

Working towards optimising care for heart failure patients at Swansea Bay University Health Board (SBUHB) – NOT Accepting Failure

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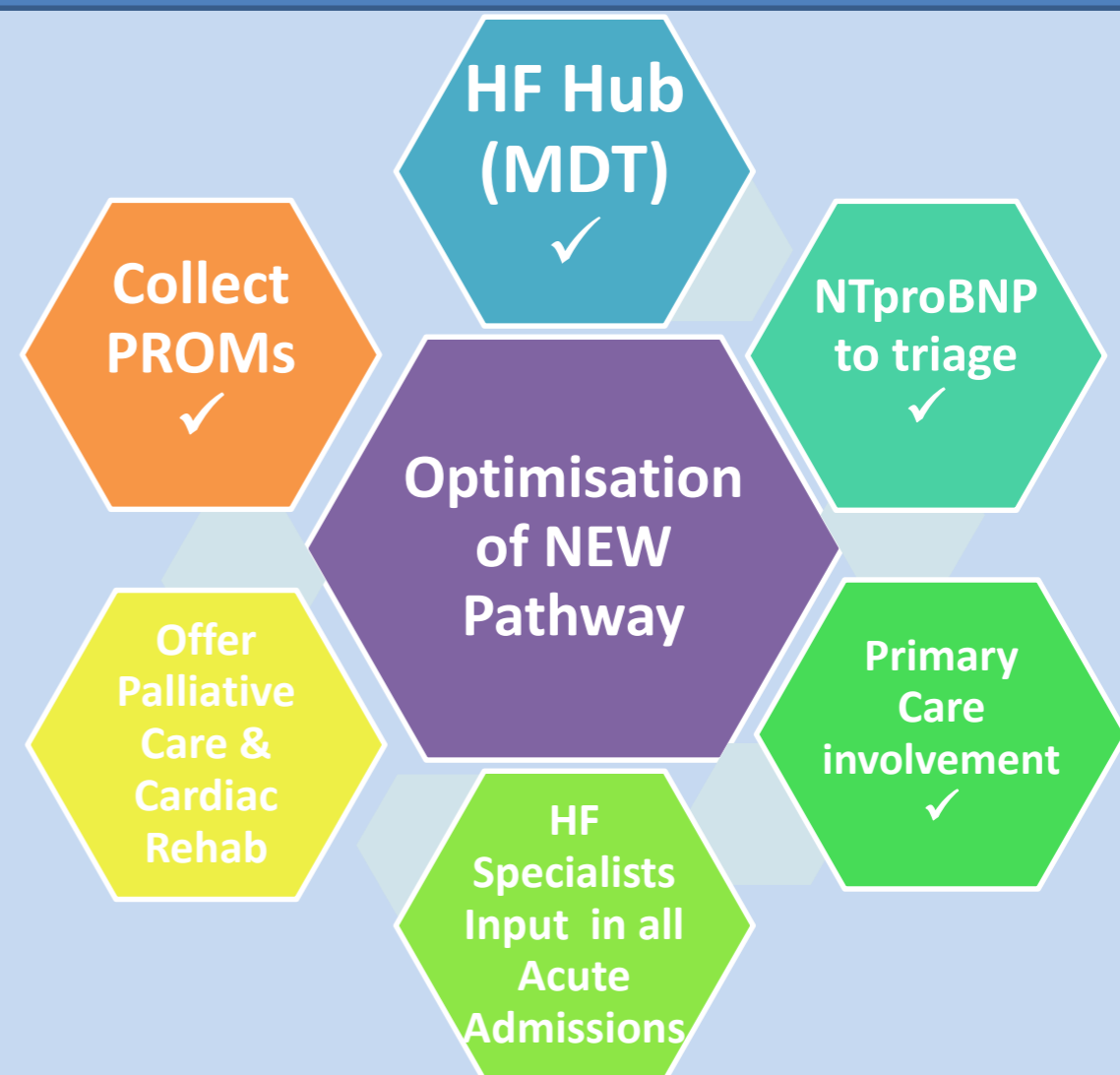
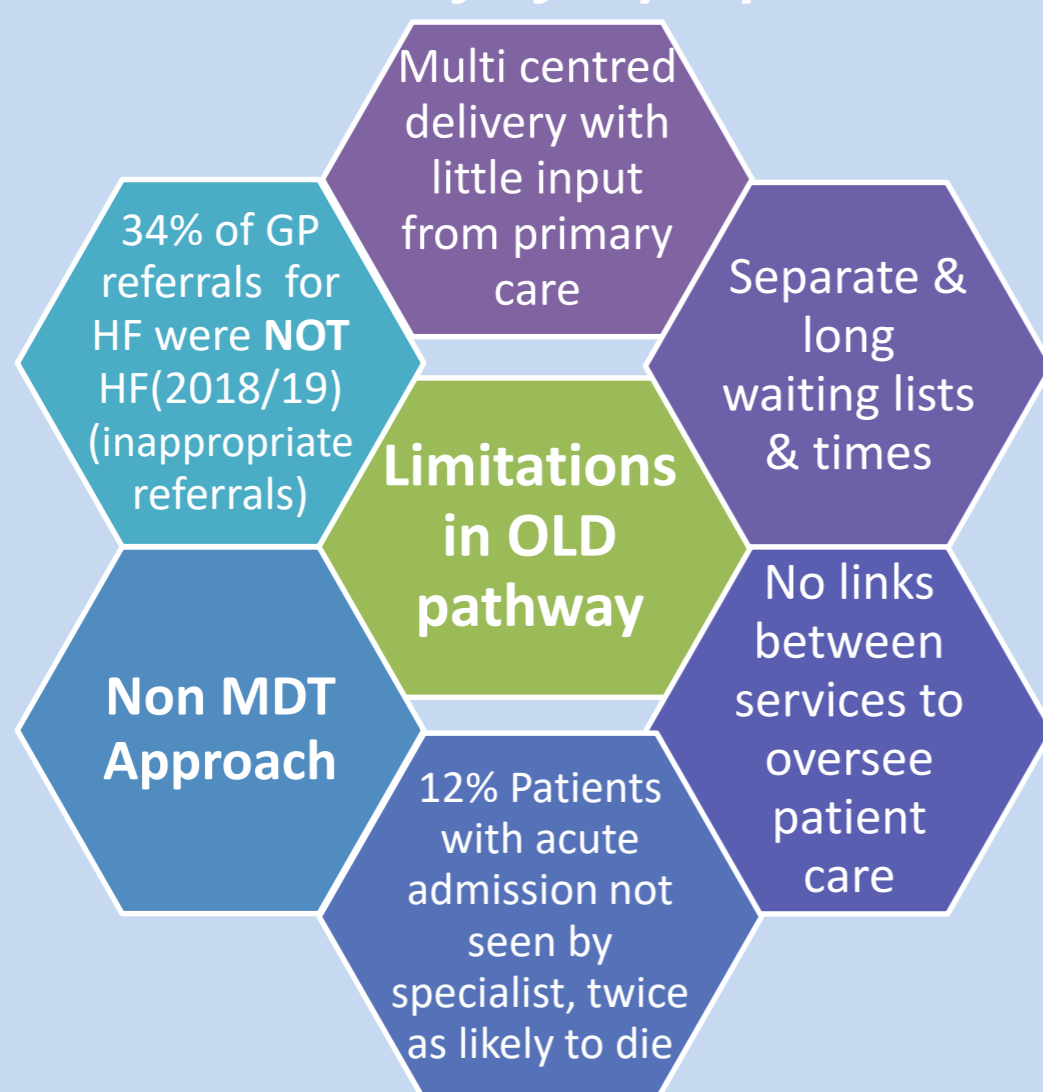


Problems trying to solve:

- Low documented prevalence of patients on HF Register
- Variation in diagnosis & referrals to HF
- Poor access to NTproBNP (under used) and ECHO (8 week wait)
- Demand outweighs capacity – system bottlenecks
- Heart Failure admissions have a high mortality & patients being cared for in the wrong areas

OLD heart failure pathway was fragmented and not fit for purpose

Current & Emerging heart failure Pathway



Aims and Objectives: To redesign services with improved co-production and a new, improved patient pathway. This aims to divert the focus from secondary care towards care closer to home in order to improve patient outcomes and reduce acute admissions, inappropriate referrals and premature mortality.

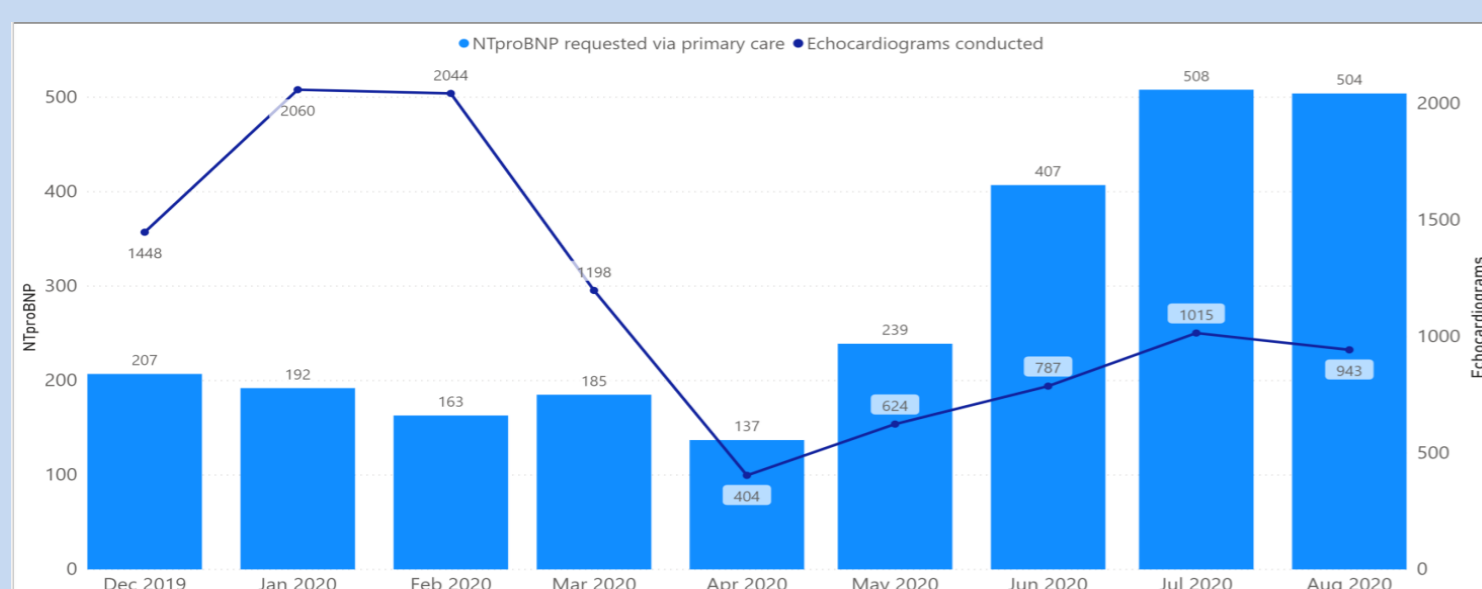
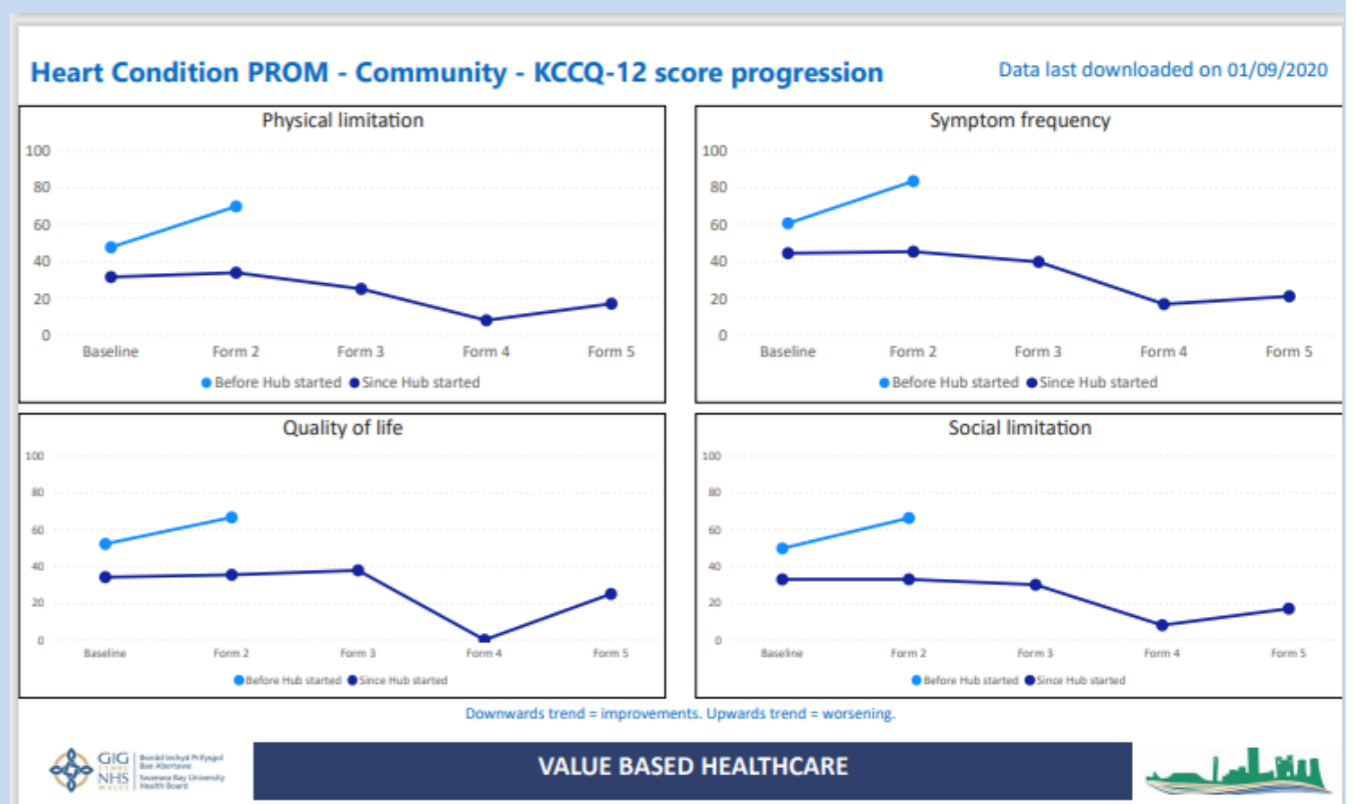
Methods

- From Jan 2020 - Collected 191 PROMs across 5 HF community clinics & from May 2020 at the HF Hub
- identified baseline HF measures for meaningful analysis
- specialist and community nurses viewing PROMs data during clinic appointments to enhance patient-nurse discussions.

POSITION SINCE Mar 2020:

Rapid access diagnostic HF HUB:

- Set up within weeks enabled by COVID-19 response
- Specialist Review, ECHO & HF Education with specialist nurses – all on the same day
- Average waiting time with very raised NTproBNP >2000 reduced from 105 days to 3.8 days
- Average waiting time with moderate NTproBNP 400-2000 reduced from 106 days to 6 days



Primary Care involvement in treatment & care of HF:

- All 49 GP practices signed up to HF Primary Care Framework
- Using NTproBNP to triage patients at referral to the HF Hub
- HF patients being discharged to PC when stable
- GP's started conducting 6 monthly reviews & optimisation of medication

Expected BENEFITS & Next Steps: Implementation of system re-design is anticipated to reduce premature mortality, acute hospital admissions & length of stay as well as inappropriate referrals. PROMs collection to be collected along the new patient pathway to directly measure patients' quality of life and help involve them in decisions about their care. Business Case to be submitted to sustain & enhance new pathway.