NHS
South London
Cardiac Operational Delivery Network

19 March 2020

TO: South London Cardiologists

From: Jonathan Byrne, Clinical Director of Cardiovascular Services, King's College Hospital

Brian Clapp, Clinical Lead, Cardiology, Guy's and St Thomas' Hospital

Rajan Sharma, Care Group Lead, Cardiology, St George's University Hospital

RE: Cardiology patients due to COVID-19 outbreak

Dear colleagues,

Due to the coronavirus (COVID-19) outbreak, it is essential to make dramatic and evolving changes to the way we deliver care to cardiac patients. The below is to inform you of the current plans for treatment of cardiac patients at south London tertiary centres – King's College (KCH), St Thomas' (GSTT), and St George's (SGUH) hospitals – particularly those presenting as emergencies.

1. Because of the demand on services, routine work has virtually ceased.

2. We will continue to provide primary PCI for patients presenting with STEMI. At present this will be at all three sites (GSTT, KCH, SGUH), and work is being done to increase resilience within those teams. However, there is recognition that as we move into the peak of the epidemic it may be difficult for heart attack centres (HACs) to staff individual rotas. We are taking steps to maximise and combine resources across south London. Although uncommon there may also be an argument for the use of thrombolysis in certain cases, however this would need to be discussed and decided on a case-by-case basis.

3. Over this period, there will be significant pressures on cardiac surgery in which case numbers will likely significantly reduce. Therefore for urgent/emergent patients who cannot be safely discharged there should be careful consideration over whether they can be treated percutaneously (PCI/TAVI etc.) to avoid prolonged inpatient stays. This will be necessary to reduce the inpatient exposure of these patients who are at higher risk from COVID-19, and to release beds as quickly as practical for the expected surge in illness secondary to the coronavirus.

4. For patients presenting with acute coronary syndrome (ACS) we need to develop pathways that are efficient and appropriate. This should include consideration of the use of medical therapy and early discharge. Whilst this will be easier for lower risk patients, it should be also strongly considered for the higher risk cohort (particularly elderly patients) who do not have ongoing symptoms. Inter-hospital transfers should be avoided, and patients treated locally where possible. It is recognised that decision making in this group of patients will be difficult, and there will be some patients who may suffer adverse cardiac events as a consequence, although this does need to be balanced with the risk of staying in hospital and developing COVID-19. It would make sense to discuss and document decision making carefully and we encourage clinicians to

discuss the more difficult patients with the teams at GSTT, KCH, and SGUH in a 'mini-MDT', and recognise that this needs to take place on a daily basis. To facilitate this we suggest contacting the cardiac catheter labs on the numbers below, as they will have a rota of who is available even if the consultant is not immediately present.

GSTT 020 7188 1040
KCH 020 3299 3986 / 020 3299 3990
SGUH 020 8725 2861 / 020 8725 1704

5. In order to rapidly investigate and treat those patients who do need angiography for ACS we are working on increasing our treat and transfer pathways and will discuss with individual trusts steps that need to be undertaken to support this.

Please do not hesitate to contact us directly if you have any specific queries.

Sincerely,

Dr Jonathan Byrne

Clinical Director
Cardiovascular Services
King's College Hospital

Dr Brian Clapp

Clinical Lead
Cardiology
St Thomas' Hospital

Dr Rajan Sharma

Care Group Lead
Cardiology
St George's Hospital