



South London
Cardiovascular Networks



ANNUAL REPORT

2021/22

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Contents

2	About the networks
3	Priorities and the triple aim
4	South London Cardiac ODN
5	- From the Clinical Director, Prof Gerry Carr-White
6	- ODN clinical pathways
9	- Patient engagement
11	- From the Clinical Lead, Mr Max Baghai
12	- Data into intelligence
14	- Procurement
15	- Education / knowledge transfer
16	South London Specialised Services
17	- From the Clinical Lead, Dr Jonathan Byrne
18	- South London specialised cardiac pilots
20	Vascular networks - South East / South West
21	- From the Network Manager, Alice Ward
22	- Achievements
25	Acknowledgments

About the networks

South London networks

The South London Cardiovascular Networks encompass several networks:

- South London Cardiac Operational Delivery Network (ODN)
- South East Vascular Network (SEVN)
- South West Vascular Network (SWVN).

Working in alignment, the networks have ambitious work programmes and portfolios covering cardiology, cardiac surgery, and vascular clinical areas, underpinned by a focus on Covid recovery.

The networks maintain a holistic view of the system with collaborative links across South London, North London, Kent, Surrey, and Sussex. This ensures that improvements are spread and embedded rapidly and broadly for the benefit of our patient populations.

Priorities

The networks seek to:

- Deliver the ambitions set out in national policies, programmes, and plans with local implementation
- Support South London Covid-19 recovery and innovative working
- Align work with the South London Specialised Services Programme

Addressing the triple aim

Better health for our populations

We strive to improve the health of our populations – with consideration to inequalities. Diversity, equality, and inclusion are fundamental to our work. We uphold and embrace these for patients and staff, to create a better system for all populations.

Better quality of care

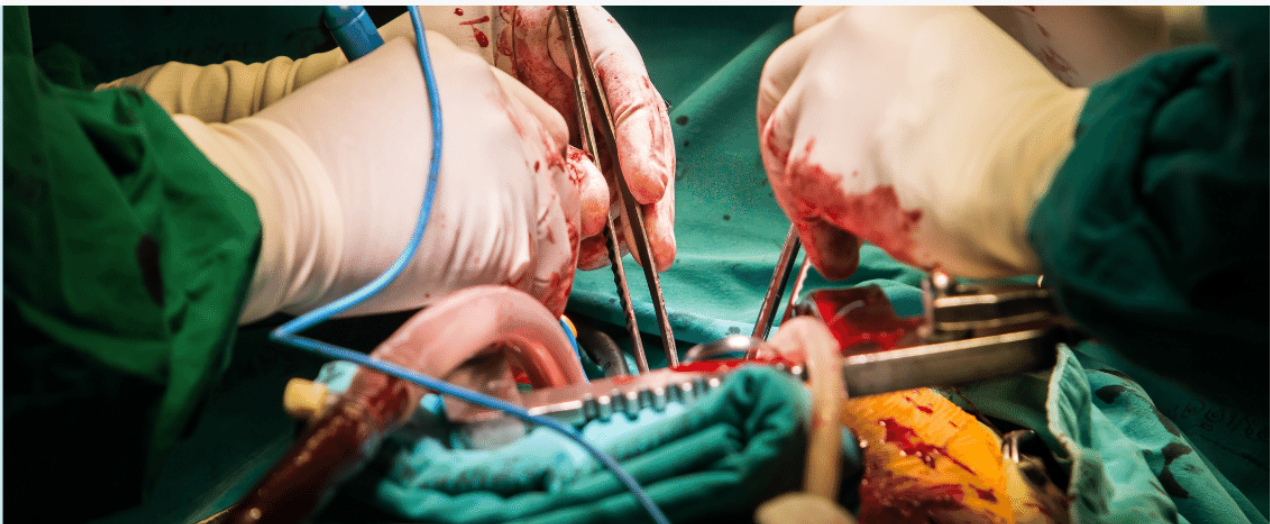
Analysing historical and current data, along with wider determinants of health (which have a significant impact on those we serve), we can better design new models of care and deliver improvements that make best use of the collective resources for patients.

Financially sustainable services

Cost and quality of services were once considered in isolation. Yet a high value system controls cost whilst at the same time improving care. Benefits may be short term or long, and may come in varied forms. Our work seeks to make that high value system a reality.



South London Cardiac ODN



The South London Cardiac Operational Delivery Network was established in 2018 in response to a local review of specialised services to address quality of care, patient experience, and value for money. Since then, the ODN has evolved its work areas in response to the changing needs of stakeholders and the system environment.

The ODN portfolio addresses pathway standardisation and improvement, strategic procurement, data and analytics, Covid recovery, and clinical collaboration and engagement – with patients at the heart of it all.

Workstreams

- Cardiac surgery
- Chest pain
- Cardiac rhythm management
- Diagnostics and echocardiography
- Heart failure
- Inherited cardiac conditions
- Outpatients
- Revascularisation and interventional cardiology
- Structural heart and valve disease
- Data
- Inter hospital transfers
- Multi disciplinary team working and development
- Patient engagement
- Procurement
- Rehabilitation and prevention

Alice Ward

Cardiovascular Network Manager
South London Cardiac ODN

From the Clinical Director



Prof Gerry Carr-White
Consultant Cardiologist

We are now more than two years on from the start of the Covid-19 pandemic. Our new *business as usual* is an exceptional level of collaboration that we may never even have envisaged pre-Covid. The South London Cardiac ODN demonstrates an immense strength in our collaboration. We provide patients with wider expertise, faster treatments, and better care, working across sites and settings for end-to-end improvements.

There is still work to be done. Covid created new issues requiring our steadfast focus and effort, which must continue in 2022/23. There are delays to patient care, as waiting lists have increased to excessive levels. We are increasing our activity wherever possible to address this recovery, including extended hours and weekend working.

There are workforce challenges. Staff, exhausted after these two years, maintain their ceaseless commitment to patients. New initiatives will result in a redistribution of vital trainees to areas outside of London. We must carefully address working patterns and staff needs in balance with demand.

Overcoming these challenges will require even greater collaboration across the network, whilst we also we strive to achieve the aims of the national Cardiac Performance Improvement Programme (CPIP) and Getting It Right First Time (GIRFT) programmes.

Our aligned vision is for end-to-end care pathways that ensure optimal outcomes for our patients. This is the foundation of our successful network – and what will accelerate our progress against the CPIP and GIRFT objectives, along with many other improvements.

We are ready for the task, and look forward to 2022/23 as we seek to become the exemplar network of clinical champions, giving our patients the best care that we can – and that they deserve.

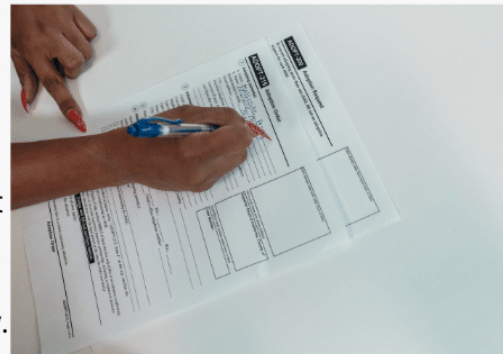


Achievements



Accelerating appropriate patient care in chest pain

Data shows that over 30% of GP referrals are for patients who do not have symptoms of cardiac chest pain. This not only can waste valuable system resources, but more importantly, delays getting patients appropriate care quickly.



Teams in primary and secondary care settings worked together to develop a standardised and efficient chest pain pathway and referral form, aiming to reduce this figure. These have been agreed across South London, and now have been passed to local representative committees for final approvals ahead of implementation.



Using RACPC data for clinical consensus

Rapid access chest pain clinics (RACPCs) provide a specialist service for people who present to their GP with symptoms that suggest new onset angina.

The network collated and analysed two years of robust RACPC data. This data collection continues today, and depicts the number of patients seen, the investigations they receive, and the outcomes of each patient.

Armed with this information, we can begin to paint an evidence based picture for clinical consensus on the optimal diagnostics, sequencing, and care for patients - increasing efficiency and getting patients an accurate diagnosis and treatment faster.





Building strong specialised networks

Sharing information, best practice, and peer support are vital to clinical communities.

Two South London forums continued in 2021/22 for clinical nurse specialists in heart failure and arrhythmia. These fora offer members mutual support and educational opportunities that are unavailable elsewhere.

Forum meetings have addressed new clinical guidelines, mental health, and medicines optimisation, and are widely attended. They attract representation from every South London trust, including the Royal Brompton and Harefield.



Collaborating with ambulance services in life threatening arrhythmias

The South London Cardiac Rhythm Management (CRM) group established a sub working group focussed on bradycardia, a heart rate that is too slow.

Examining this pathway, they uncovered the need to standardise how patients with life threatening arrhythmias are conveyed to designated emergency arrhythmia centres.

The group developed and agreed criteria for inclusion / exclusion for these patients, and have engaged extensively with the London Ambulance Services (LAS) to review these against the LAS protocol already in place. The group is replicating this for a similar protocol with South East Coast Ambulance Service (SECAMB).

This will provide a new level of consistency for patients who require immediate care across the broad geography area from South London to the coast, including Kent, Surrey, and Sussex.

Achievements

Removing variation in heart failure lab reports

The South London Heart Failure group undertook a robust survey on the diagnostic pathway to identify priority areas to address.

The survey uncovered extensive variation in reporting from labs, including differences in threshold measurements that could be easily misunderstood – and thus, impact patient care.

Together they agreed a standardised re-wording of lab reports for NT-proBNP testing, used to diagnose or rule out heart failure, including age cut off guidance that aligned with revised NICE guidance. This will ensure clear information across the sector for better patient care.

Achieving clinical consensus for South London pathways

The South West London Cardiology Network Pathways and Prevention Group tasked the network and other clinicians to develop agreed pathways for the sector in heart failure, chest pain, and atrial fibrillation.

Whilst the latter two were adopted from the South London pathway, the heart failure pathway required greater scrutiny at local level. Clinicians worked together diligently to ensure adherence to NICE guidance and local need. The pathway has now been finalised and is awaiting final ratification by the local medical committee.



Equity of access in complex devices

Ablation is a procedure used to treat atrial fibrillation. A network audit focussed on patients who have had an ablation plus implantation of complex devices, such as an implantable cardioverter-defibrillator (ICD), to understand equity and access to services for our local populations.

Working with the regional NHS England public health team, the network is developing an innovative approach to improving diversity for those requiring these services.

Extending pathways in atrial fibrillation and heart failure

A South London secondary care atrial fibrillation (AF) pathway was agreed and implemented in 2019.

However, the network found that patients with both heart failure and AF tend to have reduced outcomes as compared to patients with AF and without heart failure.

To remedy this, an offshoot of the original pathway was developed – a heart failure / AF pathway – to ensure consistent, high quality care for these patients.

Patient engagement

The ODN knows that patients are experts in their care. They can provide insight into services that we may only sometimes assume.

In 2021/22, the network undertook extensive patient engagement projects that were woven into the development of future services and improvements. Examples include:

- **Digital inclination and needs** – In selecting a digital solution to extend cardiac rehabilitation uptake and access, patients provided their views of what they would want from an app and wider offering.
- **Improving care during Covid** – The network undertook extensive interviews and surveys to understand patient sentiment and confidence of care (London Bridge Hospital, outpatient appointments)
- **Patient support groups** – We solicited patient views on a network deep venous support group for future improvements and potential extension.



Achievements

Operational collaboration for faster patient care

The network established a weekly operational meeting with representation from the three South London tertiary sites for inter hospital transfers (IHTs) for patients requiring angiograms and percutaneous coronary interventions.

These rapid-fire problem solving sessions address issues at hand, optimising capacity and balancing clinical care across the network.



The results are impressive: Although there was a 20 per cent increase in referrals, the teams achieved an astonishing 20 per cent decrease in waiting times. This is particularly remarkable, given that the group was set up mid-year.



Replicating successful collaborations

Cardiac surgery was greatly impacted by the Covid pandemic, as we saw a 25 per cent reduction in activity as compared to the 2019/20 baseline – resulting in increased waiting times for patients. To combat this, a weekly surgical group was convened, similar to the angio/PCI IHT group (*above*).

Clinicians and nurses from the South London tertiary sites, review and direct IHT patients where needed from sites with higher elective waiting lists or operational pressures to other network sites.

Their efforts are succeeding. There was a decrease in surgery waiting times of approximately 10 per cent in the last quarter of the year as compared to the previous three. The team continues to monitor data so that patients can get the surgical care they require as quickly as we can provide it.

Clinical lead network roadshows

Network clinical leads Mr Max Baghai (Cardiac Surgery), Dr Jon Byrne (Specialised Services), Prof Gerry Carr-White (Cardiac ODN) and the network team held a series of meetings with cardiologist colleagues at secondary care sites across Kent, Surrey and Sussex to gain feedback of network progress and collaboratively develop future priorities.

Key outcomes have included greater representation at the daily network joint cardiology-cardiothoracic (JCC) MDT meetings and requests for educational meetings for cardiologists on available tertiary treatments on referral for patients.

Enabling life saving treatment through collaborative working

The emergence of the highly contagious Covid omicron wave resulted in enormous pressures on the system beyond the usual winter pressures.

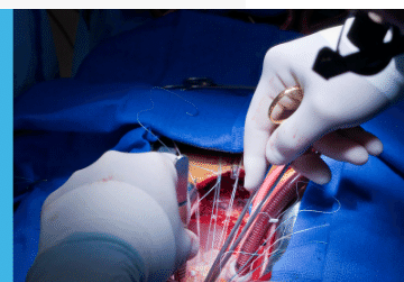
Teams at the Royal Brompton had theatre space that was unused due to staff illness – which the team at St Thomas' was eager to pick up, as they had challenges with recovery capacity.

Over the next five weeks, GSTT delivered 2.5 cardiac surgery lists per week at the Royal Brompton, providing care to 14 patients that otherwise would not have occurred. This was a superb example of clinical, operational, and administrative teams working together, optimising resources and staff for the benefit of our patients. The network is using the lessons learned to address other areas of recovery, elective capacity, and waiting times.

From the Clinical Director



Mr Max Baghai
Consultant Cardiothoracic Surgeon



Throughout 2021/22, we have seen greater levels of collaboration and integration across sites and specialities, benefitting our patients with the high quality care they receive.

Cardiac surgeons and cardiologists now meet daily for coronary multi disciplinary team (MDT) meetings. Held virtually, these MDTs provide referring clinicians with an open forum to discuss their patient cases and obtain an immediate outcome. These ensure access for our patients to a broad spectrum of clinical expertise.

Another example is the development of our integrated aortic stenosis pathway, which provides for a single point of access for referrals to King's College and St Thomas' hospitals. Patients are then placed on the appropriate pathway according to age and co-morbidities, providing for faster – and better – care.

We will continue our efforts to integrate pathways and streamline efficiencies so that our patients receive excellent care, closer to home where appropriate, as rapidly as possible.

Achievements

Data analysis of live surgery data to aid recovery

The network team's data analyst uses weekly trust submissions of cardiac surgery activity and waiting list data to create a live view of elective recovery and waiting list pressures across South London.

This report enables sites to understand the level of elective activity required to reduce the number of patients awaiting surgery, as well as proving a London wide view of capacity to balance patient transfers across sites.

Inter hospital transfers

The network's weekly and monthly monitoring of inter hospital transfers (IHTs) provide insight into the waiting list and completed transfers.

This data is used both in real time, to address capacity and activity challenges, but also to understand trends, opportunities for improvement, and network successes.

For example, IHTs for acute coronary syndromes increased by 70 per cent over five years - yet trust teams were remarkably able to reduce transfer times by 30 per cent.

** 2017 to 2021, number of ACS transfers versus mean days request to procedure.*



Heart failure service mapping

The network team analysed heart service services across South London to assess variation in staffing levels, appointment lengths, admission / readmission rates, length of stay and mortality rates.

This robust set of information helped the network to understand areas of priority to ensure patients receive consistent care across the sector.

The network used this information to develop a successful business case for additional heart failure specialist nurses in one trust.

Addressing inequities in valve disease

Aortic stenosis is one of the most common and serious valve disease problems. Left untreated, mortality rates for aortic stenosis are high.

The network team undertook an analysis to understand diagnosis and treatment rates across South London. We found that treatment rates for valve procedures varied significantly across different population groups and boroughs.

This led to the successful bid for extensive community engagement with these populations, and the ability to deliver targeted mobile valve clinics in conjunction with GP practices. (See *page 19.*)

Linking data and academia for optimal protocols in future

The network conducted an extensive audit of more than 2,500 chest pain patients over several years. The aim was to understand the differences in diagnostic tests, waiting times and outcomes. This information is well placed for further research to develop an evidence based, standardised work up protocol for patients presenting with chest pain.



Achievements

ODN wins prestigious award for clinician led procurement

The South London Cardiac ODN and NHS Supply Chain won a prestigious GO (Government Organisation) award in the category of *Best procurement delivery: health and social care*.

The Network’s PCI Clinical Council Project has transformed how high end medical devices are chosen by clinician end-users and procured at best cost for the NHS. Using robust value analysis and medical leadership within a governance structure, this project achieved the lowest device prices seen in the NHS and £1.3 million annual savings – without limiting choice or compromising product quality.



The ODN was shortlisted for this initiative at this year’s HSJ awards in the *Provider collaboration of the year* category. Whilst our innovative work did not receive the HSJ award, it continues to be recognised and celebrated as an exemplar of clinical collaboration.



Robust contract management to ensure maximum savings

Strategic purchasing initiatives in percutaneous coronary intervention (PCI) and cardiac rhythm management (CRM) products uncovered millions of pounds in savings for South London trusts and the system over the next four and two year contracts, respectively:

- **PCI – £5.2 million savings**
- **CRM – £3.2 million savings**

Sharing our clinically led approach to savings

The renowned HSJ published an in-depth guide focussed on our clinically led, award winning approach to the procurement of interventional cardiology devices, which uncovered 30% savings for trusts.

To ensure that we achieve the maximum savings, the network conducts ongoing monitoring of the new contracts, for both supplier and trust compliance. With this, we can provide a healthy innovation fund of the savings to which trusts can apply for local initiatives and needs.



Sharing information across settings of care

The ODN's education series, *Cardiology in primary care*, provides monthly sessions of focussed topics for GPs and other colleagues.

Highlighting such conditions as atrial fibrillation, chest pain, valve disease, attendees learn practical information in the diagnosis, treatment, and referral, as well as topics in medicines optimisation and ECG interpretation.

These sessions, have proved enormously successful, as seen by the strong audience growth and demand, with more than 100 colleagues attending each session and increasing. This practical and applicable information ensures upskilling of GPs and primary care colleagues to better diagnose, treat, manage, and refer the patients they serve.



Core learning in inherited cardiac conditions (CLICC)

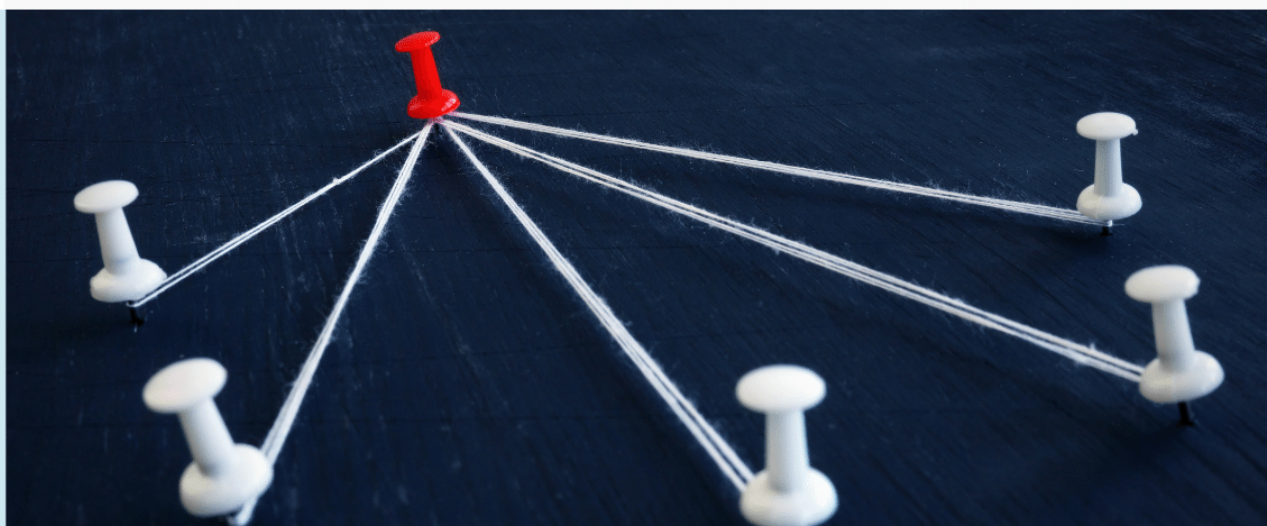
The CLICC programme is a complimentary online series that covers core modules in ICC education, developed by the South London Cardiac ODN ICC working group.

The series comprises six half-day sessions. Each session includes a series of talks, panel discussions and an interactive MDT for case presentations.

The first session, held in January, had more than 600 registrants from across the country and the globe, including Europe, Canada, India, and Qatar.

Aimed at those without particular ICC expertise (such as doctors in training, specialist nurses, genetic counsellors, cardiac physiologists, and primary care physicians), the programme seeks to inspire the next generation of ICC specialists.

South London specialised cardiac services



In an effort to remove barriers to integration and deliver better care and outcomes for patients through collaboration, NHS England has initiated a programme for the delegated planning and delivery of specialised services to integrated care systems (ICSs). A shadow form of the programme will help to establish optimal structures and functions, with financial delegation set for April 2023.

Of the 150 services in the national definition set, approximately 70 services will be delegated to ICSs with around 80 (small, low volume) services retained for national commissioning.

Clinical networks and provider collaborations are important elements of this work, as NHS England sees their role “to lead service continuity and transformation to ensure optimal service provision for patients”.

Cardiac pilots

- Develop an OPAT service for infective endocarditis
- Address ethnic inequalities in treating aortic stenosis
- Develop a regional mitral valve service

Kate Jones
Deputy Director
South London Specialised
Services Delegation Programme

From the Clinical Director



Dr Jonathan Byrne
Consultant Cardiologist

The delegation of specialised commissioning to ICSs offers an exceptional opportunity for transforming the way we plan, fund, and deliver care to our patients. In South London, the programme will oversee the safe transition of specialised services into ICSs and address many of the key issues we face today.

These include rising costs, a disjointed system, and obstacles to improving pathways through a lack of appropriate incentives. That is, whilst significant transformation may be identified in one part of the pathway, it may require investment from organisations in a different part of the system. Requiring one organisation to expend resource whilst another benefits in cost and efficiency savings has historically been a challenge. Organisations have always been responsible for balancing their individual finances. Thus, there was no incentive for such close collaboration.

Our cardiac pilots, led by the ODN, aim to address these. They have been identified as interventions that can be scaled up across services to deliver greater impact. Their selection was based on a combination of local evidence, expert opinion and patient feedback where integration along the whole patient pathway drives benefits. Together they address the triple aim: improving population benefits, quality of care. and cost control.

These ambitious pilots will continue in 2022/23, giving insight into ways that we can resolve current obstacles and maximise our achievements through a new, aligned system that unites quality, safety, and efficiency across the entire patient pathway.



South London specialised services pilots

Work is well underway in South London with the development of the South London Specialised Services Delegation programme.

It creates new collaboration between providers and commissioners of services. Together, they are planning, prioritising, delivering, and evaluating service provision from local to specialist care. This will create an aligned system that unites quality, safety, and efficiency across the entire patient pathway.

Pilots in cardiac, neurology, renal, and HIV have been endorsed by the South London Specialised Services Programme Board, comprised of the accountable officers of Our Heathier South East London ICS and South West London Health and Care Partnership ICS, plus the chief executives of Guy's and St Thomas', King's College Hospital, and St George's University Hospitals NHS Foundation Trusts.

The aim of the pilot initiatives is to develop the South London specialised integration programme evidence base for a range of interventions to achieve the triple aim: improvements in population benefit; quality of care; and cost control.



South London ODN specialised cardiac pilots

- OPAT service for infective endocarditis
- Ethnic inequalities in treating aortic stenosis
- Regional mitral valve service

Addressing ethnic inequalities in treatment of aortic stenosis

A national priority, this pilot aims to improve primary care detection, address variances in access and intervention rates in diverse communities, and streamline the pathway with a single point of entry.

Understanding disparities would aid in improvements to other clinical areas and potential geographic expansion.

The team is reaching out to Black African and Carribean communities and groups to undertake extensive engagement to understand and address access and treatment variations within diverse populations.

A mobile valve clinic and echo will be used in partnership with GP practices service diverse populations to increase detection and treatment rates.

Developing OPAT for patients with infective endocarditis

This cohort of patients has a long hospital stay due to IV antibiotics (up to eight weeks). The pilot aims to treat appropriate patients safely and consistently in the community through an outpatient parenteral antimicrobial therapy (OPAT) service.

There is currently some provision of OPAT across South London, but many patients fall outside the catchment area, creating inequities in access. This pilot will facilitate earlier discharge, care closer to home, increased bed availability, and a more efficient use of acute services.

The model will be initially piloted in a small cohort of patients, but is scalable for expansion to other high volume clinical pathways.

How the pilots address the "triple aim"

	Population benefits	Quality of care	Cost control
Aortic stenosis	✓	✓	
OPAT service		✓	✓
Mitral valve	✓	✓	

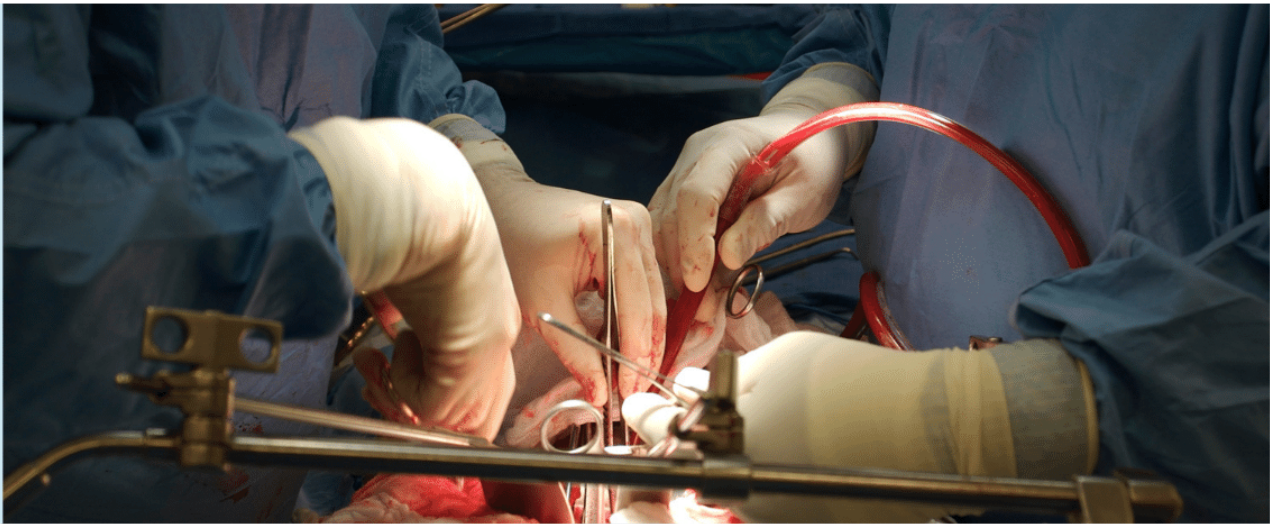
Developing a regional mitral valve service

This pilot aims to develop a network mitral valve team to address the existing inequities of access to innovative mitral valve procedures, such as thoroscopically assisted (minimally invasive) mitral valve surgery and percutaneous edge-to-edge mitral valve repair.



Vascular networks

South East and South West



The vascular networks were developed in response to Vascular Society recommendations that proposed vascular services should be provided within an effective, comprehensive network system, with a central unit providing elective and emergency arterial vascular surgery, linked with local units providing the majority of services, including day surgery, varicose vein, amputations and selected limb interventions.

The vascular networks were established in 2016, and serve to make improvements in vascular care for their regions of South London and into Kent, Surrey, and Sussex.

From the Network Manager



Alice Ward

Cardiovascular Network Manager

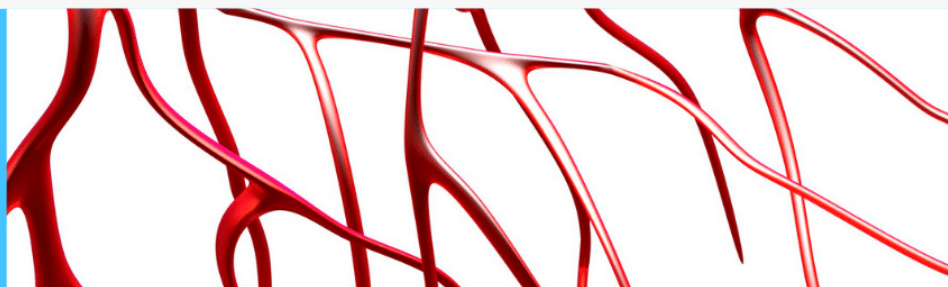
The South East Vascular Network and South West Vascular Network faced a challenging year in 2021/22, particularly focussed on Covid recovery and new ways of working. Yet through it all, the networks retained their collaborative spirit. Our shared objectives for patients -- earlier diagnosis, intervention, and management with excellent outcomes – have been foundational to our work, and the reason for our success.

Ashford and St Peter's NHS Trust was successfully integrated into the SWVN, creating safe, consistent care for patients across a wider geography. New pathways, protocols, and patient information were developed and embedded to ensure high levels of vascular care.

This collaborative energy was similarly demonstrated in many other strands of our 2021/22 successes. The SEVN and SWVN are working with partners to tackle end-to-end pathway challenges. There are novel approaches to prevention and community work, which can be seen from, for example, our closer collaboration with all stakeholders within the National Wound Care Strategy Programme (NWCSP).

We look to 2022/23 with a continued focus on end-to-end vascular pathway improvements and synergies with our partners in all settings – prevention, acute, rehabilitation, and community care.

We will maintain our shared vision, objectives, and partnerships as we keep our focus where it must always be: with excellent patient outcomes and experience at the heart of everything we do.



Achievements

Tackling wound care at a national level

The National Wound Care Strategy Programme aims to improve the prevention and care of pressure ulcers, lower limb wounds and surgical wounds.

The SWVN network team, in conjunction with London borough social care teams, the Health Innovation Network, acute and community providers, has established a strategy and implementation working group. As key members advancing the work of the programme, they seek to elevate the prevention agenda for lower limb wounds, contributing to the recommendations and work, and tackling issues at all points of the pathway.

Our work is connecting all stakeholders across the pathway and settings of care, plus specialist collaborators, such as the South West London Diabetic Foot Network.



Accelerating referrals for emergency patients

Referring urgent and emergent patients to a tertiary site used to be challenging. There were opportunities for missed or inaccurate information, leading to delays in patient care.

To combat this, the SEVN implemented the digital solution, Referapatient, across sites.

With it, we can now ensure that information for patients transferring to another hospital is complete and correct, improving operational speed and efficiency and – more importantly – patient outcomes.

Mutual aid for priority patients in Covid recovery

Since the start of the pandemic, the SEVN and SWVN have coordinated and delivered mutual aid and surge planning across hub and local sites.

This year saw a striking development in weekly data sharing agreements across hub sites of high priority patients, classed as P2 and P3 (patients who should be treated in less than one month and less than three months, respectively).

Sharing this capacity and demand intelligence and clinical prioritisation meant that sites could rebalance activity where capacity existed, ensuring that the highest priority patients were treated as quickly as possible.



Expanding the SWVN

The SWVN is pleased to report the integration of Ashford and St Peter’s hospitals (ASP) into the South West and Surrey Vascular Networks.

Previously its own hub, this footprint change of the networked sites links ASP with the SWVN.

This has included the establishment of new pathways for patients, ongoing monitoring, and mutual aid, creating a safe, effective network for our patients needing to access vascular specialists

Achievements

Extending community care to vascular patients

Cardiac rehabilitation, a programme of exercise and information for patients following a cardiac event, has been proven to provide patients with better outcomes.

Evidence exists that cardiac rehab is also good for patients with claudication, pain when they walk, mainly caused by peripheral arterial disease. However, this vascular cohort of patients weren't always offered cardiac rehab.

Working with Bromley CCG, the network has successfully gained access for claudication patients to attend their local community rehabilitation offer of supervised classes within the London Borough of Bromley.

It is our aim that all South London patients to be offered – and participate in – local cardiac rehabilitation, which allows continuing patient care in a community setting.

Network SLAs ensure consistent, high quality care

The sites across the SEVN have agreed new service level agreements (SLAs). These documents provide a consistent repatriation process and standardised, streamlined data sharing and analysis.

Data collected for ongoing analysis includes number of clinics held, number of patients seen, patient do not attend (DNA) rates, and waiting list detail.

The SLAs have created open communication across hub and local sites, so that feedback can be addressed and actioned as needed.

Thank you

We are grateful to our network members and partners for their contributions. Without them, the successes within in this document would not have been possible.

Cardiac ODN

South East London ODN member trusts

- Guy's and St Thomas' NHS Foundation Trust
- King's College Hospital NHS Foundation Trust
- Lewisham and Greenwich NHS Trust
- Royal Brompton and Harefield NHS Foundation Trust

South West London ODN member trusts

- Croydon Health Services NHS Trust
- Epsom and St Helier University Hospitals NHS Trust
- Kingston Hospital NHS Foundation Trust
- St George's University Hospitals NHS Foundation Trust

Vascular networks

South East Vascular Network member trusts

- Dartford and Gravesham NHS Trust
- Guy's and St Thomas' NHS Foundation Trust
- King's College Hospital NHS Foundation Trust
- Lewisham and Greenwich NHS Trust
- Maidstone and Tunbridge Wells NHS Trust
- Royal Brompton and Harefield NHS Foundation Trust

South West London ODN member trusts

- Croydon University Health Services NHS Trust
- Epsom and St Helier University Hospitals NHS Trust
- Kingston Hospital NHS Foundation Trust
- St George's University Hospitals NHS Foundation Trust
- Surrey and Sussex Healthcare NHS Trust

Partners

Partner organisations

- Central London Community Healthcare NHS Trust
- London Congenital Heart Disease Network (Guy's and St. Thomas' / Evelina)
- Health Innovation Network AHSN
- Hounslow and Richmond Community Healthcare NHS Trust
- King's Health Partners Cardiovascular Partnership
- London Ambulance Service NHS Trust
- NHS Supply Chain
- North London Cardiac ODN
- Primary Care Networks
- Royal Marsden NHS Foundation Trust
- South East Region
- South East Coast Ambulance Service NHS Foundation Trust
- South London borough teams
- South London ICSs
 - Our Healthier South East London
 - South West London Health and Care Partnership
- South Thames Paediatric Network
- South West London ICS Cardiology Network

Workstream members

Cardiac rhythm management

- Clinical Lead: Shoaib Hamid
- Abhay Bajpai
- Carolyn Campbell Cole
- Stephanie Cruickshank
- Tamara Daily
- Alexander Grimster
- James Harrison
- Nicola Howell
- Alice Jackson
- Nishat Jahagirdar
- Roy Jogiya
- Sian Jones
- Ravi Kamdar
- Gavin Kelly
- Hayley Langridge
- Karen Lascelles
- Eleanor McBrian
- Rosalind Paine
- Heather Reynolds
- Aldo Rinaldi
- Julianne Robinson
- Amanda Rose
- Paul Scott
- Manav Sohal
- Mark Squirrel
- Nicola Thackaberry
- Tsamchoe Tsamchoe
- Tom Wong

Clinical governance

- Vassilios Avlonitis
- Max Baghai
- Steve Livesey
- Joe Omigie
- Mario Petrou
- James Roxburgh
- Rajan Sharma

Inherited cardiac conditions

- Clinical Lead: Piers McCleery
- Hassan Al Omari
- Rachel Bastiaenen
- Elijah Behr
- Sarah Bowker
- Gerry Carr-White
- Bethan Cowley
- Frances Elmslie
- Thom Fray
- Tessa Homfray
- Robert Leema
- Deborah Morris-Rosendahl
- Anotonis Pantazis
- Nabeel Sheikh
- Jan Till
- Matie Tome

Heart failure

- Clinical Lead: Mohammad Albarjas
- Lisa Anderson
- Anthony Barron
- Junnet Barros
- Konstantinos Bronis
- Gayle Campbell
- Gerry Carr-White
- Teresa Castiello
- Martin Cowie
- Yousef Daryani
- Julia DeCoursey
- Laura Fallon
- Rachel Howatson
- Nicola Jones
- Ilias Koutsogeorgis
- Alex Lang
- Robert McCarthy
- Theresa McDonagh
- Nazeema Mohabeer
- Mumin Noor
- Laura Oyewole
- Tapeshe Pakrashi
- Susan Piper
- Narain Rajay
- Silapiya Smith
- Matthew Sunter
- Eileen Vandervennin
- Jessica Webb
- Katharine Welch
- Helen Williams

Inter hospital transfers: Angio / PCI

- Daniel Almeida
- Asha Angelo
- Maretha Austin
- Jonathan Byrne
- Brian Clapp
- Kelly Davies
- Rafal Dworakowski
- Ian Ellwood
- Albertine Gouldbourne
- Emma Jenkins
- Hazel Jimenez
- Sian Jones
- Mary Keal
- Jo Lands
- Joe Omigie
- Bruno Palma
- Mumtaz Parker
- Pedro Pinho
- Ala Salameh
- Rajan Sharma
- Naomi Sheeter
- Rupert Williams
- Simon Wilson

Inter hospital transfers: Surgical

- Vincent Alarilla
- Ana Alves
- Marin Angelika
- Kate Connolly
- Nicola Griffiths
- Joe Omigie
- Inga Salter
- Alison Woolley

Interventional cardiology

- Mohammad Albarjas
- Asha Angelo
- Jonathan Byrne
- Brian Clapp
- Rafal Dworakowski
- Ben Falk
- Faisal Khan
- Sanjay Kumar
- Jo Lands
- Nikesh Malik
- Alison Mitchell-Hall
- Divaka Perera
- Anisah Quadir
- Naomi Sheeter
- James Spratt
- Ramabala Vuyyuru
- Balvinder Wasan
- Ian Webb
- Rupert Williams
- Simon Wilson

Major aortic

(in development)

- Michael Sabetai
- Alia Noorani

Workstream members

Procurement: PCI / stent

- Yuliya Abramova
- Asha Angelo
- Rosie Batty
- D Blackgrove
- Jonathan Byrne
- Charlotte Carter
- Brian Clapp
- Tracey Coppin
- Jo Lands
- Paula Maki
- Victoria Oji
- Mumtaz Parker
- Rajan Sharma
- Balvinder Wasan
- Simon Wilson

Stable chest pain

- Clinical Lead: Sanjay Kumar
- Khaled Alfakih
- Michael Aveyard
- Edith Avornyo
- Grace Bailey
- Richard Bogle
- Bernice Bradford
- Janet Carroll
- Kalpa De Silva
- Sami Firoozi
- Louise French
- Kate Gramsma
- Tracey Griffiths
- Sally Hickford
- Ellie Hoad
- Sree Kondapally
- Rosalind Paine
- Divaka Perera
- Emma Saunders
- Clare Schnaar
- Tracey Toomey
- Kay Townsend
- Ramabala Vuyyuru
- Ian Webb
- Rupert Williams

Vascular

- Mohamed Abdelhamid
- Said Abisi
- Jacek Adamek
- Liz Anderson
- Asha Angelo
- Laura Badley
- Trish Bannister
- Deborah Beasley
- Lukla Biasi
- Stephen Black
- Francince Brewer
- Natasha Burgess-Allen
- Sarah Davis
- Michael Dialynas
- Debbie Everitt
- Ben Falk
- Katie Fay
- Sarah Franks
- David Gerrard
- Karin Hofmeijer
- Abdullah Jibawi
- Keith Jones
- Siva Kabilan
- Damian Kelleher
- Jo Lands
- Kirstie Lane
- Greg Lawton
- Talia Lea
- Daniel Lyons
- Claire Martin
- Julia McGinley
- Marida Miranda
- Paul Moxey
- Bhavesh Natha
- Soundrie Padayachee
- Mike Parris
- Sanjay Patel
- Ashish Patel
- Kim Pennington
- Awena Peyto
- Hisham Rashid
- Becky Sandford
- Raj Sharma
- Zain Siddiqui
- Paolo Sorelli
- Jane Sweeting
- Mark Tyrrell
- Domenico Valenti
- Anne Young
- Hany Zayed

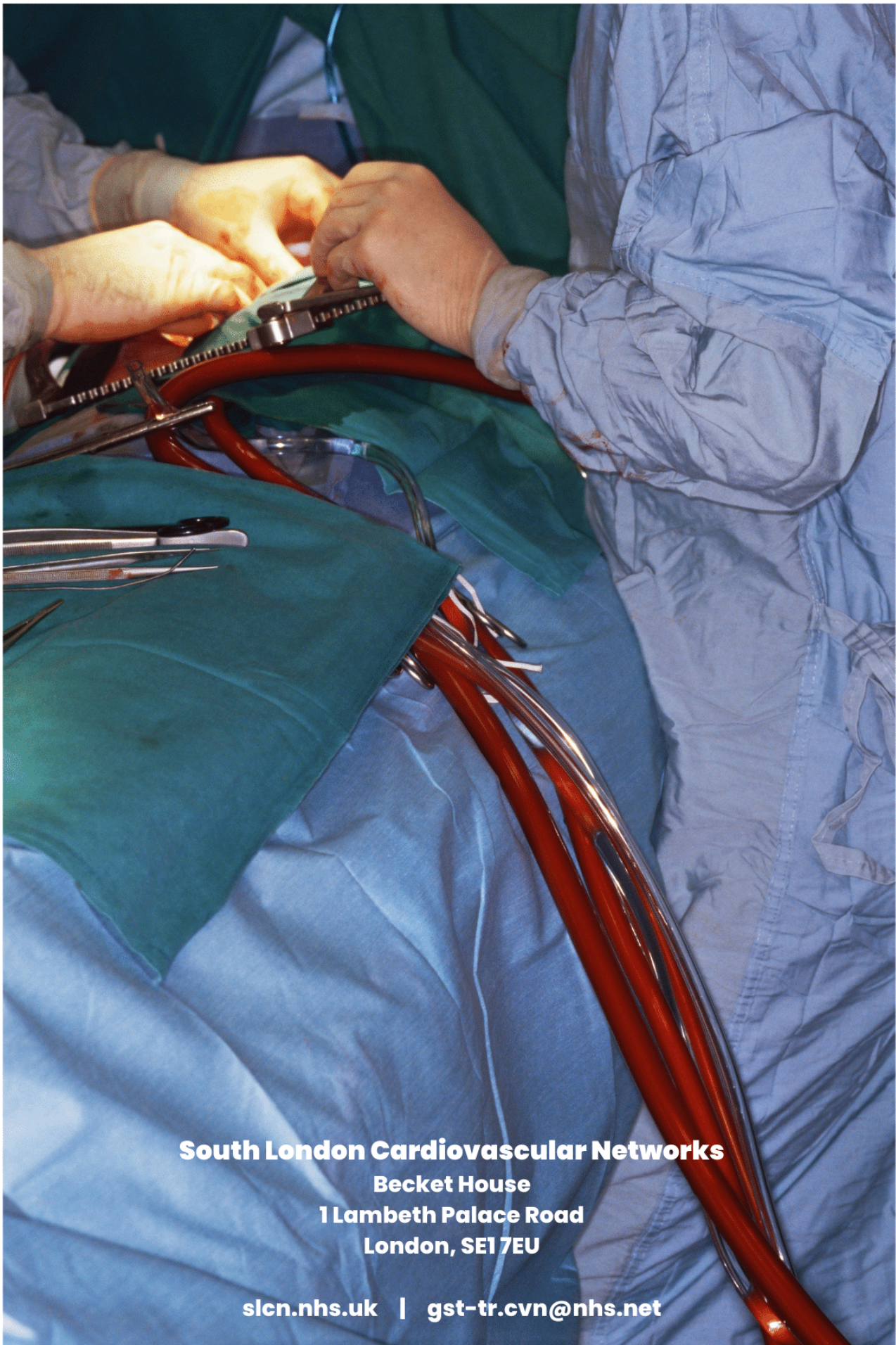
Trust operational staff

- Laura Badley
- Rosie Batty
- Ben Falk
- Robin Firth
- Jo Lands
- Mumtaz Parker
- Naomi Sheeter
- Justine States

Network teammates (past and present)

- Fardeen Choudhury
- Joe Eurell
- Kathryn Harrop
- Sally-Anne Holman
- Kate Jones
- Rhian Jones
- Dan Kyle
- Daniel Malynn
- Andrea Marlow
- Bethan O'Donnell
- Ben Page
- Freya Parker
- Donna Wallace
- Alice Ward
- Stef Wright

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