

## Lancashire & South Cumbria Cardiac Network Heart Failure Pathway Project

Expression of Interest: **Project Clinical Lead (Secondary/Tertiary Care)**

**(Cardiac Network Clinical Associate)**

### **INTRODUCTION:**

The Lancashire & South Cumbria (L&SC) Cardiac Network are looking for a secondary/tertiary care clinical lead, to drive the development and implementation of a L&SC-wide Heart Failure pathway. An exciting opportunity has arisen to act as an advocate for this project and provide clinical expertise and leadership to a newly established MDT working group.

The network's approach is informed by the latest guidance from NICE, and other initiatives including; the opportunity to be involved in the trailblazer remote monitoring projects such as virtual wards and Heart Failure@Home, working with the L&SC Cardiac Rehab group, and the development of a heart failure diagnostic services across L&SC.

### **BACKGROUND:**

The [Long Term plan for cardiovascular disease](#) states:

*3.70. People with heart failure and heart valve disease will be better supported by multi-disciplinary teams as part of primary care networks. 80% of heart failure is currently diagnosed in hospital, despite 40% of patients having symptoms that should have triggered an earlier assessment [118]. When admitted to hospital, we will improve rapid access to heart failure nurses so that more patients with heart failure, who are not on a cardiology ward, will receive specialist care and advice [119]. Better, personalised planning for patients will reduce nights spent in hospital and reduce drug spend. Greater access to echocardiography in primary care will improve the investigation of those with breathlessness, and the early detection of heart failure and valve disease.*

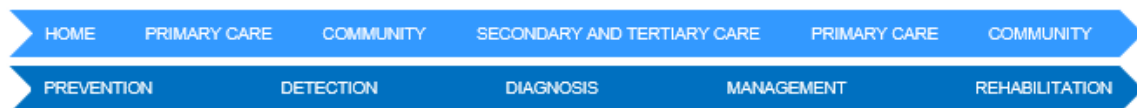
Currently over 3000 patients per year are emergency admissions due to Heart Failure across Lancashire and South Cumbria, the average length of stay in hospital is 10.3 days. 12% of emergency heart failure inpatient admissions are readmissions within 30 days. Unplanned admissions for Heart failure cost the system approximately £12 million a year.

Improving the identification and management of heart failure will reduce emergency hospital admissions and improve quality of life and outcomes for patients in Lancashire and South Cumbria.

## PROJECT AIMS INCLUDE:

Developing an end-to-end pathway for heart failure and support its implementation across Lancashire and South Cumbria.

### ➔ Achieved by taking a whole-pathway approach ...



Improvement themes include:

- reducing CVD mortality
- improving the focus on preventative and proactive care
- better quality and safety of care across the pathway
- restoring services and reducing waits
- better experiences of care
- more equitable access
- ensuring sustainable costs

Some important elements of successful project delivery will be;

- education (for patients and health professionals)
- data collection
- use of appropriate technology
- spreading learning and good practice

## ROLE DESCRIPTION:

- i. The candidate should be interested in building their portfolio of change management in the NHS, improving quality by implementing a full pathway approach to patient care.
- ii. The candidate should have clinical expertise relating to heart failure (in particular).
- iii. The role will involve acting as a champion for multi-disciplinary and full pathway working. The right candidate will have excellent interpersonal skills and be capable of influencing others when working across different organisations.
- iv. The role may involve working with stakeholders to achieve implementation of the new clinical pathway, supported by a digital interface. The candidate should have an interest in implementation of digital solutions in a health environment.
- v. The candidate will support the Programme Manager to deliver the cardiac pathway improvement programme (CPIP) in Lancashire and South Cumbria. This will involve contributing to the development of a workplan that may be wider than Heart Failure.

- vi. The candidate will act with honesty and integrity towards all stakeholders thereby fostering a culture of pan organisation and pathway collaboration for the delivery of equitable, high quality care. At times this will include acting as an 'honest broker' and setting organisational affiliations aside to reconcile the potentially conflicting views and interests of network members.
- vii. The network expects the candidate to uphold NHS England policies and principles on equality, diversity and inclusion
- viii. The candidate is expected to engage and work collaboratively with other clinical networks where synergies exist between the networks' respective work programmes. To act in such a way as to protect and promote the health, safety and wellbeing of all staff within the clinical network and to adhere to relevant professional codes of conduct.

Project support and high-level support for implementation will be provided by an experienced team at the NWC Clinical Network, including Vicki Wagstaff (Project Manager), Alexandra Severns (Cardiac Network Programme Manager) and Network Clinical Lead, Dr Ranjit More.

**CONTACT:**

If you're interested in this opportunity and would like to find out further details, please get in touch with:

Alexandra Severns – Programme Manager via [alexandra.severns@nhs.net](mailto:alexandra.severns@nhs.net) or 07702 408669  
or

Dr Ranjit More – Consultant Cardiologist, Lancashire Cardiac Centre via [dr.more@nhs.net](mailto:dr.more@nhs.net) or 07798 801252

**APPLY:**

If you think you're the right candidate for the role, we'd be keen to hear from you. Please apply by **completing the Expression of Interest form below by 23.59 on 29<sup>th</sup> August 2022** to [alexandra.severns@nhs.net](mailto:alexandra.severns@nhs.net)

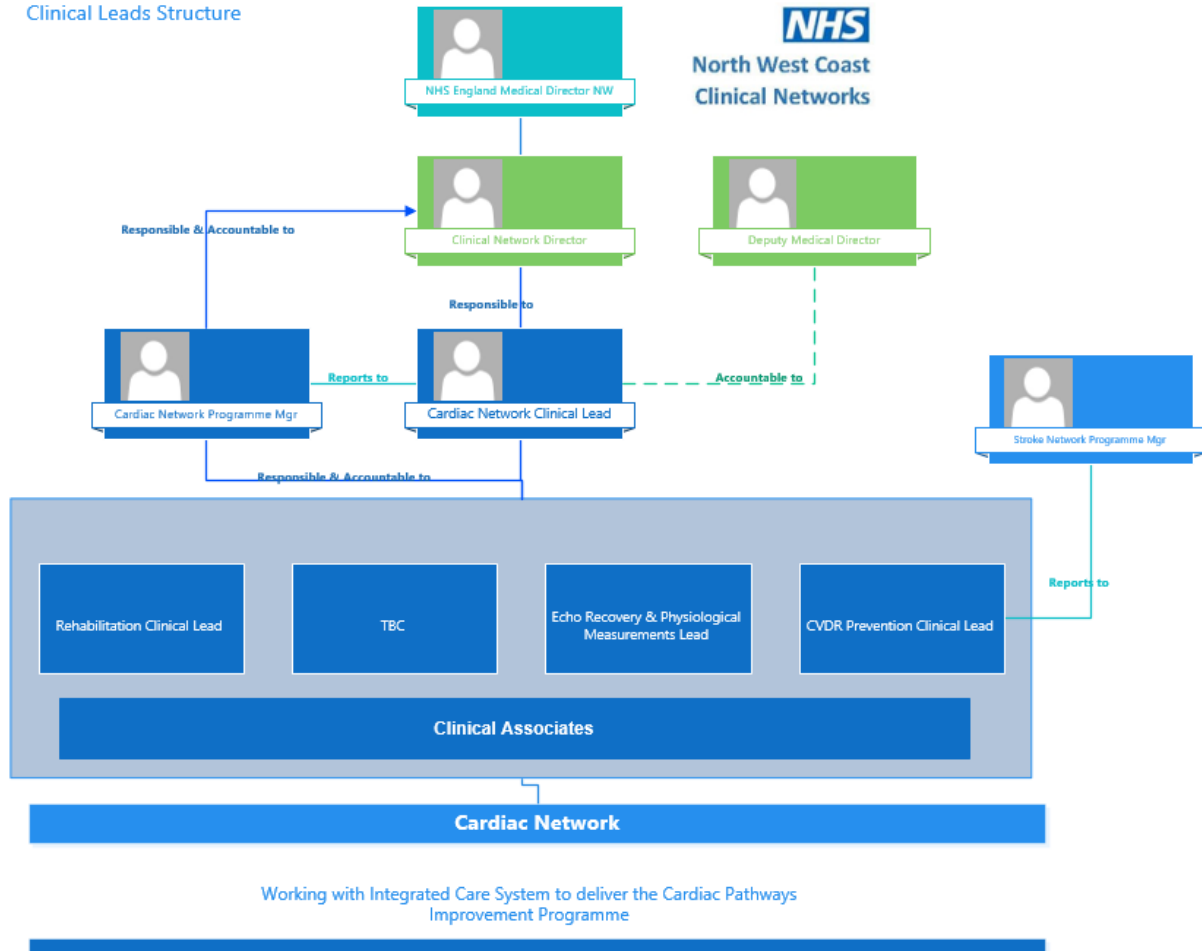
*(Please note this is a voluntary role)*

## Your details

<b>Name:</b>	
<b>Role:</b>	
<b>Trust/Institution:</b>	
<b>Contact details:</b>	
<b>Describe your relevant skills/experience</b>  <i>100 words max.</i>  <i>5 marks available</i>	
<b>Why are you the ideal candidate for the role?</b>  <i>100 words max.</i>  <i>5 marks available</i>	
<b>How much time can you commit per week?</b>  <i>100 words max.</i>  <i>5 marks available</i>	
<b>Any further information</b>  <i>100 words max.</i>  <i>3 marks available</i>	

**DEADLINE FOR SUBMISSION:** Please submit by 23.59 on **22<sup>nd</sup> August 2022** to [alexandra.severns@nhs.net](mailto:alexandra.severns@nhs.net)

## Clinical Leads Structure



## NHS Lancashire & South Cumbria (ICS) Local heart and circulatory disease statistics from the British Heart Foundation

Health statistics give our staff, volunteers, supporters and healthcare professionals a sense of the scale of the challenges we face as we fight for every heartbeat. The statistics here are based on official surveys and data sources - please see below for references.

This is a presentation of key statistics for this area. You can also make any of them into a ipege by zooming in and using Snipping Tool or Paint.

**Around 230,000** people are living with heart and circulatory diseases in Lancashire & S Cumbria

**Heart and circulatory diseases cause 410 deaths** each month in Lancashire & S Cumbria

**Around 16,000** people have a faulty gene that can cause an inherited heart-related condition in Lancashire & S Cumbria

**64%** of adults in Lancashire & S Cumbria have obesity or excess weight

**Around 69,000** people are living with coronary heart disease in Lancashire & S Cumbria

**Every 2 hours** someone dies from a heart or circulatory disease in Lancashire & S Cumbria

**Around 110 babies** a year are diagnosed with a with a congenital heart defect in Lancashire & S Cumbria

**34%** of adults in Lancashire & S Cumbria do not meet physical activity recommendations

**Around 20,000** people have been diagnosed with heart failure by their GP in Lancashire & S Cumbria

**There are around 39,000** stroke survivors in Lancashire & S Cumbria

**Around 279,000** people in Lancashire & S Cumbria have been diagnosed with high blood pressure

**Around 15%** of adults smoke in Lancashire & S Cumbria

**Heart and circulatory diseases kill more than 1 in 4** people in Lancashire & S Cumbria

**Around 42,000** people have been diagnosed with atrial fibrillation in Lancashire & S Cumbria

**Around 108,000** adults have been diagnosed with diabetes in Lancashire & S Cumbria

Reviewed and updated Jan 2022.  
Other key statistical publications:  
<https://www.bhf.org.uk/statistics>  
How you can help:  
<https://www.bhf.org.uk/how-you-can-help>  
Contact us for any queries:  
<https://www.bhf.org.uk/what-we-do/contact-us>

## Out-of-Hospital Cardiac Arrest (OHCA) Statistics

**There are around 3,000** out-of-hospital cardiac arrests each year in the North West of England

**Only 1 in 13** people survive an out-of-hospital cardiac arrest in the North West of England

REFERENCES/SOURCES - FOR ANY QUERIES PLEASE CONTACT US - THE COVID-19 PANDEMIC HAS IMPACTED SURVEY SCHEDULES AND OTHER SERIES  
Prevalence (living with) heart and circulatory diseases - BHF estimates based on latest GP prevalence data: NHS Digital/Public Health Scotland/StatWales/CHI Northern Ireland and latest health surveys with CVD (Healthcare, NHS Digital/Scottish Government/Wales Government)  
Prevalence (diagnosed with) coronary heart disease, heart failure, stroke, TIA, atrial fibrillation, diabetes, hypertension (high blood pressure) - BHF analysis of latest GP prevalence data: NHS Digital/Public Health Scotland/StatWales/CHI Northern Ireland  
Deaths from heart and circulatory diseases - BHF analysis of latest mortality statistics: Office for National Statistics (ONS)/National Records of Scotland (NRS)/Northern Ireland Statistics and Research Agency (NISRA)  
Unshared heart-related conditions - BHF estimates derived from PHG Foundation, Heart to Heart (2019) updated to reflect revised FH/CCF prevalence estimates, latest (mid-2019) ONS/NISRA/ACORN population estimates  
Babies diagnosed with congenital heart defects - BHF estimates based on Public Health England (2017) NCD-RDS congenital anomaly statistics, 2018 data; latest (2020) ONS/NISRA/ISRA data  
Adults overweight/obese (BMI 25+) - Public Health England (Active Lives Adult Survey), National Survey for Wales (2019/20), Scottish Health Survey 2015-19, Northern Ireland Health Survey 2019/20 - not available for some small smaller areas  
Adult physical inactivity (not meeting activity recommendations) - Public Health England (Active Lives Adult Survey), National Survey for Wales (2019/20), Scottish Health Survey 2015-19, Northern Ireland Health Survey 2019/20 (updates for NI not available)  
Adult smoking (regular cigarette smokers) - Public Health England (AHS GP survey data), National Survey for Wales (2019/20), Scottish Health Survey 2015-19 and Northern Ireland Health Survey 2019/20; ACORN 2020 estimates where official survey results are not available  
Obesity (BMI 30+) - Public Health England (Active Lives Adult Survey), National Survey for Wales (2019/20), Scottish Health Survey 2015-19 and Northern Ireland Health Survey 2019/20; ACORN 2020 estimates where official survey results are not available  
OHCA Government Out of Hospital Cardiac Arrest Data, OHCA Community Health Improvement Statistics (Northern Ireland)