

# Cardiac services

## Making best use of the team

Jeremy Dwight 2009

# Objectives

- Improving access to investigations
- Improving access to advice
- Ensuring continuity of care
- Accessing subspecialist services
- Reducing duplication
- Reducing unnecessary outpatient appointments

# What do we provide?

## New patient clinics

- General cardiology outpatients – all cardiology consultants
  - Specialist clinics
    - Arrhythmia
    - Heart failure
    - Marfans
    - Adult congenital heart disease
    - Hypertension
    - Rapid access chest pain clinic
- Clinicians
- Bashir, Betts, Rajappan,  
Bhattacharya, Dwight  
Forfar  
Forfar, Ormerod  
Cassedei  
Dwight, Forfar, Ormerod,  
Rajappan

# Additional Follow up clinics

- Nurse led
  - Arrhythmia
  - Advanced heart failure
  - Post PCI (angioplasty)
  - AICD (defibrillator)
- Technician led
  - Pacing
  - ICD

# Support services

- E mail advice line
- ECG (open access)
- Echocardiography
- Exercise testing
- Rhythm analysis
- MRI
- Nuclear cardiology
- 24 hour ambulatory BP monitoring

# Choose and Book

- Generic referrals
  - First presentation
  - General cardiology
    - Valvular heart disease
    - Basic arrhythmias - atrialfibrillation, palpitations
    - Breathlessness ? Heart failure
    - Chest pain – not suitable for rapid access chest pain clinic
    - Pre operative assessment
- Referring to a given consultant (still possible via choose and book)
  - Previously known to the consultant
  - Area of expertise e.g. complex arrhythmias, advanced heart failure, adult congenital heart disease, hypertension

# Accessing subspecialties

- Arrhythmias - Betts, Bashir, Rajappan
  - Wolff Parkinson White
  - FH of sudden death – screening for Brugada long QT etc
  - Recurrent symptomatic atrial fibrillation for consideration of ablation therapy
  - Recurrent symptomatic supraventricular tachycardias
  - History of ventricular tachycardias
  - Syncope felt to be arrhythmic in origin in patients with a history of ischaemic heart disease or

# Accessing subspecialties

- Heart failure                      Bhattacharya, Dwight
  - Severe unstable heart failure e.g. recurrent admissions
  - Diastolic heart failure
  - Heart failure with multiple co morbidities e.g. advanced renal disease
  - Consideration for CRT or AICD
  - Associated pulmonary hypertension

# Accessing subspecialties

- Adult congenital heart disease Forfar, Ormerod
  - Previous surgically corrected congenital heart disease.
  - Assessment of Atrial septal defect or PFO for closure

# Accessing subspecialties

## Hypertension

Prof B Cassedei

Common conditions seen by the Hypertension Service

- Refractory / difficult to treat hypertension
- Suspected secondary hypertension
- Suspected white coat hypertension (for ABPM only)
- Re-referral of patients known to the Hypertension Service
- NOT LVH on ECG ? For echo – use e mail advice line

**Procedures/investigations etc. which may be arranged following referral to the Hypertension Service**

- 24 hour ambulatory blood pressure monitor
- Screening for secondary causes of hypertension
- Advice on lifestyle and diet
- <http://orhtest.oxnet.nhs.uk/forclinicians/referrals/cardiac/hypertension/hypertension.aspx>

# Accessing subspecialties

- Angioplasty
  - Refer to the original interventionalist if possible
- Valvular heart disease
  - For consideration of percutaneous valve replacement (TAVI)  
Predegast

- History of AICD, AF ablation

- Arrhythmia specialist nurses

Angela Griffiths

Email: [angela.griffiths@orh.nhs.uk](mailto:angela.griffiths@orh.nhs.uk)

Tara Meredith

Email: [tara.meredith@orh.nhs.uk](mailto:tara.meredith@orh.nhs.uk)

AICD specialist nurse

Nicola Meldrum

E mail: [nicola.meldrum@orh.nhs.uk](mailto:nicola.meldrum@orh.nhs.uk)

# Pacemaker follow up

- Pacing clinic
  - Pacing checks
  - New referrals for devices implanted out of area
  - Post implantation assessment of wounds

Fax through request to Pacing for the attention of Jennifer Cole (cardiac technician) – 01865 20290

# Open access investigations

- ECG
- Rhythm analysis (OP not required)
  - Referral letter to be addressed to Diane Johnson (Cardiac technician) containing the following information
    - Frequency of attacks
    - Duration
    - Symptoms during attack
    - Mental or physical disability

Telephone: 01865 220258

Fax: 01865 220259

Email: [ECG.dept@orh.nhs.uk](mailto:ECG.dept@orh.nhs.uk)

# Where choose and book does not work well

- Where all is required is advice
  - Use e mail advice for new patients
  - E mail or fax enquiry directly to consultant if under follow up by cardiologist or well known.
- Accessing investigations rather than an appointment
  - All get an appointment which subsequently has to be cancelled - not always successfully
  - Use e mail advice line

# E mail advice line

- Access via
  - [oxon.cardiologyadvice@nhs.net](mailto:oxon.cardiologyadvice@nhs.net)
- Consultant cardiologist advice
  - reply within 2 working days.
- Recommended usage
  - Advice where an outpatient appointment may not be necessary e.g.
    - Abnormal ECG in an asymptomatic patient
    - Incidental ECG findings during investigations
      - Voltage criteria for LVH
      - Q waves in patients without a history of ischaemic heart disease
    - Rate or rhythm control and anticoagulation in AF
    - Risk factor control
    - Drug interactions/alternatives
  - Deciding on the need for an outpatient appointment or investigation only e.g.
    - Murmurs in asymptomatic patients with a normal ECG
    - Requests for Rhythm analysis in patients with palpitations or syncope
    - Incidental finding of cardiomegaly on CXR
    - Requests from A+E for chest pain clinic or outpatient investigations or appointments which may not be justified
    - Requests from pre assessment clinics for cardiology review

# Fax /e email consultants secretary (not using choose and book)

- Review of 24 hour tape results
- Advice on a patient known well to a given consultant
- Assessment for non cardiac surgery in a patient known to a consultant (a further appointment may not be necessary)

# The on call cardiology registrar

- Arranging urgent review or for urgent advice in patients already known to the service
- Deciding to admit as an emergency vs. early OP appointment.
- NOT routine advice on ECG's, anticoagulation, palpitations etc. Use e mail advice line

# Rapid Access Chest Pain Clinic

- See later session

# Community heart failure service

- See dedicated session

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