

Meeting of Lanarkshire NHS Board
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SUBJECT: Implementation of West of Scotland Optimal Reperfusion Services (Primary PCI*) : NHS Lanarkshire Implementation Plan

1. PURPOSE

This paper is to inform the Board of NHS Lanarkshire of the current position in relation to the implementation of the Optimal Reperfusion Therapy Service (Primary PCI) within NHS Lanarkshire as part of the agreed West of Scotland initiative.

2. BACKGROUND

The development of an Optimal Reperfusion service for the West of Scotland was approved by the West of Scotland Regional Planning Group in April 2008 as part of the funded clinical developments for 2008/09. The approved Business Case identified two specialist centres to undertake this work – Hairmyres Hospital and the Golden Jubilee National Hospital (GJNH).

The implementation of this service development is based on clinical evidence recognised through SIGN guidelines for Heart Disease published in February 2007 (SIGN No 93) which state that this is the best method of treatment for ST elevation myocardial infarction (STEMI) patients.

3. CONTENT/SUMMARY OF KEY ISSUES

This paper provides an update on all of the key issues to support the implementation of the Optimal Reperfusion Service (ORS) within Lanarkshire. These include:

- Completion of Capital Equipment Replacement Programme in the Cath Lab
- Completion of the Cath Lab reconfiguration, increasing Day Unit capacity
- Reprofiling of the ORS activity flows across the West of Scotland
- Update on all HR issues, including Acute Physician and on-call arrangements
- Summary of financial issues, including income flows
- Communication and engagement plan
- Project Management and Risk Management arrangements.

3. KEY ISSUES AND ACTIONS

- a) **Capital Equipment Replacement Programme** – The £1.4m project to replace the imaging and archiving equipment in both cath labs has been completed on schedule (9 weeks), with both labs replaced and operational as at 16/09/2008. The angiography and angioplasty waiting time guarantees (4 and 10 weeks respectively) were maintained during this period by using the mobile lab with extended working days and some additional waiting list initiative sessions. Use of a third party provider was not required. The new equipment is state of the art and represents a significant improvement to the technical performance of the Cath Lab and this will improve the standards of patient care and clinical outcomes for NHS Lanarkshire.

STATUS – GREEN

- b) **Cath Lab Reconfiguration** – in parallel with the equipment replacement programme, the reconfiguration of the Cath Lab infrastructure has been completed on schedule. This has increased the number of overnight beds from 6 to 8 and added a 6 chair day area, increasing the capacity by 8 spaces to accommodate the additional activity that will flow from all 20 Cath Lab sessions being utilised and the implementation of the Optimal Reperfusion Service.

STATUS - GREEN

- c) **Optimal Reperfusion Service – Activity Flows** – The introduction of the ORS in Lanarkshire will require the 24/7 availability of the Cath Lab for STEMI patients. Patients from NHS Lanarkshire, NHS Ayrshire & Arran and some parts of South Glasgow will be directed to the NHS Lanarkshire Cath Lab facility in Hairmyres Hospital in accordance with the timed clinical pathways for enhanced reperfusion (90 minutes). The segmentation of the 90 minute pathway has been agreed as follows: 20 minutes from diagnostic ECG to ambulance transfer, 40 minutes travel time and 30 minutes door to balloon time within the Primary PCI Centre.

The introduction of the service will be implemented in a phased approach:

- 1 October 2008 - Optimal reperfusion service (ORS) commences in NHS Glasgow
- 1 October 2008 - 24/7 rescue angioplasty service commences for NHSL
- 1 November - ORS commences within NHS Lanarkshire
- 12 January 2009 - ORS commences for NHS Ayr/Arran in Hairmyres
- 9 February 2009 - ORS commences for South Glasgow in Hairmyres for specific Glasgow Postcodes.

Following a review of the travel times to GJNH and Hairmyres and a postcode analysis there will be some patients from South Glasgow who will come to Hairmyres. However some patients originally aligned to Hairmyres from North Ayrshire will now go to the GJNH. The net impact of this is that an estimated additional 96 patients per annum will be directed to Hairmyres, summarised below in table 1. The Map outlining the patient flows are displayed in Appendix 1.

Table 1

	WOS BC Option 6		Revised Modelling Option 6		
	Total No Cases	% Split	Total No Cases	Net Change	% Split
HM	517	36%	613	96	43%
GJNH	901	64%	805	-96	57%
	1,418	100%	1,418		100%

Whilst it is fully recognised that this will place additional pressure on the Hairmyres service, particularly on CCU and cardiology bed availability, it has been agreed to commence the service on this basis and provide robust monitoring to identify and address any issues as and when they arise.

It will be critical to have robust arrangements in place for the repatriation of non NHSL patients back to their local DGH in order for Hairmyres to maintain its operational capacity. Further discussions with the SAS are ongoing regarding this issue.

STATUS - AMBER

d) **HR issues** - All of the following negotiations have taken place with full partnership involvement.

- Of the three available acute physician posts which are required to backfill the Cardiologists general medical receiving commitments, two have been recruited, one at Hairmyres and one at Wishaw. Despite the non-appointment at Monklands there is a short term solution of using an agency locum to backfill the general medical receiving slots per month which require to be covered.

STATUS - GREEN

- The nursing on-call rota is confirmed. Work is ongoing in relation to potential re-configuration of cardiac specialist nursing resource, and CCU capacity across NHSL in terms of resource re-alignment to reflect shift in activity from WDGH and MDGH to Hairmyres.

STATUS - GREEN

- The cardiac technical staff rota is confirmed, but will require on-going evaluation to monitor any adverse impact on elective activity as a result of time off following on call, as they have received no additional staffing.

STATUS - GREEN

- The Radiology Department has agreed in the short term to provide cover for the service. The WC&D Clinical Division have formally submitted a request for 1.8 WTE staff to provide backfill to allow 2 members of staff to be on standby. A minimum of 1 WTE is required immediately otherwise support may be withdrawn. A further review of the entire on-call arrangement for Radiography staff is also about to commence which will also have a bearing on this.

STATUS - AMBER

- e) **Finance** - The financial issues are complex as they involve the realignment of core income streams within the West of Scotland Cardiac Consortium from both Ayrshire and Arran and Glasgow into Lanarkshire and the implementation of the agreed business case for optimal reperfusion. Further detailed work is ongoing on all of these issues, led by Andy Goor, Assistant Director of Finance (Acute) in relation to the revised business case.

STATUS – AMBER

- f) **The Clinical Pathways and Protocols** - Detailed discussions have been led by Andrew Docherty, Consultant Cardiologist across the West of Scotland with all key stakeholders, and all of the key clinical protocols have been agreed to support the launch of the service on 1st October in Glasgow. These include the detailed clinical protocols within the 90 minute total journey time (30 mins: 40 mins: 20 mins) where the first point of contact is the SAS and also the clinical protocol for patients who self present within A&E departments across the West of Scotland.

Further work is ongoing to develop protocols to support the entire patient pathway including repatriation to the local DGH and the means of access to the two new SAS discharge vehicles which will be deployed for this purpose for both the GJNH and Hairmyres.

STATUS - AMBER

- g) **Communication** - A detailed regional and local communication plan has been developed and implemented. This has included a series of events to inform all key stakeholders involving 3 hospital clinical meeting and a number of other engagement community events.

STATUS - GREEN

- h) **Project Management and Risk Management Arrangements** - A formal steering group of the West of Scotland Cardiac Group has been established to oversee the introduction of an Optimal Reperfusion Service within the West of Scotland, chaired by Ian Ross. This will continue for the foreseeable future in order to ensure both the implementation and monitoring of the new service proceeds smoothly. NHS Lanarkshire is well represented on the various sub-groups flowing from this with Andrew Docherty, Consultant Cardiologist, David Hume, General Manager and Andy Goor, Assistant Director of Finance, all playing important roles in the process.

As part of this process a formal risk analysis will be undertaken to identify and address the key areas of risk and the monitoring arrangements that will be put in place to ensure all of these risks are monitored in sufficient detail to ensure immediate escalation and prompt corrective action as appropriate.

STATUS - GREEN

4. CONCLUSIONS

The Board is asked to note:

- All of the key elements of the service are now in place and are ready to commence the Optimal Reperfusion Service in Lanarkshire on 1 November, 2008.
- Continued engagement and communication to ensure all of the stakeholders are aware of the detailed arrangements as appropriate.
- Monitoring and evaluation of the service implementation for Hairmyres and Golden Jubilee will continue to be undertaken through the West of Scotland Cardiac Group.

5. FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact: David Hume, 01355 584477