

From successful screening to positive partnerships with commercial providers, SUZANNAH WRIGHT look at the innovative schemes which made the shortlist for Best Service Redesign, CVD, at the NAPC PBC Vision awards

Affairs of the heart

Service redesign can sound like a daunting task, and certainly complete pathway overhaul is no small undertaking. But the size of change isn't the most important aspect in a service redesign: what matters is the impact.

The three finalists in the CVD category at the NAPC PBC vision awards illustrate this wonderfully. At one end, the winners – Colchester PBC – enacted a brilliantly simple, and relatively small scheme which generated a 400 per cent return on investment. In the middle, commended finalist Saxmundham Health designed a website which connects secondary and primary care as well as helping patients take a greater role in their own care. At the top end, North Bexley PBC – also commended – carried out a complete service overhaul to create an extensive community cardiology service in partnership with an independent provider. Three very different approaches, three areas where CVD care has been greatly improved, and plenty of lessons for others considering their own CVD pathways.

FINGERS ON THE PULSE

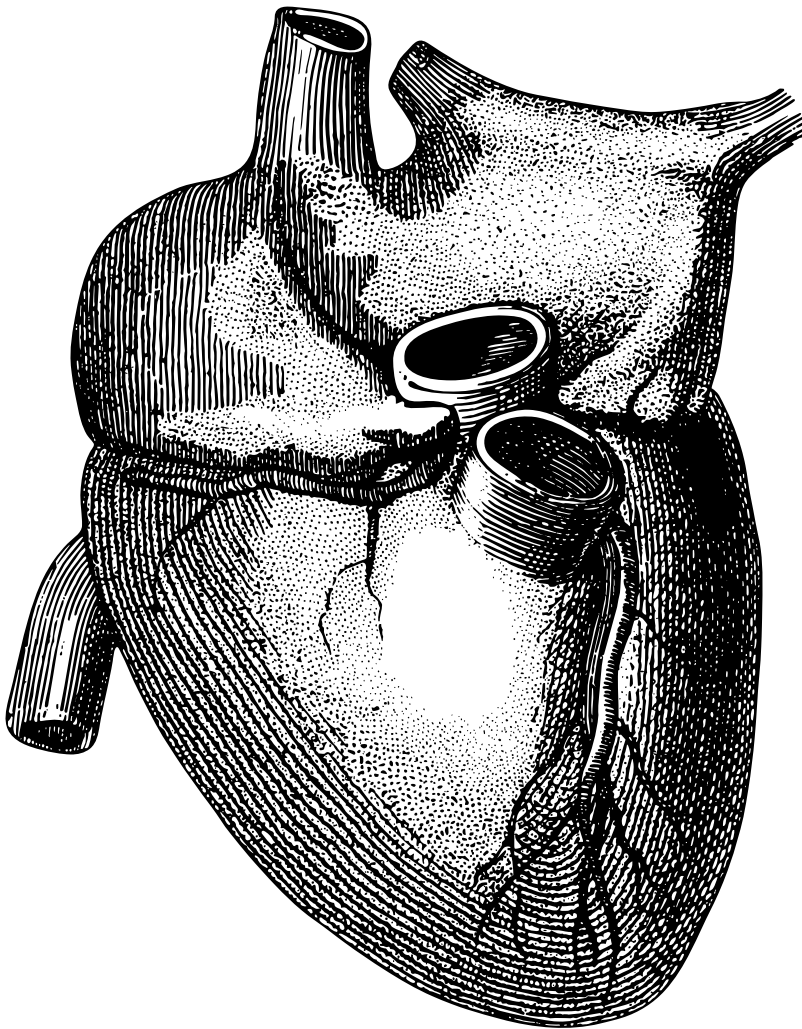
The PulseBeat scheme, run by Colchester PBC, asked GP practices to take the pulse of all over 65s attending flu vaccination clinics to detect Atrial Fibrillation (AF), which leads to an increased risk of stroke.

Similar schemes had been run successfully in other areas, and although the idea seems devilishly simple, Dr Shane Gordon, chief executive of Colchester PBC group, believes this was the key to its success.

“The beauty of this project is that it keeps the number of tasks that the clinicians are required to do down to a minimum which was why we got such a good uptake,” he explains. Of 44 practices in the commissioning group, 37 took part. Gordon says this high level of engagement was also a “product of a lot of effort put into engaging the practices over a long period of time,” adds Gordon.

“We have a communications strategy that includes bi-monthly newsletters, quarterly forum meetings, practice visits every year, a website, regular email contact, clinical pathway working groups so we've got quite a rich communications strategy.”

The group had also built a strong relationship with North East Essex PCT, meaning there were able to take the scheme, which was funded via an LES from idea to implementation in around eight weeks – a record for business plan approval in the PCT.



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As a result of the campaign 37,000 patients had their pulse taken, 249 cases of AF were diagnosed and were able to start appropriate treatment. The next focus for Colchester PBC Group, in terms of cardiology, will be work on the whole community cardiology offering including bringing better diagnostics into the community, and training a cohort of GPwSIs.

EXPLAINING CHOICES

If a patient has been diagnosed with AF then the next step is proper management and treatment with a focus on preventing stroke.

But as Dr John Havard found when he was looking into Cardiology after it was flagged as a major concern for his commissioning group, AF is often badly managed in primary care. In particular, he found that although NICE guidance and the CHAD2s risk tool [for estimating the risk of stroke in patients with nonrheumatic AF] are clear about which patients should be warfarinised, a low proportion of these patients are actually prescribed the medication.

Part of the reason for this, says Havard, is that GPs are concerned over the risks associated with warfarin. The Hippocratic principle ‘First do no harm’ scares GPs since potentially fatal bleeding is clearly a risk of warfarin. If a patient suffers a preventable thromboembolic stroke then this is seen as an act of God and not negligence in failing to prescribe. “But we need to change that attitude,” he continues “because it isn’t an act of God it’s an act of gambling and both patients and GPs need to be aware of the real odds.”

The risk of stroke in AF can be reduced 70 per cent with warfarin and just 20 per cent with aspirin, so it was to address the low proportion of warfarinisation that Havard developed ‘The Auricle’ website. Its aims are twofold – to give patients and GPs a greater understanding in the decision over warfarinisation, and to offer consultant support for GPs. »



The site contains a CHADS2 risk assessment calculator and Havard says it provides a simple tool to discuss with patients their CHADS2 score and the risk/benefit of warfarin. "It's quick and easy – it's so effective to show people what their annual risk is by simply turning the screen round. Colleagues will ask why don't you just use the standard CHADS2 test on the back of an envelope, but it just isn't as impressive or clear for patients," says Dr Havard.

GP and patient can then discuss whether to begin treatment with warfarin. Should either feel uncertain, the calculated CHADS2 score can also be sent to a cardiologist via Te Auricle accompanied by free text which can mention relevant clinical details or contraindications. "I use the e-consultation facility to the cardiologist much less now 'says Havard 'since the patients seem informed and content just start the warfarin'.

The website, which now has users across the country, helps empower patients to make decisions about their own health, and also provides reassurances for clinicians as the CHADS2 score and cardiologist report can be filed electronically in the patient notes. This provides an audit trail, as it were, that a full discussion took place before the patient decided to commence warfarin.

A TOTAL OVERHAUL

The final shortlisted scheme saw the Bexley PBC Consortium overhaul the entire cardiology pathway after GP lead Dr Kosta Manis became convinced of the benefits of forging partnerships between primary and tertiary care. "We discovered that in cardiology 90 per cent of our patients will end up in tertiary care, so we've bypassed the middle man and linked very closely with centres of excellence like St Thomas and Guys," Dr Manis explains.

Each week in four surgeries across Bexley, highly specialised consultants run cardiology clinics, whilst at the same time trained physiologists carry out diagnostic clinics. Dr Manis describes this close partnership with tertiary care as the "number one achievement" of the group. If needed, patients can also be taken to have a scan at the European Scanning Centre on Harley Street, using a state of the art scanner which can scan a single heartbeat while producing just a fifth of the radiation of conventional scanners.

Dr Manis is also proud of the greatly reduced patient journey which is shorter even than some private schemes as patients will see a specialist within a week or ten days maximum. Because the diagnostic and cardiology clinics run on the same day, tests can often be done on the same day should a consultant require it. "The amazing aspect of this whole operation," he says, "is that such five-star treatment for our NHS patients is much cheaper than than the old, archaic and dangerous journey."

The hub of Bexley's cardiology pathway is a central patient management centre (PMC), run by a commercial partner, Physiological Measurements Ltd (PML). The PMC takes referrals from GPs, triages them and arranges

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appointments and will then code test results according to a red/amber/green flag system and dispatch them to an appropriate clinician. The diagnostic clinics are run by PML staff, and PML also provide bespoke web-based image management software which allows results to be viewed by both primary and secondary care clinicians.

This effective engagement with the private sector has been a key factor in the project's success. Manis describes Andy Honeyman, MD of PML, as "an invaluable member of the cardiology team" and the PMC as the "linchpin of the whole operation." The PMC model is now used by the Trust on all community services.

Manis also praises Anthony McKeever, Bexley Care Trust chief executive, for his support and also his dedication to empowering GP leaders in PBC. "When Anthony joined the trust he gave us a talk - he called us all out and said 'look folks you are the leaders' and he actually meant it. He's appointed GPs to lead many projects so we've taken him seriously, and it's a really GP-led trust."

Although Bexley's overhaul is certainly impressive, the smaller changes made in other areas have still had a real impact for patients. So perhaps it is true – at least for service redesign – that size really doesn't matter. |

