

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

15 JULY 2010

PRIMARY ANGIOPLASTY UPDATE

Report from: Rose Collinson, Director of Children and Adults

Author: Rosie Gunstone, Overview and Scrutiny Co-ordinator

Summary

Members are asked to consider a report received from NHS Eastern and Coastal Kent in relation to an update on the primary angioplasty service, which is designed for people suffering a heart attack.

1. Budget and Policy Framework

1.1 Under Chapter 4 – Rules, paragraph 22.2 (c) terms of reference for Health and Adult Social Care Overview and Scrutiny Committee has powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

2. Background

2.1. Appendix A sets out an update on the success of the primary angioplasty service originally reported to members of this committee on 8 October 2009. At that meeting members requested an update on progress with the service to this meeting.

2.2. A presentation will be given to members at the meeting.

3. Financial and legal implications

3.1 There are no financial, legal or risk implications specifically arising from this report.

4. Recommendations

4.1 Members are asked to comment on the attached report.

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Background papers - none

Medway Health Overview and Scrutiny Report on primary angioplasty

Approximately 275,000 people in the United Kingdom suffer a heart attack each year of which around 2,500 occur in Kent. A person has a heart attack (or acute myocardial infarction) when the flow of blood through the arteries, which supply blood to their heart muscle, is reduced to such an extent that part of the heart muscle dies. Between a third and two thirds of heart attack deaths take place outside hospital, many within the first few minutes of the onset of symptoms. Helping people avoid a heart attack altogether is the prime aim. But for those who do have a heart attack, prompt access to the right treatment can mean the difference between living and dying.

The Department of Health and the British Cardiovascular Society^j undertook a 2 year study looking into the feasibility of providing a 24/7 Primary Angioplasty service as a first line of treatment for patients suffering a heart attack across England. It published its final report in October 2008, and concluded that primary angioplasty should be implemented.

Since 2007, the Kent Cardiovascular Network has worked with the three Primary Care Trusts, four Acute Trusts and the South East Coast Ambulance service, across Kent, to work up plans for the implementation of a 24/7 primary angioplasty service.

The Network presented to the Medway Health Overview and Scrutiny Committee on 8th October 2009, and highlighted the reasons why we were implementing this service and outlined all of the work that had been undertaken to get to the decision that a one centre site at the William Harvey Hospital was the best option. The Medway HOSC gave its overwhelming support to the project.

Since then, work has continued to ensure that the pathways that have been developed are robust and embedded into each of the organisations. It has also ensure that the additional trained staff required to run the service have been put in place. The new telemetry system which has been procured by the ambulance trust has been installed on all ambulances. This system will allow the ambulance crews to send the patient's ECG to the Coronary Care Unit (CCU) at the William Harvey Hospital for immediate interpretation. All ambulance crews have been issued with mobile phones, and they now have direct access to nurses within the CCU to discuss the patient, prior to and during transfer.

This has been a significant and challenging piece of work to ensure that the whole population of Kent and Medway has equitable access to a timely, high quality service, reliant on several organisations working collaboratively together.

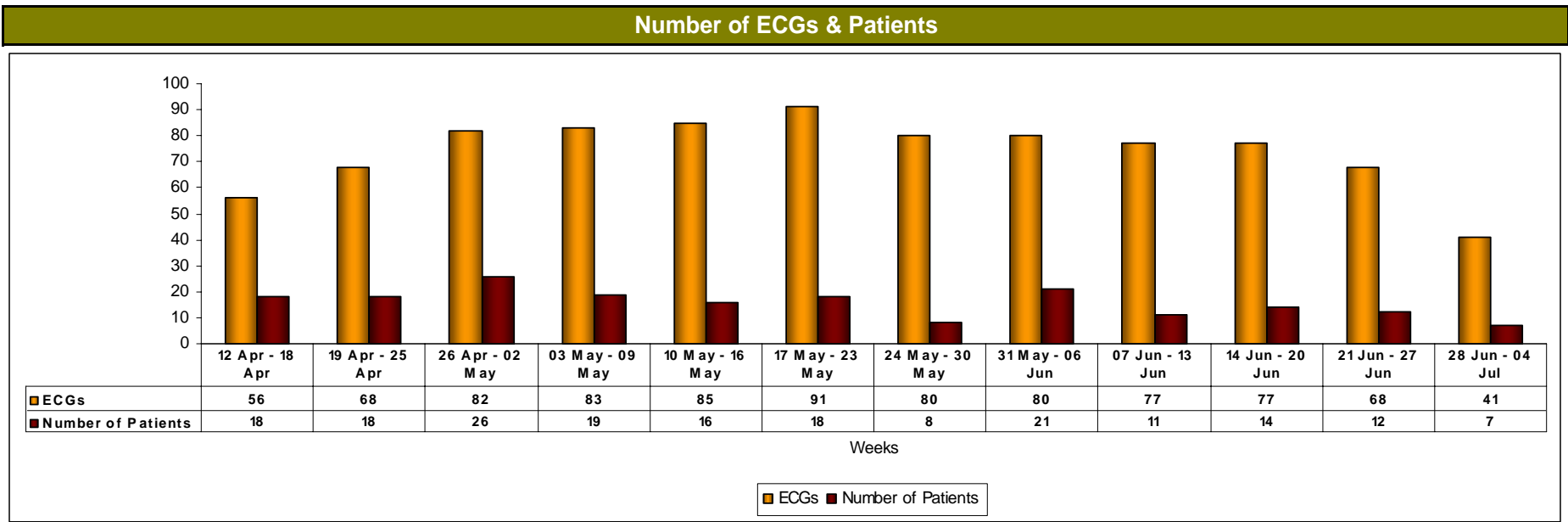
On 12 April 2010, the service was successfully implemented.

On 20 May a media campaign took place. Radio and press were invited to the William Harvey Hospital to undertake interviews with some consultant cardiologists and staff, and the first patient who was admitted to the service. Items were reported on the BBC and Meridian news.

A campaign similar to the stroke FAST campaign was developed by NHS Eastern and Coastal Kent called ACT – **A**wareness, **C**all, **T**reat. Posters were created (see last page of report), and have been sent out to all GP surgeries in Kent and Medway as well as all hospitals across the area.

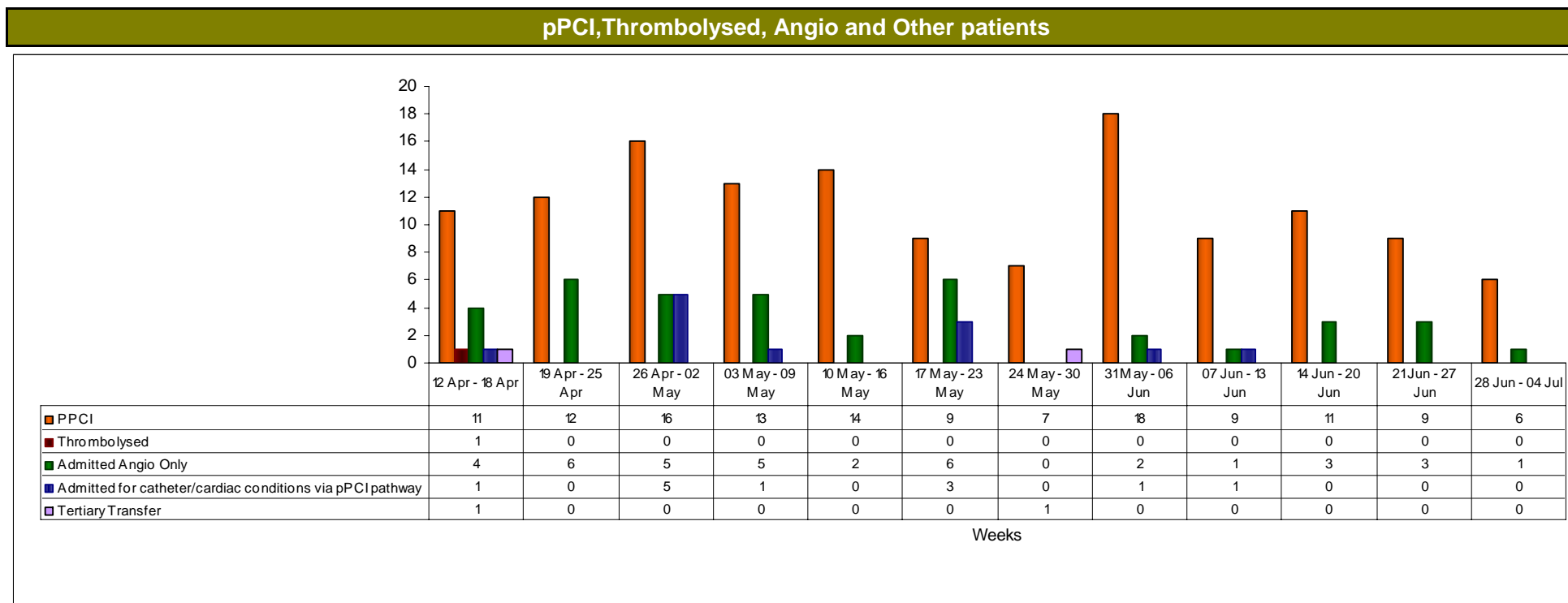
A radio campaign, highlighting the symptoms of a heart attack and the action that should be taken was also developed by NHS Eastern and Coastal Kent and had a 4 week run on Heart FM radio. Various news articles have been written as a result of press releases that have been sent out, and good news articles continue to be published.

Below is a set of data showing a high level snapshot of how the service has been performing over the last 11 weeks. Please note that the 12th week showing on the data is not a complete week.



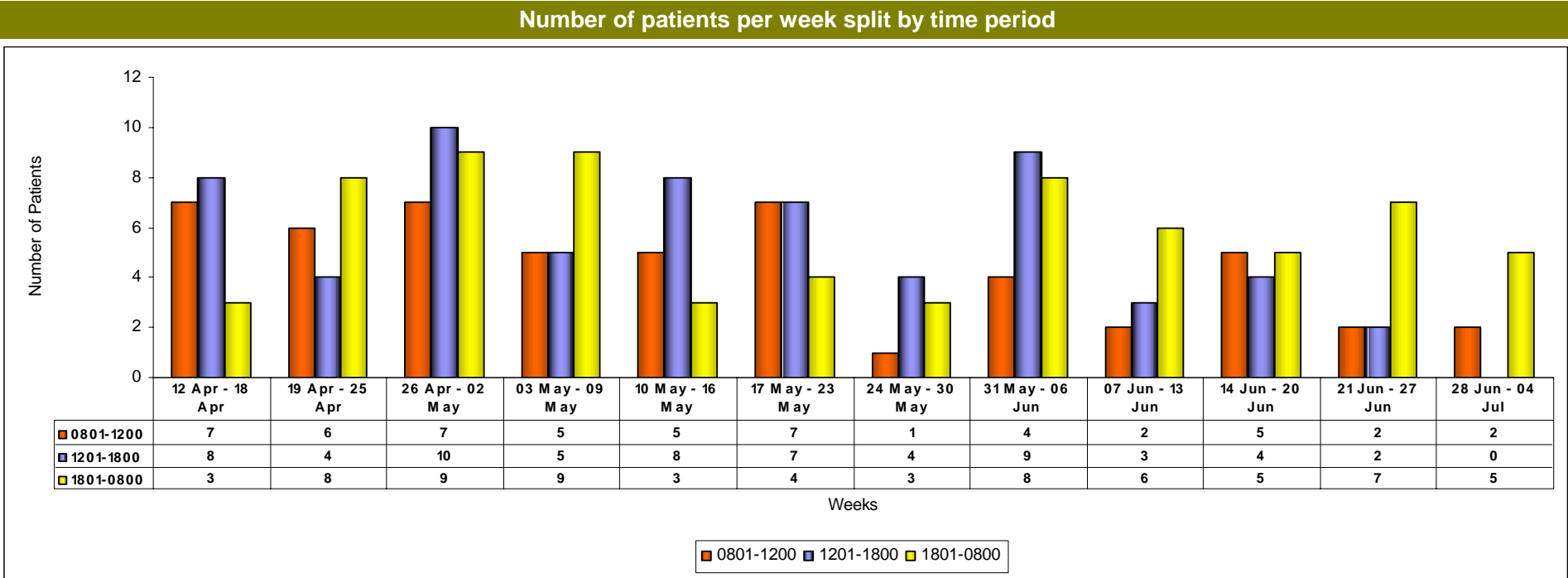
On average the William Harvey Hospital is receiving 77 ECGs each week from the ambulance service for interpretation and a decision to transfer.

Of these approximately 17 patients a week are being transferred to the William Harvey Hospital.



Of the patients who are being transferred to the William Harvey Hospital, approximately 71% have received angioplasty and 21% had an angiogram, but did not proceed to angioplasty.

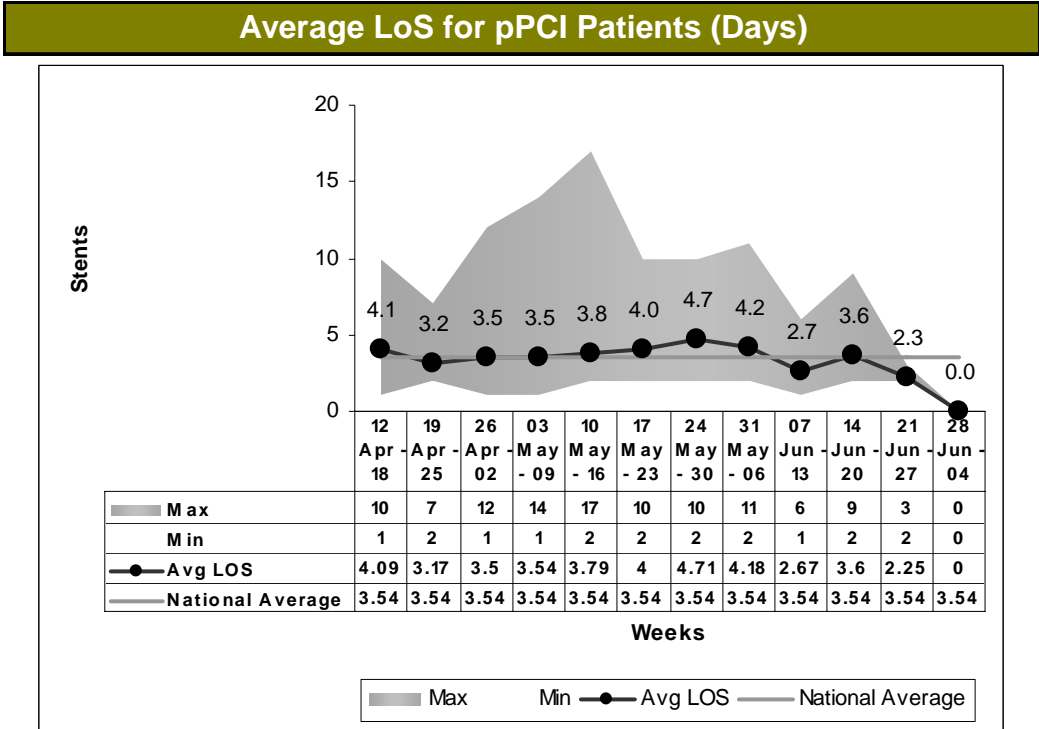
1 patient has needed to be thrombolysed for clinical reasons and 2 patients have been transferred to a tertiary centre for surgery.



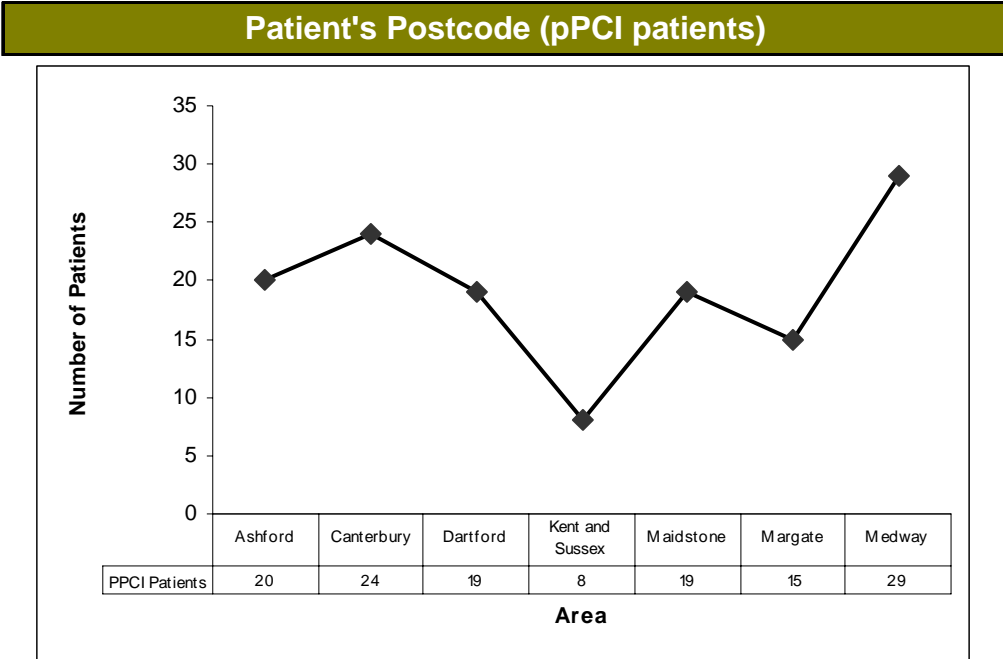
When trying to plan the capacity levels, it was expected that approximately 45% of patients would present during normal working hours, Monday to Friday 9 a.m. to 5 p.m. and 55% of patients would present outside of this time. The graph above has been broken into 3 time brackets:

- 08:01 to 12:00
- 12:01 to 18:00
- 18:01 to 08:00

As can be seen above, there is no real trend forming as to the time of day that patients are presenting, and varies considerably week by week.



In the original planning, it was estimated that the average length of stay for patients would be 3.54 days. As can be seen above, there has been some variance for patients in terms of their average lengths of stay. On average, patients are staying between 2.7 and 4.7 days.



A total of 43 patients have been transferred to the William Harvey through the primary angioplasty pathway. Of these, 29 have received primary angioplasty. The remaining 14 will have had an angiogram, but not have proceeded to angioplasty for clinical reasons.

As can be seen from the graphs, the service is working well. Patient satisfaction surveys are being undertaken, and there is an overwhelming positive message coming back.

Now that the service has settled in, work is underway to review all of the pathways to ensure that they are as effective as possible. If there are any areas identified where minutes can be saved further, work will be undertaken with organisations to ensure that these savings are realised.

The Network will be undertaking a full and in depth review of the service at 6 month and 12 month intervals.

All in all, this has been a fantastic piece of work, and all those involved in the implementation and running of this service should be congratulated.

ACT on heart attacks

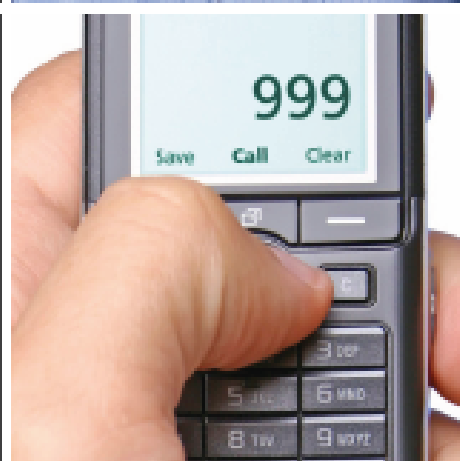
Awareness

- Crushing central chest pain
- Shortness of breath
- Clammy, sweaty, and grey complexion
- Dizziness, nausea and vomiting



Call

- Ring 999 if you spot the signs
- Every minute matters
- Fast action can save lives



Treat

- You will be assessed by paramedics and taken to an appropriate hospital



ⁱ Treatment of Heart Attack National Guidance. Final report of the National Infarct Angioplasty Project (NIAP) October 2008, Department of Health and British Cardiovascular Society.