Cardiovascular Disease Programme
Cheshire & Merseyside Forward View
Newsletter Spring 2018

Update – What has been going on?

Over the last few months the Cardiovascular Programme team have continued to work with our colleagues across Cheshire & Merseyside.

We have held a number of events and working 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 working group which includes stakeholders from NHS providers, commissioning groups and ambulance service, to develop the best pathway for the management of Acute Coronary Syndromes. The group has been meeting monthly since November.

A workshop on the same theme was held on the 1st February in Liverpool with partners from across the region. The event has served to confirm that all partners have the same view of what the service model should look like: a central Heart Attack centre in the region. Further work is taking place to explore the details.

We will keep bringing you updates every quarter as the work progresses.

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

Cases for change: Let's focus on Acute Pacing

The Programme Board has received four cases for change this winter:

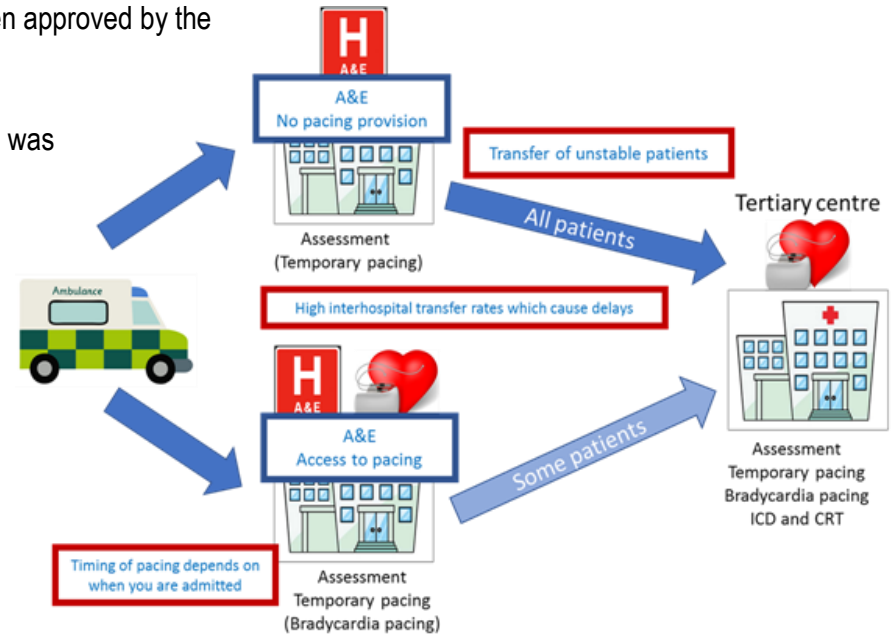
- Acute Pacing
- Aortic Dissection pathway
- Stroke Care and Prevention
- Smoking

All these cases have set the scene for each of our workstreams, providing evidence of the current provision and outcomes, looking at access to service, quality of care and the financial impact; each case has then put forward some recommendations based on best practice and national guidelines. The four cases have been approved by the Board.

The first case reviewed by the Programme Board was the Acute Pacing Service model.

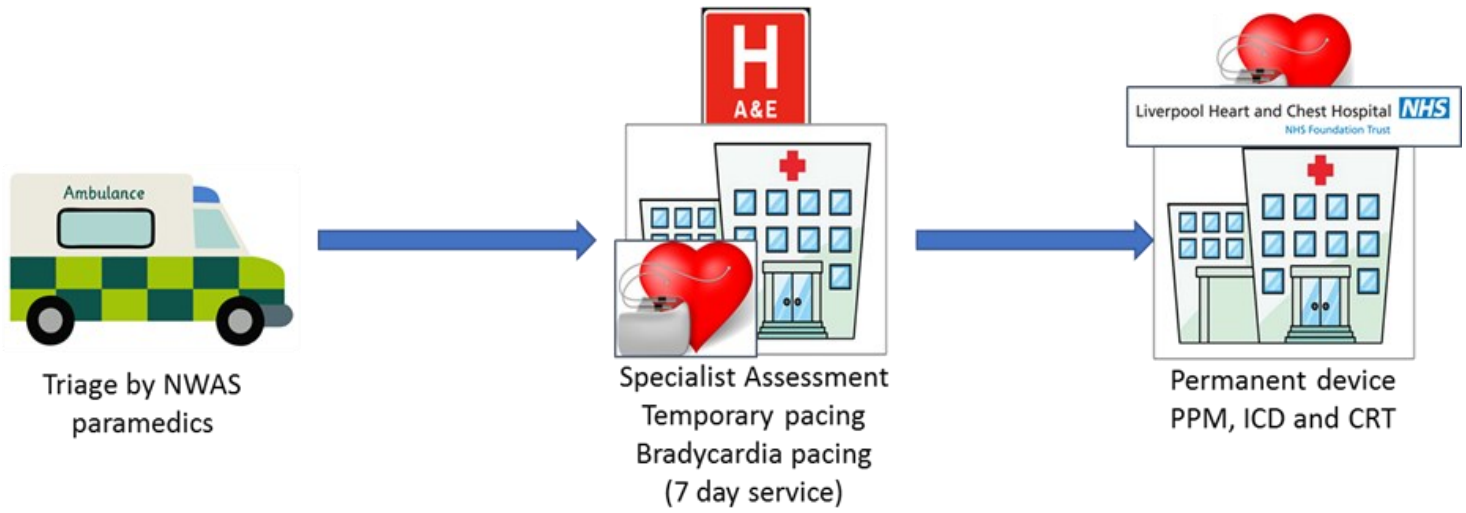
Heart rhythm emergencies account for 3% of all A&E attendances; they vary from the serious to the life-threatening. They require specialist heart rhythm cardiologist expertise.

Unfortunately, access to such level of expertise is patchy across Cheshire & Merseyside, leading to adverse events when access is not direct to the cardiac centre. The image represents the current model across our region.



The national guidelines tell us that:

- There should be early access to permanent pacing
- Temporary pacing should be restricted to those who are unstable at rest
- Patients with complete heart block should be directed to a hospital where they can be safely and appropriately managed
- These hospitals must have facilities and staff to insert temporary pacing wires on a 24/7 basis, and permanent pacemaker within 24 hours.



Patients presenting with arrhythmia emergencies requiring a device usually present to A&E. It depends at which hospital they attend whether they will receive treatment at the same place or whether they will need to be transferred to the tertiary centre.

The issues with the current provision are:

- variable access to temporary pacing
- long waits
- risk of complications
- high transfer rates
- duplication of services
- low volume operators.

Addressing these issues is the objective of the proposed case for change, where a number of different scenarios have been put forward to stakeholders. The most favoured model (represented in the image) is to have a designated centre or centres with A&E and access to other medical specialties with capacity to do 24/7 temporary pacing and 24 hours implantation for bradycardia without the need to transfer patients. Complex devices would still be required to be transferred to the tertiary centre. The A&E hot site could be co-located with an acute site (heart attack centre) or the heart attack centre could be located at the tertiary centre.

Additionally there could also be a small number of cold sites where patients could receive elective devices.

A pilot plan for addressing issues around Southport patients is being developed as part of the partnership work.

CVD Patient Reference Group

It is really important to have patients voicing their views and sharing the process of service change.

The Patient Reference Group is established to support the work of the CVD Programme. All proposals for future models of care across the Programme will be tested with the Group to ensure that patients, families and carers are fully engaged in the design process prior to firm proposals being made to the Programme Board.

The group will review proposals for service change and service improvement as they are developed, together with any communication materials and act as advice for any future consultation. The first meeting of the Patient Reference Group took place on the Friday 23rd February.