

# South London Cardiovascular Networks

## Workstream updates | April 2022

### Contents

Workstream	Name
<ul style="list-style-type: none"> <li>• Heart failure</li> <li>• Cardiac rhythm management</li> <li>• Chest pain</li> <li>• Cardiac rehab</li> <li>• Improving referrals</li> <li>• Aortic stenosis</li> <li>• Aortic stenosis community outreach</li> <li>• OPAT pilot</li> <li>• Infective endocarditis</li> <li>• MDT working</li> <li>• Inter hospital transfers</li> <li>• Major aortic</li> <li>• Clinical governance</li> <li>• Inherited cardiac conditions</li> <li>• Procurement</li> <li>• SE Vascular</li> <li>• SW Vascular</li> <li>• CHD</li> </ul>	<ul style="list-style-type: none"> <li>• Sally-Anne Holman</li>   <li>• Bethan O'Donnell</li>   <li>• Freya Parker</li>   <li>• Andrea Marlow / Alice Ward</li> <li>• Alice Ward</li> <li>• Ben Page</li>   <li>• Joe Eurell</li> </ul>

# Heart Failure update

## April 2022

Report from	Sally-Anne Holman
Manager	Alice Ward

### Progress

- South London Heart Failure Network**
- South London Heart Failure Network meeting bi-monthly.
  - Plans in place to work with Astra Zeneca on implementing PIFU in heart failure services – first workshop in May
  - Reached agreement on re-wording lab reports for NT-proBNP testing to be inline with NICE guidance, including age cut-off guidance. Paul Collinson to liaise with SWPL regarding the charges in reporting.
- South West London Cardiology Network**
- Education session on 19 May
- Pan London Heart Failure Steering Group**
- HFNS mapping survey results analysed
  - Pan-London HF CPIP pathway drafted
- Other**
- Heart Failure Nurse Specialist Forum meeting quarterly – April forum in person featuring a panel of HF, renal and diabetic specialist clinicians and CNSs to discuss cases in the light of NICE guidelines and the use of SGLT2 inhibitors

### Required support

### Focus over the next month

- South London Heart Failure Network**
- Establish group to develop engagement with primary care
  - Work with Rachel Howatson in building case for review of formulary status for SGLT2 inhibitors
  - Align work priorities with North London ODN
- SWL Cardiology Network**
- Sign off HF pathway – this will depend on how issues with LMC are resolved
- 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

# Cardiac Rhythm Management (CRM) update April 2022

Report from	Sally-Anne Holman
Manager	Alice Ward

## Progress

### South London EP Recovery

- Monitoring and reporting of EP waiting list data process in place

### South London CRM Network

- Meeting with LAS 8<sup>th</sup> April. May not need to amend protocol. Potential amendments out for comment.
- AF secondary care pathway reviewed and AF and heart failure pathway finalised with EP and HF specialists
- Brady pacing working group reviewing policy on post-device implantation checks to facilitate repatriation of patients to referring hospitals.
- Baselining device physiologist workforce and demand for services.
- Existing access to home visiting services information being collated

### South West London Cardiology Network

- AF primary care pathway sent to London LMC for comment
- Education session on 5<sup>th</sup> May

### Other

- Arrhythmia Nurses' Forum meeting quarterly.
- DCCV services mapped across South London – some variation, particularly around post-procedure ECG timing

## Required support

## Focus over the next month

### South London EP Recovery

### South London CRM Network

- Finalise any amendments for LAS protocol
- Follow-up with SECAMBS to see if a similar protocol should be developed
- Establish key principles for South London home visit policy for ICD deactivation and other care
- Circulate post-device implantation protocol for comments (Manav needs to draft this)
- Sign off AF and heart failure pathway; trusts to take through clinical governance structures and implement
- Review secondary care pathway DCCV section in light of SL DCCV mapping
- Report back on progress to date with the inequity project with Caherine Croucher

### South West London Cardiology Network

- Sign off AF pathway – this will depend on how issues with LMC are resolved

## Risks / issues

- LMC opposition to pathways

# Chest Pain update

## April 2022

Report from	Sally-Anne Holman
Manager	Alice Ward

### Progress

#### South London Chest Pain Network

- Chest pain working group meeting quarterly
- Data collection well established and will continue until April 2023
- RACPC pathway and referral form finalised and signed-off by secondary care across SL.
- Issues regarding ECG and referrals resolved – ECG can be forwarded following referral and does not have to be attached with referral

#### South West London Cardiology Network

- Work with the cardiology network to develop ECG services
- Primary care education session taking place on 5<sup>th</sup> May focusing on identifying non-cardiac chest pain to ensure patient is on right pathway, first time

### Required support

### Focus over the next month

#### South London Chest Pain Network

- Final sign-off of pathway and standardised referral form and disseminate to all CCG borough teams for uploading to EMIS and other primary care systems
- Start work on ED to RACPC pathway

#### South West London Cardiology Network

- Sign-off South London RACHP pathway and referral form
- Work with ICS and LMC to resolve issues around pathway and referral form

### Risks / issues

- LMC Opposition to pathways

## Cardiac rehab update April 2022

Report from

Sally-anne Homan

Manager

Alice Ward

### Progress

#### 2021/22 Project

- Tender evaluation panel held in March and preferred tender chosen – Gro Health by Diabetes Digital Media
- Equipment required identified by GSTT and purchased
- 25 training places for REACH HF purchased and staff identified to take part in training

#### 2022/23 Project

- Proposal circulated to all stakeholders and signed-off
- Proposal finalised and out for signature with South London Programme Board

### Required support

### Focus over the next month

#### 2021/22 Project

- Develop implementation plan in conjunction with stakeholders
- Work with procurement to negotiate payment terms

#### 2022/23 Project

- Establish MOU for each service which will be receiving funding based on national audit accreditation standards
- Develop implementation plan

### Risks / issues

- Payment terms for Diabetes Digital Media tender very unclear – may have issues making full payment upfront as currently required

## Improving Referrals update April 2022

Report from

Sally-Anne Holman

Manager

Alice Ward

### Progress

#### **Pan-London Diagnostic Programme**

- Mapping complete of echo referral forms to build a picture of what might be feasible in terms of developing a single forms
- Open access echo form drafted based on north London current forms and out for consultation along with SEL form, to compare and contrast

### Focus over the next month

- Once comments on forms back from NL Imaging Group, circulate to SL ODN for comments

### Required support

### Risks / issues

- Feasibility of gaining agreement pan London
- Lack of clarity around sign-off process within ICSs
- ICSs having different plans and priorities for CDCs

## Aortic Stenosis update April 2022

Report from

Bethan O'Donnell

Manager

Kate Jones

### Progress

- Continued regular meetings with each Trust to discuss implementation of pathway
- Referral form developed to use across all Trusts
- KCH agreed to launch the pathway internally from start of April, and externally from May
- GSTT have also agreed to launch the pathway formally from May

### Focus over the next month

- Draft and finalise referring centre comms with Jon
- Sign off SOP
- Work with GSTT and KCH in launching pathway and working through any issues
- Pick back up conversations with RBH and SGUH over coming weeks/months

### Required support

- Continued support and engagement from clinical colleagues across all sites

### Risks / issues

- None identified

## AS Community Outreach update April 2022

Report from

Bethan O'Donnell

Manager

Kate Jones

### Progress

- Selected 10 GP practices (by looking at ethnicity data) to approach in relation to echo clinics and education sessions
- Liaising with ICS to make links to the relevant GP networks to engage and create relationships across Lewisham
- Jo Lands has led on adding the Echo machine to the current MES contract for 1 year (utilising the £58k funding we secured through the national team capital underspend)
- Jo Lands also beginning recruitment of the Band 8a Echophysioilgist
- Submitted application for funding from Edwards to use for the Band 7 TAVI nurse educator role
- Andrea leading on working with Mabadiliko (who have lots of experience in working with these communities) to run the patient engagement element of the programme. £40k engagement budget was successfully spent before 1<sup>st</sup> April deadline.

### Required support

- No response as of yet from ICS regarding Lewisham GPs and who to approach re GP networks

### Focus over the next month

- Continue working with Mabadiliko on community engagement element – finalise questions/topics for focus groups, surveys and interviews
- Chase ICS regarding contact to be made with GP networks in Lewisham to begin setting up mobile clinics
- Work with King's in the recruitment of Band 8a Echophysioilgist

### Risks / issues

- None identified



## KCH OPAT pilot update April 2022

Report from

**Bethan O'Donnell**

Manager

**Kate Jones**

### Progress

- Been meeting every 2/3 weeks for steering group which is progressing at pace
- Worked through available data with clinical leads to gain a better understanding on the current picture
- Pulled together pathway mapping for majority of the included pathways
- Worked on understanding our essential and desirable criteria for a potential home care provider
- Began liaising with potential home care providers
- Reviewed workforce ask
- Submitted internal KCH business case for workforce
- Secured pump prime funding for the programme

### Focus over the next month

- Begin drafting JDs and adverts for workforce
- Initiate discussions with IV nursing team to understand their capacity
- Link in with CF nurses to understand how they currently train patients to self-administer their IVs, and review their documentation and processes
- Think through how this service would sit in the governance structure in Planned Medicine and also the Trust

### Required support

- None identified

### Risks / issues

- None identified

## MDT Working update February 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 by sharing the promotional flyer with DGHs has seen an increase in DGH referrers attending to present cases for review and this continues to be monitored.
- Mr Max Baghai, Dr Jon Byrne and network colleagues held 'Feedback and Future Directions' meetings with cardiologist colleagues at referring DGHs, including promotion of JCC MDT referral and attendance.
- Evening in-person educational meeting for cardiologists at Medway and Darent Valley hospitals arranged 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.
- Peer review explored with the GSTT Cancer Programme to gain contacts for arranging a peer review process.

### Required support

- Continued support and engagement from clinical colleagues across the network

### Focus over the next month

Key focusses over the next month include:

- Monitoring progress with recruitment of the MDT Coordinator post at KCH, to work across the network.
- Collate peer review information and contact details and review the appropriate timescale for this and whether to tie in with MDT Coordinator starting in post.
- Continue meetings with DGHs to promote MDT referral and attendance and gather feedback for improvements.

### Risks / issues

- MDT Coordinator recruitment delays due to operational pressures
- Medcon PC at GSTT experiencing intermittent technical difficulties which cause image sharing issues at MDTs

# Inter-Hospital Transfers Update

## February 2022

Report from	Freya Parker
Manager	Kate Jones

### Progress

- The weekly Angio/PCI IHT call continues, with representation from KCH, GSTT and SGUH.
- Angio/PCI IHT referral to procedure times reduced by 20% in 2021, as compared to 2019 (from 5 days to 4). This is despite a 20% increase in demand.
- Surgical IHT capacity was a significant concern in February 2020, mainly due to restricted theatre capacity at GSTT due to staffing constraints caused in part by sickness due to Covid-19.
- Weekly Surgical IHT call introduced in February 2022, following the same structure as Angio/PCI. Initial data is showing a trend of decreased waiting times compared to 2019 for the weeks since the call was introduced, however this needs to be monitored for longer.
- Cardiology IHTs remain stable, with peaks in demand which are addressed through escalation to Clinical Leads.
- MDT Coordinator post signed off by all sites and recruitment progress – role will include IHT coordination.

### Required support

- Continued support and engagement from clinical colleagues across all sites
- Support and engagement from KCH team to introduce Saturday Angio/PCI IHT interventional cardiology lists

### Focus over the next month

- Key focusses over the next month include:
- Continue to monitor transfer volumes and IHT waiting times across Cardiology (excluding PCI), Angio/PCI and Cardiac Surgery. Aim to work towards 3 days referral to procedure time.
  - Continued support for weekly catch-ups to monitor capacity and demand for Angio/PCI and Surgery transfers.
  - Work to implement Saturday Angio/PCI IHT lists at KCH, alternating weeks with existing lists at SGUH. Continue to keep focus on the eventual aim to introduce Saturday lists at all three tertiary sites.
  - Angio/PCI IHT network protocol to be refreshed and to include Saturday protocol/logistics.
  - Focussed work with SGUH to introduce Angio/PCI IHT treat and return pathway, in line with GSTT and KCH.
  - Quality improvement suggestion from the Surgical IHT teams – checklists for referrers to speed up decision making and acceptance by tertiary sites. This should be possible to build in with the new Teleologic system but timeline for introduction needs to be confirmed and suggestions fed in.

### Risks / issues

- Demand and capacity pressures affecting surgical IHT waiting times
- Bed pressures across all sites negatively impacting IHT capacity across Angio/PCI, Cardiology and Cardiac Surgery

## Major Aortic update February 2022

Report from

Freya Parker

Manager

Kate Jones

### Progress

- Collated local operational data for all South London sites regarding the number of Type A acute aortic dissections (AAD) performed over the last 10 years.
- Collated GSTT pathway process map and gained confirmation that this is the same at KCH, awaiting document to confirm.
- Pan-London AAD meeting held between Mr Sabetai (SL Clinical Lead), Professor Oo (NL Clinical Lead), Wafa Sehailia (NL ODN Project Manager) and Freya Parker (SL Network Project Manager) to review progress with data and pathway and plan next steps.

### Focus over the next month

- Type B aortic dissection data collection to be progressed with local teams, led by Professor Oo.
- Stakeholder mapping of teams involved in the acute aortic dissection pathway across the three emergency rotas in London.
- Initial Pan-London working group meeting with representation from the three emergency rotas in London, to review data and complete the self-assessment in the CPIP toolkit and identify areas of focus.
- Gain consensus view on the project aim and priority areas for improvement for the emergency Type A AAD pathway, including plan to progress and governance.

### Required support

- Pan London and regional clinical and operational support for the pathway design and implementation
- Network team support including data support, as identified through the course of the project

### Risks / issues

- Risk for clinical capacity to lead and support the project due to operational pressures.
- Risk of time intensive data collection due to lack of available information.

## Clinical Governance update February 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.
- 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, especially in light of known clinical governance challenges.
- Slide pack created with Mr Baghai to outline the historical and current context for cardiac surgery at SGUH and future strategic options for clinical leadership and enhanced network working.

### Required support

- Support from each site in data collection and collation
- Clinical support for any consultant level data collection required
- 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 templates – data to be collected from KCH, RBH and SGUH and existing data collection process to continue at GSTT
- Further discussion with Network team and Clinical Leads regarding data review process.
- Network team working to arrange executive level meetings to discuss SGUH clinical leadership and the presentation from Mr Baghai and the network team regarding strategic options.
- Actions to be progressed dependent on executive level decision making.

### Risks / issues

- Capacity for data collection and coordination at each site, in light of operational pressures
- Challenges with coordinating executive level meetings to discuss SGUH clinical leadership options

# ICC Workstream Update

## April 2022

Report from	Andrea Marlow
Manager	Alice Ward

### Progress

- ICC Education Programme: Second CLICC session held on 8 March
  - 260-475 participants over the half day session
  - 289 responses to quiz / feedback
  - 75% rated session as *excellent*, 25% as *very good*
  - Website updated with recorded sessions
- SLICC: Plans underway to set up SLICC meetings (3x over 2022/23)
  - First session: 27 May – KCL, Waterloo campus
    - Agenda developed
    - On the day logistics in hand
    - Potential hybrid event (Teams, in person)
    - 29 registrants as of 13 April
  - Sept 2022 and Feb 2023 sessions planned
- Paediatric transition,: meeting held in March to discuss transition services across the SL geography. Storyboard and publisher exploration in place.

### Focus over the next month

- CLICC day 3 (26 April)
- SLICC in person event (27 May) – logistics, preparation (agenda, hybrid setup, delegate packs)
- Develop / refresh objectives for the ICC ODN. Conversations in place for group next steps

### Required support

- Website resources – Hosting space, contract renewal (June 2022)
- Ongoing promotion of the CLICC programme.
- Governance group for website (on hold)

### Risks / issues

- Potential disengagement

# Collaborative Procurement update

## April 2022

Report from	Alice Ward
Manager	

Progress	Focus over the next month
<ul style="list-style-type: none"><li>- Q3 CRM contract monitoring meetings held.<ul style="list-style-type: none"><li>- Overall performance meeting targets.</li><li>- Some small tweaks to make for individual Trusts</li><li>- Croydon won't access savings from Abbott due to underspend from cath lab closures.</li></ul></li><li>- CRM meeting with Abbott, they are happy with compliance</li><li>- PCI contract monitoring<ul style="list-style-type: none"><li>- Issues still to iron out with use of synergy stent rather than promus, Freya working with GMs and procurement teams to try and improve. Focus on missed savings</li><li>- Clinical Council reconvening mid-April to discuss plans for Boston contract (Abbott contract is 4 years).</li><li>- HST recommendation to extend Boston contract another 2 years but improve compliance with synergy to ensure maximum benefit</li></ul></li></ul>	<ul style="list-style-type: none"><li>- Improve PCI position to maximise savings</li><li>- Small tweaks to CRM compliance</li><li>- Restart conversations about next priority area</li></ul>
Required support	Risks / issues
	<ul style="list-style-type: none"><li>• Not currently maximising full benefit of PCI contracts due to non-compliance for Boston</li><li>• Kingston &amp; Croydon spend on CRM is lower than expected so rebates lower than predicted</li></ul>

# South East Vascular Network update

## April 2022

Report from	Ben Page
Manager	Alice Ward

### Progress

- Agreement from two out of three spoke trusts for **delivery of Vascular Network Education Sessions** to improve visibility of network and associated pathways. Dates are being agreed and chased currently.
- Successful first **KCH and GSTT joint meeting**, working towards becoming one team.
- **DGT ASI trouble shooted** – agreement of additional clinics to be delivered.
- All new **SEVN SLA's have been drafted** and issued to clinical and operational staff for review, feedback currently being received.
- **Start date for one stop clinic agreed** at LGT, radiography staff resource agreed and pilot will be regularly reviewed and assessed for benefits and longevity.
- Initiated contact with SEL ICS to enable **Vascular to be part of their transformation programme** which they have run previously.
- Developed **proposal document for South East London accredited training package to be delivered on leg ulcer management** to health and social care staff. This is currently being socialised with Talia to determine if/how to proceed.
- First stage of **Referapatient audit completed** of 2022 data. 2021 data has also been requested and will be reviewed.
- Currently **reviewing National Wound Care Strategy Programme recommendations** how SEVN are or are not meeting them.
- Successfully **agreed with Bromley CCG to accept Claudication patients** on to their CV rehab programme, go live date for this agreement will be at the end of April.
- **Network mailing list has been expanded**, ensuring adequate coverage in SEVN.
- MTW have been making **monthly data submissions** regarding outpatient data, DGT also agreeing to provide this, resource is currently being sought to enable this. No response received from LGT.

### Focus over the next month

- Agree **date for SEVN Governance board** to resume.
- **Coordinate and manage discussions with Maidstone and Tunbridge Wells** Foundation Trust and the Hub (GSTT), relating to the provision of vascular services. MTW prefer GSTT@ model, but this is not currently favoured by GSTT.
- **Engage with Leg Ulcer Delivery Group** currently being led by Partnership southwark to ensure that work does not adversely affect LUPA.
- Focussing on **developing and building quality and confidence of data** provided by GSTT and KCH to enable regular data pack to be shared.
- **Review of CNS role across Network** ensuring standardisation where possible.

### Required support

- Elsie left a tips and hints documents regarding GP education events, but I would appreciate anyone's experiences on what makes this work well.

Risks / issues	RAG	What will make this green?



# South West Vascular Network update

## April 2022

Report from	Ben Page
Manager	Alice Ward

### Progress

- **National Wound Care Strategy programme:** successfully mapped all TVN's and community trust how are dealing with lower limb wounds. Mapped all current digital wound management systems. Currently transferring NWCSP recommendations in to a workable template which the various trusts and St. George's can use to assess how they are meeting the various recommendations this will help give a baseline for work.
- **Trouble shooted emergency referral contact** method with ASPH, Frimley and SGUH.
- Initial proposal of ISLA care implementation at SGUH welcomed by consultants.

### Focus over the next month

- Continue to pursue and deliver on the National Wound Care Strategy programme and understand how we can link in with the existing diabetes network.
- Discuss and determine with SWVN as to how they wish to progress, if at all, with SW board meetings.
- Working more closely with SGUH to understand what their priorities and requirements are from the Network team. So far interaction has been positive and it is perceived that they have valued the interaction.

### Required support

- n/a

Risks / issues	RAG	What will make this green?
----------------	-----	----------------------------

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Multiple requests have been made for Referapatient data to enable audit to be completed. Proving increasingly difficult to get this data. Potentially need agreement from the consultants that data lead can be changed.</li> </ul> |  | <ul style="list-style-type: none"> <li>• Data received from consultant responsible</li> </ul> |
| <ul style="list-style-type: none"> <li>• 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.</li> </ul>   |  |   |

# CHD Network update

## April 2022

Report from

Joe Eurell

Manager

Sally Watts

### Progress

#### Operational

- New Cardio-respiratory and PICU care group at ELCH
- Interim Paediatric Clinical Director EOI
- Met year-end target for consultant-led network clinics
- SLAs for 2022-23 agreed with Legal and out this week
- Confirmation of funding for 2022-23 from NHS England

#### Nursing

- Transition webinar collaboration with STPN in June
- Burdett Trust for Nursing grant for nurse-led intervention

#### Other

- Posters accepted for annual ELCH QI Conference
- PEC echo education course end of block

### Focus over the next month

#### Governance

- Website
- Joint Network Board Terms of Reference
- Number of clinics / Consultant PAs

#### Branding

- New name/logo
- Joint vision statement to be published
- Content curated for website

#### Access to Non-Invasive Investigations

- Monitors and software purchased / admin support recruited
- Go-live for project early May
- KHP Transformation Forum

### Required support

- N/A

### Risks / issues

- Paediatric Clinical Director currently vacant
- Future ACHD workforce (national exercise)