

Appendix 5 – 72 hour standard

The British Cardiovascular Intervention Society (BCIS) monitors performance across the NHS against the European Society of Cardiology guidelines for management of acute coronary syndrome patients (2015).

The guidelines define an ideal pathway for patients admitted with non ST elevation Myocardial Infarction (NSTEMI) which includes angiography and if indicated follow on PCI by 72 hours after admission to hospital (the first hospital where the patient is transferred for PCI) for patients at intermediate or higher risk (predicted mortality > 3.0%) and within 24 hours if clinically unstable.

In 2018 an audit by Astra Zeneca of RPFT patient waits shows that for 2016/17 (the most recent nationally available data) RPFT were the worst performing trust in the country for NSTEMI-ACS, with only 37% of Peterborough patients receiving their procedure within 72 hours, which was better than the average of 28% for patients referred to Papworth from all hospitals in the region. This compares with the national average of 58%. Performance has improved over the past three months, for example, in August 2018, performance improved although four out of ten patients were still not receiving their PCI procedures in time.

The CCG started monitoring providers against this standard from May 2018. The longest delays occur while patients wait for transfer to RPFT with 23 of the 28 patients in August 2018 having more than 50% of their total bed days following referral (see below).

Provider Pathway share	
% Pathway share at DGH (from admission)	% Pathway share at RPH
8.42	91.58
13.72	86.28
18.84	81.16
47.40	52.60
63.80	36.20
9.50	90.50
59.61	40.39
17.98	82.02
78.92	21.08
38.99	61.01
38.19	61.81
17.64	82.36
34.70	65.30
46.42	53.58
7.21	92.79
16.47	83.53
3.73	96.27
6.04	93.96
44.25	55.75
8.26	91.74
23.97	76.03
3.59	96.41
27.60	72.40
23.02	76.98
2.87	97.13
57.21	42.79
7.15	92.85
70.06	29.94

This page is intentionally left blank