

ARRHYTHMIA MANAGEMENT

THE VIEW FROM PRIMARY CARE

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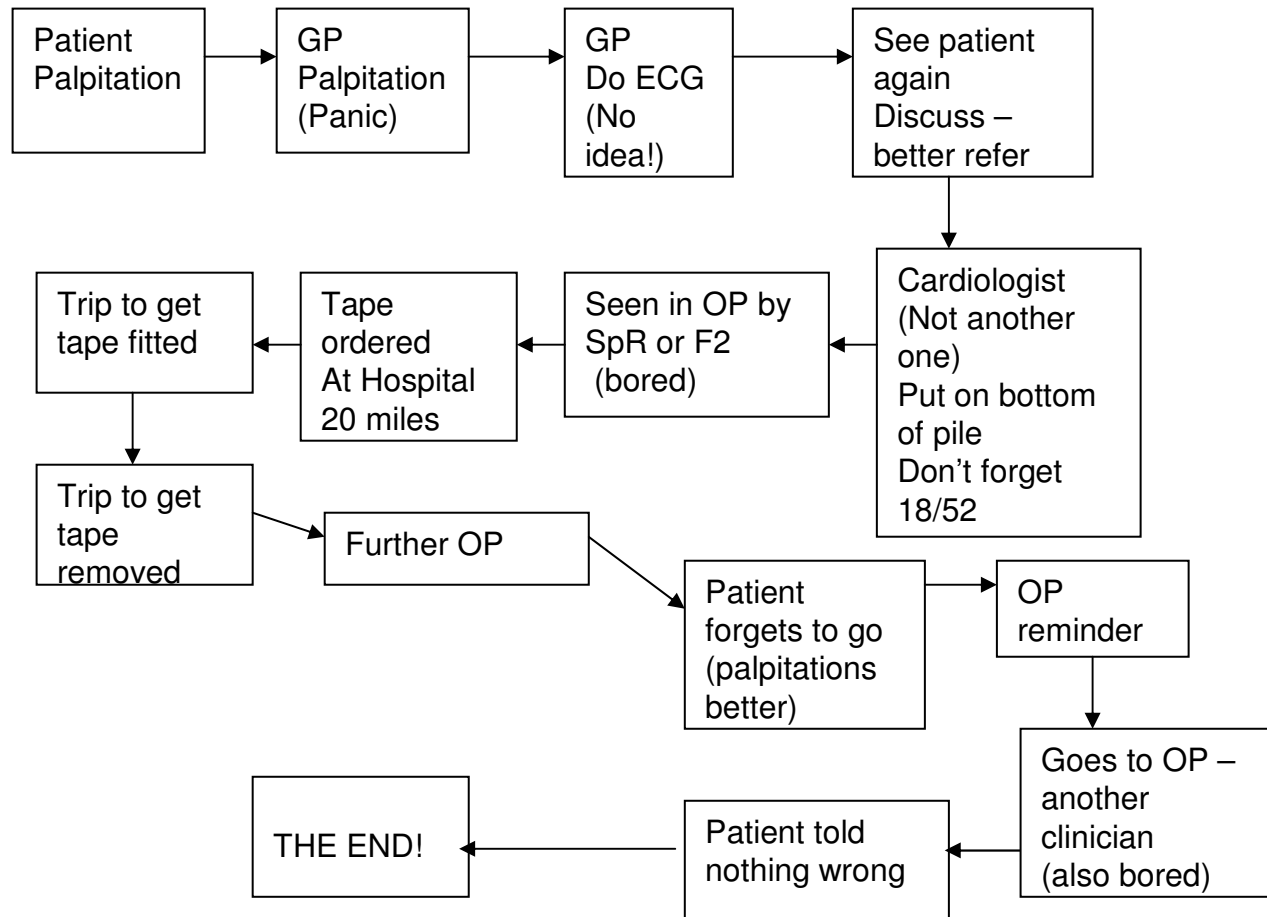
Who am I?

- GP Clevedon Medical Centre (for far too long)
- Clinical Assistant Cardiology – NBT
- Member of AGW Arrhythmia Group
- Lead GP for Clevedon Hospital Direct Access Palpitations Service

What is the purpose of this talk?

- To look at current practice
- To look at what kind of service Primary Care needs (and maybe wants)
- To look at what has already been done
- To look at the challenges faced in commissioning new services

So, what happens now?



What does Primary Care Want?

- A Service that is in line with best clinical practice
- Equity of access to service
- Patient friendly pathway: effective, informative and convenient
- A service that relevant to patients' needs
- A service that enhances knowledge and improves performance
- A service that is collaborative both within Primary Care and with Secondary Care

What improvements have been made?

- AGW Cardiac Network (Arrhythmia Group)
- Guidelines on:
 - Palpitations
 - AF
 - Syncope and LOC
 - Sudden Death
 - email: martin.hime@GP-L1040.nhs.uk
 - Paper copies available

Clevedon Direct Access Palpitations Service

- For patients in Woodspring Area
- Direct GP access through referral form
- To be used in conjunction with AGW guidelines
- Technician from Southmead comes to Clevedon weekly
- Based at Clevedon Hospital
- Printout with technician report to MCH at Clevedon
- MCH (with ASJ support) writes report and sends report by fax to GP

Clevedon Service – results and problems

- Audit of patient satisfaction 2005
 - 95% satisfied with the experience
 - 70% satisfied with quality of information
 - 90% felt that the service was effective in terms of waiting times and information
- Audit of Outcome 2007
 - Low take-up – 2 per month
 - 1 referral to OPD (NSVT)
 - All but one were either PACs or AF

BRI Direct Access Service

- Leave this to Tim Cripps

The case for better services

- About 20% of OP cardiology OP referrals relate to palpitations
- The vast majority are benign and can be managed in Primary Care, given the right support
- The current OP based system does not work well
- There is considerable scope for an improved patient pathway
- There is scope to save money, reduce the carbon footprint and tick all the Governments' boxes

BUT

- The PCTs still have no money (North Somerset has to save £5m this financial year)
- New pathway projects that save money without up-front investment only please
- Implementation of a comprehensive service would require more investment
- There is a shortage of trained cardiac technicians
- Clevedon Service tariff the same as consultant OP
- PBR means that a cheaper (for the PCT) service will lose the Secondary Care Trust money

The Challenge

- The need is there as are the ideas
- Practice Based Commissioning is meant to encourage exactly the kind of service that is being discussed
- Short term financial problems and lack of coordination between Primary and Secondary Services are preventing progress
- How do we plan the system to make things happen?