

Chief Executive's Foreward

The work of the Bedfordshire and Hertfordshire Cardiac Network continues to be impressive. What you will see from this review is the link between the work of the Network and improved outcomes for patients. The training courses that are in such demand, the pilots of good ideas that improve services for patients and more specialised work locally are very encouraging.

With such a well established Network that has made a real difference over a number of years it is excellent news that it is extending its remit to include stroke outcomes. I look forward to the improvements we will make in the coming year.

Anne Walker
Chief Executive

Introduction

It's a pleasure to look back at the past year and be able to see the development and improvement in services.

An important backdrop to the year has been the development of working relationships with the four new PCTs and the reconfiguring of our local implementation groups around the PCTs and the new Practice Based Commissioning groups. These new organisations have brought great opportunities to improve the effectiveness of services for patients with heart failure and to assess effectiveness in secondary and primary prevention.

During the past year Candy Jeffries and Delyth Williams have consolidated their input to the network core team and have provided invaluable support to both these areas. We said goodbye to Helen Ward who moved to Oxford.

Our consultant cardiologists have continued to support the Cardiac Network. David Hackett was elected as our British Cardiac Society Network Service Advisor. He has provided invaluable support to the Beds and Herts cardiac stocktake, which has assessed our overall requirements for cardiac catheter lab provision. John Bayliss, Ian Cooper, Mike Dubowitz and Chris Travill continue to support the Network Clinical

Group, which will strengthen its role in the cardiac part of the Network and draw in wider clinical representation. John Bayliss has also continued to provide detailed support to the development of clinical guidelines for arrhythmia, use of echocardiography, statins and hypertension.

Across the network significant progress has been made in reducing waits for diagnostic tests particularly echocardiography, for outpatient appointments and for elective inpatient treatment. This has involved an enormous amount of work by cardiac physiologists, cardiologists, cardiac nurses and managers.

The Cardiac Network has taken on responsibility for stroke and from 22 January 2008 will be known as the Heart & Stroke Network

Our primary angioplasty service in West Herts is now firmly established, and next year should see us trying to expand this service as well as, importantly, continuing to improve pre hospital

thrombolysis in Bedfordshire and East and North Herts.

We also intend to see real improvement in local heart failure provision and primary prevention, and to put some dedicated time to services for adults with congenital heart disease and people with inherited cardiac conditions.

The year ahead will include the development of the Cardiac Network into a Stroke and Heart Network. This is an exciting opportunity to work with our stroke physicians, nurses and colleagues to improve the outcomes of people who suffer a stroke. We are very pleased with the early success in establishing a stroke steering group, drafting a pathway and agreeing a model for hyper acute care and thrombolysis.

So a new year, with additional priorities and an expanded role, mean that we are looking forward to a busy 2008!

Judith McVey
Network Director

Rachel Joyce
Clinical Lead

Annual Conference



This year's conference was held on a beautiful spring day at the beginning of May in the Fielder Centre, Hatfield. We were fortunate in having Professor Roger Boyle CBE, the National Director for Heart Disease and Stroke, as our guest

speaker. The morning session concentrated on the right care in the right place. The two main presentations were about development of invasive cardiology in the hospital trusts and assessment and diagnosis in primary care. The afternoon was devoted to radical solutions for meeting the 18 week target which prompted a lively debate and some controversy. The event was very well attended, with representatives from all areas of primary and secondary care, patients and the editor of the British Cardiac Patients Association Journal, who devoted almost five pages of editorial to the conference.

Almost half of those who attended completed a feedback form. General comments about the event showed it to be an "excellent and informative day" with one going as far to say "good old network – great day as always!"

Training

Training lead: Delyth Williams

During the past two years the Cardiac Network has been able to fund training courses in heart failure management and ECG. This has now been expanded and between May 2007 and May 2008 we have organised the following courses:

- Three two-day introduction to ECG courses
- One ECG interpretation course (advanced)
- Two CVD update days
- Two heart failure days
- One understanding stroke course.

These are aimed at GPs, practice nurses, community nurses and matrons plus secondary care nursing staff. Each course has been over subscribed and a total of 240 staff

"Having just been on an ECG course, when a patient presented at surgery with chest pain, I was able to tell from the ECG report that he was having a heart attack and immediately called an ambulance. It saved his life!"

will have been trained during the year. The courses have evaluated very well and have been tailored to try and meet the needs of the delegates, acting on all suggestions put forward to keep the courses relevant and value for money. It is clear from the overwhelming response that we have had to attend these training events that there is a great need for continued training in all aspects of CVD. The aim of the training is to link to latest national and local guidance including NICE guidance on atrial fibrillation, MI and stroke, local statin and hypertension guidance. The intention is to maintain and improve standards of patient diagnosis, management and care, and increase awareness of local services, for instance, the heart failure nurse service and rapid access clinics.

Cardiac Network funded training for next year will feature all the courses we have previously offered plus some training on primary prevention.

For up to date information about courses on offer and to download booking forms, please visit our website.

Generic Cath Lab Practitioner

Project lead: Angie Sanford

Cardiac catheter labs require high levels of staffing, including nursing, radiography and cardiac physiology. Nationally there are shortages of these essential staff groups. In order to be able to staff these labs the Cardiac Network is looking at developing training opportunities for catheter lab staff.

In Beds and Herts the proposal is not to establish one single generic worker, but rather to begin to up-skill each of the three groups.

The aim, therefore, would be that trained staff can carry out aspects of each other's roles, without threatening individual professions. A course is in the planning and development stage with the University of Hertfordshire and would:

- Provide a professionally recognised post registration qualification for catheter lab staff.
- Provide transferable appropriate clinical competencies for catheter lab workers.
- Develop a flexible and multiskilled professional workforce.

- Enable more interesting roles and increase job satisfaction.
- Increase the appeal of the catheter lab when recruiting new staff.

West Herts Cardiac Catheter Lab business case

Project Lead: Alison Robinson

Development of a business case for two cardiac catheter labs in the new AAU at Watford General Hospital. The cardiac catheter laboratory at HHGH is 80% self sufficient in the provision of diagnostic angiography and pacemaker implants and 40% self sufficient in the provision of Percutaneous Coronary Intervention (PCI). A second cardiac catheter laboratory will enable the trust to increase the level to 95% and 81% respectively and provide 50% of complex device implantation and renewal and cardiac electrophysiology and ablation. The provision of more invasive cardiology within WHHT will build on the strength of the existing clinical team in cardiology. It will provide a more cost effective local service reducing reliance on the more expensive tertiary facilities and reducing the numbers of admissions for non elective patients.

Other work in West Herts

- Continuous demand and capacity analysis in the cardiac catheter laboratory and diagnostics department.
- The development and updating of integrated care pathways for patients, the implementation of protocols policies and guidelines to provide best possible care for patients in the cardiac catheter laboratory.
- The development and auditing of a Primary PCI service for patients in West Herts area and ensuring the required outcomes are achieved.

BNP in primary care pilot project

Project Lead: Candy Jeffries

Starting in January 2007, the Network set up and financed BNP/NTproBNP testing for primary care in hospital trusts across Beds and Herts. This six month project aimed to show the clinical and cost benefits of using the test.

Benefits:

- Reduced primary care echo demand
- Improved echo hit rate
- Reduced costs
- Improved case finding
- Improved patient pathway

Pilot project completed July 2007, final report available on network website.

Primary Prevention and High Risk Registers

Project Lead: Candy Jeffries

With primary prevention becoming more of a priority, guidance on how to set up registers was developed.

- Document: How to develop an electronic High Risk Register sent to all practices in May 2007
- Quick tips on getting started with your high risk register document sent out in September 2007

These documents will be used in a series of educational events planned for 2008.

Pilot screening project to identify possible Atrial Fibrillation (AF)

Project lead: Delyth Williams

A pilot project was set up to identify patients with previously undiagnosed AF in a north Bedfordshire GP practice. All patients over 65 who attended for a flu vaccination were offered the chance to have their pulse checked. Those found to have an irregular pulse were then asked to attend for an ECG.

"A very grateful patient wrote to say that following his assessment he was found not only to have AF but severely impaired LV function and thanked the nurses for saving his life." Not bad going for a flu jab!

Benefits:

- To identify previously undiagnosed AF
- To reduce the incidence of stroke/TIA

The results of this project are currently being analysed and the report will be available on our website in January.

Patient and Public Involvement

Project leads: Delyth Williams and Sue Tunnicliff

Discovery Interviews are part of the Network's PPI strategy. This is a process that aims to gather stories from patients and carers about their experience of using cardiology services. These anonymised stories are fed back via quadrant and clinical groups and provide positive feedback as well as drawing attention to areas that need improvement. There are



two trained interviewers in Beds & Herts who have undertaken ten interviews so far in 2007.

A cardiac patient database has been developed which captures the details of

patients who would like to be involved in the Network's developmental work through attending quadrant meetings, focus groups and completing questionnaires as and when required.

A focus group was held for arrhythmia patients in West Herts in October and the findings discussed in the West Herts Cardiology Clinical Governance sessions. As a result, weekly arrhythmia multidisciplinary meetings are also being set up at Hemel Hempstead Hospital that will help provide better clinical governance for such patients. Patients will be invited to attend some of these meetings.

Managerial, clinical, admin staff and patients attended Bedford Hospital's cardiology awayday in November.

18 week work

An administrative audit is being undertaken, working with the secondary care organisations and Harefield to establish common patterns across the care pathway. This has included looking through numerous volumes of medical notes to ascertain how patients moved through the system, and how timely the process was. The results of the audit are expected some time early in the New Year.

National projects

One stop shop - Bedford Hospital NHS Trust

Project lead: Penny Thomas

Plans for a new radical way of running the outpatient appointments at Bedford were first discussed in the early summer. However, these have changed and evolved somewhat over the recent months. Focus has now been drawn to the diagnostics services and with a particular emphasis on echoes. An away day was held for all the cardiology staff at the end of November which included some invaluable input from two of our patient representatives. An action plan has been drawn up to take this work forward and it is hoped that a similar event can be held some time in the spring to look at our progress.

BNP in secondary care pilot project

Project lead: Candy Jeffries

Benefits:

- Patient on correct pathway from admission
- Reduced demand for inpatient echo – BNP used as 'rule out'
- Improved speed of getting echo performed
- Reduced length of stay
- Greater opportunity for cardiology team to identify heart failure

This project started in Hemel Hempstead Hospital on 1st November 2007 and will be evaluated in February 2008.

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