

Proposed improvements to acute medical and chest pain patient pathways

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Executive summary

Imperial College Healthcare NHS Trust is asking patients, carers, local residents and other interested stakeholders about the clinician-led proposals to improve the way of working for acute medicine and chest pain services in our hospitals.

We believe there are significant potential benefits to patients, their families and carers, doctors and nurses and the overall quality of care through changing the current pathways for acute medical and chest pain patients.

These proposals aim to ensure patients see the right physician and receive the right care and treatment in the right facilities, first time.

Currently, our Trust provides acute medicine services to adults who need specialist management of their conditions at its three main sites: Charing Cross, Hammersmith and St Mary's hospitals.

At Hammersmith Hospital it has become clear that the acute medical pathway is not working as was intended – to be the effective access point for patients to the specialist services they need. In fact, for many patients, it can act as an additional, unnecessary stage in their care pathway.

We have found that acute medical patients at Hammersmith Hospital can wait for a significant amount of time with little or no activity which delays their diagnosis, treatment, transfer or discharge.

So we want patients to benefit from improved access to specialist renal and haematology services at Hammersmith Hospital.

At the same time, we want to expand our acute medicine services at Charing Cross and St Mary's hospitals.

Meanwhile, many current patients who need specialist chest pain expertise are first admitted for assessment to Charing Cross or St Mary's hospitals through their emergency departments, before accessing the specialist cardiology service based in our Heart Assessment Centre at Hammersmith Hospital.

These chest pain patients frequently comment on the number of different hospitals and wards they visit before accessing the cardiology team and do not understand why this happens.

So we want patients who need specialist chest pain expertise to be able to quickly access the cardiology team based at the Heart Assessment Centre at Hammersmith Hospital.

The proposals flow from our Clinical Strategy, which sees Hammersmith Hospital as the centre of excellence for specialist services, focused on meeting the needs of patients with cardiac, cancer, renal and haematological disease.

These are the first main outputs from our Clinical Strategy Implementation Programme and are intended to improve clinical outcomes and patient experience while delivering efficiency savings.

The Trust wishes to engage as widely as possible on the proposals outlined in this document. We will review and consider all the feedback we receive as we consider the Trust's decision.

Introduction

The Trust wants to deliver the best possible care and experience for patients who need our acute medicine and chest pain services.

This document explains the changes that we are proposing to seek to achieve this vision. We welcome any comments on the proposals outlined in this document and will endeavour to answer any questions.

About the Trust

Imperial College Healthcare NHS Trust provides acute and specialist healthcare for a population of nearly two million people in North West London, and more beyond. Formed in 2007, we are one of the largest NHS trusts in the country.

We have five hospitals – Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's and The Western Eye – as well as a growing number of community services.

With our academic partner, Imperial College London, we are one of the UK's seven academic health science centres, working to ensure the rapid translation of research for better patient care.

We are also part of Imperial College Health Partners, the academic health science network for North West London, spreading innovation and best practice in healthcare more widely across our region.

In July 2014, the Trust published our Clinical Strategy which set out how our clinicians would like to connect our many different services and specialties across our three main sites in order to achieve the best clinical outcomes.

Our hospitals

There are five hospitals in the Trust.

Charing Cross Hospital

Providing a range of acute and specialist care, it also hosts the hyper acute stroke unit for the region and is a growing hub for integrated care in partnership with local GPs and community providers. Our clinical strategy envisages Charing Cross evolving to become a new type of local hospital, offering a wide range of specialist, planned care as well as integrated care and rehabilitation services for older people and those with long-term conditions. Charing Cross has a 24/7 A&E department.

Hammersmith Hospital

A specialist hospital renowned for its strong research connections. It offers a range of services, including renal, haematology, cancer and cardiology care, and runs the regional specialist heart attack centre. As well as being a major base for Imperial College, the campus site also hosts the Clinical Sciences Centre of the Medical Research Council. Under our clinical strategy, the hospital would build further on its specialist and research reputation.

Queen Charlotte's & Chelsea Hospital

A maternity, women's and neonatal care hospital, also with strong research links. It has a midwife-led birth centre as well as specialist services for complicated pregnancies, foetal and neonatal care. Our clinical strategy sets out a continuing role for both of our specialist hospitals sharing the Hammersmith Hospital site, alongside major facilities for Imperial College London.

St Mary's Hospital

The major acute hospital for north west London as well as a maternity centre with consultant and midwife-led services. The hospital provides care across a wide range of specialties and runs one of four major trauma centres in London in addition to its 24/7 A&E department.

Western Eye Hospital

A specialist eye hospital with a 24/7 A&E department.

You can read more about the Trust's vision, objectives and future plans on our website at www.imperial.nhs.uk

How acute medicine and chest pain services are currently provided

About acute medicine

Acute medicine is the part of general medicine concerned with the immediate and early specialist management of adult patients who present to, or from within, hospitals as urgent cases or emergencies. Acute medical emergencies are the most common reason for admission to an acute hospital.

Acute medicine hospital services see patients presenting with a wide range of acute medical problems, but common problems treated include:

- heart problems
- asthma, chest infection and other respiratory conditions
- gastrointestinal bleeding
- drug and alcohol problems
- acute illness in the elderly
- diabetic complications
- acute infections and sepsis

Acute medicine is closely linked to emergency medicine and critical care. Acute physicians manage the hospital intake of adult medical patients and lead the development of acute care pathways for a wide variety of clinical conditions.

About chest pain

There are many potential causes of chest pain which is not always caused by a problem with the heart, but it can sometimes be a symptom of:

- angina – where the blood supply to the muscles of the heart is restricted
- heart attack – where the blood supply to part of the heart is suddenly blocked

Most chest pain is not heart-related and is not a sign of a life-threatening problem. Some common causes of chest pain include:

- Gastro-oesophageal reflux disease
- Bone or muscle problems
- Anxiety and panic attacks
- Lung conditions

Other possible causes include:

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- shingles
 - mastitis
 - acute cholecystitis
 - stomach ulcers
 - a pulmonary embolism
 - pericarditis

The appropriate hospital specialty or service which will eventually provide patient care and treatment therefore depends on the outcome of the diagnosis of an individual patient's chest pain.

Our current services

Acute medicine

Our Trust provides acute medicine services for adult patients at its three main sites: Charing Cross, Hammersmith and St Mary's hospitals.

The current acute medicine service at Hammersmith Hospital was reviewed and re-organised as part of the arrangements to manage the safe closure of the emergency unit and the expansion of the urgent care centre to a 24/7 service in September 2014.

Acute medicine at Hammersmith Hospital is provided through the Specialist Medical Assessment Centre and Acute Medical Ward C8. The patient case mix is mainly cardiology, renal and haematology and short-stay acute medicine. A telephone-based resource staffed by nurses offers advice and referral assistance for local GPs.

Chest pain

Currently, patients in West London who the London Ambulance Service suspects are having a heart attack are conveyed directly to the Heart Assessment Centre at Hammersmith Hospital. These proposals are not related to this patient pathway which will remain unchanged.

Many other patients who need specialist chest pain expertise will first be admitted for assessment to Charing Cross or St Mary's hospitals through their emergency departments before being transferred to the Heart Assessment Centre at Hammersmith Hospital.

The case for change

This section summarises the main issues driving us to propose changes to our current acute medicine and chest pain services.

'Patient pathway' is a term which hospitals use to describe the route that a patient will take from their first contact with the NHS – usually starting with an appointment with their GP, or presenting themselves to an urgent care centre or emergency department or being conveyed by ambulance to hospital - through referral, to the completion of their treatment and discharge.

It can be thought of as a timeline - on which every event relating to an individual patient's care can be entered. Events such as consultations, diagnosis, treatment, medication, assessment, and preparing for discharge from the hospital can all be mapped on this timeline.

Main reasons for the proposals to change our current services

Acute medicine pathway

As Hammersmith Hospital builds its role as a specialist hospital further, it has become clear that the acute medical pathway is not providing the quick and seamless access to specialist teams which it was intended to, and, for many patients, can act as an additional, unnecessary stage in their care pathway.

The proposed change to the way acute medical services are delivered has a number of drivers, high among which are patient safety, improved quality of clinical care and experience, and the need to train within the specialty.

Acutely ill patients require rapid access to the right senior clinical decision makers who can provide clinical assessment and illness management.

Currently, patients can wait for a significant amount of time with little or no activity which delays their diagnosis, treatment, transfer or discharge.

Too many patients are simply waiting for a specialist bed which is something these proposals are set to change by providing direct access to specialties.

There is a clear need to improve how our acute medicine services are organised to provide more effective and efficient patient access to acute care - whenever that need arises.

Chest pain pathway

Currently, patients who the London Ambulance Service suspects are having a heart attack are conveyed directly to the Heart Assessment Centre at Hammersmith Hospital. These proposals are not related to this patient pathway which will remain unchanged.

Many other patients who need specialist chest pain expertise are first admitted for assessment to Charing Cross or St Mary's hospitals through their emergency departments, before being transferred to the Heart Assessment Centre at Hammersmith Hospital. This way of working adds an additional, unnecessary stage to the patient's care pathway.

These patients frequently comment on the number of different hospitals and wards they visit before arriving at the Heart Assessment Centre at Hammersmith Hospital and do not understand why this happens.

After being assessed at Charing Cross or St Mary's hospitals, patients must wait for a bed to become available in the Heart Assessment Centre and then for transport to be arranged to

Hammersmith Hospital. Upon arrival at the Heart Assessment Centre, patients are then assessed again.

Our data shows that 73 per cent of patients requiring a cardiology procedure directly admitted to Hammersmith Hospital have their procedure within 72 hours - while only 49 per cent of those coming from other hospitals - including St Mary's and Charing Cross hospitals - have their procedure within 72 hours.

These 'bottlenecks' in the flow of chest pain patients have led to prolonged admission times, longer average length of hospital stays, reduced quality of care and unsatisfactory patient and staff experience.

The bottlenecks also result in a number of beds being unnecessarily occupied on our St Mary's and Charing Cross hospital sites, which is not best for patients and reduces available beds for new urgent cases or emergencies.

Heart Assessment Centre

Hammersmith Hospital is home to one of London's eight heart assessment centres, providing specialist 24 hour emergency care and treatment for anyone suspected of having a heart attack in the West London area.

To ensure they get the best possible specialist care when a heart attack is suspected an ambulance may take the patient to a specialist heart assessment centre rather than the nearest hospital emergency department.

Conditions and treatment

The Heart Assessment Centre treats acute coronary syndromes, arrhythmias, complete heart block, acute myocardial infarction and interrogation of devices. It offers the following treatments:

- transcatheter aortic valve implantation (TAVI)
- bicuspid aortic valve (BAV)
- primary percutaneous coronary intervention (PCI) service
- angiography
- percutaneous stents
- electrophysiology (EP) studies
- insertion of cardiac devices such as permanent pacemakers and implantable cardioverter-defibrillator (ICD) reveal devices

At the centre a number of tests will be performed. If it is found that the patient is having a heart attack an emergency operation called a primary angioplasty will be performed to remove the blockage from the artery.

What are our proposed patient pathways for acute medicine and chest pain?

Proposal for acute medicine pathway

Our clinicians have worked up a detailed proposal for enabling faster direct access to specialist services at Hammersmith Hospital for long-term patients - primarily renal, haematology and cardiology services - when required, while boosting acute medicine provision for patients using our emergency departments at Charing Cross and St Mary's hospitals.

The Specialist Medical Assessment Centre and Acute Medical Ward C8 at Hammersmith Hospital are often used for patients waiting for a bed on a specialist ward. These proposals would provide direct access to specialist wards, for both patients admitted through our emergency departments or for long-term patients with whom we have established protocols for managing any deterioration in their conditions.

The proposal includes the following developments:

- new arrangements for receiving emergency renal and haematology patients through a specialist unit, providing a safe direct access pathway for patients into these specialties and a reduction in inter-hospital transfers
- expansion of acute medicine services at Charing Cross Hospital and St Mary's Hospital
- introduction of an improved chest pain patient pathway - see below.

Also supporting the further development of Hammersmith Hospital as a centre for excellence for specialist services, a Planned Investigation Unit (PIU) for endocrinology, gastroenterology, interventional radiology, respiratory and rheumatology would become the central hub for patients to be referred and cared for by these specialities.

The current PIU services provided at Charing Cross Hospital and Hammersmith Hospital would be combined on the Hammersmith site, allowing the Charing Cross site to expand its acute medical services.

This proposal is also designed to help us continue to make improvements in junior doctor training and staffing.

It has been increasingly difficult over recent years to staff the junior doctor rotas that provide the acute medicine service at Hammersmith Hospital, especially out-of-hours. Our doctors in training need to have a good breadth of experience on their acute medicine rotation and the specialist focus of the Hammersmith Hospital site means that is difficult to provide.

Consolidating our acute medicine rotas at Charing Cross and St Mary's hospitals will provide junior doctors with a better training experience and reduce reliance on expensive locum staff.

Proposal for chest pain pathway

The second related proposal is designed to improve care for patients with chest pain, building on the major advances in outcomes achieved by consolidating care for patients with suspected heart attacks and other very serious, acute heart conditions at the Heart Assessment Centre at Hammersmith Hospital.

Our clinicians have been working with London Ambulance Service and other partners to explore how we could build capacity and pathways at Hammersmith Hospital so that more patients with chest pain are able to go to the Heart Assessment Centre directly.

The proposal includes the following phased developments:

- phase 1 - patients presenting at St Mary's or Charing Cross hospitals' emergency departments with chest pain presumed to be of cardiac origin (not respiratory or gastro-related) to be transferred directly to the Heart Assessment Centre at Hammersmith Hospital
- phase 2 - patients who present to London Ambulance Service with chest pain which is presumed to be of cardiac origin (i.e. not respiratory or gastro-related) and who previously would have been conveyed to Charing Cross or St Mary's hospitals' emergency departments, to be conveyed directly to the Heart Assessment Centre at Hammersmith Hospital
- improved facilities at the Heart Assessment Centre to create a better, more private environment for patients
- an additional 10-15 cardiology beds at Hammersmith Hospital where patients can recuperate after their treatment in the Heart Assessment Centre and provide the capacity to accept patients more quickly.
- Closer working between cardiology and other clinical teams - such as medicine for the elderly - to ensure patients who, post assessment and/or procedure, do not require further specialist cardiology care are either quickly referred to another specialist service, if required, or safely discharged.

As mentioned above, patients in West London who the London Ambulance Service suspect are having a heart attack are currently conveyed directly to the Heart Assessment Centre at Hammersmith Hospital. These proposals are not related to this patient pathway which will remain unchanged.

Benefits of the proposed changes

We believe that the proposed changes will bring significant benefits for patients, their families and carers, and our staff, through:

- Patients seeing the right physician and receiving the right care and treatment in the right facilities, first time
- Improved outcomes for patients
- Reduced patient transfers between hospitals
- Better patient experience
- Reduced average length of stay for patients
- Patients who need specialist chest pain expertise being able to directly access our cardiology team at the Heart Assessment Centre at Hammersmith Hospital
- Improved facilities at the Heart Assessment Centre to create a better, more private environment for patients and improve patient flow through the department

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- Additional 10-15 cardiology beds at Hammersmith Hospital where patients can recuperate after their treatment in the Heart Assessment Centre
 - Improved, direct access to specialist renal and haematology services at Hammersmith Hospital
 - Expanded acute medicine services at Charing Cross Hospital and St Mary's Hospital
 - Supporting Hammersmith Hospital as the centre of excellence for specialist services, focused on meeting the needs of patients with cardiac, cancer, renal and haematological disease
 - Improved way of working to deliver efficiency savings.

Potential timescales

The proposal is for these changes to take place in the second half of 2016 starting in August and before the winter period, subject to the outcome of the engagement process.

Have your say

The Trust wishes to engage as widely as possible on the proposal outlined in this document. The purpose of this process is to give you, the public and service users, the opportunity to:

- understand how we want to improve these services, and
- make any comments or raise any questions that you might have about the proposed changes we outline.

The timeline for comments is during the period commencing Monday 13 June and ending Friday 15 July 2016.

We will review and consider all the feedback we receive as we consider the Trust's decision.

Your comments

Please provide any comments you wish to make on the proposals outlined within this document.

Please send your comments to: trust.communications@imperial.nhs.uk

The deadline for submitting your comments is Friday 15 July 2016.

All enquiries regarding this document should be directed to:

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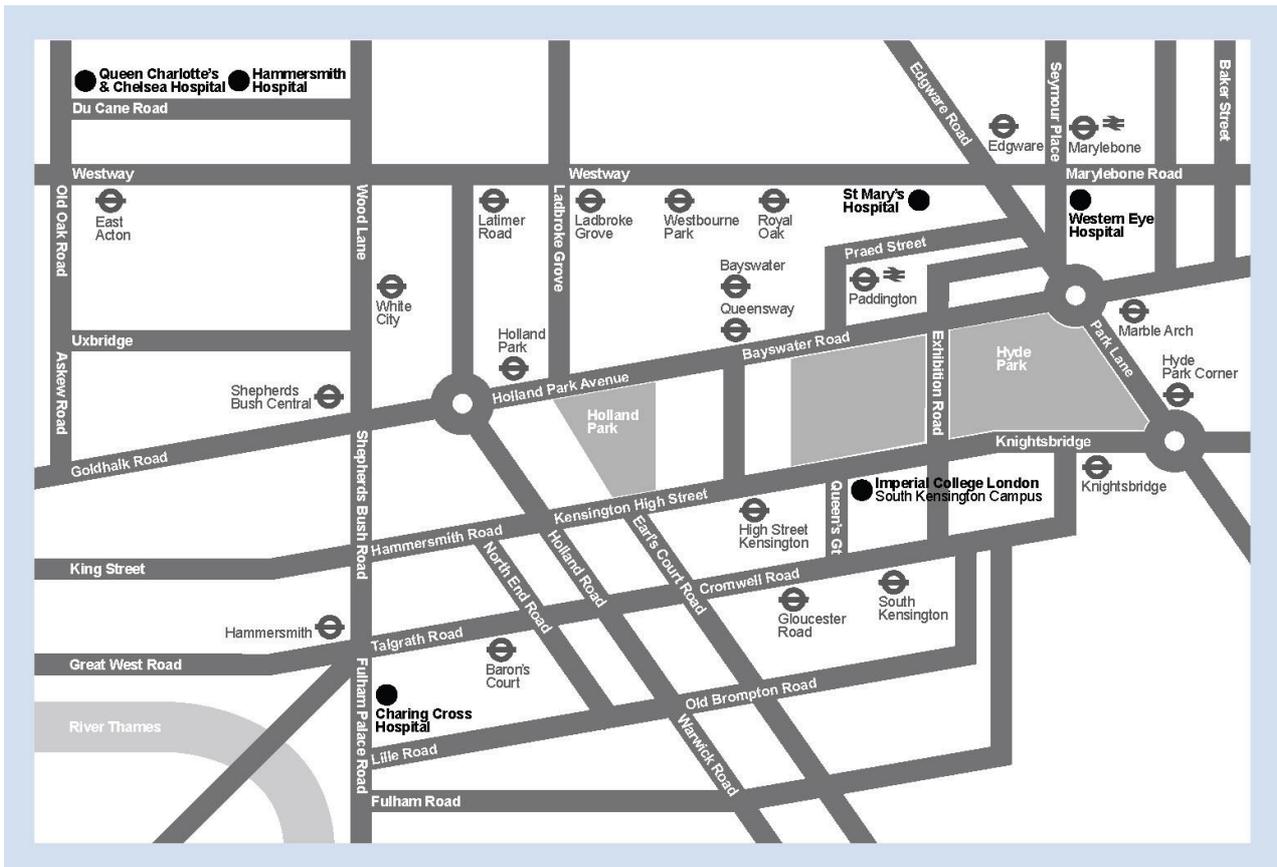
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