New CARDIAC CARE UNIT at NEVILL HALL HOSPITAL

Key Action 18 of the CHD NSF states that “by 2001/2 each DGH will have a dedicated CCU”. In the South East Wales Cardiac Network only Nevill Hall Hospital had no dedicated cardiac care until the Assembly allocated £1.3m to Gwent Healthcare NHS Trust to develop a unit at Nevill Hall which opened in May 2003.

The unit has 6 beds with state-of-the-art monitoring and telemetry facilities and averages around 65 admissions per month. There is a dedicated pacing and cardioversion room, and excellent relatives’ accommodation. The staff on the unit support all cardiology procedures, including angiography, cardioversion and pacing. With the variety of work, new environment and training packages, the unit has had no difficulty in recruiting trained nurses and is now fully staffed.

Patient benefits
Outcomes for patients with acute cardiac episodes will be improved by the new unit and daily consultant ward rounds. It has enabled patients from North Gwent and South Powys to receive permanent pacemakers much closer to home. The staff have set up a weekly nurse-led cardioversion service, safely reducing the waiting time to less than a month for suitable patients and at the same time reducing the workload of the cardiology medical team.

The Trust has been working in partnership with Powys LHB to improve cardiac services at Brecon War Memorial Hospital. Patients with ACS will be risk stratified according to agreed protocols and a larger proportion will be admitted to Nevill Hall in the future. Since January 2004 protocols have also been in place with Ambulance Trust and A&E for direct admission to the cardiac care unit for suitable patients.

What Next?
The next projects are participating in the MINAP audit and rolling out the integrated care pathway for acute coronary syndrome which has been developed by the Trust.

Contact:
Nicola Jenkins; 01633 234726; nicola.jenkins@gwent.wales.nhs.uk

A new Chairman for the Network……

From 1st April 2004, John Skinner, Chief Executive of Torfaen LHB will take over as Chair of the South East Wales Cardiac Network. We are sad to lose Dr Sharon Hopkins, who has been key to the success of the Network in its early stages. We now look forward to working with John to achieve better and more equitable services for the population of South East Wales. Born and brought up in Ebbw Vale, John has worked in a wide variety of posts mostly in secondary care.

ALL WALES NEWS

Information Framework for CHD NSF
How do we know if we are making progress implementing the CHD NSF? Work is underway nationally to clarify the information requirements of the NSF: what information is required, how often it should be reported, by whom and to whom. It should be possible to collect information either by current mechanisms or through clinical audit. Watch this space!

Workforce Planning for Cardiac Services
In many areas of cardiac services there are staff shortages. An All Wales Group is looking at new approaches to training, recruitment and retention which will benefit particular staff groups - without disadvantaging others.
Model Pathways available on Network Website

The CHD National Service Framework requires the development of at least five model Patient Pathways. The Network agreed to develop these jointly saving time and effort and helping to promote uniformity of care across the Network. The Pathways have been produced by groups composed of representatives of the member Trusts, LHBs and GPs, conferring a significant degree of ownership to those using the Pathways.

The Network decided that all Pathways should be written to provide appropriate care. No compromises were made to fit in with resource deficiencies that exist currently. It is recognised that few if any Trusts or LHBs can fulfil all the recommendations of the Pathways. The facilities available and waiting times for each Trust have been identified at the end of each Pathway so that those using the Pathway understand the current blocks. One of the aims of the Network is to work towards eradicating these blocks. In addition the Pathway indicates what steps to take if there is a delay in diagnosis.

Adoption of these Pathways is optional and each Trust and LHB is free to develop its own or modify those produced by the Network. Four Pathways are now completed and available on the Network website or direct from the Network office. Each Pathway will be reviewed every six months.

Pathways completed and agreed by the Network:

- **Chest pain, suspected CHD and Stable Angina (NSF Key Action 10 / 12)**
- **Acute Coronary Syndrome (NSF Key Action 18)**
- **Chronic Heart Failure (NSF Key Action 25)**
- **Atrial Fibrillation (NSF Key Action 29)**

- **Chest Pain, suspected CHD and Stable Angina Pathway**
  The Network has adopted the SIGN (Scottish Intercollegiate Guidelines Network) Pathway for Stable Angina. This is available in Quick Reference Guide Format or as a full National Clinical Guideline to the Management of Stable Angina.

- **Acute Coronary Syndrome Pathway**
  This integrated care Pathway, replacing the patient notes, has been developed by Dr Nigel Brown and others at the Royal Gwent Hospital based on those used in the Middlesex and the Royal Free Hospitals.

- **Chronic Heart Failure Pathway**
  The Network has adopted the Pathway for Heart Failure developed with the Vale of Glamorgan LHB. It also adopted the NICE Clinical Guideline 5 on Chronic Heart Failure - "The Management of Chronic Heart Failure in adults in primary and secondary care". An all-Wales decision was taken by the Clinical Advisory Group to Health Commission Wales and the Cardiac Networks Co-ordinating Group regarding the use of BNP: that it should only be used if part of a clinical trial or in a specialist heart failure clinic, as its value to diagnose heart failure in primary care is as yet unproven.

- **Atrial Fibrillation Pathway**
  The Network has agreed the Pathway for Atrial Fibrillation developed with the Vale of Glamorgan LHB.

- **Pathway for Cardiac Rehabilitation**
  This Pathway will be available shortly. The standards for GP referral to Community Based Exercise for Cardiac Patients have already been agreed and are on the website.

Contact:
Lynne Williams; 029 20 402462; lynne.williams@sewcn.wales.nhs.uk

**WHAT is the Network currently working on?**

New Member of Staff for Network

**Lynne Williams**

I joined the SEWCN as Patient Care Pathways Facilitator in January.

My background is in secondary care as a Head of Nursing in Cardiff & Vale NHS Trust and before that as Outpatient Manager at Llandough Hospital. I first worked on a Cardiology ward in Sully Hospital. My remit is to work with you to facilitate the implementation of the CHD Pathways in both primary and secondary care. With your help I need to identify the bottlenecks which hinder the delivery recommended in these Pathways and help develop innovative solutions.

I have already had useful meetings with a number of you and look forward to getting to know everyone else in the near future.

Contact:
Lynne Williams; 029 2040 2462; lynne.williams@sewcn.wales.nhs.uk

**Pontypridd and Rhondda NHS Trust News**

"Success in Failure"

The Specialist Heart Failure Nurses recently won first prize at the Trust ‘Research and Audit’ day for the best Poster Presentation. Entitled ‘Success in Failure’, it was based on data collected during the first few months of the new heart failure service. Compared with a six month period before the service was established, the number of readmissions went down from 21% to 8%. There were similar improvements in other items of audit, bringing benefits both to the Trust and especially the patients. A detailed report is available.

**Portable echo. service**

Transthoracic echocardiography will now be available at all three main hospitals in the Trust with the long-awaited arrival of the Cypress portable echo. machine. A timetable has been put together which ensures that the machine is available at each hospital according to clinical need (based largely on outpatient clinics).

Contact:
Dr Gethin Ellis; 01443 443580; gethin.ellis@pr-tr.wales.nhs.uk
BENEFITS OF POOLED WAITING LISTS FOR CARDIOLOGY OUTPATIENTS AT CARDIFF & VALE

Pooled waiting lists were introduced for general cardiology outpatients in February 2003 as a means of reducing waiting times, addressing uneven patterns of referral to cardiologists, increasing the number of generic referrals and resolving inequity of access between Trust sites.

In a consultant-led initiative the practices of six cardiologists were reviewed. As a prelude to the adoption of pooled waiting lists common booking rules for new outpatient appointments were agreed. The number of new patients seen, their clinical priority and duration of appointments were standardised. Existing referrals were reviewed, leading to the creation of a pooled waiting list covering both UHW and Llandough. Patients were selected for appointment on the basis of clinical priority and length of time on the waiting lists.

This pooling of waiting lists led to a substantial improvement in performance within 8 months, enabling significant progress towards achieving maximum waiting time targets. The number of patients waiting over 15 months fell from 269 in February 2003 to 4 by mid-October 2003. The changes are consistent with those required for partial booking, which has subsequently been introduced within the Directorate. Improved performance has been achieved within existing costs. However the development does not bridge the gap between current demand and capacity.

The pooling of waiting lists has provided a cost-effective mechanism for modernising waiting list management in cardiology outpatients, delivered sustained improvements in maximum waiting times and ensured equitable access across both sites within the Trust.

Contact:
Ian Morris  029 20 744700
ian.morris@cardiffandvale.wales.nhs.uk

FROM our Lead Clinician ... 

This is my first contribution to this newsletter and, unusually, I am using it to announce my resignation as Lead Clinician to the SEWCN. With our new Chairman taking over on 1st April I have agreed to stay in post until the summer, to aid continuity and to allow my successor to be appointed.

I joined the Network believing its function to be implementation of the cardiac "NSF". This would require a large uplift in resources, both human and financial. Before these resources could be used however, a series of decisions and pathways had to be put in place to turn the concepts of the NSF into practical plans.

Many Network partners have generously given time and enthusiasm to produce these decisions and pathways, which are now almost complete. With only a few exceptions all Trusts and all Local Health Boards in the Network have been involved. The pathways have become the basis of the clear strategic vision of the Network, developed by the Board. I am extremely grateful to all involved for their time, commitment and enthusiasm in bringing our Network to its current, well developed state.

However commitment and enthusiasm can only take us so far. If we are to make a real impression on cardiac disease in Wales, we need to turn our strategic direction and the ensuing plans into concrete programmes of cardiac care. This requires significant investment of resources, both human and financial, by the Welsh Assembly Government. I see no sign that the WAG is prepared to commit these resources. The future work of the Network will be to lobby and persuade the WAG to provide appropriate resources to allow implementation of the NSF to proceed. I wish my successor and the rest of the Network partners the best of luck in this Herculean task.

Dr Maurice Buchalter

COLLECTION of MINAP data at Royal Glamorgan Hospital

All Trusts in England and Wales are required to submit data to MINAP (Myocardial Infarction National Audit Project). MINAP data allows a hospital’s performance in the management of AMI to be assessed against national targets laid down in the NSF and against the performance of similar units across England and Wales. It also provides the most comprehensive audit data of any area of the NSF. The Royal Glamorgan Hospital was one of the last DGHs in Wales to transmit data to MINAP, but is now up with the leaders in terms of comprehensiveness, thanks to the dedication of its staff.

Royal Glamorgan had problems collecting data of sufficient quality through the computerised patient care system, Carevue. A new system to collect MINAP data was set up in late August 2003 and data collection began on September 7th. Within a few weeks the first MINAP records were transmitted. Since then over 200 have been completed.

Great efforts have been made to track down all eligible patients using admission books on AMU and CCU, the Cardiac Rehabilitation database, and weekly lists from Pathology of all raised CPK and Troponin I results. An existing audit of cardiac arrests centred in Switchboard has been modified and a Data Completeness level of 97% achieved. The one remaining field which is proving problematic to collect is the Ambulance Trust call to door times. Hopefully this will soon be resolved.

Contact: 
Mark Bowers or Martyn Lear; 01443 443450; mark.bowers@pr-tr.wales.nhs.uk
Writing Cardiac Rehabilitation business cases
A recent survey carried out by the BHF Cardiac Rehabilitation Co-ordinator for Wales, showed that most CR providers across Wales cannot offer an equitable access to all who need it, rely on short term funding and do not have the resources to deliver or expand the service. BHF recognises the daunting task of writing business cases for improved services, so is developing a business case toolkit which will be freely available, with workshops, towards the end of summer 2004.

Cardiac Rehab minimum data set collection and audit
Cardiac Rehabilitation services are required by the NSF as part of an integrated treatment programme. Nevertheless there remain significant differences in the nature of these services, the skill mix of health professionals involved and the clinical assessment tools being used. A MDS audit tool has been developed by York University and BHF to allow auditing of Cardiac Rehabilitation. This works in a similar way to MiNAP, enabling benchmarking of the services and providing evidence not just of clinical effectiveness, but also of the improvements to quality of life.

This is being piloted, with the support of the BHF Cardiac Rehabilitation co-ordinators, at 17 sites across the UK, including the Royal Glamorgan Hospital. It is hoped to roll out the programme nationally so CR can be audited properly.

Patient Held Record
A patient held record card is being piloted in East Anglia, with funding from BHF, and will be freely available late 2004.

Contact:
Elaine Tanner; 01656 648301; tannere@bhf.org.uk

Vale of Glamorgan LHB — Atrial Fibrillation Project
Based on a successful pilot funded by primary care development funds to detect and treat atrial fibrillation in an ageing population, the Assembly provided capital funds to roll out the project across all practices in the Vale of Glamorgan LHB.

A Task and Finish Group was set up by the then Clinical Director for cardiology (Dr Liam Penny) at Cardiff & Vale NHS Trust. The pilot began with:
- A review of the literature
- A review of the work carried out by other LHGs, in particular Swansea LHG
- The production of a patient pathway for atrial fibrillation, which has since been adopted by the SE Wales Cardiac Network
- A review of the pathway by the Care of the Elderly team, in particular Dr Sinead O’Mahoney

The VoG LHG and Cardiff and Vale NHS Trust piloted the pathway as follows:
- Patients were identified as having AF through an opportunistic screening programme
- Those identified had confirmation by ECG and were referred to a dedicated echocardiogram clinic
- At the clinic, patients were risk stratified for anti-coagulation by a specialist registrar
- Patients were discharged back to the GP for warfarin initiation
- GPs initiated warfarin using a near patient INR machine and were subsequently maintained on an appropriate dosing regime

Following successful evaluation of the pilot project, the roll out phase is due to begin shortly.

Contact:
Rhian Thomas; 029 20 350600; rhian.thomas@valeofglamorganlhb.wales.nhs.uk

SEWCN Meeting Dates 2004
Network Board
Thursday 29th April
Thursday 15th July
Thursday 21st October
Implementation Group
Thursday 1st April
Thursday 1st July
Thursday 30th September
Thursday 18th December

HOW TO CONTACT US
Board minutes and other information are available on our Intranet site.
Please give us feedback and let us know if you would like to make contributions or suggestions for future issues.
South East Wales Cardiac Network,
Temple of Peace and Health, Cathays Park, Cardiff, CF10 3NW
Tel No: 029 20 402471
Fax No: 029 20 402504
Contact:
claire.lewis@sewcn.wales.nhs.uk
Intranet: http://howis.wales.nhs.uk/cardiacnetworks