

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 24 JULY 2014

Title:	PROPOSED EXPANSION OF THE CARDIAC DIAGNOSTIC SERVICE		
Responsible Director:	Andrew McKirgan, Chief Operating Officer		
Contact:	Nick Murphy, Divisional Director, Division B		
Purpose:	To request Board of Directors approval for Consultant expansion and support infrastructure in response to a continued increase in demand for diagnostic assessment in the Cardiac Diagnostic Service.		
Confidentiality:	N/A		
Annual Plan Ref:	<p>Aims</p> <ul style="list-style-type: none"> • To deliver the highest quality outcomes • To ensure care is delivered using the best evidence-base with technology that produces the optimal clinical outcomes. • To strengthen the Trusts capacity and capability for innovation 		
Key Issues Summary:	<ul style="list-style-type: none"> • There has been significant growth in DSE (70%) and TOE (14%) activity within the Cardiology Diagnostic department. • The additional OPD clinics will enable cardiology to meet the demand for out-patient capacity 		
Recommendations:	<p>The Board of Directors is requested to:</p> <p>Approve the appointment of a Consultant Cardiologist plus supporting infrastructure.</p>		
Approved by	Andrew McKirgan	Date:	14 July 2014

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THURSDAY 24 JULY 2014

PROPOSED EXPANSION OF THE CARDIAC DIAGNOSTIC SERVICE

PRESENTED BY CHIEF OPERATING OFFICER

1. Purpose

This paper requests Board of Directors approval to the substantive appointment of a Consultant Cardiologist in Cardiac Diagnostics and the required infrastructure to enable the specialty to expand.

2. Strategic Context

Cardiovascular disease (CVD) remains the main cause of death in the UK, killing 1:5 men and 1:8 women (BHF CVD Statistics 2010). The management of CVD is changing rapidly, with a greater emphasis on the use of advanced diagnostic techniques; a trend which is likely to continue over the next decade. The Cardiology service has experienced significant year on year growth in general cardiology outpatient referrals. This has been partly mitigated through consultant appointments and waiting list initiatives, but the resulting impact is increasing pressure on maintaining waiting lists.

2.1 Current service

The Department of Cardiology is reliant on diagnostic imaging in the diagnosis, assessment and planning of treatment for patients with a broad spectrum of cardiovascular disease. There are currently four main modalities within the Cardiac Diagnostic Service.

- Echocardiography
- Cardiac Computed Tomography
- Nuclear Cardiology
- Cardiac Magnetic Resonance Imaging

3. Drivers for Change

3.1 Anticipated Growth

Use of Cardiac Diagnostics to determine the optimal care pathway for patients with CVD has tripled in the UK within the last decade, an increase which is mirrored at QEHB.

3.2 Research

Cardiac diagnostics is not only a vital clinical resource but is becoming a powerful tool for clinical research. Analysis of cardiac structure, function and tissue characterisation are all possible without the need for invasive tests. As such, diagnostics end points are increasingly used as surrogates for clinical end points in clinical cardiovascular research. The cardiac diagnostics department at QEHB is already involved in a large number of projects and has a strong track record in attracting grant funding and publication in prestigious journals.

4. **Current Service Provision**

Service Activity

The increase in activity at UHB reflects the national trend. Table 1 below demonstrates combined inpatient and outpatient Cardiology activity.

Table 1: Cardiology Outpatient, Procedure and CMR activity

	2011-12			2012-13			Current Year YTD M10			Current Year FYE		
	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance
New	9,698	9,487	(211)	8,999	9,144	144	6,411	9,156	2,745	7,693	10,987	3,294
Follow Up	22,509	26,610	4,101	25,809	29,220	3,412	25,914	27,261	1,347	31,097	32,713	1,616
Procedure	2,523	4,751	2,228	6,364	5,997	(367)	4,529	5,561	1,032	5,435	6,673	1,239
Cardiac MRI	840	1,433	593	1,388	1,506	119	1,247	1,670	423	1,496	2,004	508
Total	35,570	42,281	6,711	42,559	45,867	3,308	38,101	43,648	5,547	45,721	52,378	6,657
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
New	£2,076	£2,032	(£43)	£1,926	£1,936	£9	£1,159	£1,610	£452	£1,390	£1,932	£542
Follow Up	£2,397	£2,838	£441	£2,702	£3,064	£362	£2,730	£2,967	£237	£3,276	£3,560	£284
Procedure	£297	£554	£258	£938	£907	(£31)	£798	£991	£193	£958	£1,190	£232
Cardiac MRI	£456	£759	£302	£723	£777	£54	£635	£846	£212	£762	£1,016	£254
Total	£5,225	£6,183	£958	£6,289	£6,683	£394	£5,321	£6,415	£1,093	£6,386	£7,698	£1,312

The growth in outpatient first attendances demonstrates the growing demand for Cardiology. The estimated full year activity shows that there will be an additional 3,294 patients referred to the service against plan for 13/14. This will result in a growth in both elective in-patient work and outpatient procedures.

5. **Service Proposal**

The service proposes the appointment of a Consultant Cardiologist who would provide sessions for general outpatients and clinical activity capable of Cardiac Diagnostics. It will increase capacity and reduce waiting times for Stress Echocardiography; increase capacity in diagnostic TOE and CMR reporting allowing for improved functional diagnostics of patients with suspected cardiac chest pain. It will allow the trust to meet NICE standards for access to non-invasive diagnostics in cases of acute chest pain.

The support staff required for this expansion are:

- 0.5 WTE Band 7 Cardiac Physiologist
- Admin support – 0.5 WTE Band 4

6. Financial

The table below details the income and expenditure associated with the proposal:

Table 2: Financial Analysis

Pay	£000'S
Consultant	(123,296)
Cardiophysiologicalist Band 7	(34,670)
Admin (0.5wte)	(12,402)
OP Clinic Costs	(5,262)
Pay Total	(175,629)
Non-Pay	
OPD clinic costs	(2,864)
Total Expenditure	(178,494)
Income	
TOE	34,126
DSE	34,126
ECG - New	87,289
ECG - Follow up	73,860
Additional Income Total	229,400
Net Surplus	50,906
Contribution %	
21% NHP INCOME TOPSLICE	(48,174)

* Income includes MFF

7. Recommendations

The Board of Directors is requested to:

Approve the appointment of a Consultant Cardiologist plus associated infrastructure.