



The Primary Care Cardiovascular Society

www.pccs.org.uk

office@pccs.org.uk

AF in the Post-White Paper World

The Professional Organizations

Kathryn E Griffith

PCCS President

Disclaimer

- Dr Griffith is a principal in General Practice with Dr Price and Partners in York
- She is a GP specialist in Cardiology at York Hospital Foundation Trust
- She is a Cardiovascular and Renal Lead for North Yorkshire and York PCT and Primary Care Lead for the West Yorkshire Cardiac Network
- She is a Clinical Tutor on the Bradford University Course for PwSI in Cardiology
- She is Chair Elect of the Primary Care Cardiovascular Society
- She has given medical lectures, attended clinical meetings, and advisory boards as the guest of Astra Zeneca, BMS, Boehringer Ingleheim, Pfizer, Sanofi-Aventis, Shering Plough and Takeda

What Is the post White Paper World?

- White paper , Equity and excellence:
Liberating the NHS
- Now : Health and Social care Bill but not yet
been passed
- Does not mention NHS?
- Changes already occurred
- PCT managers decimated
- Lack of support and poor morale

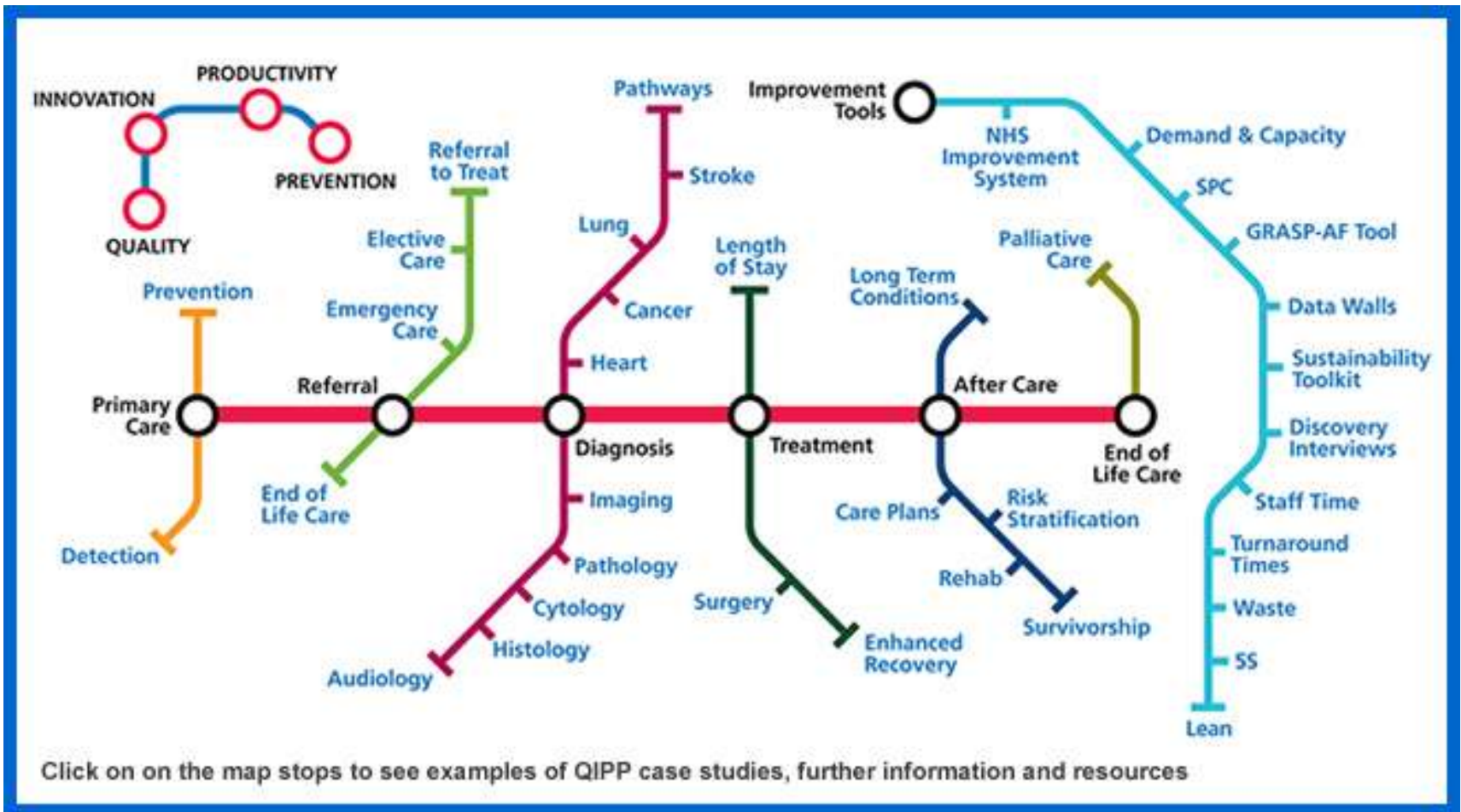
What Is the post White Paper World?

- Clinical commissioning directed by primary care
- 1 specialist doctor and 1 nurse on Commissioning Board
- Not from locality
- Alternative providers encouraged

What Is the post White Paper World?

- QIPP agenda
- Launched under labour to reduce spend by up to £20bn by 2014-15
- Improving quality and innovation core drivers
- Better Care Better Value seen as key theme

Quality Innovation Productivity Prevention



What Is the post White Paper World?

- Better Care Better Value seen as key theme
- 2 major ways to save money
- REDUCE REFERRAL AND EXPENSIVE TESTS AND PROCEDURES
- REDUCE EXPENSIVE PRESCRIBING
- LIMIT INTRODUCTION OF NEW TREATMENTS

**YOUR COUNTRY
NEEDS YOU!!!**



The REACCT survey¹

Commissioning

- The majority of respondents indicated that they were currently, or planning to be, involved in commissioning: 72% of GP respondents and 63% of cardiologists

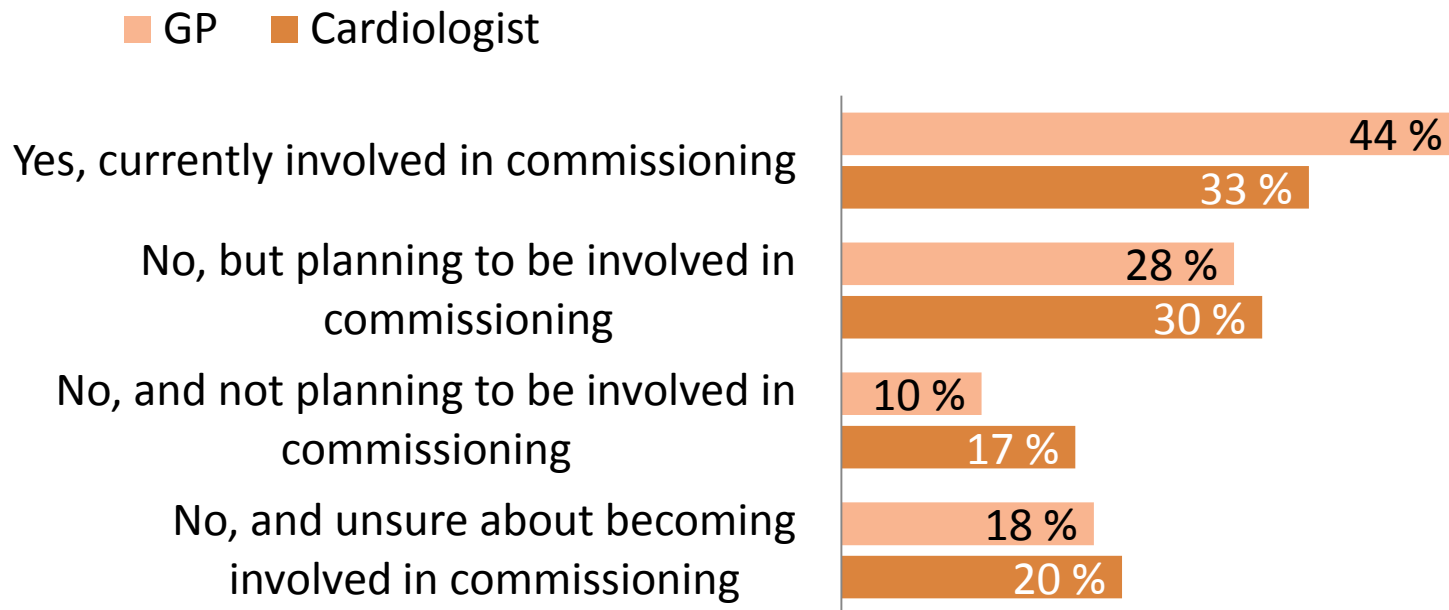
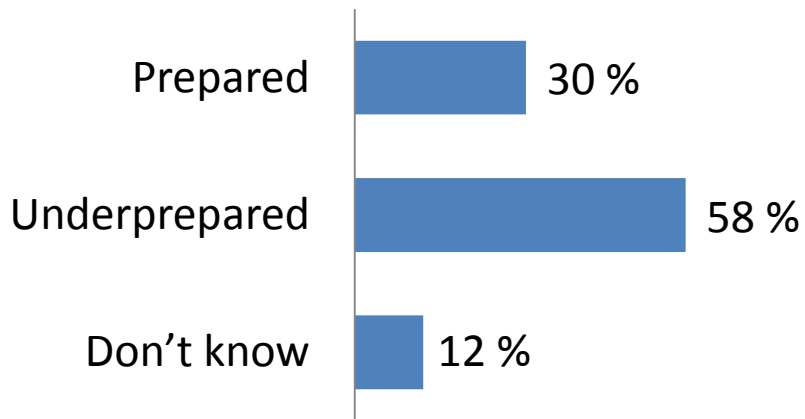


Figure: Are you involved in commissioning?

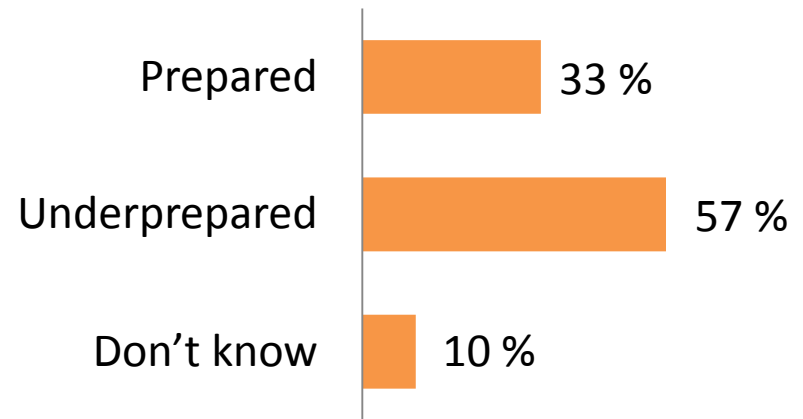
The REACCT survey¹

Preparedness for the new NHS

- The proportions of both GP (58%) and cardiologist (57%) groups who felt underprepared were strikingly similar



GPs: In terms of decision making around the management of cardiovascular disease in particular, to what extent do you feel prepared to fulfil a new commissioning role?



Cardiologists: In terms of decision making around the management of cardiovascular disease in particular, to what extent do you feel prepared to engage with this new landscape?

Risks



Risks

- Fragmentation of service
- Cost reduction primary target
- Post code medicine with some CCC commissioning some treatment and not others
- Lack of skills and experience of Commissioners
- Reduction in referral seen as major QIPP target
- Divides primary and secondary care
- Loss of less 'sexy' services like rehab

Rehabilitation



Opportunities

- Develop local services for local needs
- Aware of cost enable control costs
- Post code medicine allows local services targeted to local patients
- Commissioners keen to develop new services
- Reduced referral brings care close to home and allows the development of new effective pathways
- Primary and secondary care working together in developing integrated pathways including rehab

Opportunities v Risks

Develop local services for local needs

Aware of cost enable control costs

Post code medicine allows local services targeted to local patients

Commissioners keen to develop new services

Reduced referral brings care close to home and allows the development of new effective pathways

Primary and secondary care working together in developing integrated pathways including rehab

- Fragmentation of service
- Cost reduction primary target
- Post code medicine with some CCC commissioning some treatment and not others
- Lack of skills and experience of Commissioners
- Reduction in referral seen as major QIPP target
- Divides primary and secondary care
- Loss of less 'sexy' services like rehab

What is needed???



How can the Societies support this??

- Continue the good work established by the Networks
- Encourage Team Working
- Support to the Commissioners
- Develop good examples of integrated Pathways
- Discourage 'gaming' in commissioning
- Education, Education, Education

What has the BCS delivered?

- Report on Cardiovascular Commissioning
- Guidelines on what can be commissioned in secondary and primary care
- Council meetings include representatives from all cardiovascular societies including HRUK, Interventional societies, BANC, Physiologists and Primary Care
- MAJORITY SECONDARY CARE BASED
- Tend to maintain the status quo

What has HRUK delivered ?

- Setting standards for Arrhythmia Care
- Training Models
- AF ablation
- Training Allied Professionals
- Supporting Equity and Access
- Patient voice
- This Meeting !!!

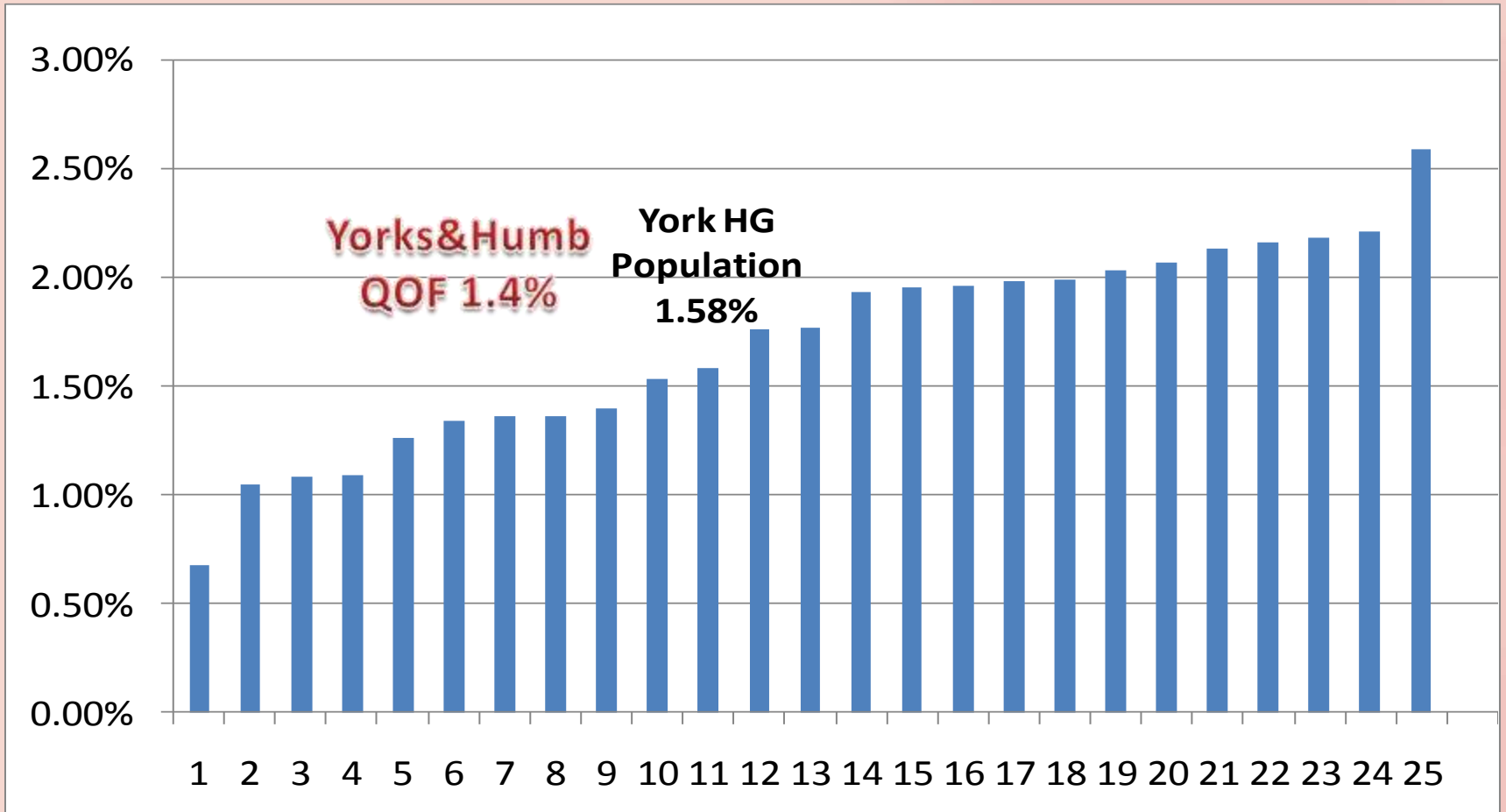
What has the PCCS delivered?

- Educational Meetings
- Include Af in as many meetings as possible e.g. BMJ Masterclass, RCGP Regional Meetings
- Support to GPwSI in cardiology
- Development of framework for PwSI in cardiology with NHS Improvement
- Examples of good practice and new integrated pathways
- REACCT report link on PCCS website

What is important in AF?

- Increase diagnosis in primary care
- Pulse checks in NHS Health Check
- Increase use of stroke risk score
- Access to Open Access Echo and set criteria for this
- Guideline for rate control
- Guideline for rhythm control
- Support for anticoagulation
- Support for the use of new anticoagulants

Prevalence of AF in York: Inequalities?



Community AF Clinics ?



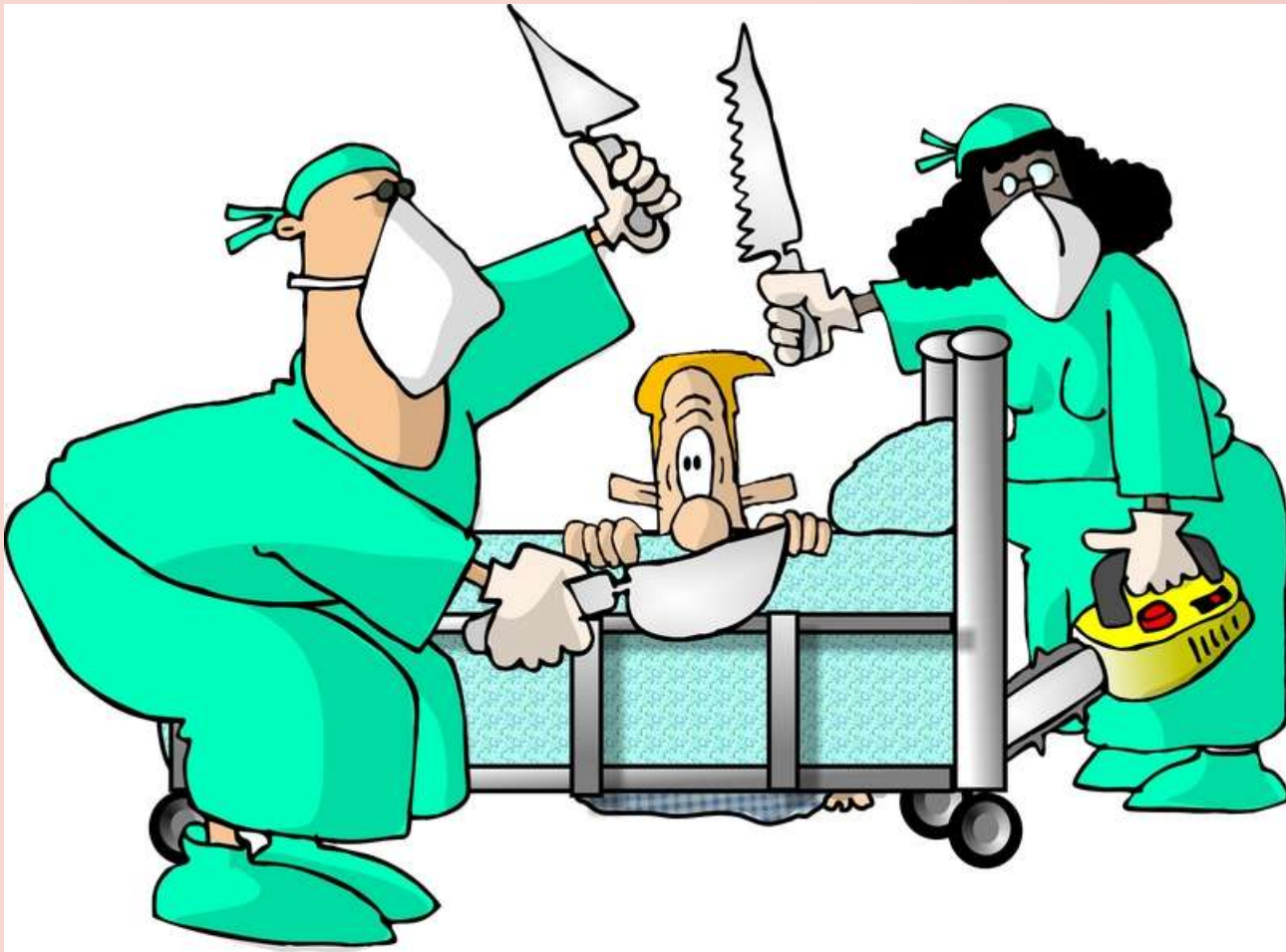
What is important in AF?

- **Education** and training for all GP and practice nurses with simple commonsense approach
- **Education** and training for lead GP and practice nurse
- **Education** and training for GPwSI and PwSI to deliver Community AF clinics
- Need support from Secondary Care as mentors and pathway facilitation
- ? Loss of income for Foundation Trusts

How can we Facilitate this?

- Societies work together to develop educational packages
- Optimize financial support to provide high quality education
- Options of educational levels and methods e.g. eLearning v lectures
- Support joint working between Primary and Secondary Care
- Involve all members of team

How can we Facilitate this?



How can we Facilitate this?

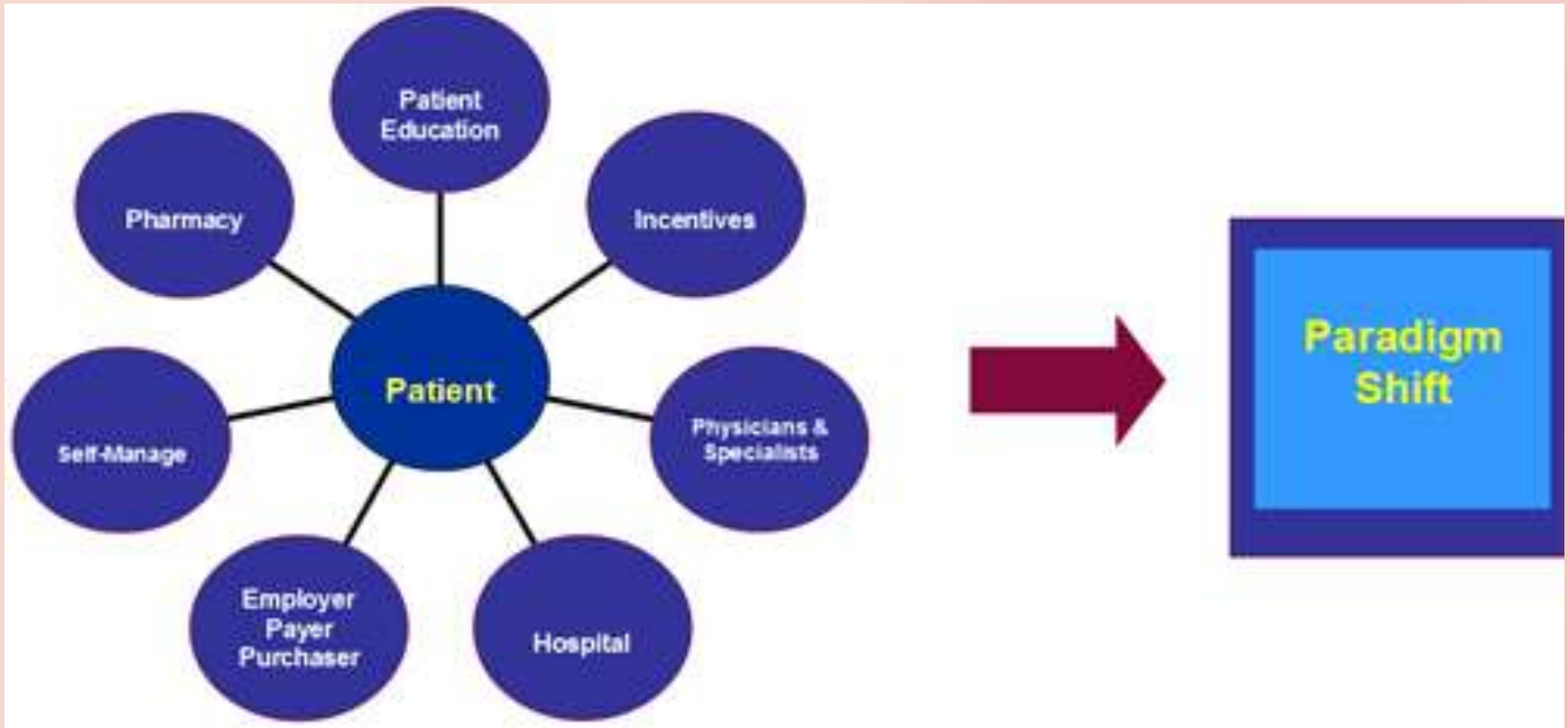
- Working with Patient Groups
- Expert patient training
- Ensure educated voice and decision making
- Improve choice with anticoagulation
- Honesty about choice



How can we Facilitate Patient Centered Care?



How can we Facilitate this?





Patient Centred Care: Scottish Version



How can we Facilitate this?





Team of Equals with Patient at Centre



Over to You:- How can we Achieve This?



Kathryn.griffith@york.nhs.uk

