

# South London Cardiovascular Network Progress Updates

**June 2022**

# South London Cardiovascular Networks

## Workstream updates | June 2022

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## Heart Failure update June 2022

### Progress

#### South London Heart Failure Network

- South London Heart Failure Network meeting held June 13
- PIFU workshop took place May 2022, key feedback at this stage is around clinical safety concerns and suitability of PIFU for chronic conditions
- AF HF pathway designed and sent to group for feedback
- HF@Home NHSE workshop held
- SGLT2 guidance approved for SEL
- South West London education session held on 19<sup>th</sup> May
- Concerns raised by Lisa Anderson RE capacity at Merton and Wandsworth

#### Pan London Heart Failure Steering Group

- HFNS mapping survey results reissued due to challenges/missing results
- Pan-London HF CPIP pathway drafted

### Required support

#### Report from

James Nsiah

#### Manager

Alice Ward

### Focus over the next month

#### South London Heart Failure Network

- Establish group to develop engagement with primary care, possible work with Novartis and learning from Imperial
- Scope options for a network MDT to support colleagues in the community
- Continue PIFU work
- Align work priorities with North London ODN
- Facilitate meeting with Merton and Wandsworth colleagues for plan RE capacity
- Next steps on HF@Home, discuss if want to be pilot site

#### Pan London Heart Failure Steering Group

- Analyse feedback from Pan-London HFNS Survey and establish priorities for action (work with Carys Barton and Katrina Carter regarding this)
- Support SpR Chris Primus write paper based on Pan-London Diagnostic Survey (liaise with Katrina Carter, NL ODN, regarding this)

### Risks / issues

- LMC opposition to pathways
- Divergence of SEL and SWL pharmacy work

# ICC and CRM Workstream Update

## June 2022

### Progress

#### ICC

- Refresh of ICC ToR
- ICC Education Programme: 4<sup>th</sup> CLICC session held on 15<sup>th</sup> June
  - 260-475 participants over the half day session
  - Awaiting feedback on sessions
- SLICC: Plans underway to set up SLICC meetings (3x over 2022/23)
  - Next session: Sept 22 – KCL, Waterloo wing
    - Agenda developed
    - On the day logistics in hand
    - Potential hybrid event (Teams, in person)
    - 29 registrants as of 13 April
  - Feb 2023 sessions planned

#### CRM

- Review of devices contract with trusts underway
- Nurse Arrhythmia forum held in July. Smaller attendance than usual due to diary conflicts

### Required support

- Ongoing promotion of the CLICC programme.
- Decision of workstream future ambitions
- Governance group for website (on hold)

Report from

Joe Wood

Manager

Alice Ward

### Focus over the next month

- Prep for ICC Steering Group meeting
- Develop / refresh objectives for the ICC ODN. Conversations in place for group next steps
- Continue CRM device contract reviews

### Risks / issues

- Potential disengagement
- Lack of clarity/purpose

## Chest Pain update June 2022

Report from

Kirsty Clelland

Manager

Freya Parker

### Progress

- Chest Pain Working Group met last month and some progress has been made towards establishing an ED pathway – PRUH shared their template and sites are having local conversations with their ED departments to assess the potential of implementing a similar solution.
- Latest responses drafted to respond to the LMCs' comments/questions about the RACPC referral pathway.
- Meeting with Sanjay this week to discuss next steps.

### Focus over the next month

- Work with Sanjay and the Chest Pain Working Group to resolve LMC concerns and come to an agreement about the future of the RACPC referral pathway.
- Meet with Alex Lang and Kwan Ku.
- Link in with James and create a coordinated approach to communicating with the LMCs about the various pathways.
- Set agenda for next Chest Pain Working Group.
- Receive feedback from sites about their local conversations with ED about potential pathways.

### Required support

- Support from Sanjay re: LMC comments.

### Risks / issues

- Lack of engagement from chest pain teams in between meetings.
- Ongoing LMC issues with RACPC referral pathway.

## Cardiac Rehab update June 2022

Report from

Kirsty Clelland

Manager

Freya Parker

### Progress

#### Cardiac Rehab App Implementation (GroHealth)

- A project team has been assembled and initial working group meetings have taken place.
- Case study for the national team completed.
- Diabetes Digital Media (DDM) successfully awarded the contract.
- Initial kick off meeting with DDM took place last week.
- Drafted a plan of next steps for DDM implementation.

#### 22/23 Funding

- Funding for 22/23 has been confirmed by the national team.
- MOUs have been drafted.

#### General

- Presentation to Cardiac Surgery Steering Group about work progress (part of Coronary Deep Dive).

### Required support

- Alice is sighted on the risks.

### Focus over the next month

- Work closely with DDM to refine our service requirements to ensure the app meets all of our needs and is appropriate for Heart Failure patients.
- Identify initial patient cohort for pilot.
- Send MOUs to sites for their feedback for 22/23 funding.
- 22/23 funding transferred to sites ASAP.
- Identify what data we want to collect from sites to track the benefits of the funding and potentially extend it.

### Risks / issues

- Potential delayed implementation of GroHealth app.
- Potential lack of buy-in for GroHealth app.
- Delayed transfer of funds for 22/23 funding – less time for sites to advertise for the short term positions.

## Blood Pressure update June 2022

Report from

Kirsty Clelland

Manager

Freya Parker

### Progress

- Working with Rachna Chowla from KHP to provide support for Lewisham Blood Pressure Pilot (part of Cog 2 of KHP Vital 5 work)
- Data Deep Dive has taken place in Lewisham and potential focus groups are now being identified.
- Aim of this work is to raise awareness of the problem of high BP, map interventions, facilitate discussions between service providers, commissioners and local community based organisations and facilitate the co-design of interventions.
- Plans for a CVD prevention/Hypertension monthly meeting.
- Hypertension funding approved.

### Focus over the next month

- Present the data from the Lewisham deep dive to stakeholders in Lewisham.
- Meet with the other Vital 5 project managers (mental health, smoking, obesity and alcohol)
- Identify key stakeholders for Lewisham work (create RACI matrix and stakeholder map).
- Create agenda for monthly hypertension/CVD prevention working group meeting (26<sup>th</sup> July).

### Required support

N/A.

### Risks / issues

- Work still needs to be done to fully identify relevant stakeholders – we are dependent on their buy-in (as they will have ownership over the interventions).

## Angio/PCI IHTs update June 2022

Report from

Kirsty Clelland

Manager

Freya Parker

### Progress

- Transfer volumes have been high over the last couple of weeks: 26 completed transfers last week (higher than 6 week average of 19).
- RBH now more closely embedded into the system and attend the weekly capacity planning calls.
- Increased attendance of St George's at weekly capacity planning calls and last week was their highest number of transfers in over a month – they took 5 (compared to King's 12, St Thomas' 7 and RB&H's 2).

### Focus over the next month

- Mini 'improvement huddles' at the end of each weekly capacity planning call to identify any tweaks/quick wins to increase capacity.
- Work towards a weekly target of 23 completed transfers a week – conduct root causes analyses with sites to determine what the barriers to achieving this are and if they are avoidable.

### Required support

- Dan's weekly data packs.

### Risks / issues

- Capacity sometimes does not meet demand.
- Potential resistance from teams about working towards a weekly 'target'.
- Day of referral discrepancies – those referred on Friday/Saturday/Sunday wait longer than those referred during the week.



## MDT Working update June 2022

Report from

Freya Parker and Bethan O'Donnell

Manager

Kate Jones

### Progress

- The daily joint cardiology-cardiothoracic (JCC) MDTs continue, with representation from cardiologists, cardiac surgeons, registrars/fellows, clinical nurse specialists, and other specialists from tertiary and secondary network sites.
- Work to promote MDTs has seen an increase in DGH referrers attending to present cases for review and this continues to be monitored. Work included sharing promotional flyer and Mr Max Baghai and Dr Jon Byrne and network colleagues holding discussions with DGH cardiology teams.
- Evening in-person educational meeting for cardiologists at Medway and Darent Valley hospitals unfortunately postponed (scheduled for 12<sup>th</sup> May) to share up to date therapeutic options and referral pathways.
- MDT Coordinator post has been signed off by KCH, GSTT and SGUH and is being progressed to recruitment by KCH.

### Required support

- Continued support and engagement from clinical colleagues across the network.

### Focus over the next month

Key focusses over the next month include:

- Continued monitoring of progress with recruitment of the MDT Coordinator post at KCH, to work across the network.
- Share MDT promotional materials (QR code lanyard cards and lanyards) across the network.
- Complete MDT Audit focussed on attendance and outcomes and share with the steering groups in the first instance.
- Review MDT protocol and case study, following results of MDT audit.
- Review re-scheduling of evening educational meeting with Medway and Darent Valley cardiology teams.

### Risks / issues

- MDT Coordinator recruitment delays due to internal AfC job-matching process at King's.

## Cardiac Surgery Inter-Hospital Transfers Update June 2022

Report from

Freya Parker

Manager

Kate Jones

### Progress

- Surgical IHT capacity was a significant concern in February 2020, mainly due to restricted theatre capacity at GSTT.
- Weekly Surgical IHT call introduced in February 2022, following the same structure as Angio/PCI.
- Frequency reduced to monthly in May 2022, due to stability of the waiting list. Format changed to review of the previous month's activity and opportunity to highlight challenges/opportunities for improvement.
- Current improvement focus is reports and images being sent with referrals as this creates additional workload for the team.
- Teleologic system upgrade to include referral checklists for each procedure type. Not currently the main system but continue to monitor progress towards this.
- Referral data deep dive performed to target efforts to high referral rate centres and first focus is William Harvey and QEQM (East Kent University Hospitals).
- Improvement focus continues to be assessed.
- MDT Coordinator role will also include IHT coordination.

### Required support

- Continued support and engagement from clinical colleagues across all sites
- Support and engagement from William Harvey and QEQM teams regarding referral practice/processes.

### Focus over the next month

Key focusses over the next month include:

- Continue engagement with William Harvey and QEQM teams re: referral practice and sending reports/images for all patients
- Monitor outcome of work with William Harvey and QEQM, review impact and whether current improvement focus is still correct.
- Arrange process mapping session with IHT leads at SGH, GSTT and KCH.
- Continued monitoring of progress with recruitment of the MDT Coordinator post at KCH, to work across the network.

### Risks / issues

- Bed pressures across all sites affecting surgical IHT waiting times and capacity.
- Engagement with testing whether current improvement focus is correct and in arranging process mapping.

## Major Aortic update June 2022

Report from

Freya Parker

Manager

Kate Jones

### Progress

- Pan London Major Aortic dinner arranged for Thursday 16<sup>th</sup> June 2022. Attendees were: Max Baghai, Aung Oo, Michael Sabetai, Freya Parker, Wafa Sehailia and Alwyn McMath. Sunil Budhia gave apologies due to assisting a colleague in theatres.
- The focus of the dinner was to discuss the pan London approach to CPIP's proposed acute aortic dissection (AAD) pathway and how this would be applied in London and used as a starting point for further work relating to complex aortovascular surgery e.g. surveillance programmes.
- Action agreed to arrange a half day in-person meeting in September 2022 for aortic and vascular surgeons pan London, with the aim of introducing the pathway aims and gaining engagement for the process before working to implement in North and South London.

### Required support

- Link in with Ben regarding vascular stakeholders and any inter-dependencies.
- Events organising and running advice and sharing of expertise.
- Promotion of meeting by Clinical Leads.

### Focus over the next month

- Prospective and retrospective data collection against NHSE's recommended AAD KPIs, as agreed on 16<sup>th</sup> June.
- Freya and Wafa to work together to coordinate venue booking and meeting arrangements.
- Engage Aortic Dissection Awareness UK and Ireland, for their involvement and contribution in the September pan London meeting and ongoing project work.
- Data review of available population health and health inequalities data relevant to AAD.
- Discuss at South London Cardiac Surgery Steering Group 7<sup>th</sup> July, to gain consensus agreement for data sharing.

### Risks / issues

- Risk of data sharing limitations, which would halt the project.
- Need to ensure our patient group is collaboratively and inclusively engaged throughout.

## Clinical Governance update June 2022

Report from

Freya Parker

Manager

Kate Jones

### Progress

- Consensus agreed to complete the same governance data template for each tertiary site, to establish aligned view of governance data across South London tertiary sites.
- Progress has been delayed due to data manager resource and needs to be progressed further.
- Joe Omigie at King's has agreed to complete a first cut of the governance template but operational pressures are having an impact.
- Completed template at King's will be used to assist progress with other sites and achieving aligned process.
- Mr Livesy will be vacating the post of Clinical Lead (Associate Medical Director) for cardiac surgery at SGUH in September 2022 and a leadership strategy is required.
- Slide pack created with Max Baghai to outline the historical and current context for cardiac surgery at SGUH and future strategic options for clinical leadership and enhanced network working.
- Executive level meetings regarding SGUH strategy continue.

### Required support

- Support from each site in data collection and collation.
- Continued support for SGUH clinical leadership strategy work.

### Focus over the next month

Key focusses over the next month include:

- Support collation of governance data into agreed template at King's.
- Continue to engage with Clinical Leads regarding clinical governance templates and continued commitment to aligned process.
- Further actions in relation to SGUH leadership strategy to be progressed in line with executive level decision making.

### Risks / issues

- Capacity for data collection and coordination at each site, in light of operational pressures.

# South London Specialised Services

## Pilot: Neurology

Prepared by: Zain

Reporting period:



**South London**  
Specialised Services  
Delegation Programme

### Progress

- Parkinson's pack is nearly finished was presented in last data meeting and just needs a few tweaks. There is a plan to complete both MS and Headache packs together by the 29th dependent on if we get all the data in time.

### Focus for next month / Upcoming milestones

Networking:

- Revise ToR for SWL and Surrey Network to align with new ICS governance in both ICSs
- Await collaboration manager candidate secondment to join team

Stakeholder engagement:

- PPI Strategy developed
- Work with SL Specialised Services Programme to develop Comms strategy

Transformation:

- Advertise Epilepsy and Neuromuscular network pilot roles
- Develop MS and PD network pilot role plans

Data + Evaluation:

- Baseline data packs for MS, Headache [NMD and FND to be done later]
- Evaluate options for patient experience data collection
- Review full SWL Primary care data set for Epilepsy

### Required support

- Working with finance leads across SWL / SH to delineate financial model from April 2023 and develop an accountable neurosciences network
- Push to fund FND pilot formally
- Clarifying governance in Surrey Heartlands (working on this with SH spec comm team)

Rating	Risks	Mitigations
Yellow	Recurrent funding for Collaboration manager role	
Yellow	Recurrent funding for transformation roles, predicated on demonstration of effect	
Red	Funding for FND pilot	
	Specialised Pharmacy Planning	

## Collaborative Procurement update June 2022

Report from	Alice Ward, Freya Parker
Manager	

Progress	Focus over the next month
<ul style="list-style-type: none"> <li>- Year 1 review CRM contract monitoring meetings held.               <ul style="list-style-type: none"> <li>- Targets met by: GSTT, KCH, ESH, Lewisham. Rebates released.</li> <li>- Targets not met by: SGH and Dartford (spent too much with Boston), Croydon (cath labs closed), Kingston (activity reduced)</li> <li>- All agreed to improve compliance for year 2</li> </ul> </li> <li>- PCI contract monitoring               <ul style="list-style-type: none"> <li>- Progress made on compliance with correct stock in place in labs</li> <li>- Clinical Council met June 2022, agreed to extend contract with Boston (Abbott contract is 4 years).</li> <li>- Clinical Council agreed to carry on improving compliance with synergy usage to ensure maximum benefit</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Continue contract management to improve PCI and CRM compliance to maximise savings</li> <li>- Seek approval in writing from all Trusts to extend the PCI Boston contracts, and notify CFOs</li> <li>- Begin conversations about possibility of extending CRM contracts in 2023 or possibility of repeating exercise</li> <li>- Restart conversations about next priority area</li> </ul>
Required support	Risks / issues
<p>Support from Supply Chain/HST to extend PCI contracts once agreed.</p>	<ul style="list-style-type: none"> <li>• Not currently maximising full benefit of contracts due to non-compliance. PMs will continue to work with HST to monitor and work with teams to improve.</li> </ul>

# South East Vascular Network update

## June 2021

### Progress

- Successfully delivered the South London GP Education event which focussed on deep venous. The event was attended by over 30 GP's with excellent feed back.
- Supporting sign off of 21-22 SLA at LGT. There have been some complications in this sign off with changing of contracts staff which has delayed this being signed by both parties.
- Organising and shaping liaison with the Stroke Network to find opportunities to improve data associated with carotids
- Formed and agreed regular operational meetings with spoke sites where data is returned and assessed each month
- Education pathway for lower limb wound care has been developed, which will be taken to Florence Nightingale Academy.
- Currently updating the Network operational policy, main focus around including new/ updated repatriation policy
- Currently refining the SEVN work plan to be presented for endorsement from Mr Dialynas and Prof. Black
- Supporting and facilitating ongoing 'One Team' two sites approach from KCH and GSTT.
- Facilitated Referapatient demo (with Dan) for KCH.
- Working with Vascular Registrars and Referapatient to make improvements to the system.

### Required support

- Support from Dan for creation of dashboard when data is available.

Report from

Ben Page

Manager

Alice Ward

### Focus over the next month

- Planning for the next GP Education Event which will focus on Diabetic Foot in partnership with KCH
- Ensure that all SLA's are passed on to contracts for sign off for 22-23.
- Get 21/22 data for Referapatient and conduct analysis on this data set.
- Ensure that LGT and DGT provide monthly data returns and work with Dan to construct performance dashboard.
- Establish nurse-led varicose veins working group to determine if efficiencies can be made in any part of the pathway/ system with GSTT, KCH and LGT.
- Review job plans in line with spoke site commitments, ensuring appropriate coverage.

### Risks / issues

- Consultants have not been attending QE diabetic foot clinic, need to ensure this is resolved at it is written in LGT SLA.

RAG

What will make this green?



## South West Vascular Network update June 2021

### Progress

- Regular meeting with operational spoke site managers is established, first meeting was held with good attendance.
- Agreement gained for spoke site managers to supply data on a monthly basis
- Supporting St. George's with the delivery of an equivalent of the GSTT EVC. This will also support the wider work which is ongoing with the National Wound Care Strategy Programme
- Determined and confirmed that Prof. Holt will remain in place as Network Lead and Paul Moxey will remain in place as service lead
- Repatriation agreement between ASPH, SGH and FH has been resigned as there was not a signed copy which could be found.
- Agreement from all spoke sites to implement a standardised SLA across the Network.
- New Referapatient DPL's agreed, awaiting confirmation from Mr. Abdelhamid.
- ASPH Network meeting held with excellent attendance.

### Required support

- Support from Dan for creation of dashboard when data is available.

Report from

Ben Page

Manager

Alice Ward

### Focus over the next month

- Work with Dan to create a performance dashboard to be shared with the Network
- Supporting St. George's to ensure that there are standardised SLA's in place across the Network
- Need to gain attendance from Surrey and Sussex Healthcare and Croydon for the SWL operational meeting.
- Prof. Holt has been confirmed as the Network lead, therefore need to establish with him a date where the Governance board can be held. However, we need full engagement from the spoke sites before this happens.

### Risks / issues

- SGH have overdue invoice for Referapatient. This has been raised to Asha and Janier as there has been some difficulty ensuring that this is paid previously.

RAG

What will make this green?





# CHD Network update

## June 2022

Report from

Joe Eurell

Manager

Sally Watts/Harriet Ward

### Progress

#### Operational

- Continued progress with Cardiology elective recovery and RTT
- New “pre-transition” clinic for 13+ year-olds at Eastbourne
- Working with PRUH on local cardiac nurse (CNIC) appointment
- ACHD SLA sign-off

#### Network Merger

- Timeline and Terms of Reference for joint Network Board
- NMT structure proposal

#### Other News

- ACHD technicians win at Society for Cardiological Science and Technology
- 19<sup>th</sup> annual pan-London CHD course running June/July

### Required support

- N/A

### Focus over the next month

#### Governance

- CHD Network Board – 4<sup>th</sup> July
- NMT focus session – 13<sup>th</sup> July

#### Communication

- Website landing page designed go-live TBC
- Branding virtual launch event TBC

#### Patient and Public Voice (PPV)

- New PPV Role Description (defined expectations and support)
- Patient engagement day confirmed for September
- Expansion of PPV membership and sources of feedback

### Risks / issues

- Paediatric physiology establishment / network clinic support