Virtual cardiology clinic

Betsi Cadwaladr University Health Board

What is it and what makes it different?

Using innovative approaches, we are tackling increasing demand for cardiology outpatient and diagnostic appointments and the need to meet the 26-weekreferral to treatment target.

It is anticipated current demand will increase as a result of organisational and functional changes to the NHS in Wales.

The project aimed to demonstrate how the introduction of virtual clinics can support the management of demand within the cardiology service at Wrexham Maelor Hospital. The virtual clinic uses a number of ways to manage referrals without patients visiting the hospital, including:

- Nurse-led triage
- Office-based decisions Email and telephone contact

We used virtual clinics as an integral part of total outpatient demand management, for new referrals only, providing a more flexible system in comparison with the more traditional model of face-to-face consultant outpatient services and a more efficient use of resources to signpost patients to the appropriate services.

Before this was introduced, GP access to a cardiology opinion was via a letter, telephone or fax. These could consist of a formal referral to the cardiology department, a specific patient query – such as an ECG interpretation - or a general

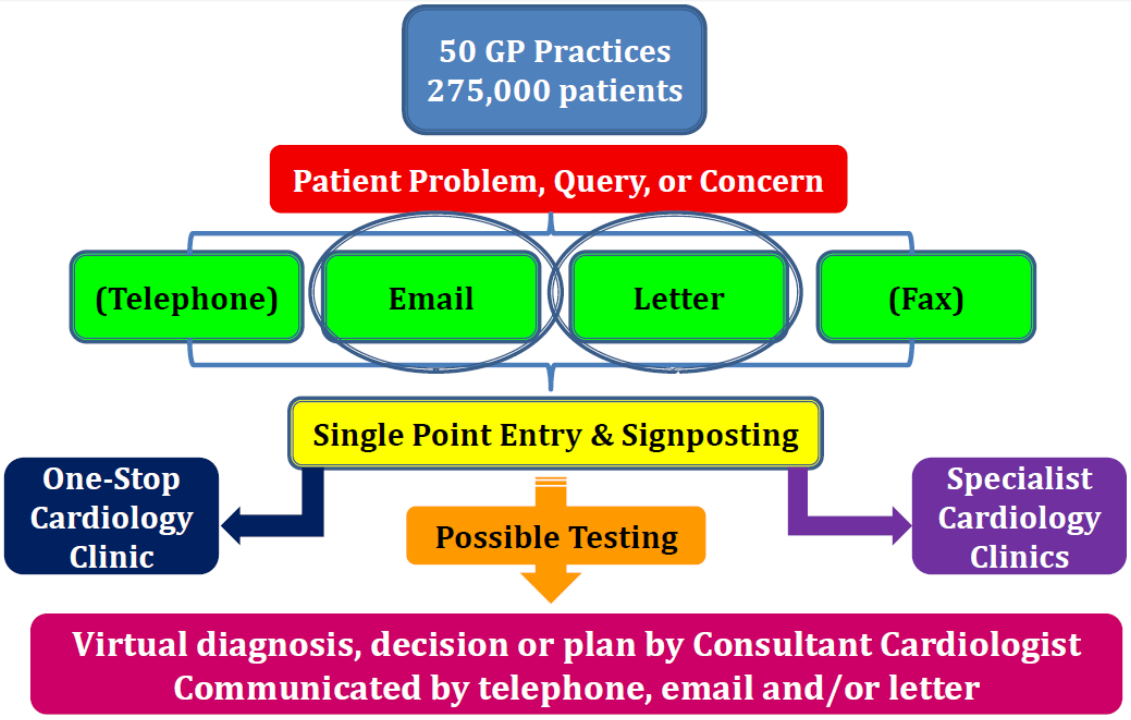
query relating to cardiology guidelines or services. All letters would be triaged via the nurse-led triage system and signposted to the appropriate service; any phone queries would be answered on an ad hoc basis when the secretary could get hold of the consultant. Faxes could be treated either way depending on the request but were often illegible. Referral letters were routinely captured on the patient administration system (PAS) but letters queries, faxes, telephone calls and the odd email were not, and could not, be counted in the performance and activity data.

This way of working resulted in high numbers of patients passing through our day clinic, but a very high discharge rate (80% to 90%) and a low follow-up rate. This was caused in part by a high number of patients passing through the clinic with non-urgent complaints which were simple and quick to treat.

The new system is designed to avoid admitting cases which could be treated in primary care and improve access to secondary care clinical opinion. There are 50 GP surgeries in our catchment area, which now have access to specialist consultant advice via email. This process is more immediate than letter writing - the average response time to a GP's email is 1.6 days compared to the 35 days it took to respond to a letter.

A highly-trained team of nurses provides a single entry point for clinic referrals – all patients are triaged by this team. As cardiology services are particularly complex, the need for clear patient signposting and tracking is absolutely necessary to ensure the quickest possible path for patients from referral to treatment. Nurse-led triage alleviates the pressure on consultants and allows us to spend more time with patients with complicated conditions.

In a typical scenario, a patient is seen in primary care and is examined, including having an ECG. If the GP is unsure about the test results, rather than referring to cardiology or resorting to time-consuming written correspondence, they can email the test results to our team accompanied by a very straight-forward question, and receive a diagnosis and a suggested care plan within hours. This is often augmented by telephone conversations. Letter and fax communications are discouraged.



What impact has it had?

The main benefits of the virtual clinic to GPs is the ability for them to manage these patients themselves; the reassurance and support the clinic provides; improved clinical education for themselves and breaking down barriers with secondary care.

The main benefits to secondary care are the speed of access to diagnostics; reducing the number of hospital visits; better access to urgent appointments; flexibility in managing patients; concentration of difficult patients within clinics and more capacity to treat them; improved quality and efficiency and cost reduction.

The main benefits for patients are more timely access to care and waiting time reduction and consequent rapid resolution of problems (days rather than weeks or months in many cases) without compromising safety and investigations providing reassurance to the patient in a familiar primary care setting without the need to go to hospital. In the five years since we implemented this way of working, no patient complaints have been made about the system.

What makes it prudent?

Our virtual clinic is a clear demonstration of the prudent principles at work.

Thanks to the team of nurses who triage every clinic referral, the effective signposting of patients to the correct treatment at the correct level means more people are treated in primary care rather than being escalated to secondary care services. This means the practitioners, nurses and consultants are working at the upper end of their clinical competencies.

Equity is a central pillar of the project - patients with complicated, more severe conditions are seen more quickly in our clinic as the less critical cases are treated in primary care. This also reduces the risk of harm to patients as waiting lists have been dramatically reduced.

There is also an underpinning co-productive aspect, with long standing barriers being removed and replaced by close working ties between primary and secondary care staff.

For more information:

Contact: Dr Khalid Khan, khalid.khan@wales.nhs.uk