

Workforce Innovation in Pacing

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Avoid Nihilism

- Xrays will prove a hoax (Lord Kelvis, FRS 1899)
- Nuclear energy will never be obtainable (Einstein 1932)
- I think there will be a global market for about 5 computers (Watson, IBM Chairman 1943)
- It will be years – not in my time – that a woman will become PM (Thatcher 1974)



The Present: Challenge 1



- Busy
- Workforce challenge
- Expectations

The transition: Challenge 2: The Leftshift

- Shift of care into the community
 - Which care – which clinical care
 - Who will deliver it?
 - Is there capacity?
 - Is there capability?
 - Is competency assured?
 - Is competency and delivery appraised?
 - Oversight/assurance



New roles

- GPwER
 - developing workforce to meet popn need
- Shift from GP and Consultants to 'Medical'
 - One GMC register and no Performers list?
 - One employer - NHS
- Shift from 'Medical workforce to 'Clinical workforce'
 - Nurses can scope, cath and manage NCDs
 - Making optimal use of expensive staff vs removal of 'downtime'

The Pacing Practitioner



BBC Video

<https://www.bbc.co.uk/news/av/uk-england-birmingham-43883979/pacemakers-fitted-by-birmingham-nurse-instead-of-doctors>

How?

- Over to Jon
 - SpR training vs Nurse training
 - Governance
 - Audit

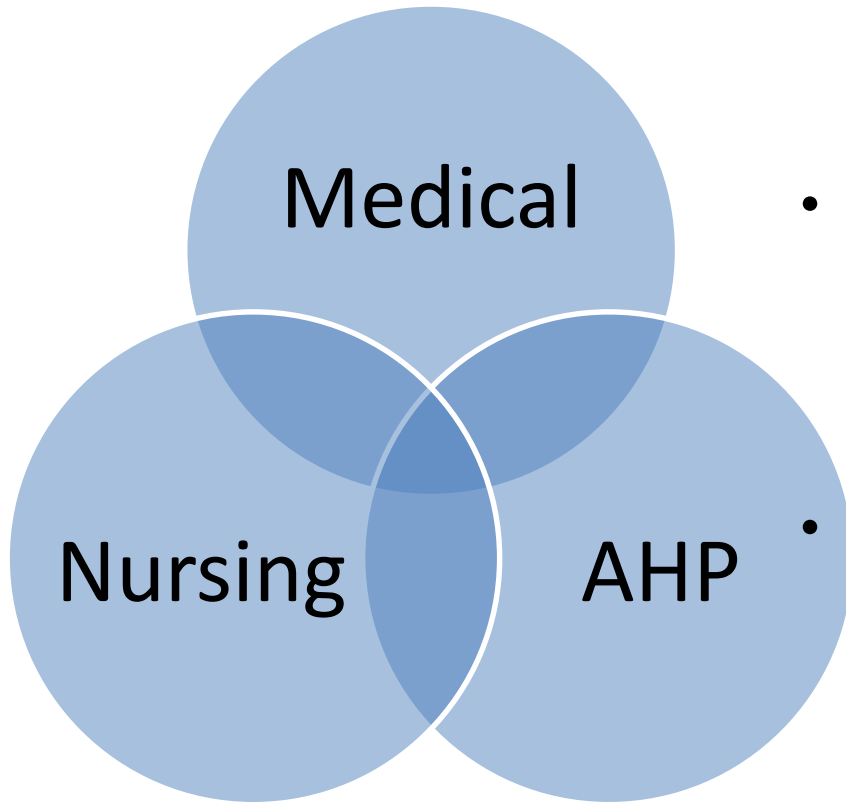
Outcomes (12 months)

Operator	N=	% complications requiring intervention
A	89	9
B	68	7
C	85	6

The Journey?

- Over to Kate
 - From Reveals to pacing
 - Collating best practice from all operators
 - Training: Lab, ALS.....
 - Supervision
 - Audit and academia
 - Presentations and dissemination – inspiring others.....

The Future



- Popn needs assessment
 - Linked to services and providers
 - Prevention
- Patients
 - Digital
 - Continuity vs instantaneous
 - Value and outcome awareness
- Professional boundaries
 - Sovereignty
 - No PH clinician?
 - Role substitution
 - Portfolios careers
 - Flexibility, adaptability, W-L
 - Not isolated – teams/firms