PUBLIC HEALTH TRANSFORMATION: AN INNOVATIVE PARTNERSHIP BETWEEN HALTON CLINICAL COMMISIONING GROUP, HALTON LOCAL AUTHORITY PUBLIC HEALTH AND CHESHIRE FIRE AND RESCUE SERVICE (CFRS) TO HELP IDENTIFY PEOPLE AGED OVER 65 YEARS OF AGE AT RISK FROM ATRIAL FIBRILLATION (AF) THROUGH FIRE AND RESCUE SERVICE (FRS) SAFE AND WELL VISITS

Context – why was the project set up?

What is the environment in which you are in? What is the population? Are you largely rural or urban? Are there specific aspects of your demographic that provides health challenges – is it an aging population or one with major health inequalities?

Halton has a population of approximately 20,500 people over 65 years. Around 500 people in Halton have undiagnosed AF - a condition which can cause strokes but is amenable to treatment. AF sufferers are often asymptomatic. Halton CCG considered that CFRS Safe and Well visits was as an opportunity to identify people with undiagnosed AF.

Aims

Case studies should show change – solutions to problems. What needed to change in your case study?

When you consider this section, try to give specific aims – those things that you want to change. These can then be referred to in the Outcomes section, to show the success of the case study.

CFRS has a strong record of prevention work to help protect vulnerable people from fire risk in the home. Fire safety advice to householders is delivered through Home Safety Assessments (HSA). Nationally, HSA play a key role in reducing preventable fire deaths in England. Accidental dwelling fire fatalities have reduced by around 50% over the past decade.

NHS Chief Executive, Simon Stevens, has requested that the role of the FRS is recognised to support the prevention of poor health and collaborate to support “vulnerable people to stay healthy and independent”. The HSA visits are identified via NHS Open Exeter data for over 65s which the NHS shares with the FRS and individuals are assessed in relation to perceived fire risk. Collaboration between Halton CCG and CFRS resulted in the agreement to screen people for AF in Halton during rebranded Safe & Well Visits. The work is underpinned by a legal Agreement between NHS England and CFRS.
Solution

What did you do to make the change? What groups were set up? What measures were put in place? Were new pathways written or services set up? Who was involved in making those changes happen? What key actions were taken?

Try to be specific and include tangibles. Try to think of all the things you would want to know if you were planning a similar change/project.

Halton CCG received funding from the Innovation Agency – Academic Health Science Network for the North West Coast to purchase supplies of the MyDiagnostick, a Mobile ECG screening tool. Halton CCG trained CFRS staff including information on the causes of AF and the use of the mobile ECG device. CFRS conduct a simple ECG test to assess whether the householder has an irregular heartbeat. For those who test positive on the ECG device, the householder is given a leaflet to explain they have been screened for AF by a trained firefighter, provides basic information on AF, and advises them to make an urgent GP appointment.

Outcomes – what are the benefits and how were they / will they be measured? (in particular financial benefits, impact data and return on investment)

Think back to the aims you outlined in the Analysis section. Did you meet these – how can you prove that these were met?
It is important that financial and resources implications are covered here. What was the cost? What did it deliver? This can often be simple for purely financial outcomes, but what have you done to measure success in other ways. Talk about the evaluation process you went through. Has there been any patient (public) or staff feedback; or feedback from clinicians or health organisations that outline what difference your project has made?

CFRS has conducted 968 AF screenings, resulting in 27 persons signposted to make a GP appointment (February 1st-324 September 2017). Halton CCG has confirmed these people are now presenting to primary care and are now receiving treatment to reduce the risk of a future medical episode. On average, CFRS conduct around 85 Safe and Well visits per week, delivered by operational firefighters.

Lessons learned – what challenges or difficulties have you faced or do you expect to face?

The purpose of these case studies is to enable others, who have not yet made the change you’ve discussed, to glean advice and guidance from your story.

What advice would you give them?

What could you have done differently?

Try to give a personal perspective in this section.

What comes next?