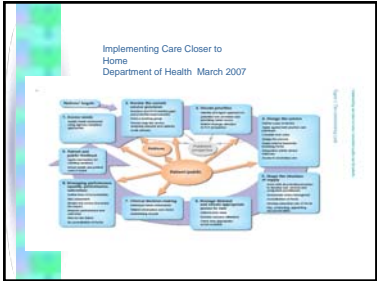


Newham Community Diagnostic Heart Failure service

Achieving excellence in the provision of care through local strategic partnership between local commissioner and private provider.

*Dr. Subir Sin CHD Lead & GPwSI
Newham Primary Care Trust*



1. Assess needs

Primary care
LVD Clinical Domain, nGMS HF.
NSF – Validation of Heart Failure

Secondary Care
Referral to treatment – Maximum 18 weeks target

Stakeholders
Patients, Carers, Clinicians, Managers, Public .

2. Review the current service provision

Practices and PCTs identify gaps and potential improvements
GP opens forum with PCT and Cardiologist at Academic Centre

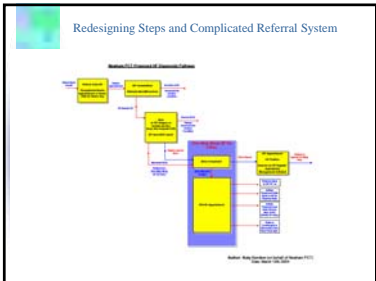
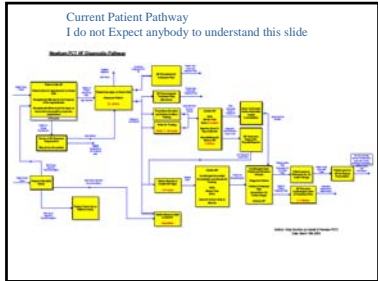
Form a working group
Recruited a nurse consultant to lead the process

Process map the service
We conducted a process mapping exercise with Heart failure team including Cardiologist, Commissioners, Providers, Patient and Carers.

analysing demand and capacity
Next slide

Audit referrals
Referral process from referral made by GP to report back to GP.
We interview all personnel involved dealing with referrals.

2004 / 2005	Target Agreed	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Key Performance												
Clinical Measurement												
Case analysis	2 days	met	met	met	met	met	met	met	met	met	met	met
Referral to hospital	7 days	met	met	met	met	met	met	met	met	met	met	met
WVF ECHO	10 wks	met	met	met	met	met	met	met	met	met	met	met
24 hr ECHO	10 days	met	met	met	met	met	met	met	met	met	met	met
24 hr ECG	10 days	met	met	met	met	met	met	met	met	met	met	met
24 hr BP monitoring	2 days	met	met	met	met	met	met	met	met	met	met	met
24 hr ECG	10 days	met	met	met	met	met	met	met	met	met	met	met
24 hr BP monitoring	2 days	met	met	met	met	met	met	met	met	met	met	met
GP based Echo - DNA	14 days	met	met	met	met	met	met	met	met	met	met	met
GP based Echo - DNA	14 days	met	met	met	met	met	met	met	met	met	met	met



3. Decide priorities

Identify and agree approach to: potential new providers and providing better access

Enabling prompt access to quality care

Heart Failure Diagnostic & Therapeutic Service in the community

Expanding the Capacity of Heart Failure Service for Newham Residents

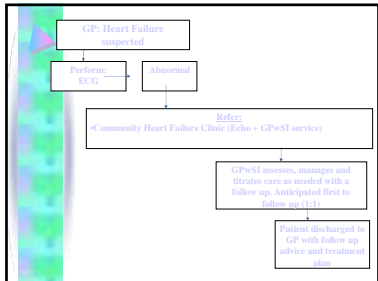
Enabling Secondary Care Clinicians to focus on high risk/complicated cases

Reducing the variation in the management of Heart Failure

Clinical Support for GP's from another GP

Linking evidence to practice in the community

Provision of a seamless transition of care



4. Design the service

Define scope of service

Apply agreed best practice care pathways

Design the process

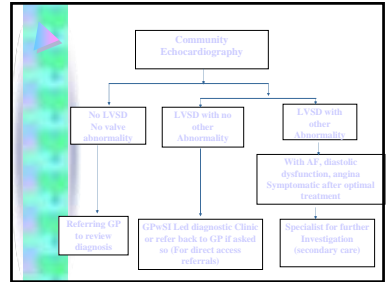
Shape referral thresholds.

Integration within clinical networks

Newham Community Heart Failure Service


Contents of GP information pack for Community Heart Failure:

- 1) Referral Criteria.
- 2) Referral Form
- 3) Clinical Care Pathway
- 4) Diuretic Monitoring Flow Chart
- 5) ACE-I Titration Flow Chart
- 6) Beta- Blocker Titration flow Chart
- 7) Patient Satisfaction Survey Form



5. Shape the structure of supply

Work with all potential providers to develop new services and competent practitioners:

Plurality of providers: Hospital Echo Service and any private provider e.g. 

Incorporate choice throughout: Different types of GPwSI

Develop education role of GPwSIs

Now the clinic get placement for FY2, GP Registrars, Medical students and Community Matrons.

6. Manage demand and ensure appropriate access to care

Address best value

Patient Satisfaction Survey and Key Informant Interview

Monitor resource utilisation

Clinical Activity Monitoring - Echo Tech's Weekly Spread Sheet of Patient's Attendance, DNA, Clinical Outcome and Referral to Secondary Care

Check that appropriate access available

Closely working with CAS and Choose and Book

7. Clinical decision making

Individual needs assessments:
By using template designed by NCCCC.

Patient information and choice:
Patient get contacted over phone for choice of days and patient information leaflet sent out to explain the process and out come.

Maintaining records:
All record are kept in electronic form, on the clinic, mobile hard drive and GP gets a hard copy through patient.
The Echo results are stored in a retrieval way for future reference and audit purpose

What Do The Results Mean?

Heart Failure is diagnosed by the Echocardiogram. If this results that you have some irregular function of the pumping chamber, then a diagnosis of the heart failure will be made.

What Next?

If the best condition that you have heart failure, the doctor in the clinic will discuss this with you and start you on some medication to control your symptoms.

You will be able to work in a specialist clinic in heart failure with help for an advice to answer any question you may have.

What If I Don't Have Heart Failure?

If you do not have heart failure, you will be referred back to your GP for further investigation.


How Long Will I Have To Wait In The Clinic?

Average waiting time to the clinic for a first appointment is 2-3 hours. Subsequent appointment times are considerably less.

Heart Failure Diagnostic Clinic

Newham Community Heart Failure Service

Patient Information

Newham  **Primary Care Trust**

Patient will be given echo result & have a full clinical assessment

- Functional Status : NYHA classifications
- Ischaemic status : Canadian Angina Score
- Fluid Status :
- Cardiac Status :
- Nutritional status
- Support status
- a) Career Support Status
- b) Social Support Status - Disability allowances.

8. Managing performance (quality, performance, outcomes)

Define lines of accountability: Mentorship for GPwSI.

Risk assessment: Significant Event Analysis, Peer Review of Echo, 10% check, Consultant review on Echo.

Review the service and assess the impact:

- *Key Informant Interviews,
- *Changes in QoF HF 1.2.3.
- *More patient on registrar ,more patient echo confirmed and more on ACE-I, Diuretics and Beta-Blockers.

Measure performance and outcomes: Clinical Audit every year.

Out come analysis

- The service has gained 86% patients satisfaction on access & outcome both in diagnostics & GPwSI service
- No patients attended 500
- % of patients attended 98.23%
- No of patient DNAed 9
- % of patient DNAed 1.8%
- No of patients referred to cardiologist 3
- % of patients referred to cardiologist <1%

9. Patient and public feedback

Agree mechanism for collating feedback:

Any complaint received

We record patients waiting time on satisfaction survey questionnaire.

Ensure public and patient voice is heard

Any patient suggestions get valued by action.

Patients satisfaction survey

- Conducted 6 months after the service started
- 150 questionnaires
- 145 response
- Questions about patients convenience, diagnostic, health professionals helpfulness & outcome of visit

- The service has gained 86% patients satisfaction on access & outcome both in diagnostics & GPwSI service

Patients Discharge

Given to patient

- Prescription given with a month supply
- Phone-In-Session 1-3pm, 5/7 GP can speak about follow up & Titration etc.
- A discharge Summery with action plan on the same session.

Outcome Analysis

- of Patients of Have LVSD 28% !!!!!
- % on % ACE-I /ARB 97.20%
- % on Beta Blockers 78%
- % attended clinic 2nd time 5%
- **Waiting Time 10-14 days**
- **£50,000.00 Saving for PCT in One Year.**

Expansion of Service

- With Introduction of New Domain
- Integration of Community Anti-coagulation Service
- Peer Pressure
- New Name "Newham Community Cardiac Health Service"

Turning Positive Energy for A Positive Outcome

Thanks for Listening