Cardiac Rehab Conference

Implementing the DoH Cardiac Rehab Commissioning Pack

Sharing Best Practice

Reporting and Showing Value

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Aims of Presentation

Reporting and Showing Value

- Share reflections of Wandsworth Community Neuro Team's implementation of the Healthcare for London Stroke Standards and how this may be applied to current changes and requirements in Cardiac Rehabilitation
- Define 'value'
- Measuring outcomes and value
- Discuss opportunities and resources

Experience of WCNT

- National Stroke Strategy (Dec 2007)
- Healthcare for London Stroke Strategy for London (2008)
  - Centralisation of Acute care
  - Clearer patient pathways
  - Early Supported Discharge
  - Performance standards
    - Contact patients 24 hours from referral
    - MDT screen carried out within 3 days
    - Treatment to commence within 7 days
    - Set up and launch Early Supported Discharge (ESD) pathway that also meets (HfL)standards
- NICE Quality Standards for Stroke (July 2010)
- Life after Stroke: Commissioning guide (Oct 2010)

Challenges to Overcome

2009

- Average waiting times of 6-7 weeks
- True 'MDT' working not consistent due to varied wait times between disciplines
- Variation in staff clinical 'capacity'
- Conflicting demands on staff time (professional, educational, management, admin etc)
- Inconsistent and often inefficient working practices
- Inconsistent (paper based) data collection
- Did not know our true capacity and demand
- Staff thinking that the only way to improve things is with more resources (i.e. more staff)

Now

- Seeing patients within 3 day target
- MDT working is consistent
- Standardised activity 'targets' for each member of staff
- Defined 'capacity' for the service
- Clearer prioritisation within the team – able to react appropriately to priority patients
- Consistent written procedures and processes
- Clear electronic database/data collection
- Clearer understanding of capacity and demand
- ESD launched in Feb 2010 and meeting targets!

Productive Community Services Model

- Foundation
  - Having a well organised working environment
  - Knowing how we are doing
  - Patient status at a glance
- Planning
  - Managing caseload and staffing
  - Planning our workload
  - Working better with our key partners
- Delivery
  - Agreeing the care plan with the patients
  - Standardised care procedures
  - The ‘perfect’ intervention

How does this compare to Cardiac Rehabilitation?

Introduction

- CR considered as the 'unfinished business' at the end of the Coronary Heart Disease Pathway/framework
- In 2007-2008 only **38%** of people who had a heart attack or had revascularisation went on to have cardiac rehab
- Launch of Cardiac Rehabilitation Commissioning Pack (DoH 2010)

Expected Outcomes of Cardiac Rehab

- Reduced morbidity
- Improve health and wellbeing:
  - Improved quality of life
  - Reduction in anxiety and depression
  - Improved functional capacity and physical activity status
  - Increased involvement in smoking cessation programmes
- Reduce number of acute readmissions
- Increased service uptake and access at all stages of the service

Aims of a Cardiac Rehab Service

- Comprehensive programme which includes the core components of:
  - Lifestyle
  - Risk factor assessment and management
  - Cardio protective drug therapy and devices guidance
  - Psychosocial well being and long term management
- Variety of interventions
- Accessible referral process especially for high risk patients
- Capacity to deliver with minimal wait
- Self management and individualised care plans
- Continuity and co-ordination of care
- Ensure quality services with a proven track record of high performance, with appropriate measures and reporting in place to demonstrate improvement and indicate the direction of travel for innovation

Reviewing existing services

- Not just a commissioners role
- Current providers are 'experts' and *should* know best what is needed!
- CR managers /providers need to be aware of:
  - What exists already, and how each service links together
  - Gaps or bottlenecks
  - Costs/skill mix of existing pathway
  - Capacity and demand of current pathway
  - Numbers – **Data, evidence, data, evidence and more data!**

What *should* be provided?

- Cardiac Rehab Commissioning Pack
- Clear deliverables at stages 1 – 6 of pathway
- Clear clinical standards (BACR)
- Data collection
  - Key dates
  - DNAs
- Audit cycles
  - Care Plans
  - Goal setting
  - Patient feedback

Key Indicators

- **Stage 1** - % of eligible acute patients identified for cardiac rehab service
- **Stage 2** - % of patients undertaking cardiac rehab assessment
- **Stage 2** - % of patients waiting too long for assessment
- **Stage 4** - % of patients commencing cardiac rehab
- **Stage 4** - % of patients completing cardiac rehab
- **Stage 4** - % of patients waiting too long to commence CR
- **Stage 5** - % of patients achieving clinical outcomes
  - Reduction of anxiety and depression
  - Improvement in functional capacity
  - Improvements in physical activity
  - Smoking cessation
  - Improved quality of life
- **Stage 6** - % of patient re-admissions
- **Stage 6** - % of patients satisfied with service
- **Stage 6** - % of patients with a discharge letter/plan (copied to GP)

Case for Change/Business Case

- Be clear about *what* will change and *how*
- Be clear exactly what will be delivered
- Discuss options and their potential benefits or limitations
- Cost is important, but so is quality
- Every aspect of the service needs to be scrutinised to demonstrate how it '**adds value' to the patient experience/outcome**

So what did the CNT learn?

- Different responses to change + working styles
- Still have conflicting demands (clinical, professional, service, admin etc)
- *Essential* to have the support of team and commissioners
- Need to have efficient support from admin
- Collect right data from the start to allow for audits and correct feedback
- Efficient use of time e.g. meetings, travel
- Sometimes the simplest of things can make the largest difference!

Useful Contacts:

- Institute for Innovation and Improvement
  - Lots of service redesign resources including 'Productive' series
- Cardiac and Stroke Network
  - Good for networking, sharing ideas, support – *occasional* funding opportunities!

Thank you

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