

## ABOUT THE SERVICE

University Hospital Southampton cardiology department is a secondary and tertiary referral unit with additional associated services in adult congenital heart disease, paediatric cardiology, adult and children's cardiac surgery and pregnancy cardiology.

The cardiology acute services are delivered through 20 bed coronary care unit (CCU) admitting over 3000 unscheduled patients per year as well 6 high care beds and a further 30 in-patient beds. In addition, staff also support a busy day case elective unit and provide regional inter hospital transfers. The out of hours service consists of two consultants, one middle grade and one junior doctor.

## WHY CHANGE?

Cardiology services have now evolved into a discipline which directly admits a further 30% of medical take which has traditionally been managed by other teams. Patients include those with a wide range of co-morbidities such as ischaemia, heart failure or arrhythmias. This has placed considerable strains on the staffing and delivery of care which has outgrown the traditional service provision provided by the medical trainee and consultant workforce.

For University Hospital Southampton, this change in service delivery has resulted in:

- Increased burden of outpatient work outpacing that which could be provided by consultants and junior doctors.
- Cardiology expansion of in-patient admissions and calls from ED.
- Cardiology expansion workload outstripping doctor capacity.

## THE WORKFORCE

To address the workforce challenge and maximise the potential of the wider cardiology workforce the Trust planned and implemented:

### SUPPLY:

- Increase in Specialist Nurses
- Increase in Advanced Practice Nurses

### UPSKILLING:

- Training and development of Advanced Practice Nurses (to support ward cover, pre assessment, OPD, new admissions and daycase).
- Training of specialist nurses in out-patients, especially in focused clinics such as chest pain, palpitation, syncope, heart failure/ breathlessness
- Training nurses to perform simple procedures
- Up-skilling of cardiac physiologists to directly contact primary care to arrange anticoagulation for new AF diagnoses from device follow up
- Upskilling to enhance level of practice through Advanced Clinical Practitioner opportunities

## THE OUTCOMES

- Reduced access time for patients
- Better adherence to recognised pathways.
- More training time for doctors.