

# Improving arrhythmia services in a large district general hospital trust

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## INTRODUCTION

The Mid Yorkshire Hospitals NHS Trust provides cardiology secondary care, including PCI and complex device implantation, to a population of around 700,000. There is no on-site electrophysiology provision, this is carried out in the local tertiary centre.

As the first consultant with an electrophysiology background at the Trust, I wish to improve the provision of local arrhythmia care

The first goal is to ensure primary care colleagues can access cardiology expertise to support arrhythmia management, and when onward referral is needed patients will see the right professional, in the most appropriate setting for the individual patient, at the first possible opportunity.

## Materials and methods

The first step was to set up a dedicated arrhythmia clinic. I devised specific referral criteria, which were approved by the consultant body. Via the electronic single point of referral used by primary care, patients who meet these criteria are now triaged to this clinic as their first hospital contact (face to face or virtual), and relevant investigations requested prior to first review. This should enable faster arrhythmia expert review than previously, including earlier counselling regarding benefits and risks of interventional treatment. For many patients, this may negate the need for onwards referral to tertiary care. Others will have a clearer understanding of the procedure prior to referral.

The next step is to develop referral proformas and treatment protocols for common arrhythmia conditions, to support our colleagues in primary care. This will involve integration into the existing electronic referral and liaison system used in primary and secondary care (SystemOne eConsult), the first time this has been attempted. I have devised a referral proforma for patients presenting with palpitations in primary care, which will provide the test case for this integration. A palpitations investigation and management protocol will follow. This should result in rationalised, standardised use of investigations, and risk stratification that will enable primary care colleagues to manage low-risk patients with cardiology support and guidance. Further protocols will follow, including for atrial fibrillation.

I am also about to commence a dedicated device MDT, having consulted with the other device implanters and wider cardiology team. This will involve wider cardiology team and enable discussion of new implants as well as challenges with existing devices. Other conditions such as arrhythmia and ICC will eventually be incorporated into this MDT, possibly involving virtual links with tertiary care.

## Results and conclusions

This is an ongoing, multifaceted project which should progress beyond what is outlined here. At the time of writing, it is in its early stages and assessment of patient-orientated outcomes has not yet taken place. I plan to undertake the first of many such assessments soon, to demonstrate effects on patient satisfaction, time from presentation to treatment, quality of onward referrals to tertiary care, and compliance with national and international guidelines. Working with

## Objectives

- Development of a dedicated arrhythmia clinic
- Development of referral proformas and defined treatment pathways for common arrhythmia symptoms and conditions across primary and secondary care
- Commencement of a complex device MDT

