currently all teams have adapted their delivery of their services and many have been re deployed and have staff shielding which has reduced staffing capacity further.

Some teams are still to confirm but an early indication is that many have developed and have been using web based applications aligned to telephone support which is working well.

This new option may continue to be used in the future but there are no firm plans for recovery due to the uncertainty of when existing staff will be returning to the teams.

For any further information, please contact Jan.naybour@lhch.nhs.uk

Imaging

The Healthy Imaging Project is key to ensuring the creation of a centralised diagnostic record allowing clinicians to make more informed decisions by making diagnostic information readily available at the point of contact. The project will initially look to deliver this solution to the pilot consortium Trusts of LHCH FT and LUHFT. It is envisaged post pilot phase, that other Trusts will then look to join the consortium and that GP's will also do so via the appropriate technical solutions available within the Primary Care setting.

Pacing

The planned pilot in April of urgent pacing services at the royal site was post postponed due to COVID. Further actions will be picked up as part of the CVD Board reset and recovery plan.



CVD Prevention

We would like to highlight that while much of the pre-COVID CVD programme work has been paused there's a good news story that prevention work continues. A Co-ordinated collaborative working C&M-wide CVD prevention/BP [COVID-19] subgroup continues to lead CVD prevention work in order to get the greatest benefit. This will feed into the C&M COVID recovery phase and aligns with the recently-announced second phase of NHSE/I response to COVID-19 in which NHS colleagues have been asked to start stepping up non-Covid19 urgent services again, including preventative work in primary care. Key aims of the sub-group are to:

1. Promote HWB measures to reduce population CVD risk
2. Empower patients with atrial fibrillation, high BP and high cholesterol to self-manage these CVD risk factors at home
3. Support CVD risk management in primary care during COVID-19
4. Raise public awareness to seek medical review for acute CVD symptoms (such as for heart attack or stroke).

Partners include colleagues from LHCH / ChaMps / IA / SCN / Primary Care / PHE & BHF.

To support these aims, we have been working on launching a COVID-19 section on our Happy hearts website. This new section is due to go live mid May with a full launch early June.

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

www.happy-hearts.co.uk

Regular updates will be provided but for any further details, please contact tracie.keats@lhch.nhs.uk



Endocarditis

An Endocarditis specific, region wide MDT was set up last year and has progressed to business as usual with the roll out being successful to all trusts.

The use of MS Teams has enabled MDTs to consider endocarditis within the regular MDTs rather than a through a dedicated session every Friday, at least during the covid period. There is an intent to reinstate the weekly dedicated MDT should referrals indicate a need to do so.

To support the MDT we are continuing to work on a pilot with further patient imaging and documentation that would only be available for consultants through an app solution.

Further development of this will be picked up as part of the CVD Board reset and recovery plan.

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

Therapy Review for patients with AF

The aim of this programme was to work at place level for identification, and initiation of treatment of patients with AF. Developing and implementing a therapy review for practices within the Cheshire and Merseyside Health Care Partnership (HCP) focusing on atrial fibrillation (AF).

This will provide places with the support required to reduce the number of people undiagnosed with AF and at risk of stroke, and those with high cholesterol levels and at risk of myocardial infarction.

This review is now complete and results will be presented at Programme Board when this reconvenes.

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

