

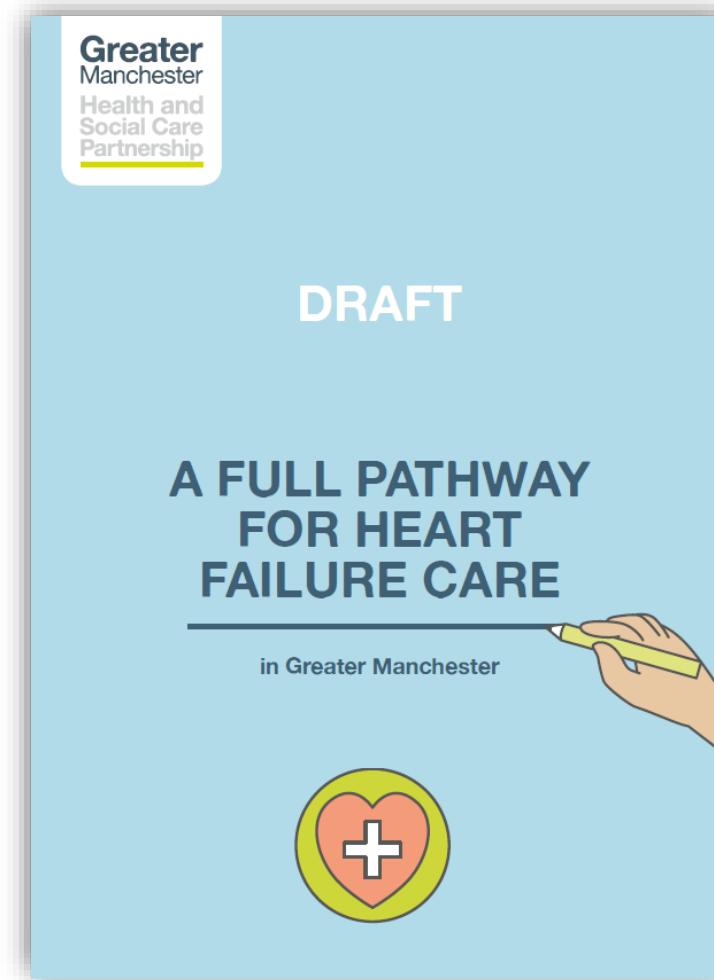
Digitisation of the Heart Failure Care Plan





Purpose

- To provide the system with information on the digitisation of the GM Heart Failure Care Plan and next steps to assist localities in deciding how they wish to progress to the next stage of the program.
- This will involve retrospective patient level data being entered into the new digital HF Care plan within General Practice.





Background

- In 2018/19 Greater Manchester Strategic Clinical Network approached Health Innovation Manchester to digitise a paper-based Heart Failure care plan
- The paper-based care plan was previously developed by Heart Failure leads from across GM and the Charity Pumping Marvellous Foundation, which led the user engagement and involvement of the paper-based and digital care plan development.
- In 2020/21 HInM secured funding from NHS X to fund this development.
- GME SCN requested localities support to implement and demonstrate a Proof of Value with two localities - HMR and Tameside - volunteering to be the first.





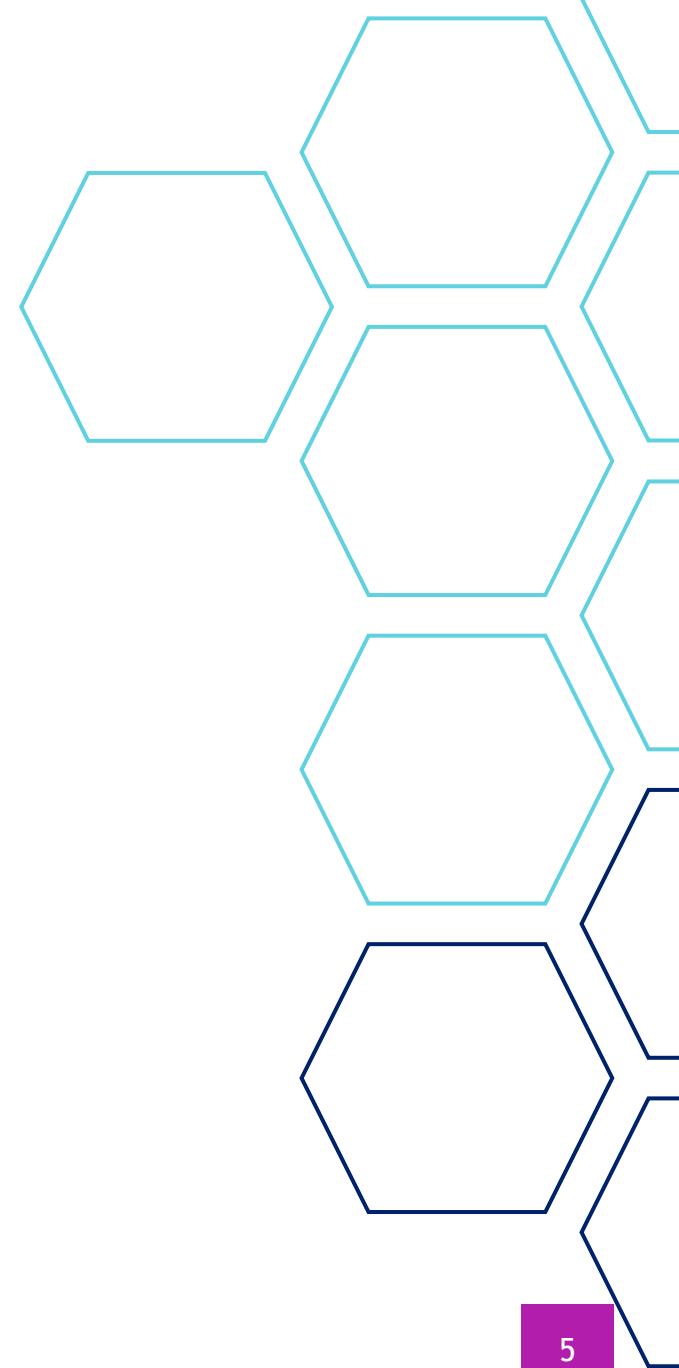
Heart Failure in Greater Manchester

- Approx. 30,000 people live with heart failure across Greater Manchester
- £16.4m cost of HF hospitalisations to CCGs (£3,796 HF tariff)
- 4,334 acute HF admissions across GM in 2015-16
- 34,000 - 39,000 bed days per year (median LOS 8-9 days)
- 8.9% in-hospital mortality (UK)
- 26.7% mortality at 1 year (UK)
- Currently the management of Heart Failure (HF) is reactive, which often results in poor patient outcomes
- If heart failure-related problems were detected and treated earlier, with proper care planning, we could improve patient outcomes and reduce treatment costs



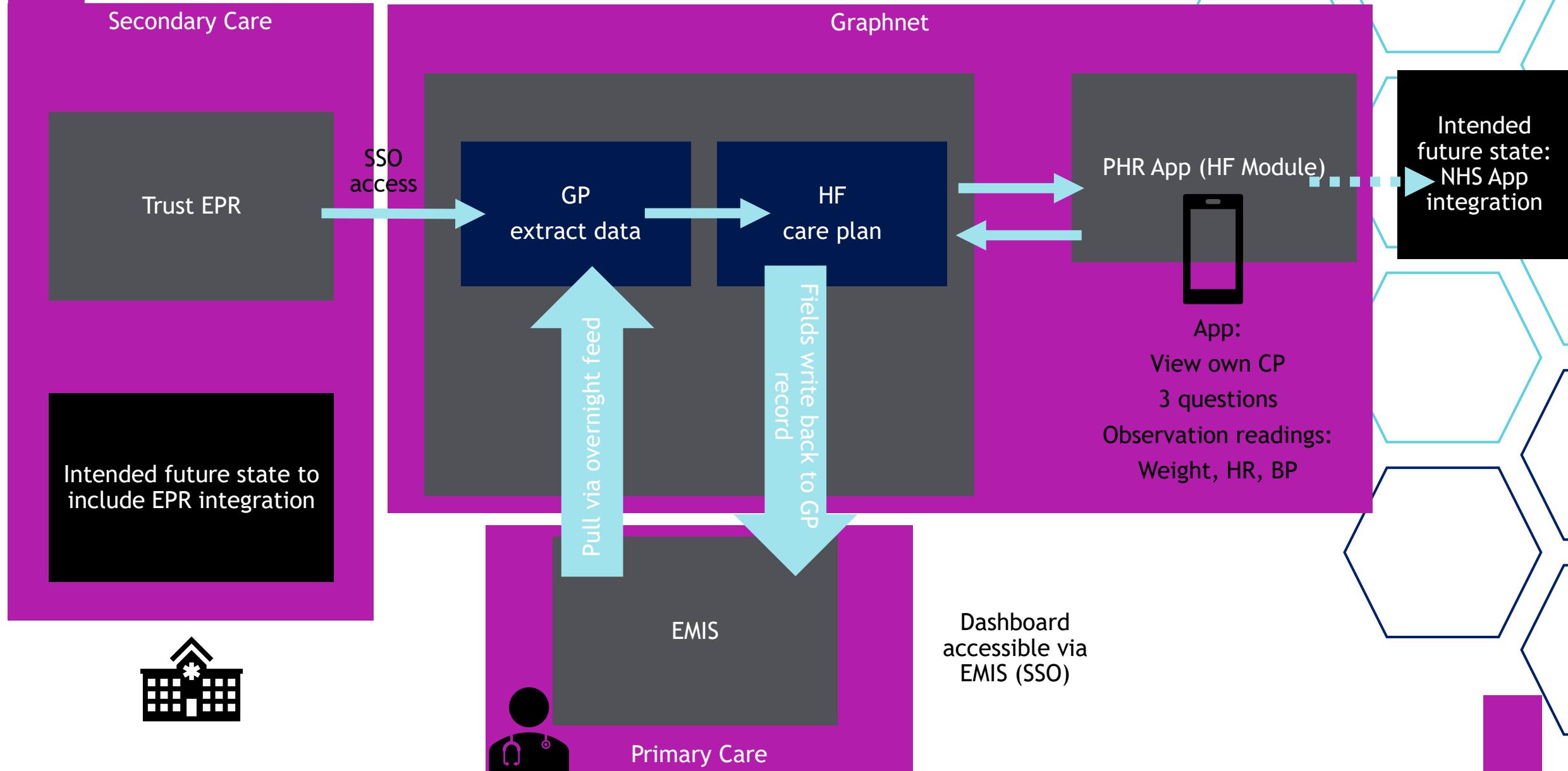
Secondary Care Involvement

- It is expected that the majority of heart failure care plans for newly diagnosed patients will be created by Clinicians in Secondary Care, in addition to Community Heart Failure Specialist Nurse run clinics, where these are available.
- Clinicians in secondary care will update the heart failure care plans during their out-patient heart failure reviews. This will provide clinicians in primary care with instant access to any changes in management of the patient's heart failure.
- Current guidance by the British Medical Association (BMA) states that clinic letters following an outpatient appointment should be sent to GPs within ten days - by using the heart failure care plan, the Consultation details will be available in primary care instantly.
- GPs will have access to information inputted by the patient into the patient app prior to conducting a heart failure review
- Cardiologists and Heart Failure Nurses will have instant access to any changes for patient management made by the GP.



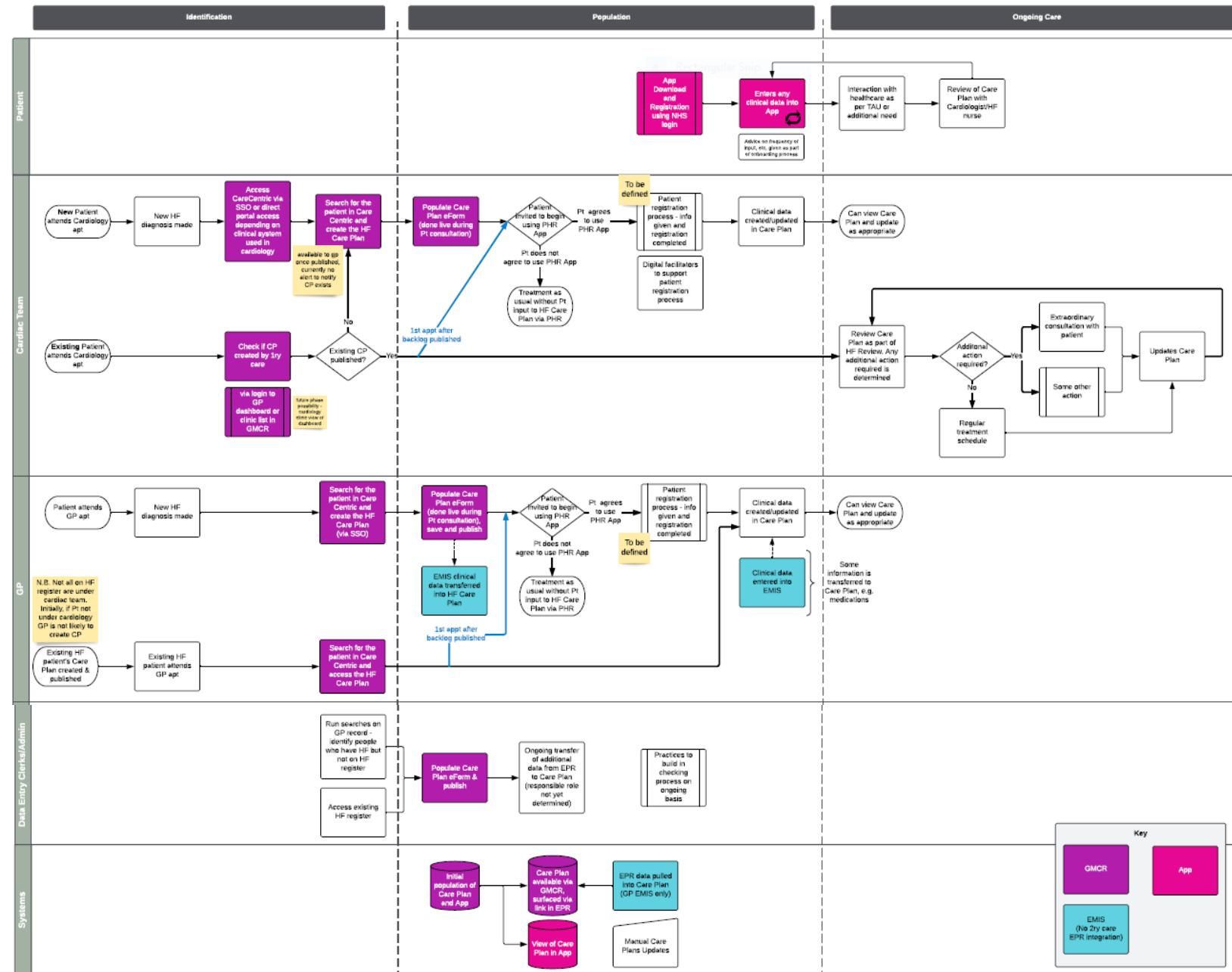


Heart Failure Care Plan Data Flows



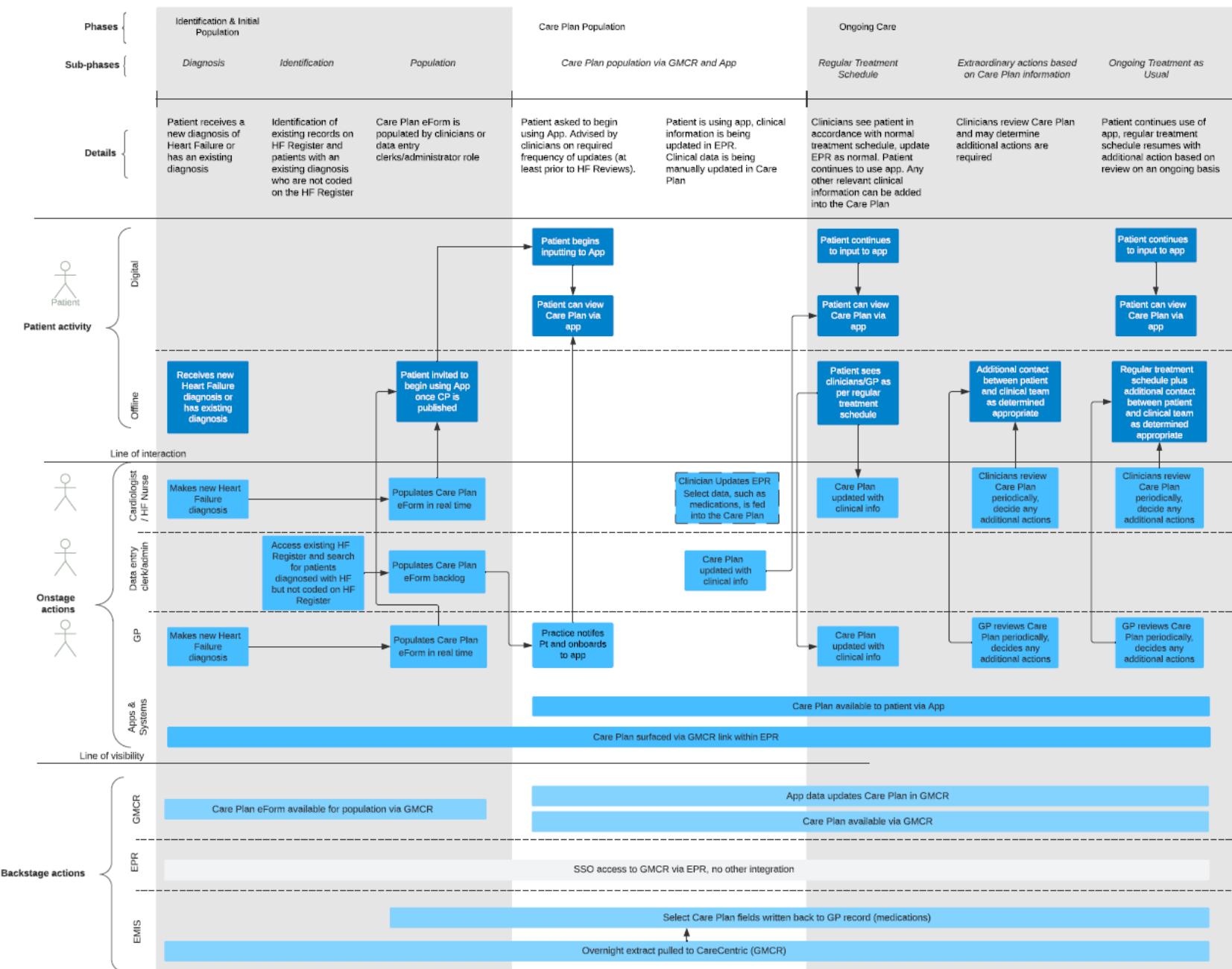


Heart Failure Care Plan Digitisation Process Map



HF Care Plan Service Blueprint

Last Updated by Lauren Constable on 23.03.2022



Heart Failure Management

Patient Monitoring Dashboard

Show Filters

Clear Filters

No Filters Applied

Patients

127

NYHA Class 4

5

GFS Stage D

2



NHS Number	Forename	Surname	Date of Birth	NYHA Class	GFS Register	Management Plan	MP Date	MP Status	Change of Medication	Date of Change
222 777 4444	Craig	Abbot	01 February 1972	Class 3	Stage A	Refer to cardiac rehab	22 February 2022	Active	Medication change description	22/02/2022
444 555 7771	James	Brown	01 February 1978	Class 3	Stage A	test test test plan	17 October 2021	Complete	Medication change description	17/10/2021
999 555 7771	Stephen	Brown	01 February 1978	Class 3	Stage A		22 February 2022	Active		
111 222 9999	Chris	Daniels	01 February 1973	Class 3	Stage B		22 February 2022	Active	Medication change description	23/11/2021
777 444 8888	Monica	Green	01 February 1974	Class 2			20 February 2022	Active		
555 111 4444	Brendon	Harris	01 February 1972	Class 1	Stage A	Refer to Dietician	10 September 2021	Complete	Medication change description	10/09/2021
222 111 7777	Christy	Harris	01 February 1974	Class 1		Refer to cardiac rehab	17 October 2021	Active		
555 777 4444	Daniel	Hopkins	01 February 1971	Class 2		Refer to specialist	10 September 2021	Complete		
777 333 4444	Gregory	Jackobs	01 February 1983	Class 2	Stage A	test test test plan	10 September 2021	Active		
333 777 2225	Greg	Jones	01 February 1978	Class 3	Stage B	test plan test plan	10 September 2021	Active		
333 222 4444	Robert	Jones	01 February 1983	Class 4	Stage C	Refer to cardiac rehab	17 October 2021	Complete	Medication change description	17/10/2021
888 777 4444	Jenifer	Keith	01 February 1971	Class 4	Stage D		20 February 2022	Active		
111 777 4444	Richard	Moore	01 February 1983	Class 1			17 October 2021	Active		
333 777 2225	Tony	Richards	01 February 1978	Class 3	Stage B		10 September 2021	Complete		
999 222 9999	Jonathan	Rogers	01 February 1972	Class 1		Refer to Dietician	17 October 2021	Active	Medication change description	10/09/2021
555 444 2225	Anthony	Smith	01 February 1970	Class 1		Refer to Dietician	10 September 2021	Active	Medication change description	10/09/2021
111 444 2225	Jon	Smith	01 February 1970	Class 1		Management plan 1	10 September 2021	Complete	Medication change description	10/09/2021
444 555 7777	Joanne	Stephens	01 February 1971	Class 2		test test test plan	10 September 2021	Active		
222 111 8888	Martin	Stephens	01 February 1978	Class 2	Stage B	Refer to specialist	10 September 2021	Complete		
333 777 4444	Rose	Thompson	01 February 1973	Class 3	Stage B	test test test plan	10 September 2021	Active	Medication change description	10/09/2021

Heart Failure Management

Patient Monitoring Dashboard

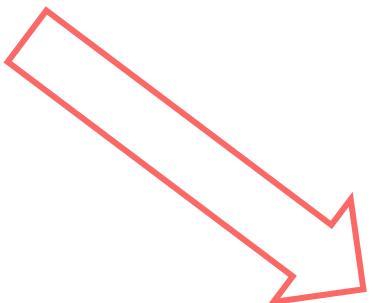
Show Filters

Clear Filters

No Filters Applied

...

NHS Number	Forename	Surname	Date of Birth	NYHA Class	GSF Regis
222 777 4444	Craig	Abbot	01 February 1972	Class 3	Stage A
444 555 7771	James	Brown	01 February 1978	Class 3	Stage A
999 555 7771	Stephen	Show as a table		78	Class 3
111 222 9999	Chris	Include		73	Class 3
777 444 8888	Monica	Exclude		74	Class 2
555 111 4444	Brendon	Copy		72	Class 1
222 111 7777	Christy	View Patient Record		74	Class 1
555 777 4444	Daniel			71	Class 2



By right clicking on a patient you can drill through to the CareCentric record.

Alternatively a dashboard quick launch can be configured to open a specific view such as the Care Plan view.

Latimer Albert

Male Sex

05-Feb-1942 (79y)

837 322 3736 NHS No.

1

TIMELINE

SUMMARY

CARE PLANS

MEDICATIONS

RESULTS

ACTIVITY

PROBLEMS

CLIN. LETTERS

COMM. MENTAL

Summary View

Allergies

Showing 1 - 2 of 3 items

Penicillin

13-Dec-2018

Severity:

Reaction: not recorded

Latex

13-Dec-2018

Severity:

Reaction: not recorded

GP Medications

Medications Issued

Showing 1 - 3 of 4 items

Otomize ear spray

Date: 15 May 2015

Dosage: One spray to be used to the affected ear(s) three times per day

Quantity:

Cinnarizine

Date: 20-Feb-1995

Dosage: 15mg Two to be taken three times a day

Quantity:

Oxybutynin

Dosage: 5mg take one twice daily



Patient Held App Landing Page

← Heart Failure



Heart Failure and Me

Let your clinical teams know how heart failure affects you, how they can help and how you can help yourself. The details you enter will be available to the clinical teams looking after you.



My Check-ups

It is so easy to lose track of things you want to discuss at your appointments. Add a check up list to help you. The details you enter will be available to the clinical teams looking after you.



Over the Counter Medication



Self-recorded Measurements



Self-reported Intolerances



My Care Plan

Created on: 16-Feb-2022

Last updated on: 16-Feb-2022



Useful Information

There is a lot of information available online and it can be difficult to know if it is legitimate. Here are details of some organisations and resources that can help.



Heart Failure and Me

X Heart Failure and Me SAVE

Heart Failure and Me

How heart failure affects me

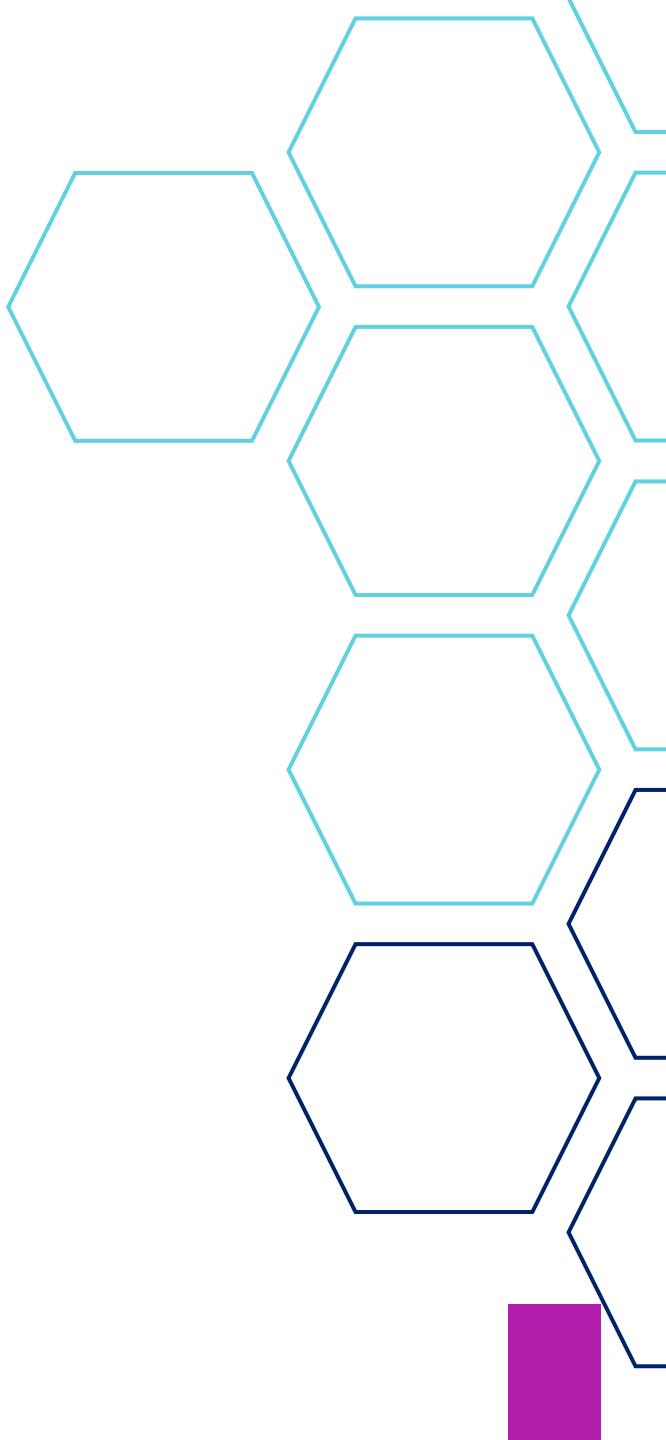
I have very little energy and I get anxious when out and about

How the care team can help

Point me in the right direction to access proper advice

How can I help myself

Take my medication and try to stay as active as possible





My Check Up

← Heart Failure Check Up SAVE

My Check Up

For discussion at my appointment on:

04-Apr-2022 13:30

With:

Mr Jones

How has your breathing been over the last month?

Better Same Worse

How has your breathing been at night been over the last month?

Better Same Worse

← Heart Failure Check Up SAVE

In the last month has there been any change in your ability to do your normal activities, e.g. walking, climbing stairs, household chores?

Better Same Worse

How has the swelling in your ankles, legs or tummy been over the last month?

None Same Worse

How has your weight been over the last month?

Gone down Same Gone up

Over the last month have you experienced any dizziness, palpitations or feeling faint?

None Same Worse

The NYHA Class is normally used by clinicians to assess you. However you are the only one who knows how you feel so it is a great way of explaining to clinicians what has been going on while they are not there.

- I can perform all physical activity without getting overly short of breath, tired or having palpitations
- I get short of breath, tired or have palpitations when performing more strenuous activities. Eg walking on steep inclines or walking up several flights of steps
- I get short of breath, tired or have palpitations when performing day to day activities. Eg walking along a flat path
- I feel breathless at rest and am mostly housebound. I am unable to carry out any physical activity without getting short of breath, tired or having palpitations



My Care Plan

← My Care Plan

My Care Plan

Next Appointment

03 Mar 2022 09:00 St Mary's

Bring Meds

Progress Notes

Latest Progress Note

Weight stable, feeling a little anxious. 19-Feb-2022

[View All](#)

Management Plan

Latest Management Plan

Refer to Physio 19-Feb-2022

[View All](#)

⌚ Next Appointment

DATE AND TIME	03-Mar-2022 09:00
LOCATION	St Mary's
WITH	Rose Smith Doctor (Other)
TELEPHONE	09987787654
ADDITIONAL DETAILS	Bring Meds

⌚ Progress Notes

19-Feb-2022	Weight stable, feeling a little anxious.
16-Feb-2022	Jean is doing well. Weight down 2kg.

[Click to view older notes](#)

⌚ Management Plans

ACTIVE PLANS	COMPLETED PLANS
19-Feb-2022	Refer to Physio
16-Feb-2022	Refer to Cardiac Rehab

⌚ Progress Notes

⌚ All Progress Notes

19-Feb-2022	Weight stable, feeling a little anxious.
16-Feb-2022	Jean is doing well. Weight down 2kg.

|< < 1-2 of 2 items > >|

⌚ Management Plans

19-Feb-2022	ACTIVE
Refer to Physio	
16-Feb-2022	ACTIVE
Refer to Cardiac Rehab	
16-Feb-2022	COMPLETE
Increase duration	

|< < 1-3 of 3 items > >|



HInM	GME SCN	Commissioner Leads
Dr Saif Ahmed - SRO/Digital Clinical Lead Dr Shelley Gumbley - Primary Care Lead Mark Wright - Chief Technology Officer Mark Reader - Programme Director Dai Roberts - Senior Programme Development Lead Ola Obafaye - Project Manager	Dr Farzin Fath-ordoubadi. Consultant Cardiologist, MFT Dr Colin Cunningham, Consultant Cardiologist , MFT Catherine Cain, Programme Manager Dr Craig Frame, GME SCN GP Lead Toni Weldon, Cardiac Nurse, GME SCN Nurse lead	Tameside Chris Martin HMR Kylie Thornton Ryan Staniland
Graphnet	Public Involvement	EMIS
Mark Carrington - Customer Executive Michelle Burdett - Solution Owner Matt Garcia - Programme lead Lee Fenlon - Project Manager Hetal Pattani - Implementation Specialist	Nick Hartshorne-Evans - CEO Pumping Marvellous Foundation Project Patient Advisory Group Public Engagement Network (Tameside)	Paula Turnock - Partnership Director John Gregg - Principle Architect Sarah Rose - Project Manager