

# South London Cardiovascular Network Progress Updates

**September 2022**

Workstream	Name
<ul style="list-style-type: none"><li>• CHD</li><li>• SE Vascular</li><li>• SW Vascular</li><li>• Heart failure</li><li>• Diagnostics and echo</li><li>• Outpatients and improving referrals</li><li>• Cardiac rhythm management / Inherited cardiac conditions</li><li>• Cardiac rehab</li><li>• Inter hospital transfers</li><li>• Chest pain / prevention</li><li>• Procurement</li><li>• Ortus remote monitoring</li><li>• Aortic stenosis</li><li>• AS community outreach</li><li>• KCH OPAT</li><li>• Specialised services: HIV</li><li>• Specialised services: Neurology</li></ul>	<ul style="list-style-type: none"><li>• Joe Eurell</li><li>• Ben Page</li> <li>• James Nsiah</li>  <li>• Joe Wood</li> <li>• Kirsty Clelland</li>  <li>• Freya Parker / Joe Wood</li><li>• Alice Ward</li><li>• Bethan O'Donnell</li>  <li>• Kathryn Harrop</li></ul>

# CHD Network update September 2022

Report from

Joe Eurell

Manager

Sally Watts

## Progress

### Operational

- Supporting GOSH paediatric surgical cases
- Fetal Cardiology support at Queen Charlotte's
- New virtual nurse-led vascular ring clinic
- New lead psychologist started in post
- New CNS appointments at Brighton
- Remote monitoring pilot complete (open to additional network centre)

### Activity

- 116 clinician attendances at network clinics Q1
- On track to meet predicted annual activity 2022-23

### Network Merger

- Joint vision statement published
- New network branding approved
- Joint network management team meeting – 26<sup>th</sup> August
- Draft governance proposal for internal review

## Required support

- N/A

## Focus over the next month

### Comms

- Confirm new network website go live date
- Network web page on ELCH website

### Admin

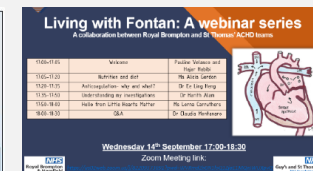
- Digital Staff Passports (migrate from traditional honorary contracts)
- Network clinic scheduling process review

### PPV

- Increase representation through engagement evening

### Upcoming Meetings/Events

- PEC Echo Education Programme (new block) – 7<sup>th</sup> September
- Fontan Patient Webinar – 14<sup>th</sup> September
- Patient Engagement Evening – 23<sup>rd</sup> September
- CHD Network Board – 13<sup>th</sup> October
- National CHD Networks Conference – 8<sup>th</sup> November



## Risks / issues

- CNS establishment – competing demands (e.g. service developments, nurse-led activity, ITU, requests for additional network clinics)

# South East London Vascular Network update August 2022

Report from

Ben Page

Manager

Alice Ward

## Progress

- GSTT and KCH working group priorities have been agreed. These will focus on South East London Varicose Vein Transformation, joint teaching sessions and a jointly held GP Education session.
- The Veins working group will be held between GSTT, KCH and LGT. All Trusts have agreed to be part of the group. The group will follow a double diamond method for the transformation, working back from the problem. There are also a number of options which have been proposed to kick start the work, e.g. sharing of clinic space, moving to a veins Network/ hub etc.
- The GP Education Event will be held in mid October, the panel for this event includes Lukla Biasi, Hani Slim, Natasha Patel, Chris Manu, Prash Vas and Michael Dialynas. Therefore there is a good mix of vascular and diabetes consultants as the event focuses on diabetic foot and vascular disease.
- The SLA's are waiting on finances to be agreed by the management team at GSTT. Due to the complexity of how consultant salaries are recharged currently it means that it is difficult to know an accurate amount to be agreed, without being over or undercharged. Sites are aware that the SLA's are imminent.
- The Vascular dashboard skeletons have been build, in terms of the data to add to the skeleton, this is being supplied by MTW already, DGT and LGT are due to provide this in the early weeks of September.
- We had been asked by Steve Black to conduct a procedure volume exercise for GSTT vs. other Vascular Network Hubs. This has been successful to conduct and has used NVR organisational survey data and NVR case data to complete this.
- Steve Black has also asked for another capacity and demand exercise to be completed. To ensure that this can happen we need the Trusts to submit data to us to enable identification of where there is capacity and demand within the Network.

## Required support

- May need some support from Dan to ensure that all avenues have been explored in the capacity and demand exercise.

## Focus over the next month

- As I leave on October 6<sup>th</sup> and have some periods of leave coming up I have around three and a half working weeks remaining. Therefore I am ensuring that all work is captured within my handover.
- I would like to ensure the SLA's are signed off and agreed by the end of September, so will ensure I continue to offer my support to Chris in regard to the finance.
- I will keep chasing for the Vascular dashboard data and provide commentary on the capacity and demand data exercise with what is available to me.

## Risks / issues

- Getting the Network data has taken a considerable amount of time, if this is submitted after I have left the role, it may mean that the capacity and demand exercise will need to be completed by a member of the team.

# South West London Vascular Network update August 2022

Report from

[Ben Page]

Manager

Alice Ward

## Progress

- I have not received any updates as of yet as to the progress of the SLA's. The working group which I was leading has been stood down as the GM at STG is working with a different part of the contracts team on this. It is my understanding that the SLA has been submitted for clinical review. There is likely to be a sticking point in the SLA being agreed by the spoke sites as an SPA for on-call has been included which the spoke sites do not believe they should be contributing to.
- The SWL operational meetings remain in the diary, we have had agreement from the spoke site GM's that they will submit data on a monthly basis in a similar vein in South East. However, despite providing the template and request for data to be returned I still have not yet received the data back yet.
- Have not had a further update as to the progress of the limb salvation clinic, I understand this is still intended to go ahead, but does require approval of business case. I have chased the nurses who are leading on this work, but have not heard back since.

## Required support

## Focus over the next month

- The next ASPH meeting will be held in the middle of September, it has been proposed to the clinical leads of this group that a smaller core group is held in place of the larger group. There is concern that the larger group is not achieving what it should, and therefore a smaller group of decision makers will be more effective.
- I will continue to follow up with the spoke site general managers regarding the monthly submission of data and ensure that they attend the monthly meeting
- As I leave on October 6<sup>th</sup> and have some periods of leave coming up I have around three and a half working weeks remaining. Therefore I am ensuring that all work is captured within my handover.

## Risks / issues

- STG have not paid their Referapatient invoice, therefore their account will be deactivated on Friday 2<sup>nd</sup> September if it is not paid before then. This has been escalated to the Director of Operations and also the clinical service lead. I have contacted Referapatient to emphasise

## Progress

### South London Heart Failure Network

- AF HF pathway approved by the South London HF Network
- Managing Heart Failure @home: Early adopters launch event held
- Expression of interest for Managing Heart Failure @home has been sent to stakeholders
- HF guidance, sacubitril valsartan changes and metolazone guidance for SEL sent to stakeholders for feedback
- SGLT2 inhibitors & Heart Failure: Information for patients, relatives, and carers – Approved by South London and North London HF clinical leads
- Meeting held with ICB, Community service and Secondary care to assess the capacity issue and demand increase at HFNS in Merton and Wandsworth
- HF MDT access information shared with community nurse team
- PIFU meeting held with secondary care colleagues to assess readiness
- Meeting held with primary care clinicians to improve engagement and better collaboration
- South London and North London work priority aligned

### Pan London Heart Failure Steering Group

- HFNS mapping survey results reissued due to challenges/missing results
- Pan-London HF Diagnostics CPIP pathway
- PIFU for HF Patients report completed

## Required support

- Primary care representation at the South London Heart Failure Network

## Focus over the next month

### South London Heart Failure Network

- Establish group to develop engagement with primary care, and learning from Imperial
- Continue PIFU work
- Coordinate the South London Heart Failure Network meeting
- Coordinate the Heart Failure Nurse Forum
- Coordinate the KHP M and M meeting
- Facilitate meeting with Merton and Wandsworth colleagues for plan RE capacity
- Next steps on HF@Home, evaluate all expression of interest
- Meeting with LMC to discuss HF and AF primary care pathways
- Meeting with SWL to agree join cardiac pharmacy role and improve guidance alignment with SEL

### 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)
- Review PIFU meeting report and update South London PIFU readiness position

## Risks / issues

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

## Progress

### London Cardiac Diagnostics

- Physiological Sciences - Cardio-respiratory Workbook
- Cardio-respiratory Apprenticeships
- Echo referral forms
- Consider diagnostics priorities in ICS
- DNA recording
- Diagnostic pathway for patient presenting with chronic persistent breathlessness
- National cardio-respiratory data collection

### SWL Acute Cardiology Workstream

- Rapid-access chest pain pathway
- Eco Mutual Aid programme
- Admitted and Non-admitted Patient Tracking List (PTL)
- My Planned Care

### SEL Cardiology Diagnostics Group

- GP Direct Access Pathways for CDC's
- CDC Workforce Model
- National Physiological Science Data Collection

## Required support

- Need support for the National cardio-respiratory data collection

## Focus over the next month

### London Cardiac Diagnostics

- Coordinate stakeholders attendance at the Echo & Diagnostic National Workshop
- Primary care breathlessness pathway (work with Dr Mo Albarjas)
- Pan-London standardised echo referral form ( work with Matt Watts and Nathan)
- Coordinate the National cardio-respiratory data collection, The data collection will take place in October 2022. Need to nominate a lead point of contact to support the process

### National Diagnostics Improvement Plan – Echo

- Work with systems to continue to expand Echo capacity across the Region through development of Community Diagnostic Centres
- Promote the expansion in the numbers of providers that deliver training in echocardiography.
- Promote education on who and when to refer for an ECHO
- Promote the expansion in the numbers of providers that deliver training in echocardiography (work with Emma Fletcher team)

## Risks / issues

- Delivery of the National Diagnostics Improvement Plan due to lack of staff
- Delivery of GIRFT recommendation due to lack of
- Delivery of CPIP Improved access to diagnostics and Early and rapid diagnosis due to the lack of

# Outpatients and improving referrals update September 2022

Report from

James Nsiah

Manager

Alice Ward



South London  
Cardiovascular Networks

## Progress

### South London Heart Failure Network

- Streamlining the referral process
- Supporting shared decision-making, e.g. through the use of digital health tools such as Managing Heart Failure @home
- Replacing traditional cardiac outpatient appointments with virtual clinics, technological solutions, care closer to home and Patient Initiated Follow Up
- Working with Kingston Hospital on PIFU cardiology pathways and patients leaflet

## Focus over the next month

### PIFU

- Establish a South London Cardiac Outpatient working group to meet every quarter.
- PIFU readiness mapping across south London
- Standardised PIFU pathways for cardiology
- Standardised PIFU patients leaflet for cardiology
- Optimise the use of A&G for cardiac outpatient referrals

## Required support

- Identify relevant stakeholders for working group

## Risks / issues

- Stakeholder engagement due to lack of capacity



# ICC and CRM Workstream Update

## Sept 2022

Report from	Joe Wood
Manager	Alice Ward

### Progress

- CRM**
- Finished review of device procurement contract at end of year 1.
  - Presentation to Pan-London group on CRM- well received
  - Developed a forward planner for Cath Lab refurbishments across South London
  - Equity Audit working group established and scope drafted. Audit will focus on complex devices in the first instance with Ablation removed from the current scope
  - LAS protocol on emergency arrhythmia and ambulance transfers reviewed collectively by NL and SL consultants
- ICC**
- ICC ToR refreshed and shared with steering group- positive feedback so far
  - ICC Spec Comm Pilot- Gerry gave presentation to ICC Steering Group to outline purpose/opportunities of pilot. Skeleton pack has now been drafted and is with Gerry for review before being shared with steering group for comments.

### Required support

- Support with data on ICC Spec Comm
- Support with identification of site leads for the transition work

### Focus over the next month

- Prep for ICC Steering Group meeting:**
- Focus on ICC Spec Comm Pilot- feedback on skeleton pack and agreeing approach for completion
  - Ortus also attending the meeting to give demo and lead discussion on how it could be applied to ICC
- Prep for CRM Steering Group meeting:**
- Discussion on next steps on procurement contract
- Other**
- Agree scope for CRM Devices Equity Audit and begin data collection
  - LAS to review feasibility of changes to protocol and set up meeting with consultants to finalise
  - Nurse Arrhythmia Forum- identify speaker for next forum
  - **Transition/care for CYP guidelines.** Mapping of current guidance on transition/care for CYP with cardiovascular conditions. Plan is to develop a set of tools/resources to support centres.

### Risks / issues

- Potential disengagement
- Lack of clarity/purpose

# Cardiac Rehab update September 2022

Report from	Kirsty Clelland
Manager	Freya Parker

## Progress

### Cardiac Rehab App Implementation (GroHealth)

- In person workshop with DDM held on 4<sup>th</sup> August in which we refined our requirements and set our expectations. We had some concerns around suitability following this meeting.
- DDM sent us the content on 23<sup>rd</sup> August for us to review.
- Following this review, the clinical team want the app to be used for low-risk patients, but not for heart failure patients.
- We are looking to procure the REACH HF app for Heart Failure patients.

### 22/23 Funding

- MOUs have been sent to CR teams and some sites have signed and returned.
- Delays in getting the funding transferred to us – it has now been sent to SEL ICB but we are waiting on it to be transferred to us.
- REACH HF training in September – I’ve been liaising with organiser to ensure everything is arranged.

## Required support

- N/A.

## Focus over the next month

- Work closely with DDM to implement GroHealth, focusing on low risk patients.
- Procure REACH HF digital app.
- Once we have received the funds from the SEL ICB, raise the purchase orders for the 22/23 funding.
- Identify what data we want to collect from sites once the post holders are in place to track the benefits of the funding and potentially extend it.
- Handover to Liberty.

## Risks / issues

- Delayed implementation of GroHealth app.
- Delayed transfer of funds for 22/23 funding.

# IHTs update

## September 2022

Report from	Kirsty Clelland
Manager	Freya Parker

### Progress

#### Angio/PCI

- IHT volumes have been relatively stable over the last 6 weeks, averaging around 20 a week.
- The waiting list has been generally well managed over the summer months and there have been few escalations.
- RB&H now more closely embedded into the system and attend the weekly capacity planning calls.
- St George's have consistently been taking more IHTs over the past 6 weeks, with an average of 7 a week (second only to King's average of 11 a week).
- There has been a decrease in the amount of IHTs St Thomas' has been taking.
- Initial discussions about Saturday Angio/PCI lists at St George's and King's have taken place.

### Required support

- N/A

### Focus over the next month

#### Angio/PCI:

- Map St Thomas' treat and return pathway and discuss their capacity.
- Work with Penny (new lead chest pain nurse at St George's) to embed a treat and return pathway.
- Work to see if Telelogic can make certain changes to the system (e.g. filtering out patients who are on waiting lists but aren't fit for transfer).
- Saturday lists – Freya is currently speaking to Croydon, Lewisham, PRUH, Kingston and Epsom and St Helier to understand if they have the right things in place to support the pathway (weekend cardiology cover and transport) and then we will be starting a pilot with King's Saturday lists and the DGHs that can support the pathway.
- Handover IHT capacity planning meetings and data collection to Liberty.

### Risks / issues

- Day of referral discrepancies (% treated within 2 days of referral dramatically drops at end of week for Angio/PCI)
- Potential 'cherry-picking' of cases.
- Lack of treat and return pathway at St George's/ring-fenced beds.
- Capacity at RB&H potentially being underutilised.

## Other Updates September 2022

Report from

Kirsty Clelland

Manager

Freya Parker

### Progress

#### Chest Pain

- Chest Pain Working Group to meet on 13<sup>th</sup> September to discuss establishing a standardised ED pathway.
- Over the last month or so there has been more communication between the LMC and Sanjay re: the chest pain pathway but the issues are yet to be resolved.

#### CVD Prevention

- First group meeting took place at end of July, next meeting taking place next Tuesday.
- Group decided the focus should be mapping cardiovascular services for ABC conditions.

### Required support

N/A.

### Focus over the next month

- Follow up actions from 13<sup>th</sup> September Chest Pain Working Group and handover the group to Liberty.
- Handover the pathway discussions to James.
- Follow up actions from next week's CVD Prevention Programme meeting and handover.
- Meet with Rachna to discuss next steps for Vital 5 Hypertension work and handover.
- Handover fortnightly Vital 5 project manager meetings.

### Risks / issues

- Lack of engagement from chest pain teams in between working group meetings – stagnating progress.
- Ongoing LMC issues with chest pain referral pathway.

# Collaborative Procurement update September 2022

Report from

Freya Parker, Joe Wood

Manager

## Progress

- Year 1 review CRM contract monitoring meetings held.
  - Targets met by: GSTT, KCH, ESH, Lewisham. Rebates released.
  - Targets not met by: SGH and Dartford (spent too much with Boston), Croydon (cath labs closed), Kingston (activity reduced)
  - All agreed to improve compliance for year 2
- PCI contract monitoring
  - Progress made on compliance with correct stock in place in labs
  - Clinical Council met June 2022, agreed to extend contract with Boston (Abbott contract is 4 years).
  - Clinical Council agreed to carry on improving compliance with synergy usage to ensure maximum benefit

## Focus over the next month

- Continue contract management to improve PCI and CRM compliance to maximise savings
- Seek approval in writing from all Trusts to extend the PCI Boston contracts, and notify CFOs
- Begin conversations about possibility of extending CRM contracts in 2023 or possibility of repeating exercise
- Restart conversations about next priority area

## Risks / issues

- 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.

## Required support

Support from Supply Chain/HST to extend PCI contracts once agreed.

### Progress

- Agreed deployment dates for GSTT:
  - ✓ Harefield 7 Sep 22
  - ✓ Royal Brompton 14 Sep 22
  - ✓ St Thomas' 21 Sep 22
- Clinical council met 26 August to update surgery clinical leads and get support for standard operating procedure
- KCH working group established, lead nurse identified and project management resource agreed.
- MOUs shared with sites to outline funding support.

### Required support

Freya will be point of contact whilst Alice is on leave – expected minimal support as Ortus quite self sufficient with delivery.

### Focus over the next month

- GSTT IG team to sign off DPIA and SLSP
- GSTT to pull master dataset from GSTT BIU Team to prep for batch upload
- Ortus to finalise batch upload process
- St George's engagement to initiate project and set up working group
- Presentation to national team and other pilot sites on 19 September to share learning

### Risks / issues

- St George's lack of engagement, impacted by uncertainty around clinical lead post
- Delayed IG sign off from GSTT for DPIA and SLSP

## Aortic Stenosis update September 2022

Report from

Bethan O'Donnell

Manager

Kate Jones

### Progress

- Continued AS working group meetings
- Agreed to simplify referral process even further in AS working group – going to ask for just a detailed clinic letter with some key elements, rather than lengthy referral form as some were leaving large gaps of information
- Agreed to be SGUH put on hold for time being and pick back up these conversations in a couple of months
- Continued conversations with RBH around set up of SPA

### Focus over the next month

- Review comms with referring centres outlining simplified referral process
- Amend GSTT clinic proforma – work with Karen on this
- Finalise time that works for RBH to meet – have been having email conversations but want to take this to next step of regular meetings (once a month to begin with)

### Required support

- If anyone in team has Adobe PRO software – to edit clinic proforma form – or is there a way I can request this software (there is a cost)?
- Continued support and engagement from clinical colleagues across all sites

### Risks / issues

- Continued risk/issue around lack of engagement from RBH – working with them directly
-

## Aortic stenosis community outreach September 2022

Report from

Bethan O'Donnell

Manager

Kate Jones

### Progress

- Edwards have agreed to fund the Band 7 TAVI nurse educator/inequity project support role for 1 year (£70k)
- Sent a paper for July Lewisham PCN forum meeting outlining our mobile valve clinics and project, and where we would be looking for the support from GP practices to host a mobile valve clinic
- Attended Lewisham PCN meeting in August to discuss directly – they are keen to host mobile valve clinics and support the project
- Continued working with Mabadiliko to deliver community engagement element – they have completed the survey and are undertaking analysis on this

### Focus over the next month

- Work with King's to ensure Band 7 Nurse post is advertised and recruited into as soon as possible
- Meet with Lewisham GP federation representative to follow up conversation regarding mobile valve clinics
- Mabadiliko to complete focus groups and 1:1 interviews for the community engagement element of the project
- Review initial Mabadiliko findings from the survey
- Continue to develop the mobile valve clinics – finalise referral criteria, which GP practices will host, requirements of the room needed to deliver clinic (meet with Phil and Echophysilogist)
- 13<sup>th</sup> September launch event in Lewisham – ensure everything is finalised for this

### Required support

- None identified.

### Risks / issues

- Delays to Band 7 Nurse recruitment which holds up the delivery of the mobile valve clinics/education
- Delays to set up of mobile valve clinics – continuing to liaise with GP practices and representatives who are keen to host to mitigate against this



# KCH OPAT pilot update

## September 2022

Report from

Bethan O'Donnell

Manager

Kate Jones

### Progress

- OPAT steering groups meeting bi-weekly February – present
- Been meeting with clinical team weekly to progress actions
- Working directly with KCH comms team to develop and implement comms plan – developed patient leaflet, Kwiki (intranet) page, external facing webpage for patients and referrers
- Regular meetings with Baxter (external OPAT provider we are working with) to ensure everything is in place ahead of launch
- New staff members recruited (Secretary, pathway coordinator, x2 Band 7 Nurses, Pharmacist)

### Focus over the next month

- Launch OPAT service 5<sup>th</sup> September
- Ensure contract is signed and finalised with KCH legal team
- Ensure clinicians finalise and sign off SOP
- Iron out any issues that arise post-launch
- Ensure we are getting enough patients referred to OPAT from the outset – encouraging clinicians to attend MDTs and liaise with clinical colleagues to identify patients who are suitable
- Ensure clinicians give Baxter a heads up of where first batch of patients live so they can ensure they have the nursing support in place in those areas
- Ensure KPIs are recorded correctly from outset by pathway coordinator

### Required support

- Annual leave 2nd - 9th September (steering group meeting 6<sup>th</sup>, I won't be around for launch week in case there are any issues)
- Andrea – working with Sarah Middleton to ensure final comms pieces/King's staff bulletin piece is ready to go out w/b 12<sup>th</sup> September

### Risks / issues

- Contract not agreed and signed ahead of 5<sup>th</sup> September launch – linked in with contracting lead who is progressing this
- Influx of patients on launch week – have amended comms plan to mitigate against this

# Pilot: HIV testing in Emergency Departments (EDs), lost-to-follow up and hepatitis B/C testing in EDs

Prepared by: Kathryn Harrop

Reporting period: August 2022



**South London**  
Specialised Services  
Delegation Programme

## Progress

- 98,211 HIV tests done in South London in Q1. Increased the average number of HIV tests per month in across South London by 8,000 compared to April.
- Significantly increased testing uptake at St Helier from 300 in April to 2,400 in July. Gradual increases at Kingston and Queen Elizabeth Hospital Woolwich.
- Media coverage on the [BBC](#) and in the [Evening Standard](#) highlighting opt-out HIV testing in EDs, featuring Croydon.
- Visited Kingston, St George's, University Hospital Lewisham and Queen Elizabeth Hospital Woolwich, met with HIV and ED teams to discuss how to increase uptake.
- Designated an SRO for Hep B/C testing in EDs in South West London, met with South West London Pathology and South East labs to discuss capacity for testing.
- Modelled funding for hepatitis screening and engaged NHSE London team to discuss any gaps.

## Required support

- Project groups to be set up for each site including ED, hepatologists, SRO to manage the roll-out of hepatitis screening.
- NHSE London region to confirm funding for 23/24 for hepatitis screening.
- Work with hepatitis ODN leads on use of funding and capacity.
- Engage BI leads to discuss hepatitis screening reporting requirements.

## Focus for next month / Upcoming milestones

- Launch hepatitis B/C testing in at least one ED in South East (GSTT) and one in South West (Croydon).
- Write letters to trusts with allocations for funding for each site for hepatitis B/C. Ensure MOUs are signed and funding has come through to trusts.
- Present at Urgent and Emergency Care Board on 2<sup>nd</sup> September re: hep b/c testing.
- ED opt-out testing learn and share event on 28<sup>th</sup> September.
- Finalise LTFU template for data collection.
- Check plans for using HIV community support funding allocation at all sites.
- Work with trusts to implement plans to block repeat testing, starting with KCH.
- Visit KCH and Epsom and St Helier sites.

Rating	Risks	Mitigations
	SW London project risks: IT freezes, changing to two blood bottles, LIMS launch October 11 <sup>th</sup>	Awaiting update from Strategy re: IT freeze, ED agreed to change to two blood bottles, launch at labs onsite in SW e.g. Croydon/Epsom
	Teams concerned about launching without e.g. funding in place	Project teams to explore team capacity, anticipated prevalence
	More funding needed for hepatitis screening in SE London	Share funding modelling with NHSE, contract leads, ICS leads