

SCOTTISH PULMONARY VASCULAR UNIT

NHS Greater Glasgow & Clyde: GARTNAVEL GENERAL HOSPITAL  
&  
GOLDEN JUBILEE NATIONAL HOSPITAL  
CLYDEBANK,  
G81 4HX

# DIRECTOR'S STATEMENT

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ANNUAL REPORT  
01/04/2009 – 31/03/2010

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# DIRECTOR'S STATEMENT

## ANNUAL REPORT

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### 1. INTRODUCTION

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Scottish Pulmonary Vascular Unit (SPVU) continues to have all elective work in the Golden Jubilee National Hospital (GJNH) and the emergency work in Gartnavel General Hospital. The most significant problem at present is our inability to have our patients in the National Services Pod because of utilisation by the Heart Failure Service. We need to make continued efforts to resolve this, most importantly having increased bed availability for the three National Services (Scottish Pulmonary Vascular Unit, Scottish Heart Failure Unit and Scottish Adult Congenital Service).

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### 2. PERSONNEL

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#### 1. NURSING

Clinical Nurse Specialist has now been in post for almost a year and is getting on well.

#### 2. MEDICAL

Dr Nicola Lee and Dr Colin Church continue doing research on grant funding. Dr Yi Ling has now been with us for one year and she is alternating between collecting epidemiological data from all the National PH Units in UK and Ireland and doing clinical work at the Golden Jubilee. Dr Stephen Crawley continues as Fellow and Dr Lauren Brash has started as Fellow.

#### 3. DATA MANAGER

Data Manager and has been instrumental in collating the data to transmit to the National Audit in London. This has been very successful and the Scottish Pulmonary Vascular Unit is leader in terms of data completeness. In view of the work involved, Simon is requesting an increase in his grading and we have submitted an application for this.

**4. SECRETARIES** – Full-time secretary is now in post and continues working with part-time secretary.

**5. CARE ASSISTANT** – We await the outcome of our application for 0.5 WTE auxiliary nurse to help our nurses.

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### **3. CLINICAL TRIALS**

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We continue with the trials of the soluble guanylate cyclase activator in PAH and CTEPH. We are about to commence a trial of the prostacyclin agonist (the Griphon trial) and the trial of lower dose oral Treprostinil to overcome deficiency of the previous oral Treprostinil trial.

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### **4. ACCOMMODATION**

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All medical staff are now housed in adequate accommodation although, clearly, it would be better if we were in closer proximity to each other to aid communication.

The NSD Pod has proved too small for the three National Services and therefore we seek to achieve alternative accommodation that will allow all three services to work together. At present, we work in isolation but it is envisaged that we will do more and more of our work utilising common nursing staff, beds and investigatory capability.

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### **5. STATEMENT OF ACTIVITY**

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#### **1. NUMBER OF REFERRALS**

As expected, the number of new patients continues at a stable rate which means there is a gradual increase in the number of patients under our care but there has been no change in the trajectory of this increase. There is concern now that the maximum time for any patient from referral to treatment should be no more than 18 weeks. In order to achieve this, we are doing the following:

- a) Increasing the number of suitable referrals vetted directly to inpatient diagnostics in SPVU at GJNH
- b) Minimising any delays in the patient's pathway from diagnosis to starting treatment.
- c) Increasing capacity of Clinics

#### **2. NUMBER OF INPATIENT DISCHARGES**

This has also stabilised.

#### **3. NUMBER OF OUTPATIENTS**

This continues to rise steadily with increasing prevalence of the disease as new patients are added but few die or move away. There have, however, been no dramatic increases.

#### **4. NUMBER OF PATIENTS ON TREATMENT**

This has stabilised, increasing at the same rate as prevalence of patients.

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## 6. REFERRAL PATTERNS

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### 1. WAITING TIMES

We are attempting to reduce waiting times as described above.

### 2. QUALITY OF CARE ISSUES

We are monitoring the CAMPHOR Quality of Care and also performing NT-proBNP and MR as research in order to determine whether these are useful additions to the measurement of quality of life.

### 3. CLINICAL AUDIT AND OUTCOME

Our best measure of outcome is survival and our survival figures equal the best of Europe and United States.

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## 7. TEACHING AND RESEARCH

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Teaching and Research continue being an extremely important part of the Scottish Pulmonary Vascular Unit's activity and currently we have three Fellows working in the fields of Pulmonary Vascular Biology, MR Imaging and Non invasive cardiopulmonary assessment. This is supported by European Union Framework 6 and the Wellcome Foundation as well as the National Services Division. Professor Peacock was recently invited as a named lecturer to Stanford University in California to describe our research work.

- a) Dr Yi Ling continues to do her survey of the epidemiology of pulmonary arterial hypertension in the UK and Ireland. When published, this will be the biggest series in the world.
- b) Dr Nicola Lee continues her research on non-invasive follow-up of patients with pulmonary hypertension and is expected to stay in the Unit until October 2010.
- c) Dr Stephen Crawley continues on the Euro MR Project. We are the core laboratory for this European project which will also involves the Universities of Gratz, Bologna and Amsterdam.
- d) The new Third Edition of the definitive text book on the pulmonary circulation. The Pulmonary Circulation, Its Diseases and Their Treatments. Editors: Peacock, Naeije and Rubin, is with the copy editors and is expected to be published by September 2010.

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## 8. SUMMARY AND CONCLUSIONS

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The SPVU remains in good health and continues to expand both its clinical and research activity. We are very mindful, however, of the costs of these treatments and very concerned to control costs by ensuring that only appropriate patients are investigated (by restricting referrals to those from Respiratory Physicians and Cardiologists) and treated (by ensuring that they fulfil all the criteria in the treatment recommendations) before treatment is initiated. We are concerned that physicians elsewhere in Scotland are prescribing these drugs without similar quality control and we are doing our best to ensure that this does not happen (eg Professor Peacock has written to all Rheumatology Consultants, asking them to refer to our Unit via Respiratory Physician or Cardiologist before initiating such therapy).

The NSD has conducted their stock take into the activity of the Unit and the conclusion of this was satisfactory.

**PROFESSOR ANDREW PEACOCK**  
**Consultant Respiratory Physician**  
**Director**  
**Scottish Pulmonary Vascular Unit**

21 May 2010

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**APPENDIX A**

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**Table 1 - STATEMENT OF ACTIVITY**

	<b>Actual</b>	<b>Planned Annual</b>
Number of referrals	154	
Number of inpatient discharges	246	
Number of inpatient OBD's	1283	
Number of New Outpatients	154	
Number of Return Outpatients	644	
Number of day patients	82	
Number of patients discharged	88	
Number of Deaths	26	
Mean Age of Patients	59	
Patients Age Range	11-95	
Number of patients on monotherapy (incl trial drugs)	142 (74%)	
Number of patients on combination therapy (incl trial drugs)	49 (26%)	

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**APPENDIX B**

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**Table 2 - New Referrals**

<b>HEALTH BOARD</b>	<b>RESIDENCE</b>
Ayrshire & Arran	13
Borders	7
Dumfries & Galloway	2
Fife	6
Forth Valley	5
Grampian	15
Greater Glasgow	50
Highlands	10
Lanarkshire	16
Lothian	23
Orkney	
Tayside	5
Shetland	1
Outside Scotland	
Western Isles	1
<b>TOTAL</b>	<b>154</b>

Table 3 – Figures by Health Board at 31/03/2010

Health Board	Number of Patients on Treatments for each Health Board at 31/03/2010	Number of Treatments for each Health Board at 31/03/2010
Ayrshire & Arran	7	9
Borders	8	8
Dumfries and Galloway	4	4
Fife	15	19
Forth Valley	9	12
Grampian	18	23
Greater Glasgow & Clyde	55	68
Highland	8	10
Lanarkshire	10	13
Lothian	36	44
Shetland	1	1
Tayside	14	17
Western Isles	1	2
<b>TOTAL</b>	186	230