

# Rebooting the Lancashire Cardiovascular Syncope Service

Gavin S Chu, Hayley Navin, Lauren Anderson

The Lancashire Cardiac Centre, Blackpool Teaching Hospitals NHS Foundation Trust



**Blackpool Teaching  
Hospitals**

NHS Foundation Trust

## The Challenge

Up to 50% of people experience transient loss of consciousness (TLoC) in their lifetime. Patients with high-risk clinical features warrant “early intensive and prompt evaluation” (1). The Lancashire Cardiac Centre previously hosted an effective multi-disciplinary service (2) but this had all but stopped seeing patients part way through 2021.

The current service development work aimed to reboot our TLoC service through the creation of a sustainable nurse-led clinic.

## Actions & Rewards

### 1) Identifying opportunities, influencing stakeholders

Influence mapping and interpersonal engagement across the organization identified opportunities and generated buy-in for increasing clinic manpower via the recruitment, redeployment and training of nursing staff, ensuring alignment with personal development plans as well as with our Trust’s strategy of “recruit and retain”. 2 new nurses have been recruited for the service, with a further 2 existing nurses also building clinical skills in syncope management.

### 2) Leveraging resources

Our cardiac investigations unit has provided a technician and space to perform active stand tests and ECGs. Alongside discussion with outpatient management teams, a total of up to 3 clinic rooms (previously just one) now accommodate new team members to see patients independently. Industry links were leveraged to obtain sponsorship for group training events.

### 3) Optimizing community referrals, proforma development

The referral criteria in the NHS eRS system have been completely redefined to optimize referrals in line with current NICE guidance (3). The new nurses are leading the development of a clinic proforma, boosting performance and confidence during clinic encounters.

### 4) Continuous feedback

Automated feedback is being provided to all referrers to efficiently manage expectations, encourage appropriate referrals, and give clinical advice. Bespoke feedback is provided for rejected referrals. An interactive online education session received highly positive feedback. Over 95% of referrals now come with ECGs (previously 75%). The clinic waitlist is reducing.

### 5) Collaborating with an exemplar, building group vision

New connections were created by reaching out to the nationally recognized nurse-led syncope service at South Tees Hospital, with the help of industry sponsorship. This has generated bespoke training by leaders in the field, created networking opportunities for both consultant and the fledgling team, and most importantly built hope and confidence in our own vision of a similar local nurse-led service.

## Our next steps

Service sustainability will require long term business planning and broader department buy-in to maintain manpower. Moving to electronic records and pathways of referral will facilitate triage, realtime referrer feedback, and audit.

## References

- 1) ESC Syncope Guidelines, Eur Heart J 2018. 39, 1883–1948
- 2) Structured Syncope Care Pathways Based on Lean Six Sigma Methodology Optimises Resource Use with Shorter Time to Diagnosis and Increased Diagnostic Yield. Martens et al., PLoS ONE 9(6): e100208
- 3) NICE Guidelines “Transient loss of consciousness (‘blackouts’) in over 16s”, published 25th August 2010

## Conflict of interest

Medtronic have provided support for this work, including sponsorship of formal education events and training sessions

## Understanding the past

The global SARS-Cov-2 pandemic, staff attrition and a loss of senior oversight had led to the disintegration of interdisciplinary links, diminished staff resilience and finally burnout. Service audit indicated high referral rates from the emergency department and the community. Many referrals were inappropriate and lacked basic information.

