



Case Study - Cardiac case

Patient had initial consultations and diagnostics with orthopedic surgeon where results showed chest pain was cardiac in origin. Was subsequently referred to private cardiologist via **EXTRA CARE**, was booked in for an elective private angioplasty & after being informed of the costings involved and with his **EXTRA CARE** conditions highlighted in terms of no cover of treatment, was subsequently transferred via his consultant to his NHS waiting list to have his procedure carried out.

The timeframe was deemed clinically appropriate by the consultant, however the Patient dismissed this and was adamant to have his procedure done as soon as was possible.

The Case Manager was able to explore both private and expedited NHS options with the same consultant. All efforts were made to find alternative routes within the NHS.

Patient was eager to have procedure expedited on the NHS but his consultant deemed this clinically unnecessary & advised the only way a patient will be seen sooner is if he changed the list priority or deems a patient 'urgent' which in this situation, was not the case so he continued medication in the interim until having successful Percutaneous Coronary Intervention.

Patient elected to self-pay for the initial Percutaneous Coronary Intervention and was facilitated to obtain a spot price and appointment for the procedure. Once successfully carried out the patient attended NHS cardiac rehabilitation and was required to have a further Percutaneous Coronary Intervention, which was planned and undertaken within an NHS hospital.

During the course of the pathway the patient received nurse support to understand the condition, interventions and importantly, medication. Initial concerns had led to the patient being non-compliant with their medication due to anxiety caused by lack of understanding about how the medication worked, side effects and consequences of not taking it. Additionally, reassurance at every stage was given as this was a very anxious individual with a young family and significant questions about their treatment choices.