

South London Cardiovascular Network Progress Updates

April 2023

Workstream	Name
<ul style="list-style-type: none">• Aortic stenosis• Aortovascular• Cardiac rehabilitation and chest pain• Cardiac rhythm management• Cardiac surgery• Coronary• Coronary heart disease• Diagnostics and echo• Familial hypercholesterolaemia• Heart failure• Hypertension• Inherited cardiac conditions• Inter hospital transfers• MDTs• Outpatients (PIFU, pathways)• Structural interventional• South East Vascular Network	<ul style="list-style-type: none">• Bethan O'Donnell• Freya Parker• James Nsiah• Joe Wood• Freya Parker• Freya Parker• Joe Eurell• James Nsiah• Joe Wood• James Nsiah• James Nsiah• Joe Wood• Freya Parker / Maria Dyson• Maria Dyson• James Nsiah• Freya Parker / Bethan O'Donnell• Charlotte McNerney

Aortic stenosis update

April 2023

Report from

Bethan O'Donnell

Manager

Kate Jones

Progress

SPA

- Had a network aortic stenosis working group meeting 9th March, which was well attended by all of the sites.
- Reviewed pathway duration data from KCH and GSTT from pathway launch (May 2022) to date to understand if the SPA has improved wait times.
- Early discussions with RBHH show they are keen to pick back up conversations around implementing the pathway.
- Attended a meeting on 28th March, set up by Justine States/Gerry Carr-White/Vias Markides to launch a cross-site aortic stenosis working group between GSTT and RBHH.

Mabadiliko report

- Final report has been shared with network stakeholders and beyond, with really positive feedback and engagement.

Required support

Focus over the next month

SPA

- KCH to gather more accurate SPA data, to include all patients who have gone through the pathway and not just those where the referral was received through the SPA email address.
- Set up a meeting between KCH, GSTT and RBHH Nurses who lead/will be leading the pathway to discuss how best to progress with implementing the SPA and share learnings at RBHH (if still required following the 28th March meeting).
- Discuss modification of direct listing for the TAVI pathway in the next network meeting.

Mabadiliko report

- Continue to work with valve inequity steering group to develop plans around implementing the recommendations from the Mabadiliko report.
- Link in with Ann (network TAVI Nurse educator) to develop ideas and plans for educational events to be hosted over next year.

Risks / issues

- **Issue:** Duplication of efforts between NLODN, SLODN and RBHH as Brompton and Harefield have previously been working with SL on implementing the pathway, but some clinicians (Shelley Rahman-Haley) have started to work with NL. **Action:** continue to engage with Jon Byrne/Justine States/NLODN to understand where this work best fits.

Aortovascular Update April 2023

Report from

Freya Parker

Manager

Alice Ward

Progress

- Successful Pan-London Aortic Dissection Event on Friday 10th March 2023. Focus to get feedback on a draft Pan London Acute Aortic Dissection pathway.
- Attendance of 55 people representing the below specialties:
 - Cardiac surgery
 - Cardiology
 - Critical care
 - Emergency departments
 - Radiology
 - Vascular surgery
 - London Ambulance Service
 - Aortic Dissection Awareness UK and Ireland
 - Aortic Dissection Charitable Trust
- Feedback recorded and collated by scribes and a summary document has been produced to summarise what people liked and what people would like to see included.

Required support

- Event organising and running advice and sharing of expertise.
- Advice on how to use an event to gather feedback on a proposed pathway.

Focus over the next month

- Feedback summary document to be shared with attendees of the event on 10th March.
- Working groups to be established to take forward implementation of the pathway. Discussions continue regarding the structure and timings of these.
- Focus on data collection and sharing for both Type A and Type B dissections.
- Explore GP education sessions with Catherine Fowler from the Aortic Dissection Charitable Trust.

Risks / issues

- Political and relationship challenges still require close management.

Cardiac Rehab and Chest Pain update

April 2023

Report from

James Opong Nsiah

Manager

Alice Ward

Progress

Cardiac Rehab App Implementation (GroHealth)

- Toby requested revisions on the PT videos and these have been amended by DDM.
- Need to agreed a training date for staff and project go live date

22/23 CR Funding

- Feedback collated on REACH HF study.
- All invoices paid for REACH HF courses and manuals.
- NHSE Strategy Unit are in the process of completing interviews as part of the national evaluation of cardiac rehab funding. Interviews have been set up with stakeholders from the Network, GSTT, DDM and nurses from CLCH, Croydon and St George's.
- All the service have been informed that they can carry over the 2022/23 funding to meet their obligation under the MOU

Chest Pain Working Group:

- Completed handovers from Sanjay to new co-lead chairs Rupert Williams and Zeeshan Khawaja.
- Rupert has met with the ODN to scope out ideas for working group content and priorities.
- Begun planning for in-person meeting in April has been arranged.
- Rupert Williams and Zeeshan Khawaja have meet with Dr Nicola Jones to discuss the response to the LMC

Required support

- N/A

Focus over the next month

Trajectory planning:

- Follow up on red and amber services action plan to ensure they reach Green NACR accreditation status in 2023/2024
- Cardiac rehabilitation development day in Birmingham
- Set a go live data for DDM app

REACH HF funding:

- Explore options to fund digital access to REACH HF for 2023/24.

NHSE Strategy Unit:

- Evaluation interviews completed. Strategy Unit to work with the Network to baseline data and begin data monitoring.

Chest Pain Working Group:

- Communicate handover to working group stakeholders.
- Organising re-launch of the working group via in-person meeting in April.
- Chest pain wording to be finalised by the chest pain group

Risks / issues

- Industrial strikes increasing engagement issues

April 2023 CRM Workstream Update

Report from	Joe Wood
Manager	Alice Ward

Progress

- CRM Business Plan agreed
- First draft of Tachycardia pathway drafted and ready to be presented to South London and North London CRM networks
- First draft of Syncope pathway produced. Ready to be presented to networks following production of corresponding Bradycardia pathway
- CRM Equity Audit- data presented to equity audit working group along with initial hypotheses for variation in device implants
- Reconfiguration of IHT data sheet
- 2 RBH clinicians joined CRM network group filling a gap in representation from the site
- CRM Procurement- Q3 figures received and meetings set up with sites to review as needed
- Curriculum for this year's Nurse Arrhythmia Forum developed. 3 sessions outlined: Healthy Eating & AF (scheduled 28th April), Joint ICC/CRM Session (scheduled Q2) + joint CRM/Heart Failure session with Medtronic (scheduled Q3/Q4)

Required support

Focus over the next month

- Finalise baselines for CRM procurement extension
- Finalise Tachycardia pathway
- Draft and finalise Bradycardia/TLOC/Syncope pathway
- Look at how to support implementation of syncope pathway in particular
- Implement changes as per NHSE policy on ablations including setting up process for joint decision making tool, collection of PROMS data and Blueteq
- Agree approach for working on Ablation pathway
- Continue development of IHT work- work with CRM group to agree escalation points
- Share ablation and devices data with CRM group on monthly basis with quarterly discussion at network meeting
- Next steps in Equity Audit project

Risks / issues

- Currently lots of appetite and proposals for working on various pathways. Need to ensure that there is sufficient capacity to complete work and that each proposed pathway gets the required level of input from the group

Cardiac Surgery Update

April 2023

Report from

Freya Parker

Manager

Alice Ward

Progress

- Challenged waiting list position across London, with the majority of P2 cases on the waiting list at Barts and RBH/HH.
- Cardiac anaesthetist pay disputes, challenges with weekend working and increased non-elective work all having an impact.
- PLCS meeting 5th April focussed on waiting list challenges, full notes and proposals to be worked up and shared with the group. Discussion of potential solutions including options for making efficiencies and high volume low complexity (HVLC) hub.
- Mr Livesy retired on 31st March 2023 and discussions continue regarding clinical leadership for cardiac surgery at St George's.

Required support

- Support if needed with relevant actions in relation to clinical leadership and P2 waiting list.

Focus over the next month

- Support discussions following the PLCS meeting.
- Await update regarding clinical leadership at St George's and support relevant actions.
- Continue to work on clinical governance reporting template with King's and St George's and aim to get this completed on a consistent basis in line with St Thomas'.
- Continue to monitor deaths on the waiting list with nominated individuals at each site.

Risks / issues

- Clinical leadership planning at St George's.
- Distribution of risk related to P2 patients on the waiting list across London.

Coronary Workstreams Update

April 2023

Report from

Freya Parker

Manager

Alice Ward

Progress

Chest Pain Working Group

- In-person working group planned for the afternoon of Wednesday 26th April 2023, re-launch of workstream.
- New consultant chairs in place, Dr Rupert Williams and Dr Zeeshan Khawaja.
- Refreshed focus to cover all chest pain, including NSTEMI and ACS pathways, rather than solely stable chest pain.

PCI Drug-Eluting Stent Procurement

- Achieved a 17% increase in compliance in 2022, equating to £250,000 of savings. Compliance maintained to date in 2023.

Pan London Cardiogenic Shock Working Group

- First meeting in February 2023 with cardiology and critical care representation from all London centres, agreed focus of the group and engagement with the work.

Pan London Out of Hospital Cardiac Arrest Working Group

- Responsibility for working group transferred from Pan London network, Kelly in North London leading first working group arrangements with myself supporting.

Required support

- Event organising and running advice and sharing of expertise.
- Engagement from clinicians with returning data.

Focus over the next month

Chest Pain Working Group

- Focus on working group planning and organisation to ensure a successful first meeting of the refreshed group.

PCI Drug-Eluting Stent Procurement

- Work to maintain improved levels of compliance.
- Focus on areas of non-compliance e.g. use of Medtronic has increased above compliant levels at King's.

Pan London Cardiogenic Shock Working Group

- Continue work with South London centres to complete survey and collect data in preparation for next meeting on 5th May.
- Working groups to be established following next meeting.

Pan London Out of Hospital Cardiac Arrest Working Group

- Continued support for arrangement of the working group and identified actions.

Risks / issues

- Risk of centres completing cardiogenic shock survey in time for next meeting.
- Risk of not maintaining improved PCI DES compliance.

CHD Network Update

April 2023

Report from

Joe Eurell

Manager

Sally Watts

Progress

Operational

- PICU bed pressures and cancellations
- Expansion of remote monitoring service
- SLAs 23-24 sent to network partners for review
- 404 consultant-led network clinics 23-34 (189 GSTT + 215 RBH)
- Junior Doctor strikes (impact on 9 clinics)

Network Merger

- Interim (merged) NMT from 1st April
- New Board appointed
- Intro meetings with RBH network colleagues
- Merging Working Group structures
- New website to launch

Required support

- N/A

Focus over the next month

Regional / National Priorities

- Workforce review
- Waiting list and cancellation reporting

Network Priorities

- SLA 23-24 sign-off
- Network clinic profile review
- PPV recruitment
- New Memorandum of Understanding

Upcoming Meetings/Events

- Annual European Society of Cardiology Conference – 21/4
- ACHD Clinical Case Series – 25/4
- Neonatal Cardiac Course – 4/5
- Network partner coffee morning – 28/6
- 20th Annual Pan-London CHD Course – 29/6

Risks / issues

- Difficulty staffing requests for rescheduled and additional network clinics at consultant and CNS level
- Awaiting confirmation of funding for 2023-24 from NHS England

Diagnosics & Echo update

April 2023

Report from

James Opong Nsiah

Manager

Alice Ward

Progress

- Echo – Cardiac Network Action plans
- DNA audit/ Focus on - How much DNA is 'acceptable"
- Diagnostic pathway for patient presenting with chronic persistent breathlessness
- National cardio-respiratory data collection lead for each trust identified
- CDC goes live
- 20K bit successful for Echo funding following the STAR workshop

Focus over the next month

- Standardising echo referral forms across network
- Diagnostics month – feedback and outcome
- GSTT pilot junior doctor echo training for level 1 echo
- DNA audit and improvements learning from lowest sites
- Implement clinically led triage of echo referrals SWL
- Develop the clinically appropriate echo review programme
- Exploring the potential for echo training academy for London
- Implementing passporting arrangements so staff can work across sites
- Diagnostic pathway for patient presenting with chronic persistent breathlessness
- Working with NL and SL colleagues to align priorities
- Standardised Echo referral template update for GSTT and Kings
- Diagnostics and Echo joint follow-up event in Birmingham

Required support

Risks / issues

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

April 2023 FH Workstream Update

Report from

Joe Wood

Manager

Alice Ward

Progress

- Agreement to establish new FH workstream
- Chair appointed and draft ToR agreed with chair
- Early draft business plan produced with key focus areas of; education, data, coding and prevention
- FH chair attended ICC meeting to begin to align FH and ICC work and identify areas for joint working
- Steering Group have been contacted and have received positive response and feedback on initial plans

Required support

Focus over the next month

- First meeting to be held in late April/early May
- Agree and finalise ToR and business plan
- Identify member who can sit on both ICC and FH groups to maintain close working relationship and alignment between the 2 workstreams.

Risks / issues

- Potential disengagement
- Lack of clarity/purpose

Heart Failure

April 2023

Report from

James Opong Nsiah

Manager

Alice Ward

Progress

- Entresto – work on Entresto (Sacubitril valsartan) formulary changes, amber 3 to amber 2, which means that Sacubitril will be started by HF specialist in secondary care, but after the first month the drug prescribing responsibility can be transfer to primary care- SEL (need to aligned guidance in SWL)
- LGST2i -has now been added to the primacy care guidance documentations, amber 1, can be started in primary care on the advice of HF specialist
- HFSN service in Wandsworth and Merton, the task and finish group has implemented mitigating actions to the address the HFN workforce shortage. The group is due to meet again in a couple of weeks to review the impact on wait times.
- HFSN survey, joint work with the NL team to update and complete the survey.
- South London HF priority & strategy for 2023/2024
- South London HF ambition agreed in line with NL

Required support

- HF data to monitor activity flow in SWL
- Core clinical data set for primary care review of known diagnosis
- Primary care engagement

Focus over the next month

- Heart Failure Nurse Forum
- Pan-London Pharmacist Subgroup
- ORTUS, Remote monitoring for heart failure
- Heart failure position statement for south London review
- HF Funding proposal for 2023/24
- HF primary care minimum ask template

Risks / issues

- The HFNS in in Wandsworth and Merton still represent a risk, at the moment the waiting time and backlog for the HFSN service is now incising particularly in Merton.
- Divergence of SEL and SWL prescribing guidance

Hypertension update

April 2023

Report from

James Opong Nsiah

Manager

Alice Ward

Progress

- Free 'Vital 5' health check with your COVID-19 booster and/or flu vaccination at GSTT
- CESEL Data using Cerner, including prevalence and gap
- Vital 5 minimum ask document completed
- Reviewing current end to end pathway viral five MACC
- Scoping research & data analysis –primary and secondary data sources from local & system-level partners.
- Influencing decision-makers to prioritise Vital 5 data sharing across primary, secondary and community care service
- Facilitating discussions between service providers, commissioners & local CBOs to priorities Hypertension and ensure it is on equal footing with diabetes
- Theory of Change - Dr Ibi Fakoya and Dr Rachna Chowla
- Mapping of services vs the evidence based interventions stated in Lucinda document
- Mapping of BP services in SEL
- Community pharmacy BP (evaluation in progress) SEL
- **Cholesterol** (lipid management led by the HIN)
- **AF** (SWL bid to work with industry to sponsor a quality improvement programme)

Required support

- Understanding the impact of Hypertension condition in secondary care hospital activity

Focus over the next month

- Evaluation of the SEL Hypertension Inequalities Programme
- Lambeth Together Partnership Programme Hypertension
- Agree Hypertension ambition for SWL and SEL
- Review whole-system pathway for hypertension
- Hyperbaton patient Education programme alignment SWL and SEL
- Cerner -developed a probabilistic BP risk model, possibility to apply/develop in SEL when Discovery allows
- Mapping BP services in SWL
- Beacon BP checks in the community
- Coordinated 'high-street health' –extending on the Community pharmacy BP checks and the Lambeth Barber shop pilot (EVALUATION requested)
- Developing the community testing protocol with Mabadiliko
- SWL CVD Prevention Decathlon programme
- Vital 5 citizens guide: co-created with citizens vital 5 education/self-management support/community asset support
- Developing the community pharmacy BP programme
- Hypertension Dashboard developed by Power BI
- BP @ home evaluation (HIN evaluation in progress)
- Align work priority with Primary care DES

Risks / issues

- SEL ICB governance structure is still unclear, and there fore the SEL CVD meeting is not integrated with in the ICB current structure
- With out adequate funding and resources w we will not be able to achieve the NHS 77% targets in South London

April 2023 ICC Workstream Update

Report from	Joe Wood
Manager	Alice Ward

Progress

- Received funding from GSTT charity for Ortus pilot with cohort of LQTS patients at St Thomas. Working group established, project plan and evaluation framework drafted.
- Develop resources for Ortus platform including patient questionnaires, pathways and information & education materials
- Work with North London ICC group to share experience of network working and to identify common areas of work
- Ongoing review of network ICC MDTs, how we can improve and make accessible to all
- Agreement to establish data working group to support ICC work, in particular for the spec com pilot
- Agreement to hold joint ICC and Arrhythmia Nurse Forum
- Agreement to hold primary care session in April

Required support

- Support with data on ICC Spec Comm

Focus over the next month

- ICC LQTS Ortus Project- establish project steering group, develop patient information resources, continue to work with Ortus to go live
- Review current MDT process and put forward suggestions to be discussed at next network meeting
- Develop programme plan to underpin ICC business plan
- Work with North London group to align educational offers in ICC

Risks / issues

- Potential disengagement
- Lack of clarity/purpose

Inter-Hospital Transfers update

April 2023

Report from

Freya Parker/Maria Dyson

Manager

Alice Ward/Tania Massey

Progress

Angio/PCI

- IHT volumes have averaged 22 in a week over the last 6 weeks.
- St Thomas' are in a challenged position with accepting IHTs and accepting an average of 1 per week over the last 6 weeks.
- St George's has increased their capacity to take more IHTs (average of 9 per week) and the treat and return pilot with Epsom and St Helier is working well. The main risk to the pathway is transport at St Helier.
- Past 6 weeks, waiting list times has escalated to amber status three times and red status three times.
- Key driver of increased waiting times is LGT referring most patients to STH who have capacity challenges.

Surgery:

- Waiting list pressures have improved since St George's re-commenced acceptance of IHTs but are still a challenge.
- IHT volumes have averaged 13 in a week over the last 6 weeks.
- Past 6 weeks, waiting list times has escalated to amber status twice and red status four times.

Required support

- Support for increased monitoring and coordination during junior doctor strikes.

Focus over the next month

IHTs:

- Present transport findings to cardiac ODN steering group/chest pain working group and discuss options in improving the system.
- Conversations happening with the team at LGT to aim to refer patients to RBH/HH in addition to the South London joint list, as they have capacity to support.
- Continue conversations with team at STH, to understand pressures impacting IHT capacity and actions to support.

Surgery:

- Re-introduce weekly monitoring call with Maria chairing.
- Data analysis from Teleologic to understand drivers of long waits and try to understand the situation more clearly.

Risks / issues

- Continued pressure on all IHTs and capacity reductions anticipated due to strikes.
- LGT referral practice and not changing to include RBH/HH.
- St George's treat and return exclusion criteria.

JCC MDTs update

April 2023

Report from	Maria Dyson South London Coordinator
Manager	

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.
- Decrease in same patients being discussed across the 3 sites, intercepted by Maria triaging referrals.
- Attended network meetings with the clinical leads across the 3 sites.
- Surgical Proformas across the 3 sites, to increase the readiness of patients awaiting surgery.
- MDT audits and take on responsibility for MDT coordination.
- Lead the IHT weekly meeting for Angio/ PCI and Surgery across the 3 sites.

Focus over the next month

- Discussion between DGHs- capturing issues and potential areas for improvement.
- Standardise clear pathways for communication.
- New pathway to fast track patients back to the referring hospital once intervention/ surgery completed.
- Attending steering groups. Increasing lab capacity hours to longer days/ 6days a week.
- Encourage DGHs to refer to Royal Brompton for Angio/ PCI to increase overall capacity.
- Merging of the IHTs across the 3 sites.

Required support

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

Risks / issues

- Focus on improvement on imaging transferring across DGH and tertiary centres.

Outpatients (PIFU & Pathways) April 2023

Report from

James Opong Nsiah

Manager

Alice Ward

Progress

- HF and AF secondary care and primary care pathway discussion with the LMC is still ongoing
- Chest pain clinical lead now in post
- Chest pain pathway has been reviewed by clinical leads
- PIFU work with secondary care colleagues is still ongoing to assess readiness
- Vital 5 make every contact count rollout in outpatient

Focus over the next month

Meeting with LCM to progress the primary care pathways

PIFU

- Continue PIFU work – look at the option of Nurse led service
- 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

Risks / issues

- LMC opposition to pathways

Structural Interventional update

February 2023

Report from	Freya Parker/Bethan O'Donnell
Manager	Alice Ward

Progress

Mitral/MitraClip

- All sites currently completing governance data collection for 1st April 2022 – 31st March 2023, to cover the first full financial year of the service being formally commissioned.
- Aim to work towards a single mitral pathway, following a similar approach to the AS single point of access pathway. Particularly important to ensure access for patients at St George's and in SWL.

Pan London Structural Working Group

- Successful first meeting 26th January 2023 with data shared from all sites in relation to TAVI service organisation, activity and waiting times.
- Definitions agreed for each data point with Dr Mullen and Dr Byrne (clinical leads) and to be shared with the group for a further data collection.

Required support

- Continued support from MitraClip lead clinicians from RBH, St Thomas', King's and Barts.
- Engagement from clinicians at the pan-London working group for discussing the service and aims.

Focus over the next month

Mitral/MitraClip

- Discuss plan for single pathway with Jon Byrne and plan for next steps.
- Collate governance data for all services and share with the group. Potential to agree actions for future service provision dependent on data.

Pan London Structural Working Group

- Data definitions to be shared with the group for a further data collection and meeting to be scheduled to review. Need to plan a clear aim for the meeting and use of the data going forward.

Risks / issues

- Risk of lack of progress of mitral pathway due to ensuring AS pathway is embedded.

South East Vascular Network Update

April 2023

Report from

Charlotte McNerney

Manager

Alice Ward

Progress

- Varicose Vein Working Group:
 - Process Maps refreshed
 - Date agreed for the next working group
- Varicose Vein Insourcing:
 - Initial meet completed
 - Working with stakeholders across 3 trusts, insourcing company and APC to implement
- Primary Care Engagement
 - Working with Clinical Lead – communications
 - ICB meet

Focus over the next month

- Varicose Veins – insourcing at QMS, LGT and GSTT
 - LGT to commence April
 - QMS to commence May
- Supporting LGT with Patient Pathway Improvements
- Primary Care Engagement – Comms out to GPs
- Review of the GSTT model out at MTW and potentially LGT
 - Discussions around bringing the services back to GSTT hosted
- Meeting Surgeons out in spoke sites

Required support

- Engagement from LGT

Risks / issues

- LGT Booking OPA appointments into December 2024, lack of data for Job Planning – Meeting on 24th April to address issues