



Policy statement

Specialist cardiac nursing

Introduction

The BHF has pioneered new models of specialist cardiac nursing over the last fifteen years. Our multimillion pound investment has transformed the care of people living with heart disease in the UK. This investment and expertise must be embedded in the NHS to make sure heart patients receive the best care.

In recognition of changes within the health service and the gaps in support across the long term condition pathway, the BHF is changing the way that we fund healthcare professionals. In the future we will be focusing on enhancing the skills of non cardiac specialists as well as support for specialist cardiac professionals.

Policy statement

Since 1996, the BHF has invested over £40m in funding and developing healthcare professionals. This has made a material difference to the lives of people living with cardiovascular disease and changed the face of community-based cardiac care across the UK.

Between April 2009 and March 2011, BHF nurses reported that they were responsible for avoiding 19,555 unplanned hospital admissions. This saved the NHS around £34.5million.

The value of specialist cardiac nurses has been proven through the BHF's investment. Health trusts across the UK should integrate provision into their commissioning arrangements. All heart patients should have access to a specialist nurse when they need one.

Specialist nurses should be involved in the design and commissioning of services, as they are well placed to understand the cardiac care pathway.

Where specialist nurses are in post, they need the resources and capacity to train other healthcare professionals in their locality to meet the needs of heart patients in the community. This will help ensure patients are being cared for by the most appropriate health professional for their needs at any given time.

Specialist nurses are an important part of the infrastructure to support people living with heart disease. Other health professionals need appropriate training and support to ensure that they are also able to best meet the needs of heart patients.

To ensure that patients benefit from all the latest developments, health trusts should fund the continuing professional development of specialist cardiac nurses and other healthcare professionals.

Background

In 1995 the BHF identified gaps in the care provided to cardiac patients following a heart attack or bypass surgery. In response we established a programme to fund specialist cardiac nurses within NHS Trusts. Fifteen Cardiac Liaison Nurses were appointed in 1996.

Since then, the BHF has invested over £40m in the funding and development of healthcare professionals across the UK. This has made a material difference in the quality of life of people living with cardiovascular disease.

Our specialist nurses have told us how much they enjoy their role

*'I love my job, it is so satisfying to see the impact I can have on patients. I can see them visibly relax during our first session, they are obviously very anxious at first. Long term, it is great to see the impact the service has on quality of life, and the support they feel from diagnosis, through to end of life.'*¹

And how essential it is to the people that they see

*'Our patients frequently describe the service we deliver as their lifeline and this has got to be understood - much suffering and despair is unnecessary in this day and age. They often report that their lives are turned around (even at the end of life) by the care we deliver and with adequate funding and resources no heart failure patient should suffer in the way that sadly so many still do'*²

We estimate that our healthcare professionals prevent 10,000 unplanned hospital admissions every year, saving the NHS £17million annually³. Between April 2009 and March 2011, BHF nurses reported that they were responsible for avoiding 19,555 unplanned hospital admissions. This has saved the NHS in the region of £34.5million⁴.

The nursing model

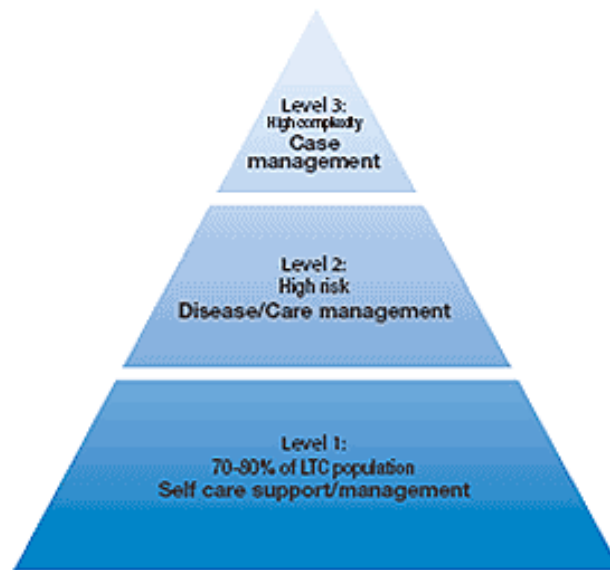
The Department of Health in England recommends a systematic approach to meet the needs of people living with long-term conditions based on the Kaiser Pyramid depicted below.

¹ BHF August 2011 survey of specialist nurses

² BHF August 2011 survey of specialist nurses

³ This estimate is based on there being approximately 25 avoided admissions per nurse per year

⁴ This estimate is based on a tariff cost of admission per patient of £1,826. This tariff was used in a 2008 evaluation of heart failure specialist nurses BHF (2008) The development and impact of the British Heart Foundation and Big Lottery Fund heart failure specialist nurse services in England: Final report April 2008



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This means that different interventions should be used according to different needs. **Specialist nurses** should be operating at level 3: high complexity case management. This requires identifying very high intensity users of unplanned secondary care and offering them a case management approach, to anticipate, co-ordinate and join up health and social care⁶.

Community matrons also support people at level 3. Patients who have clinical nursing needs as well as need someone to help co-ordinate their care should have their case managed by a community matron. A community matron will need to have some specialist level training in long-term conditions but this may not necessarily be in cardiac care. However, it is likely that some of the patients that community matrons see will be living with heart disease.

Hospital nurses support people at level 2 of the pyramid. These are people who are 'at high risk' and need active disease and care management.

GP practice and community nurses support people at level 1. These are people who are living with a long term condition but who are able to largely self manage this condition. Between 70-80% of all people with long term conditions should be having their needs met at level 1⁷.

In order to ensure that people living with heart disease receive the best care, there must be adequate provision at all three levels of the long term condition management pyramid. However, our specialist nurses have told us they are concerned about the capacity and skills of other people in the local care community to meet the needs of their patients.

⁵ DH (2007) *Supporting people with Long Term Conditions*

⁶ DH (2007) *Supporting people with Long Term Conditions*

⁷ <http://www.natpact.info/cms/336>

*'I currently have to discharge patients as my workload is just too big, however I am not confident they will be followed up as carefully and tell them they can self refer if needed. I think most of them don't do this.'*⁸

Part of the role of the specialist nurse is to equip other healthcare professionals working locally with the knowledge that they need to meet the needs of cardiac patients if their condition has stabilised and they no longer need complex case management⁹.

BHF investment

The BHF has funded a number of different types of nurses including cardiac liaison, heart failure and arrhythmia nurses. We have also funded other healthcare professional posts such as echo technician trainees and cardiac rehabilitation teams.

Where these roles have been formally evaluated, they have been valued by patients and other healthcare professionals. For example:

- An evaluation of our heart failure specialist nurses showed that they significantly improved the quality of life of their patients. There was a 35% drop in admissions compared to historic data and this led to an estimated £1,826 saving per patient¹⁰.
- An evaluation of our paediatric cardiac liaison nurses showed that the family support they provide helps parents deal with their child's illness and manage its impact on their everyday life. They co-ordinate services to provide a seamless transition from home to hospital and back to home again¹¹.

In recognition of changes within the health service and the gaps in support across the long term condition pathway, the BHF is changing the way that we fund healthcare professionals. In the future we will be focusing on enhancing the skills of non cardiac specialists as well as support for specialist cardiac professionals.

We provide a package of support for healthcare professionals that includes:

- financial help with education & continuing professional development training
- help with the cost of attending healthcare conferences
- BHF branded clothing, business cards and badges, and
- access to BHF courses, website, resources and networks.

NHS reform in England

Proposals for wide-ranging changes to NHS structures in England are coming into effect in 2011 and beyond. These, coupled with increasing pressure on health funding, means that there is some uncertainty over future specialist nursing provision.

⁸ BHF August 2011 survey of specialist nurses

⁹ http://www.rcn.org.uk/development/general_practice_nursing_career_framework/the_gpn_career_framework/advanced_nurse_practitioner_in_general_practice

¹⁰ BHF (2008) The development and impact of the British Heart Foundation and Big Lottery Fund heart failure specialist nurse services in England: Final report April 2008

¹¹ BHF (2008) Report of the evaluation of the British Heart Foundation paediatric cardiac liaison nurses project

Following the ‘pause’ in the passage of the Health and Social Care Bill in summer 2011, the Department of Health have broadened the original proposal for GP consortia to clinical commissioning groups. These groups are required to have at least one nurse on the governing body. Consortia need to be established by April 2013 but where a group is not ready to take on these new responsibilities the NHS Commissioning Board will commission services on their behalf¹².

In August 2011, we surveyed our specialist nurses to get their views on the changes and communicate these to parliamentarians. We had over 100 responses and nurses told us that they were unclear about what the changes will mean for them. They wanted to see specialist nurses involved in commissioning and service planning as they bring a unique perspective. They also expressed concern about their workload and the lack of time to carry out administration and other supporting tasks¹³.

Around the UK

In **Scotland**, the Heart Disease and Stroke Action Plan required health boards to carry out a needs assessment of specialist nurse provision for heart failure patients and to adopt the BHF Scotland Heart Failure Nurse Educator project by March 2011. The Quality Improvement Scotland Heart Disease Clinical Standard requires heart failure patients who have been hospitalised to receive care from a multidisciplinary team that includes a heart failure specialist nurse¹⁴.

There are financial pressures on the health service in **Northern Ireland** with spending cuts imposed from 2010 onwards. The Department of Health, Social Services and Public Safety is reviewing the provision of health and social care services on the basis of these changes to spending. The review will make recommendations to the Minister on the future configuration and delivery of services in hospital, primary care, community or other settings¹⁵.

In **Wales**, Health & Social Services Minister Lesley Griffiths and the First Minister Carwyn Jones have both promised that the number of whole-time equivalent registered nurses in the NHS in Wales will not fall. However, the Royal College of Nursing (RCN) remains concerned about whether the current number of nurses is adequate for the volume of work that they will be expected to deliver¹⁶.

Views from other organisations

In July 2010, the RCN launched the ‘Frontline First’ campaign which encourages nursing staff to speak out against NHS cuts, expose where they see waste in the system and champion nurse-led innovations and ideas that are saving money whilst keeping patients safe¹⁷. The BHF is supporting the campaign alongside a number of other health charities¹⁸.

A survey of nearly 800 specialist nurses conducted by the RCN in April 2011 showed nearly two-thirds were seeing cuts in their specialist area and more than a third were

¹² DH (2011) Government response to the NHS Future Forum report

¹³ BHF August 2011 survey of specialist nurses

¹⁴ NHS QIS (2010) Clinical Standards – Heart Disease

¹⁵ <http://www.dhsspsni.gov.uk/hsc-provision.htm>

¹⁶ <http://frontlinefirst.rcn.org.uk/sites/frontlinefirst/index.php/pages/frontline-first-wales/>

¹⁷ <http://frontlinefirst.rcn.org.uk/>

¹⁸ <http://frontlinefirst.rcn.org.uk/blog/entry/the-british-heart-foundation-back-frontline-first/>

being asked to work outside their specialism to fill staffing gaps. Almost one in 10 respondents said they were at risk of redundancy¹⁹.

As well as supporting the RCN campaign, a number of health charities are undertaking dedicated campaigning work in this area. For example, Diabetes UK conducted an audit in May 2011 which showed that over 200 specialist diabetes nurse positions were unfilled, twice as many as in 2009²⁰. In January 2011, the MS Society published a report detailing how much specialist nurses are valued by the patients that they see²¹. Epilepsy Action is running the 'Save our Sapphires' campaign to protect and promote specialist epilepsy nurse posts²² and Parkinson's UK is campaigning to protect specialist nurse posts in England²³.

For more information email policy@bhf.org.uk

¹⁹ http://www.rcn.org.uk/newsevents/news/article/uk/specialist_nursing_services_being_slashed

²⁰ http://www.diabetes.org.uk/About_us/News_Landing_Page/False-economy-as-200-frontline-diabetes-specialist-nurses-go-in-NHS-cost-cutting/

²¹ <http://www.mssociety.org.uk/sites/default/files/Documents/Campaigns%20resources/MS%20Specialist%20nurses%20final%202011.pdf>

²² <http://www.epilepsy.org.uk/campaigns/save-our-sapphires>

²³ http://www.parkinsons.org.uk/about_us/policy_and_campaigns-1/campaigns/fair_care_for_parkinsons/protect_nurses_england.aspx