

**Scottish Obstetric Cardiology Network**

Annual Report

2023/24

**Lead Clinician:** Vacant

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**Introduction**

The Scottish Obstetric Cardiology Network (SOCN) was established on 1 September 2018 in response to the MBRRACE-UK report, “Saving Lives, Improving Mothers’ Care”, published in December 2016, which highlighted that cardiac disease remains the leading indirect cause of death in pregnancy.

The aim of the network is to facilitate clinical and other improvements in the area of obstetric cardiology. The network encompasses care for women who either have a pre-existing cardiac condition before pregnancy or go on to develop cardiac conditions during pregnancy.

The development of pathways, guidelines and documentation to support the delivery of services that are evidence based has been prioritised by the network. This will improve outcomes for women with cardiac disease and support implementation of optimal care to any women with a cardiac condition who is contemplating a pregnancy or has a pregnancy in Scotland. Where relevant, SOCN continues to collaborate with other Networks, Societies, Organisations and Policy Teams to increase awareness of cardiac obstetrics and develop guidance, standards and support implementation.

The network facilitates collaboration within and across the multi-disciplinary teams involved in a woman’s care at local, regional and national levels. This work is being supported through the development of a data set and data collection programme to identify areas for improvement.

**Current Position**

The network achieved 21 of 26 (81%) of its objectives within its business plan in 2023/24. The objectives not completed and reason for this is noted in the table below:

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| **Advance the recommendations from the SOCN service mapping and workforce review engaging with national and regional planning groups** | Service mapping document is in final stages and is due to be launched with SOCN guidelines.  |
| **Finalise, consult and publish SOCN guidelines, pathways and documentation.** | A consultation on pathways and guidelines took place in the summer 2023. Sign off of the final guidelines impacted by absence of some key network members. Mitigating arrangements to be put in place to ensure publication as soon as possible in 2024/25. |
| **Publish and promote the Patient Information Materials following their consultation/plain English review in 2022/23** | Publication of leaflets was on hold pending development of an animation to support the leaflet to ensure consistent imaging. Format of animation now agreed however further discussion on layout/images/inclusive text within leaflets led to a delay in finalising these. Carried forward for completion in 2024/25. |
| **Support the development, trial and implementation of the SOCN Power App to progress the use of data to identify areas for improvement.** | User testing was planned for April 2023 however issues with the PowerApp led to delays. Plans for this are now on hold pending NSD’s agreed approach to PowerApps. Action therefore not achieved due to external factors to network. |
| **Quality Improvement Project: Validation of ‘Assessment Algorithm for Pregnant & Postpartum Women** **Presenting with Signs & Symptoms of Cardiovascular Disease’** | This project was awaiting final publication of Assessment Algorithm which has been delayed. Action was unable to proceed in 2023/24 and will be carried forward for completion in 2024/25. |

Following an unsuccessful recruitment exercise in June 2023, the network continues without dedicated clinical leadership which has had a significant impact on the progress made again this year.

In October 2023, following discussions within NSD it was agreed that a transition plan should be developed to bring together the two cardiac managed clinical networks, SOCN and the Network for Inherited Cardiac Conditions Scotland (NICCS). While initial discussions have taken place between representatives of both networks to consider how this might work in practice this has been unable to progress further given the lead clinician vacancies in both networks.

The Network continued to make use of technology and remote communications to progress work this year. This has continued to be effective, saving time on travel and promoting economic and climate friendly practices.

**Highlights**

Patient Information

Following consultation with network members, including the SOCN patient forum, the network has developed a range of new patient information materials which are due to be published soon:

* Symptoms in pregnancy – what is normal and what is not?
* Pregnancy with a Cardiac Implantable Electronic Device (CIED)
* What is the pre-pregnancy counselling clinic?
* Contraception and pregnancy with a heart condition – what do teenagers need to know?
* Contraception and pregnancy with a heart condition – what do parents need to know?

A short animation has been developed to generate greater awareness of the information aimed at teenagers with a heart condition. This short animation takes the format of a snap chat conversations between three teenagers to convey the key messages contained in the leaflet and directs them to the SOCN website for further information. A screenshot from the animation is given below:



The animation is in the final stages of development following feedback from network members and young people and is due to be published shortly.

Education

Education is a core objective for all Managed Clinical Networks and a key action within SOCNs Education Strategy which is to host an annual symposium for staff supporting cardiac obstetric care in Scotland.

SOCN Symposium took place at COSLA Conference Centre, Edinburgh on Friday 16th June and included a mix of presentations and case-based MDT discussions. The event was attended by 83 people across a range of clinical specialty areas with 43 people attending in person and 40 attending online via MS Teams. Staff attending represented 12 health boards from across Scotland in addition to a number of people who attended from other parts of the UK.

Evaluation forms were completed by 39 attendees (47% response rate). Feedback on the event was very positive with 97% respondents agreeing that information was well presented, 100% agreeing that the speakers communicated effectively and 77% agreeing that there was suitable time for discussion. In relation to the effectiveness of the event the majority of respondents rated the quality of education as *‘excellent’* (72%) and ‘highly relevant’ (54%) to their education needs.

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In response to how the event would impact on future practice respondents highlighted that the event would ‘improve clinical practice’, they were ‘more aware of recent guidelines’ and now had a ‘better understanding of care of high-risk patients in pregnancy’.

The network also hosted a virtual Clinical Case Discussion session on 3rd November 2023. This event was attended by 30 people of which 16 completed an evaluation form (53% response). Feedback from this event is noted below:

In response to how the event would impact future practice respondents highlighted that the event provided ‘useful discussion about high-risk patients that we don’t often get to see in my Board area’, would ‘reinforce pre-conception counselling for women based on mWHO classification’ and sharing information on pathways would encourage appropriate ‘referral to obstetric/cardiac MDT’. One respondent noted that ‘regular interaction with SOCN has our practice already at a high level’.

An additional event, a Virtual Registrar Training Event, took place this year as part of the networks educational programme. The aim of the half day event, held on Friday 22nd March 2024, was to support training requirements of registrars working within cardiology, obstetrics and anesthetics through presentations, case studies and panel discussions. The event was attended by 87 people from a range of specialties from across 10 health boards in Scotland and from across the rest of the UK as shown in the graphs below:

**\* ‘Other**’ consisted of attendance from Northern Ireland - NHSCT, Golden Jubilee, National Waiting Times, Newcastle upon Tyne Hospitals NHS Foundation Trust, Health Education England, Northwest Deanery.

At the event polls were conducted immediately prior to and following the session to rate attendees’ knowledge of cardiac care in pregnancy. Results are represented in the tree maps below and demonstrate the impact the event had on their knowledge:

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Evaluation forms were completed by 58 attendees (66% response rate). Feedback was very positive with the majority of respondents rating the quality of education as *‘excellent’* (79%) and ‘highly relevant’ (81%) to their education needs. With the exception of one attendee, all respondents ‘agreed’ (31%) or ‘strongly agreed’ (67%) that theevent met its objective to increase attendees’ knowledge of cardiology care in pregnancy.

Respondents noted the event ‘effective’ in terms of impacting future practice as show below:

The responses as to why people felt this way, included:

* ‘My present practice will be reinforced, and I am more aware now about prevalence and presentation of cardiac disease in pregnant patients’
* ‘Cardiology cases in pregnancy are relatively rarely seen in day-to-day practice and this event is very good to know the cases and management’
* ‘I feel much more confident in dealing with pregnant ladies with cardiological problems now’.

The feedback received from all events, including format and suggested topics for future events, was considered by the Networks Communications and Education Subgroup to inform planning for the network’s future education activity.

Stakeholder Survey

A stakeholder survey was shared in March 2024 to gather feedback from people who currently work within, are involved in, or are impacted by the network. The survey was shared with 144 stakeholders and 16 responses were received (11% response rate).

While the number of responses was disappointing, a lot of positive feedback was received and highlights the value added by the network:

* 88% responses ‘strongly agreed’ or ‘agreed’ that the network provided a structure to make service improvements in cardiac obstetric care.
* 88% responses ‘strongly agreed’ or ‘agreed’ that the networks service development activity adds value to cardiac obstetric care.
* 100% responses ‘strongly agreed’ or ‘agreed’ that the networks education offering adds value to cardiac obstetric care.
* 56% responses ‘strongly agreed’ or ‘agreed’ that the networks audit and continuous quality improvement activity adds value to cardiac obstetric care.

The survey was also an opportunity for stakeholders to share feedback on network strengths, network challenges, areas for improvement and the priorities for the next few years. The responses are summarised below:

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| **Strengths** | **Areas for Improvement**  |
| * Many respondents noted the network key strength was supporting collaboration between colleagues working within cardio-obstetrics across the whole of Scotland.
* The commitment from network members to support improvements in this area was also highlighted by many respondents.
* Adds value through service development by developing/reviewing pathways and guidelines.
* Adds value through annual education event, online case discussions and peer support.
 | * Leadership and transparency
* Period of stability with an adequately resourced clinical lead.
* More development of the website
* National database being set up.
* Online referral system and linkage between hospitals
* Ensuring SOCN meetings/events take place on alternate days of the week to maximise involvement.
 |
| **Suggested Future Priorities (3-5 years)**  | **Network Challenges/Threats** |
| * Completion of current workstreams - publication of guidance/pathways.
* Pre-Conception Counselling.
* National data collection/audit.
* Address disparities in outcome between ethnic groups.
* Maintenance of educational offering.
* Improving awareness of and expanding involvement in network.
* Education, protocols/guidelines for GP referral to subspecialties.
* Recruit lead clinician.
* Expand its role and have more power to drive local change.
 | * The merger of SOCN and NICCS risks interest in clinical leadership post and derailing the fantastic and effective work done by SOCN to date.
* The absence of clinical lead and scope of this clinical lead post.
* Funding.
* Ensuring face to face opportunities for interdisciplinary communication and collaboration for staff working in cardio-obstetrics
 |

The feedback received will be considered by the SOCN Steering Group and an action plan to support areas for improvement will be developed.

**Looking forward – 2024/25**

Some of the key activities planned by the network for the year ahead include:

* Develop the Networks Strategic Workplan for 2025-2028.
* Finalise and publish New Pathway guidance following consultation in 2023.
* Finalise and publish Known Pathway guidance.
* Finalise and publish Pre-Conception Counselling guidance.
* Advance the recommendations from the SOCN service mapping and workforce review. engaging with national and regional planning groups.
* Publish SOCN Patient Information Leaflets carried forward from 2023/24.
* Publish SOCN Animation for Teenagers with a Heart Condition carried forward from 2023/24.
* A quality improvement project to audit care against the SOCN ‘Assessment Algorithm for Pregnant & Postpartum Women Presenting with Signs & Symptoms of Cardiovascular Disease’ guidance following its launch.

**Finance**

The itemised costs and total spend for 2023/24 is given below:

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| --- | --- |
| **Detail Code** | **Spend** |
| Exhibition/Conferences: 2023 SOCN Symposium | £ 1433.00 |
| Travel: SOCN Symposium Speaker Travel Costs | £81.70 |
| **TOTAL SPEND** | **£1514.70**  |

**Risks & Issues**

The network has been without dedicated clinical leadership since October 2022 and this continues to impact the delivery of the network’s business plan. Network members have highlighted their frustrations in the delays in confirming plans for clinical leadership and concerns about the impact of proposals to align SOCN with the NICCS network. There is a risk that network members disengage from network activity until there is more certainty on what the future looks like impacting on what work can take place.

Due to the current financial constraints within NHS Scotland, networks have been asked to hold events virtually to reduce costs to local NHS Boards for staff travel. SOCN members value the opportunity network events offer to meet with staff from a range of specialties supporting obstetric cardiac care across Scotland and have requested that the symposium takes place in person. Should the symposium take place virtually network members feel they would be of limited value, offer little return from a networking perspective and therefore attendance may be greatly impacted.