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

How?

• Over to Jon
  • SpR training vs Nurse training
  • Governance
  • Audit
# Outcomes (12 months)

<table>
<thead>
<tr>
<th>Operator</th>
<th>N=</th>
<th>% complications requiring intervention</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>89</td>
<td>9</td>
</tr>
<tr>
<td>B</td>
<td>68</td>
<td>7</td>
</tr>
<tr>
<td>C</td>
<td>85</td>
<td>6</td>
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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