

**Agenda item 3i**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 2<sup>nd</sup> August 2018</b>
<b>Report from:</b>	Dr Will Davies (Consultant Cardiologist) and Laura Cook (Programme Manager)	
<b>Principal Objective/Strategy:</b>	Transformation	
<b>Title:</b>	Rapid NSTEMI Pathway update	
<b>Board Assurance Framework Entries:</b>	Transformation: STP - Cardiology	
<b>Regulatory Requirement:</b>	2018/19 CQIN	
<b>Equality Considerations:</b>	None believed to apply	
<b>Key Risks:</b>	Ability to improve CT care in the wider healthcare economy Ability to meet cardiology treatment times	
<b>For:</b>	<b>Information</b>	

**1. Purpose/Background/Summary**

This paper seeks to provide an update to the Board of Directors on progress towards the launch of the Rapid NSTEMI pathway for patients within the Cambridgeshire and Peterborough STP. A summary of the pathway, key activities planned alongside the timeline to launch and evaluation are detailed within the paper.

Both the major European and American Cardiology Societies have recently revised their guidelines for the management of patients with NSTEMI. The evidence base has been extensively studied and the following points are clear:

- Coronary angiography and consequent revascularisation reduces major adverse cardiovascular events (MACE).
- The reduction in MACE is most dramatic amongst high risk patients defined by high Grace Score (Grace Score is a clinical risk score which predicts inpatient and 6-month mortality).
- Patients presenting with a high risk NSTEMI should undergo angiography and revascularisation within 24hrs of admission to maximise this clinical benefit.
- Those presenting with intermediate risk should be treated within 72 hours of admission to maximise clinical benefit.

The implementation of the Rapid NSTEMI pathway was identified within the Cardiology STP Strategy, approved by the Clinical Advisory Group of the STP in April 2017, and followed by a PID and OBC (November 2017).

**2 Summary of Progress**

There has been close collaboration between Royal Papworth Hospital (RPH) and the East of England Ambulance Service (EEAST) to develop the referral pathway from the community to RPH and a regular implementation group to manage the overall project. Stakeholder engagement has also been through the Cardiology STP Steering Group and meetings planned with CUH & NWAFT.

The pathway will deliver best practice treatment for patients and will reduce demand on hard pressed acute hospitals and the ambulance service, reducing:

- Emergency demand on local Emergency Departments
- System spending on ED attendances and admissions
- Occupied Bed Days and LOS for patients, benefitting Acute Trust partners
- Ambulance conveyances

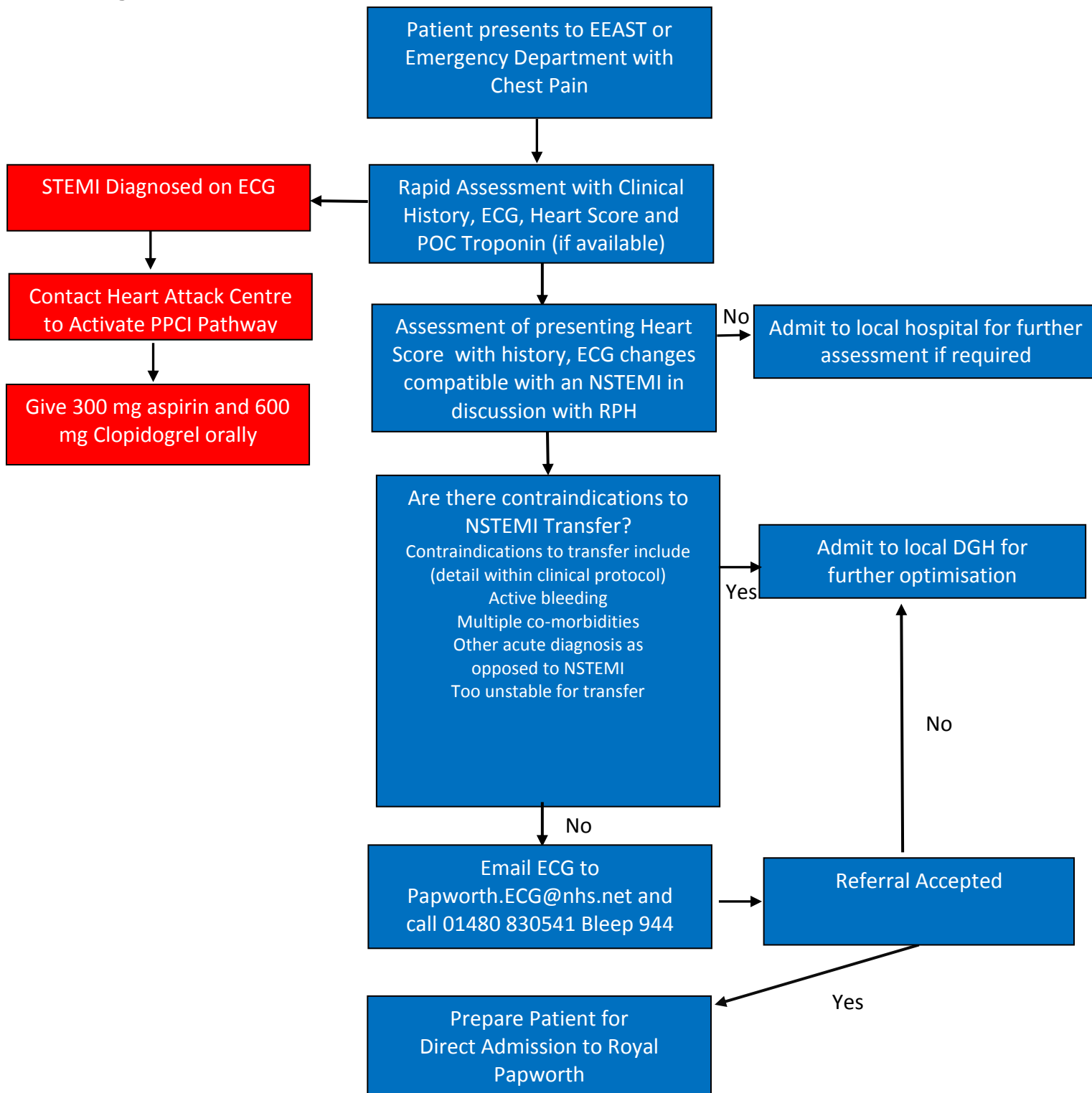
### **3 Pathway**

Figure 1 shows the pathway for the direct admission of patients with High Risk NSTEMI diagnosis to RPH. The initial assessment, be it by the Paramedics or in the Emergency Department, should be focussed on securing the diagnosis and risk stratifying the patient using the HEART score. Troponin should be used where available. If the ECG is compatible with a STEMI the Primary PCI pathway should be followed.

The diagnosis of a high risk NSTEMI requires discussion of the HEART score, ECG and a clinical history compatible with an MI. Once the diagnosis of a high risk NSTEMI has been made, a check should be made for contra-indications to transfer. These may include, but are not limited to: active bleeding, multiple co-morbidities, a possibility of another diagnosis as opposed to NSTEMI (such as myocarditis, sepsis, PE etc.), or that the patient is too unstable to transfer and requires further optimisation at the nearest hospital.

If the Rapid NSTEMI activation criteria outlined have been met the Cardiology team at RPH should be contacted and the patient's ECG emailed to [Papworth.ECG@nhs.net](mailto:Papworth.ECG@nhs.net).

Figure 1



## 5 Benefits

It is anticipated that 30% of the patients with an NSTEMI diagnosis who are currently referred to RPH will follow this new pathway, with the remaining 70% following the current pathway. This equates to the following benefits:

- 125 patients per year will be admitted on the Rapid NSTEMI pathway from within the initial pilot area of C&P STP.
- This equates to a total number of saved bed days at CUH and NWAFT of 604.
- A total of 125 ambulance conveyances from CUH or NWAFT to RPH saved (£31,125)
- Reduced demand on Acute Trusts and Commissioner savings of 125 emergency admissions and ED attendances within the STP region (£238,168)
- 100% of patients admitted via the Rapid NSTEMI pathway will receive coronary angiography plus revascularisation where necessary or surgical referral within 24 hours of admission at RPH.

## 6 Critical Path

Commissioners to RPH and EEAST have approved the Rapid NSTEMI pathway. Training for EEAST personnel will commence in July and will run throughout the summer.

Stakeholder briefings to discuss operational procedures are underway with two further planned for August (one for both NWAFT and CUH). Ongoing updates are made to the STP Cardiology Steering Group. The clinical protocol for the Rapid NSTEMI pathway will be shared at each of these. A regional Stakeholder meeting including our nearest PCI and PPCI centres will be held in September to ensure a smooth roll out to the PPCI catchment area in due course.

The RPH & EEAST NSTEMI Implementation Group continues to meet on a regular basis to make final preparations for the pathway launch. Evaluation criteria and data collection methods will be finalised by mid-August.

A summary paper will be presented to Health Care Executive on 14<sup>th</sup> August 2018 and the Clinical Executive Committee of C&P CCG on the 14<sup>th</sup> August 2018.

The final go/ no-go decision for the launch of the pathway will be held on the 29<sup>th</sup> August at the Rapid NSTEMI pathway implementation meeting.

**The Rapid NSTEMI Pathway will commence on Monday, 10<sup>th</sup> September 2018 at 08:00hrs.**

## 2. Recommendation

The Board of Directors is requested to note the contents of this paper

**APPENDIX A**