

What are cardiac networks and why should pharmacists get involved?

Pharmacists **Helen Williams** and **Sotiris Antoniou** describe ways in which pharmacists in England can help to improve the coronary health of patients by getting involved with one of the 32 local cardiac networks that have been established in the past seven years

Thirty-two local cardiac networks have emerged in England from the work undertaken by the Coronary Heart Disease Collaborative programme, which was funded nationally to support the delivery of the service standards laid out in the 2000 National Service Framework for Coronary Heart Disease.

The networks are supported by a national team, known as the "Heart improvement programme" with a remit to ensure the networks are delivering improvement in service and to share examples of innovation in clinical care. Details of the networks and how to contact them are available on the internet at www.heart.nhs.uk.

Goal

The goal is to improve the experience and outcomes for people who have, or who are at risk of developing heart disease, by redesigning the whole pathway of care across primary, secondary and tertiary care sectors. This is achieved through working with managers, clinicians and service commissioners to review how cardiac care is provided, taking into account the views and experiences of local patients.

Such a collaborative approach allows issues to be identified and addressed across organisational and geographical boundaries to facilitate a whole system approach to service improvement. For example, the development of primary angioplasty services in the management of acute myocardial infarction has involved inter-professionals collaboration to reconfigure service delivery across district general hospitals, tertiary referral centres and local ambulance services.

The work plan of the individual networks will be driven by local priorities and may include clinical and strategic issues (see Panel

Examples of work areas from North and South East London cardiac networks

- Revascularisation
- Heart failure
- Arrhythmias
- Rehabilitation
- Disease prevention
- Cardiac prescribing forum
- Workforce development

for examples). National priorities can also be incorporated including:

- Ensuring equity of service provision
- Improving access to healthcare
- Simplifying and accelerating referral processes
- Addressing the 18-week wait target
- Implementing the Patient Choice programme
- Informing the commissioning process
- Increasing public engagement in health care

Delivery of service improvements is facilitated by local implementation teams working across the sector.

Pharmacist involvement

So why should pharmacists get involved? Pharmacists have much to contribute within the context of a cardiac network, as medicines management is a major issue for this group of patients.

This contribution will become increasingly important as networks move from a focus on system issues, such as referral pathways, to a focus on improving clinical care. Engagement of the multidisciplinary health care team within the cardiac networks can facilitate the development and implementation of evidence-based and cost-effective prescribing strategies across a whole sector, with the advantage of reducing duplication of effort across organisations.

Using the networks to achieve consensus on prescribing issues will facilitate consistent approaches between organisations and across traditional boundaries, such as that between primary and secondary care. This will require close liaison between network prescribing groups and drug and therapeutics committees of local acute trusts and primary care organi-

sations. Network endorsement may be critical to the successful implementation of new prescribing guidance for cardiac patients in future and, therefore, it is essential that pharmacists recognise their potential.

Pharmacist involvement should be representative of all aspects of the service, including specialist clinical pharmacists from acute trusts, prescribing advisers from primary care organisations, practice-based pharmacists and community pharmacists. How pharmacists engage in their network will depend on their local structure and current work priorities.

As part of the health care team providing services to cardiac patients, pharmacists have an opportunity to flag medicines management issues and hence direct the network work plan as it evolves over time. For example, pharmacists could develop a forum for discussing prescribing issues within a cardiac network. They could ensure representation from all stakeholders and relevant organisations. In particular, they could help identify local priority areas. For example:

- Setting cholesterol treatment targets
- Developing and implementing statin switch policies
- Defining appropriate use and duration of clopidogrel for cardiac indications
- Implementing relevant new National Institute for Health and Clinical Excellence technology appraisals and guidance on atrial fibrillation and hypertension, and proposed guidance on secondary prevention of myocardial infarction and use of ezetimibe
- Horizon scanning for new drugs or indications
- Addressing primary/secondary care interface issues
- Identifying and rolling out good practice within the network
- Identifying and addressing prescribing training needs within the network

Pharmacists can find out more at the NHS Heart Improvement Programme by visiting its website at www.heart.nhs.uk. From there, they can get in touch with the local cardiac network lead within their organisation or contact their local network executive team directly.

They should identify local work priorities and consider the current and potential contribution that pharmacy could make within those areas. We call on our pharmacist colleagues to get involved.

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