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| Board Meeting: | 1 November 2018 | GJF RGB WITHOUT STRAPLINE |
| Subject: | Interventional Cardiology Strategy |
| Recommendation: | Board members are asked to: approve and support the Interventional Cardiology Clinical Strategy, and the recommendations as detailed.  |  |  | | --- | --- | | Discuss and Note |  | | Discuss and Approve | X | | Note for Information only |  | | |
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## 1 Background

The Interventional Cardiology Strategy sets a clear vision for the service over the next five years that aligns with the Board vision and strategy currently under development.

The purpose of the Interventional Cardiology Strategy is to describe the current service and the predicted requirements for change over the next five years. There is a strong emphasis on the existing standards of excellence but moreover, addressing what needs to be done to maintain and build upon this high quality past performance.

The strategy outlines the disease and population challenges facing us, framed within the vision of Realistic Medicine. The strategy outlines and acknowledges the work to date to flex capacity against demand and achieve the highest standards we have come to expect.

The drivers for change are clear:

* The unyielding burden of cardiovascular disease (particularly in the West of Scotland).
* An aging and often polymorbid population (having two or more chronic conditions) and a challenging fiscal landscape which must react to emerging evidence.
* The use of technology and innovation in a realistic and flexible manner.

The Interventional Cardiology Strategy sets key objectives and areas for development which will be included in the Board strategy alongside key objectives and areas for development across the organisation.

**2 Cost / Resource**

Successful implementation of the strategy will require investment and this will be calculated within business cases to support the various strands of the strategy.

**3 Conclusion/Recommendation**

The strategy outlines the expectation of the future demands on the service at the Golden Jubilee National Hospital (GJNH) and the current ability to react.

The service has the ability, with support, to evolve in a dynamic fashion and to continue to lead in the delivery of values-based innovative care. Central to the success of this strategy and the future service is the strong and vibrant network within the Heart and Lung service.

The key recommendations within the Strategy are:

1. Increasing Cardiac Catheterisation Laboratory (Cath Lab) capacity. This will be initially through a mobile cath lab to facilitate the building of additional capacity (including associated beds / chairs) and support the ongoing refurbishment of the existing labs.
2. To scope options for additional shared Cardiac Surgery / Interventional Cardiology bed capacity to support patient flow challenges.
3. Using the epidemiological (disease) data available, scope absolute requirements to support the five year strategic ability to achieve the Board’s intention to develop as an Interventional Centre of Excellence (requires informatics support).
4. Develop capacity required to commence extended NSTEMI Transformation bid project from April 2019.
5. Appoint Consultant Interventional Cardiologists (Electrophysiology (EP) and Coronary) to vacant sessions.
6. Review medical model to redress the flexible session imbalance.
7. Develop a Cardiac Physiology Training Academy to support succession planning.
8. Consider Specialist Nurse roles to enhance and support the EP pathway,
9. Review and develop pharmacy models of working within the multi-disciplinary interventional cardiology teams.
10. Ongoing engagement with National Services Division (NSD) to ensure they are fully appraised of growing demand for cath lab and bed capacity – to avoid detriment to the Regional services.
11. Redistribution of Device (Implantable Cardioverter Defibrillator (ICD) work across the West of Scotland (to be led / supported by Regional Planning Group).
12. Review Device sessions as part of a wider capacity review – to implement a more flexible service delivered through level two facility (aligned to Cath Lab expansion plans) that will create free capacity in theatres.
13. Work closely and with strategic leadership with the West of Scotland Regional Planning Group in order to reach the device implant targets and EP interventions set out in Scottish Intercollegiate Guidelines Network (SIGN) and National Institute for Health and Care Excellence (NICE) guidelines.
14. Work with West of Scotland (WoS) colleagues to consider how to deliver an out of hours’ rota for advice on arrhythmia management and device problems.
15. Support and lead a WoS review of cardiac imaging to ensure appropriate resource availability and local leadership.
16. Appoint a Consultant Cardiologist with specialist interest in multi-modality imaging (Computer Tomography, Echo, Magnetic Resonance Imaging) to support and develop a world-class service.
17. Review and redesign the current Radiology medical model by appointing Consultant Radiologist(s) with substantive contracts to support and develop imaging and provide cross-cover for other radiology activity (e.g. general/ultrasound/interventional radiology).
18. Continue to support research in the department, ensuring that sufficient capacity is available both in terms of physical and human resources to enable research studies to run successfully.

**June Rogers**

**Director of Operations**

**24 October 2018**

**(Lynne Ayton, Assistant Director Operations – Regional and National Medicine)**