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## BACKGROUND

The Yorkshire Heart Centre (YHC) based at Leeds General Infirmary provides regional specialist cardiology care to a population of 5.4 million living in West Yorkshire.

The Infective Endocarditis service at YHC treats around 100 patients with infective endocarditis each year with 35.4% requiring surgical intervention.

The current model for the referral of suspected or confirmed cases of infective endocarditis involves contacting a cardiologist or microbiologist, each of whom has a sub-speciality interest in infective endocarditis, by e-mail or telephone.

This model has worked well for many years but there are a number of disadvantages. There is variability in the referral information provided, a lack of a robust audit trail and a small risk that the referral may not be seen, and therefore acted upon, in a timely fashion.

Additionally, there is currently no agreed standard operating procedure (SOP) for the management of patients with infective endocarditis which risks variations and potential delays in decision-making and definitive treatment.

The forthcoming GIRFT report on cardiology recommends that 'all networks should have a ... defined referral pathway... for the rapid assessment and referral of suspected endocarditis patients to a surgical centre 7 days a week to minimise delays'<sup>1</sup>

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