

EXECUTIVE SUMMARY

A Collaborative Working Project between Bristol-Myers Squibb Pharmaceutical Limited ("*BMS*"), Liverpool Heart and Chest Hospital NHS Foundation Trust

Name of Project:	Title: Implementation of a pilot community based Inherited Cardiac Conditions (ICC) service in collaboration with Liverpool Heart and Chest NHS Foundation Trust
Project Overview:	<p>Liverpool Heart and Chest NHS Foundation Trust seek to work in partnership with Bristol Myers Squibb (BMS) to deliver a collaborative working project, to combine skills and experience to pursue an innovative project that will pilot the expansion of their ICC service into the community. This project will be conducted in accordance with the ABPI Code of Practice 2024.</p> <p>This project will involve; the audit of the existing Inherited Cardiac Conditions (ICC) service, clarification of baseline waiting list parameters for the ICC family screening, genetic counsellor and clinical psychology services and set up of an ICC Service multidisciplinary team (MDT) meeting to establish phases of roll out and define cohort of "community staff" as part of Phase one. The re-assessment of job plans for clinicians and other members of the MDT who will be working in the community clinics and phased roll out of services into the community will form part of phase two. The establishment of community ICC hub which involves weekly clinical psychology, family screening, treatment follow up, low risk HCM and genetic counselling clinics will form the final phase of the project together with ongoing audit of ICC service to measure outcomes.</p>
Project Objectives:	<p>The overarching aim is to plan and establish a pilot community hub which can safely and effectively deliver care for the Healthcare Organisation's ICC patient population, thus putting the service in a position where it can manage these patients sustainably. The community ICC hub involves set up of weekly clinical psychology, family screening, treatment follow up, low risk HCM and genetic counselling clinics.</p> <p>This will be facilitated by:</p> <ol style="list-style-type: none"> 1. Audit of Healthcare Organisation's current ICC service use, including adherence to local pathway, thus outlining recommendations for service expansion into a pilot community hub. 2. Creating a realistic strategy for service redistribution into the community. This will include identification of branches of the service that can safely be managed "off site", and costing the resources needed for this to be implemented. 3. To create Standard Operating Procedures (SOP) for community services, with fixed pathways for "re-escalation" of patients back to the tertiary centre site should the clinical picture dictate this. 4. To assess the feasibility of the introduction and expansion of other ICC services that require on site tertiary and quaternary level care. 5. Continuation of this line of work to include the transfer of "low risk" cardiomyopathy workload to the community hub.
Patient/NHS/BMS benefits:	<p>For patients:</p> <ul style="list-style-type: none"> • More ICC patients receive evidence/guideline-based care and better experience of healthcare systems. • ICC patient access to all available treatment options within a defined model of care that includes genetic counselling and psychology services. <p>For LHCH:</p> <ul style="list-style-type: none"> • Sustainable service improvements through the development of business case for continued service funding for a community-based ICC hub. • Greater efficiencies in management of patients with ICC through MDT integrated & guideline-based pathway redesign. • Improving healthcare outcomes for the communities they serve, benefitting ICC patients by increasing efficiencies with patient follow up, freeing of tertiary care services, and piloting a new community-based follow up model of care. <p>For BMS:</p> <ul style="list-style-type: none"> • BMS would gain from the reputational gains associated with working in collaboration with a major ICC centre. • BMS would gain the opportunity to develop a potential example of innovative best practice. The project could be shared with other localities across the NHS and our WW colleagues to show best practice and possible implementation in other areas. • Expansion of an eligible patient population.
Stakeholders:	Liverpool Heart & Chest NHS Trust; Bristol Myers Squibb
Agreed arrangements	BMS will provide funding of £326,676 and a resource-based contribution of £1553.85. Liverpool Heart and Chest Hospital NHS Foundation Trust will provide £295,126 as a resource-based contribution towards the project.
Timelines:	The project will commence from December 2024 and last for 18 months which includes a 6 month evaluation period.