

# Cardiology services

Issues for non-executive NHS board members



Prepared for the Auditor General for Scotland  
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# Auditor General for Scotland

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## Introduction

1. Audit Scotland published its national report, Cardiology services on 23 February 2012. This paper accompanies that report and sets out some issues that non-executive members may wish to consider in relation to how cardiology services are managed within their own boards. It also aims to help them pose questions they may want to ask of executive directors to seek assurance about local service delivery.
2. Copies of the national report can be downloaded from our website [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk).

Questions for non-executive NHS board members to consider	
Page references to main report	Issue
Page 14-15 and report supplement on our website	Participants were generally positive about the treatment and care they have received but identified a number of areas for improvement based on their experience of accessing Cardiology services over the last two years. Improving communication and information about their condition and treatment was the most important issue raised.
Page 15-16	NHS boards were working towards meeting the new target that came into place at the end of 2011 that requires patients to be treated within 18 weeks from the time they are referred by their GP. During our fieldwork we found that some NHS boards were finding it difficult to join up information on the total time patients waited from referral through to treatment.
Page 16	The Scottish Government has set out recommendations for improving services in the national heart disease and stroke action plan. NHS boards are responsible for implementing most of the actions through their cardiac Managed Clinical Networks which involve staff from community and hospital settings working together with patients and the voluntary sector. Regional planning groups also have a role in planning and delivering services which span more than one board area.
Page 16-17	More could be done to ensure all patients with heart disease get the services they need. It is not clear that all patients who would benefit from cardiac rehabilitation are receiving it.
	Is the board ensuring that all staff providing care to heart disease patients are aware of the main issues raised by patients? Is the board working with Chest Heart and Stroke Scotland, British Heart Foundation, other relevant groups and patients to address these issues locally? Are there joined-up systems within the board and with other NHS boards to allow the board to monitor overall waiting times across the complex pathway for Cardiology patients? Is the board working with regional planning groups to ensure that strategic plans to develop and monitor Cardiology services meet patients' needs and address gaps in services? Is the board ensuring that patients with all types of heart disease who would benefit from cardiac rehabilitation are being referred and collecting information on the types of patients being referred?

Page references to main report	Issue	Questions for non-executive NHS board members to consider
Page 16-17, continued	<p>Heart disease patients at risk of stroke are not always getting appropriate drugs.</p> <p>Healthcare Improvement Scotland's review found that heart failure patients are not always receiving appropriate care. It recommended that NHS boards should have multidisciplinary services that include a heart failure nurse and collect information to allow monitoring and to help improve the services delivered to patients with heart failure.</p>	<p>Is the board ensuring that heart disease patients at risk of stroke are prescribed appropriate drugs as recommended by Healthcare Improvement Scotland?</p> <p>Has the board implemented Healthcare Improvement Scotland's recommendations on improving services for people with heart failure?</p>
Page 18-19	<p>Treatment for heart attack patients has improved but challenges remain to extend access to the most effective treatment across Scotland. NHS boards are measuring performance against targets for the most effective treatment for severe heart attacks (primary PCI) but not the percentage of patients with a severe heart attack who receive this treatment.</p>	<p>Is the board measuring the percentage of patients with a severe heart attack who receive the most effective treatment (primary PCI) and the next best treatment (thrombolysis and rescue PCI)?</p>
Page 18, 20	<p>Cardiology procedure rates vary among countries in the UK and overall the UK tends to have lower rates of all interventions compared to other European countries.</p> <p>Fewer revascularisation treatments, treatments to restore blood to the heart (angioplasty and coronary artery bypass graft surgery), are being carried out for people in more deprived areas – from over 20 per cent less treatments than would be expected in the most deprived area to over 60 per cent more treatments than would be expected in the least deprived areas.</p>	<p>What is the board doing to examine and reduce the variation in the rates of the main cardiology procedures by different groups, particularly people in deprived areas?</p> <p>Is the board comparing rates of the main cardiology procedures with other NHS boards, and other countries in the UK and Europe?</p> <p>Is the board using this information to ascertain whether variation is warranted and taking action where necessary to ensure patients are receiving the most appropriate treatment?</p>

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Page 20	<p>There is variation in referral rates from NHS boards to national services provided by the Golden Jubilee National Hospital. NHS boards and the Golden Jubilee need to work together to ensure patients are referred to specialist national services appropriately.</p>
Page 21-22	<p>There have been improvements in outcomes for heart disease patients but rates of disease and deaths are still higher in the most deprived areas of Scotland and higher in Scotland compared to many other European countries. More evidence is required on the impact of measures aimed at preventing heart disease to help the Scottish Government, NHS boards and other partners make decisions on where to target and prioritise spend.</p>
Page 24-26	<p>There are a number of standard tests for diagnosis of heart disease using different types of scanners to produce images of the heart. A more invasive and expensive test (angiography) can also be used to provide more detailed images of the arteries in the heart but it should not necessarily be used as the first test for all patients.</p>
Page 26-28, 30-31, 33	<p>There is scope to make efficiency savings of at least £4.4 million in a number of areas such as using less expensive tests, reducing length of stay, increasing day case rates and making savings in procurement and prescribing in the community.</p> <p>These efficiency savings are a conservative estimate as we have not been able to calculate savings in a number of areas due to limitations in the data.</p>
	<p>Is the board referring patients to regional and national services for the most appropriate treatment if it is not available locally?</p>
	<p>Is the board collecting information on the cost, impact and cost-effectiveness of measures to help prevent heart disease?</p> <p>Is the board using available evidence on the impact and cost-effectiveness of measures to prevent heart disease to identify priorities for spending to help improve outcomes and address inequalities, particularly in deprived areas?</p>
	<p>Has the board reviewed the costs and benefits of providing less expensive and non-invasive tests for heart disease instead of angiography where appropriate, including stress echocardiography, cardiac MRI and CT coronary angiography?</p>
	<p>Has the board examined variation in Cardiology services to ensure it is providing services in the most efficient way and identified scope for improving efficiency in the following:</p> <ul style="list-style-type: none"> <li>• length of stay by heart condition and by Cardiology procedure?</li> <li>• day case rates for Cardiology procedures?</li> <li>• procurement of hospital drugs, stents, pacemakers, defibrillators and associated electrical leads?</li> </ul>

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Page 28-32 and Case study 3	In outpatients, there is scope to improve referral processes, reduce demand and increase the number of available appointments.
	<ul style="list-style-type: none"> <li>• prescribing in the community of generic and branded statins?</li> </ul> <p>Has the board reviewed how outpatient clinics are provided for patients with heart disease and identified ways to:</p> <ul style="list-style-type: none"> <li>• avoid unnecessary hospital appointments?</li> <li>• reduce the number of patients failing to attend appointments?</li> <li>• share good practice in improving efficiency across Scotland and implement good practice from other areas where appropriate?</li> </ul>
Page 34-35, 28	<p>It is difficult to compare Cardiology costs across NHS boards due to inaccuracies and inconsistencies in the published data.</p> <p>NHS boards hold some information locally on the Cardiology workforce but it is not used or recorded consistently. Exact figures on the number of Cardiology consultants and nurses working in Scotland are not clear.</p> <p>There are inconsistencies in how NHS boards record day case data and the definitions used. This will affect the accuracy and comparability of day case activity across Scotland.</p> <p>NHS boards need good information about costs, activity and quality so they can make decisions about how best to use their resources. This is particularly important at a time of reducing public finance, changing demography and rising demand.</p>
	<p>Does the board have consistent and accurate activity, workforce, cost and quality information on Cardiology services to allow it to monitor performance and identify potential improvements in value for money?</p> <p>Does the board report this information to ISD Scotland and others as appropriate to allow comparison of services and performance across NHS boards?</p> <p>Is the board working with ISD Scotland to ensure that day case activity is being recorded consistently to allow comparison of day case rates across Scotland?</p>

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