

Cardiac Nurse Specialist Led Services At Barnsley Hospital

Cardiac Nurse Specialists:

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About the Team

- Our team currently consists of three Cardiac Nurse Practitioners, two full-time and one part-time members.
- Services run from Monday to Friday (excluding bank holidays) from 08:30hrs to 16:00hrs
- The team has over 70yrs of Cardiology experience between them
- All three members are Independent non-medical prescribers





Introduction

- Services available for GP referral:
 - Rapid Access Chest Pain Clinic (A&E can now also refer)
 - Diagnostic Heart Failure Clinic
- Other services we provide (hospital only referrals):
 - Post MI Clinic
 - Elective DC Cardioversions
 - Newly diagnosed LV dysfunction (inpatient only)
 - Supporting Nuclear medicine and Cardiac CT services





Target Waiting Times

Rapid Access Chest Pain Clinic:

Aim to assess patients within two weeks of referral.

Diagnostic Heart Failure Clinic:

NICE guideline NG106 (please note that B type BNP is no longer

analysed by Barnsley Hospital)

NT-proBNP: 400-2000- Aim to review within six weeks

NT- proBNP: >2000- Aim to review within two weeks





RACPC Referral Method for GP's

NICE guideline CG95: Referral via choose and book only

Criteria: Recent onset of symptoms suggestive of angina for patients who have never had a diagnosis of IHD

Exclusion criteria:

- 1- Suspected acute ACS symptoms, please arrange A/E admission
- 2- Known diagnosis of IHD
- 3- Patients <30yrs old
- 4- Patients previously reviewed in Cardiology within the past twelve months
- 5- Complex Cardiac history: please consider referring to a Cardiologist





Rapid Access Chest Pain Clinic: Investigations

Following the Cardiac nurse review, if the patient requires further investigations then we are able to offer/ refer patients for:

- CT Coronary Angiography
- Myocardial perfusion scanning
- Stress Echocardiogram (treadmill/drug induced)
- Invasive Coronary Angiography

Please note: Routine exercise treadmill testing is no longer a valid diagnostic tool

and is no longer in NICE guidelines for new onset of chest pain.

Please note: Certain investigations, ie holter monitoring for investigating palpitations, are

not included in the tariff for RACPC.





Management Plan

- Once investigation results have returned these will be reported back to the patient and GP.
- Follow up review can be arranged if necessary for further assessment of symptoms/response to treatments initiated.
- Further investigations will also be requested at this stage if necessary.
- Patients may also be discharged back to the GP at this stage with a medical management plan if appropriate.





Diagnostic Heart Failure Clinic: Referral method

Patients with symptoms suggestive of heart failure and with an elevated NT-proBNP are to be referred via E:mail:

heartfailure.clinic@nhs.net

All referrals should have a recent ECG attached to identify new Atrial Fibrillation or significant Tachycardia. If new Atrial Fibrillation diagnosed then GP please initiate both Anticoagulation and rate control medications.

Exclusion Criteria:

- Known Left Ventricular Systolic Dysfunction
- Known HFpEF
- Tachycardia >100 bpm

Please note: NT-proBNP can be elevated due to many conditions such as Atrial Fibrillation, CKD, Aortic stenosis etc.





Diagnostic Heart Failure Clinic

- Patient will have an Echocardiogram performed and will then be reviewed by the Cardiac Nurse Specialist. The diagnosis will be explained during the consultation.
- Follow up review can be arranged if necessary for further assessment of symptoms/response to treatments initiated.
- Further investigations will also be requested at this stage if necessary (ie Cardiac MRI).
- Appropriate patients will be referred to the community heart failure team (please note: the community heart failure team will not accept mild LVSD or HFpEF).
- Patients may also be discharged back to the GP with a medical management plan if appropriate.





Clinic availability and Audit Figures

• RACPC:

Three clinics per week (with scope to add one extra clinic based on staffing/demand)

April 2024: 88 patients were given a RACPC appointment, 58 patients referred for investigations

May 2024: 100 patients were given a RACPC appointment, 63 patients referred for investigations

June 2024: 64 patients were given a RACPC appointment, 42 patients referred for investigations

July 2024: 71 patients were given a RACPC appointment, 52 patients referred for investigations

Diagnostic Heart Failure clinic:

Only able to review three patients weekly due to Echocardiogram capacity (12-15 appointments monthly

April 2024: 12 patients reviewed, 5 diagnosed with LVSD/ HFpEF/. 1 mild AS and 1 new AF

May 2024: 12 patients reviewed, 6 diagnosed with LVSD/ HFpEF/. 1 severe AS, 1 severe MR

June 2024: 9 patients reviewed, 2 diagnosed with LVSD/ HFpEF/ and 1 unable to scan due to fast AF

July 2024: 13 patients reviewed, 4 diagnosed with LVSD/ HFpEF/ and 1 severe AS





Any Questions?

Thank you for listening.

For any advice, please contact the Cardiac nursing team on 01226 434981 or the secretary on 01226 432176.