NHS

South Kent Coast
Clinical Commissioning Group

**Paper for Health & Wellbeing Board – CVD working group**

South Kent Coast CCG (SKC CCG) currently commissions the following services that could help improve patients with a diagnosis of CVD:

- Breathe easy – this is grant funded over 2 years. Classes are held at the Triangles Community Centre in Dover. Breathe Easy is one of the British Lung Foundation support groups however, could also be beneficial for patients with a CVD diagnosis.

- Kent Community Health Trust are commissioned to provide a nurse led service either in a community clinic or patients home for those with a long term condition, e.g. cardiac conditions, diabetes, respiratory.

- Specialist diabetes nurses will work with patients to provide education and self-management of their condition.

- Cardiac Community Nurses are commissioned to provide care and support for patients following discharge from hospital or occasionally patients that have been referred from their GP. Their remit is to help patients and their families understand and manage their illness and its treatment. Patients will be assessed and given support to increase mobility and fitness through home or supervised exercise programmes.

**SKC CCG CVD group**

This group was developed following the publication of the Cardiovascular Outcomes Strategy and NHS England Commissioning for Value Cardiovascular document. It links in with the east Kent Cardiology task and finish group which is looking at the framework, identifying the core roles and responsibilities within each level of service and the interdependencies between services. The SKC group has representation from local GPs, medicines management, public health, commissioners, finance and Kent Community Health Trust.

The SKC group has so far identified the need to look at patients with a diagnosis of atrial fibrillation to ensure they are receiving anti-coagulation therapy in order to prevent a higher risk of stroke. A business case will be considered by our clinical cabinet in December as this does have financial implications for the CCG.

An east Kent integrated service for diabetes will be rolled out over the coming months. This will involve GPs identifying patients at risk of developing diabetes and initiating insulin for those patients with a diagnosis. We will be working with practices to ensure that staff have received the necessary training and are confident to deliver this service. Also, to explore how practices might work together if one does not have the capacity to provide the service but a nearby practice does. The overall aim of this project is to ensure that patients are seen in the most appropriate setting, often patients are referred to community teams or secondary care when they could be managed in primary care.

Public Health have recently carried out a piece of work looking at equity across practices and variations across the CVD pathway. This will help inform the group of where we need to target resources that public health commission via Kent Community Health Trust. The group aims to bring together all the public health initiatives, e.g. walking groups to map and circulate to practioners to ensure patients are not only signposted to services following an episode but to also provide a “pre-hab” to prevent patients developing CVD.