

# South London Cardiovascular Networks

## Workstream updates | June 2021

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## Valve update June 2021

Report from

Fardeen Choudhury

Manager

Kate Jones

### Progress

#### **Aortic stenosis (AS) single point of access**

- Network protocol agreed
- Worked locally with KCH, SGUH, STH to identify appropriate CNS and admin resources to manage elective AS referrals sent to a single point of access
- Collected data on AS waiting times from KCH, SGUH and STH as baseline and case for change

#### **Infective endocarditis (IE)**

- Refreshed working group established at KCH to develop OPAT pilot
- Patient case mapped out to identify issues and challenges
- Data request sent to NHS England understand demand for acute IE services across the sector
- Learnings shared from Bart's IE service

### Required support

- Data from NHS England to map out demand for acute IE services

### Focus over the next month

#### **Aortic stenosis single point of access**

- Engage with DGH referrers across the network to discuss pathway and new referral processes
- Develop roadshows
- Develop SOP template for each local Trust to adapt

#### **Infective endocarditis**

- Develop best practice pathway for IE OPAT pilot
- Await data return from NHS England and map out demand
- Identify appropriate data source to collect data to help estimate scalability of OPAT service for KCH

### Risks / issues

- New AS pathway presents new referral practices for both referring and receiving centres
- Engagement with various district nursing groups for IE OPAT Pilot

# MDT update June 2021

Report from	Fardeen Choudhury
Manager	Kate Jones

## Progress

- South London JCC service**
- 1 year audit data on DGH participation and MDT outcomes collected and analysed
  - Three tertiary centres sharing JCC worklists to ensure streamlined referrals from DGHs

## Focus over the next month

- South London JCC service**
- Present audit data and findings
  - Have JCC service peer reviewed
  - Push through network MDT coordinator at KCH to centralise referrals
- Mitral**
- Develop South London mitral pathway, incorporating South London mitral MDT for complex patients
  - Review network MDT programme against newly published guidance to consider further plans. Review to be presented to the ODN and surgery steering group

## Required support

- Support from KCH management team to push through network MDT coordinator
- Support from external trust to conduct peer review

## Risks / issues

- Backlog at KCH for business cases due to COVID

## IHT update June 2021

Report from

Fardeen Choudhury

Manager

Kate Jones

### Progress

#### IHT dashboards

- Web based dashboards developed for cardiology, cardiac surgery and angio/PCI, shared with the network
- Data reviewed regularly by ODN and surgery steering group to review performance and discuss issues

#### Urgent IHT page

- Necessary functionality for urgent IHT page agreed (eg login, level of detail)
- Teleologic scoped out possible mock screens and costs

### Required support

- Support will be required from KCH, STH and SGUH management to agree on funding new urgent IHT page
- Support from registrars at receiving centres to review potential pathway for urgent IHTs

### Focus over the next month

#### Urgent IHT page

- To present mock screens and potential new pathway for urgent IHTs to ODN and surgery steering group

### Risks / issues

- Funding has to be agreed by each trust for new IHT page. Additional funding includes one off cost and additional annual charges

## Interventional update June 2021

Report from

Rhian Jones

Manager

Kate Jones

### Progress

- ACS and IHT data collated and presented.
- Working group set up and expanded to operational managers and DGH consultants.
- Options explored for weekend ACS lists:
  - Rotating rota (1 in 3) at tertiary centres
  - Workforce utilisation from Tertiary centres and DGH honorary consultants.
- Discussions held for resource requirement, logistics, transport and safe treat and return processes.

### Focus over the next month

- Further investigation into transport requirements and discussion with transport teams
- Operational managers to discuss logistics and resourcing – tie into supporting SGUH with cath labs.

### Required support

- None additional

### Risks / issues

- Transport is commissioned and contracted differently across the region

# Primary Care Education and Engagement update

## June 2021

Report from

Rhian Jones

Manager

Kate Jones

### Progress

- Cardiology events planned up until November 2021 across both SEL and SWL signalling 1 year of events.
- Successful attendance and feedback from recent events
- Network education and engagement plan written

### Focus over the next month

- Advertise September events
- Pre-meet for July event
- Present education and engagement plan at next team meeting

### Required support

- None additional

### Risks / issues

- Decreased GP engagement may be due to vaccination roll out

# Heart Failure update

## June 2021

Report from

Sally-Anne Holman

Manager

Alice Ward

### Progress

#### South London Heart Failure Network

- South London Heart Failure Network meeting bi-monthly, next meeting 28 June
- Resource mapping and quantitative data refreshed for 2021
- Entresto prescribing across South London guidelines refreshed and mutual aid in place to address long waiting lists in some areas

#### South West London Cardiology Network

- SWL heart failure pathway drafted and disseminated for comments

#### KHP C heart failure integration

- KHP C Heart failure steering group reviewing HFpEF guidelines
- KHP C heart failure M and M meeting recommenced on a monthly basis
- KHP Heart failure-renal pathway group established and scoping document drafted

#### Other

- Heart Failure Nurse Specialist Forum meeting quarterly – next meeting in September 2021
- Primary care education sessions in place (April, June, October)

### Required support

### Focus over the next month

#### South London Heart Failure Network

- South London HF Network to identify non-compliance with GIRFT report and develop action plan
- South London Network to identify gaps in meeting South London standards and develop action plan to address inequity across the footprint
- Develop Croydon University Hospital specific report to support service here
- Build-in mapping for RBHT
- Establish business case for heart failure-renal MDT for KHP

#### South West London Cardiology Network

- Finalise SW London Heart Failure pathway and plan dissemination/.communication strategy

#### Pan London Heart Failure Steering Group

- Analyse Pan London Diagnostic Survey, identifying gaps and inconsistencies in provision. Develop action plan with Pan London Steering Group
- Establish what the CPIP priorities are for heart failure

### Risks / issues

- Lack of clarity on sign off process within new ICSs for new pathways
- Lack of clarity around commissioning/funding processes to support development of services where there is inequity
- Lack of clarity around CPIP programme

# Cardiac Rhythm Management (CRM) update June 2021

Report from

Sally-Anne Holman

Manager

Alice Ward

## Progress

### South London EP Recovery

- EP Recovery group in place
- Monitoring and reporting of EP waiting list data process in place
- Primary care AF guidelines revised in light of revised NICE Guidelines

### South West London Cardiology Network

- SW London AF pathway drafted and disseminated for comments
- Arrhythmia Nurse Specialist Forum established. Next meeting in July 2021; included training programme and sharing of best practice/mutual support
- Primary care education sessions in place (April, June, October)

## Required support

## Focus over the next month

### South London EP Recovery

- Consider need to EP recovery group going forwards and how this links with operational management

### South London CRM Network

- Establish South London CRM Network group based on previous clinical council membership
- Establish action plan for implementing GIRFT recommendations
- Review secondary care AF pathway in light of newly revised NICE guidelines

### South West London Cardiology Network

- Finalise SW London AF pathway and plan dissemination/.communication strategy

## Risks / issues

- Lack of clarity on sign off process within new ICSs for new pathways
- Lack of clarity around CPIP programme

## Chest pain update June 2021

Report from

Sally-Anne Holman

Manager

Alice Ward

### Progress

#### South London Chest Pain Network

- Chest pain working group meeting b-monthly
- Data collection well established in some trusts
- Data analysis taking place regularly showing clear trends

#### South West London Cardiology Network

- SW London RACHC pathway drafted and disseminated for comments
- Primary care education sessions in place (April, June, July, October)

### Required support

### Focus over the next month

#### South London Chest Pain Network

- Support Croydon University Hospital in establishing their data collection process using the South London template
- Support Kingston Hospital in establishing data collection
- Identify key messages from data analysis and establish action plan

#### South West London Cardiology Network

- Finalise SW London RACPC pathway and plan dissemination/.communication strategy
- Sign-off South London RACHP pathway and DOS

### Risks / issues

- Lack of clarity on sign off process within new ICSs for new pathways
- Lack of clarity around CPIP programme
- Resistance to developing a south London diagnostic pathway

## Cardiology PIFU update June 2021

Report from

Sally-Anne Holman

Manager

Alice Ward

### Progress

#### Pan London Cardiology PIFU

- Cardiology PIFU pilot went live on 1<sup>st</sup> June as planned
- SOP and training resources developed
- Shared decision making for clinicians and for admin/managers developed and available for use in other trusts
- Feedback so far is that resources developed to support implementation have been very useful

### Focus over the next month

#### Pan London Cardiology PIFU

- Identify PIFU readiness in other South London trusts
- Work with GSTT, LGT and Croydon University Hospital in implementing PIFU in cardiology
- Review shared decision making training in light of NICE guidelines on SDM and disseminate across trusts implementing PIFU
- Ensure evaluation baseline data is in place
- Develop patient and staff feedback/evaluation questionnaires and feedback processes

### Required support

### Risks / issues

- Capacity of trusts' PAS to support PIFU easily
- Lack of capacity – clinical and admin staff stretched and tired

# Improving referrals update

## June 2021

Report from	Sally-Anne Holman
Manager	Alice Ward

### Progress

#### South West London Cardiology Network

- Buy-in established from primary and secondary care across SW London to develop standardised DOSs and referrals forms
- Mapping of DOSs and referral forms across SW London completed
- Meetings held with services managers to establish process for developing standardised DOSs and referral forms

#### KHP-C Improving referrals

- Open access echo form for KHP revised and disseminated
- Known valve disease clinic established – joint KHP DOS developed. KCH clinic has gone live
- Primary care education event planned for September for referral and management for valve disease and echo interpretation

### Required support

### Focus over the next month

#### South West London Cardiology Network

- Disseminate draft standardised DOSs for clinician feedback
- Work on developing standardised DOSs for SW London
- Review in detail referral forms and establish what is the minimum number of forms is required
- Meet with eRS GP champions to establish primary care views

### Risks / issues

- Lack of capacity for a project which is not essential
- Feasibility of gaining agreement across four trusts

# ICC update June 2021

Report from	Kathryn Harrop / Andrea Marlow
Manager	Alice Ward

## Progress

### ICC education programme

- Draft ICC education programme strategy shared with Steering Group for group input on modules / structure
  - Anticipated October launch of one year programme
  - ODN website to serve as repository for public / login in areas of programme
  - Content to include patient stories and information, signposting, related offerings (eg AICC), and programme modules
  - Metrics to be measured by web analytics, attendance, module completion/quizzes plus soft measures (eg shared action plans and practice examples)

## Focus over the next month

**SLICC** – Restart and rebrand South London ICC forum for those who have completed specialist ICC training

**ICC education** – Obtain Steering Group feedback, begin building out web pages for group review (public and core programme areas)

## Required support

- None

## Risks / issues

- Project manager on summer leave; work to be picked up by Kathryn Harrop with support
- Ensuring momentum for October launch of education programme

## Collaborative procurement update June 2021

Report from

Alice Ward

Manager

### Progress

#### CRM

- CRM new supplier contracts went live 24 May
- GSTT and KCH CFOs agreed to redistribution and clinical teams accessing proportion of savings

#### PCI

- PCI contract monitoring meetings completed for Q2, discussed compliance with Trusts and actions to meet targets.
- Overall PCI compliance for south London is within tolerance although individual Trusts need to adjust percentages.
- HST and ODN submitted for the HSJ awards

### Required support

- None at this stage

### Focus over the next month

- Ensure SGH CFO agrees with redistribution and access proposal
- HST and ODN presenting the PCI case study to HFMA
- Meeting with GSTT, KCH and SW London Heads of Procurement to discuss next area for collaboration (valve, EP, perfusion, vascular).

### Risks / issues

- PCI compliance on individual trust basis needs adjustment
- Clinical engagement in future projects likely challenging

## Cardiac rehabilitation update June 2021

Report from

Donna Wallace

Manager

Alice Ward

### Progress

- Meeting held with clinical leads for North and South to discuss how the Cardiac ODN support and delivery.
  - *Focus:* Pandemic impact on London rehabilitation services (exercise programmes, National Audit of Cardiac Rehabilitation [NACR] data reporting)
  - *Outcome:* Project manager to draft survey for trusts on above
- Collaboration meeting - North and South London ODN, London Clinical Network, NHSE, and BHF managers met for best practice sharing, peer support, optimising coordination.
  - Update from NHSE on Cardiac Pathways Improvement Programme (CPIP).
  - Ongoing – Consensus to meet every 6 weeks on relevant topics

### Required support

- None

### Focus over the next month

- Develop draft exercise programme survey and data collection for North London ODN Project Manager, who has created a detailed rehab survey data collection tool
- Arrange / support NHSE primary care event

### Risks / issues

- Ensuring appropriate meeting attendance (eg avoid solely project management representation)

# Vascular KHP-C update

## June 2021

Report from	Donna Wallace
Manager	Alice Ward

### Progress

- Executive meeting – GSTT, KCH, NHSE CEOs re: recent NHSE letter requesting project update/timelines; informing trusts that KCH arterial services at KCH will be decommissioned (March 2022)
- KCH concerns raised regarding single site arterial service at GSTT (GIRFT recommendation) and the impact on related services (KCH HASU and major trauma)

### Focus over the next month

- Formal induction meeting (NHSE vascular project lead / KHP-C project manager)
- Demand and capacity review with clinical lead / DMT to ensure sufficient capacity across all GSTT areas, such as theatres, wards etc (last undertaken in 2019)
- Progress and risk reporting to project board
- HASU and trauma centre guidelines and service specifications analysis to understand what (if any) impact on relocating KCH arterial services

### Required support

- None

### Risks / issues

- Cancellation of several KHP-C operational meetings
- Lack of prioritisation of project on project team agendas
- Declining momentum / engagement

# South West Vascular Network update

## June 2021

Report from	Daniel Malynn
Manager	Alice Ward

### Progress

- Ashford and St Peter service transformation**
- Specialist commissioning issued notification letter of block contract change for first half of FY 2021/22
  - Draft protocol and SLA for covering of BMI Runnymede
  - Draft SLA covering salary costs of linked consultants
  - Draft patient engagement for those affected by change
- National wound care strategy – Lower limb first tranche implementation site**
- SWL/ St George’s successful in first round to become first tranche implementation site.

### Focus over the next month

- Ashford and St Peter service transformation**
- Agree date for steering group
  - Local issued notification letter of block contract change for first half of FY 2021/22
  - Sign off protocol and SLA for covering of BMI Runnymede
  - Sign off SLA covering salary costs of linked consultants
  - Patient activity tracking
- National wound care strategy – Lower limb first tranche implementation site**
- More detailed plan for project
  - Engage ICS, AHSN, others for project.
  - Prepare presentation for second stage interview
- Repatriation**
- Re-engage non arterial centres in formalising and signing repatriation agreements.

### Required support

- Comms support (AM)
- Data analytics support (DK) on SWL lower limb ulcer referral to vascular

### Risks / issues

- SW and Surrey cancellation of steering group; creates urgency post change
- GM at St George’s has left the trust; will require more operational support around SLAs and repatriation agreements

# South East Vascular Network update

## June 2021

Report from

Daniel Malynn

Manager

Alice Ward

### Progress

#### Lewisham and Greenwich Trust

- Locum consultant started at QEW
- Twice weekly presences in place for majority of summer\* (see risks)
- Getting agreement for locum or substantive consultant post for Lewisham in October.

#### Dartford and Gravesham NHS Trust

- Agreed pilot for new vascular CNS wound care clinic in Sidcup (July start)
- Changes to DGT Sidcup clinic getting finance cost adding 4/12 CNS clinic.
- Broad agreement for moving DGT CNS contract from podiatry to surgery, and creating more vascular CNS clinics at Darent Valley

#### Pathways

- Set up working group for critical limb pathway to prepare for new CQUIN target.
- Encompass acute limb ischemia (72 hours) and CLI (14 day)
- Analysis of network sites meeting 1 week referral and imaging targets  
 Key areas: triage and access to CT scans. Possible reworking of EVC to accommodate.

### Required support

### Focus over the next month

#### Vascular ultrasound / Duplex scanning

- Seeking contacts to pull together service across KCH, GSTT and LGT.

#### Lewisham and Greenwich Trust

- Advert for LGT consultant (to replace departing staff, Sep/Oct)

#### Dartford and Gravesham NHS Trust

- All CNS clinics changes signed off.

#### General firefighting

- SECAmb meeting to finalise emergency pathway – will differ from Kent

### Risks / issues

- \* *Consultant annual leave creates 3 week spell of no presences at QEW*
- Lack of engagement on recovery of vascular ultrasound / duplex scanning in SE London escalated (Gerry Carr-White, Rachel Burnham)
- Small issue with letter backlog at Tunbridge Wells; mediating agreement with consultant and local GM and keeping under review.
- Medway and East Kent Network still not resolved emergency pathway for SECAmb
- Lack of clarity of KHP-C vascular programme

# Deep venous update

## June 2021

Report from	Elsie Griffin
Manager	Daniel Malynn

### Progress

#### Best practice

- Amendments made to the acute DVT catheter directed thrombolysis protocol to align with existing practice
- Drafted chronic DVT pathway to include with new protocol

#### Patient engagement follow up

- Re-drafted GSTT patient information leaflets due for review
- Completed research of existing patient support groups and drafted proposal for dedicated deep venous patient support group

#### Primary care engagement

- Not current priority

### Required support

- Support from Venous Lead/CNS
- Resource/funding to support practical aspects of running patient support group, if approved

### Focus over the next month

#### Best practice

- Clarification required on elements of exiting protocol and new chronic DVT pathway
- Arrange meeting with Boston Scientific to design new protocol
- Investigate internal GSTT sign-off process for new protocol

#### Patient engagement follow up

- Engage with other departments (haematology) to include appropriate references in shared leaflets (DVT)
- Share support group proposal with GSTT comms, patient engagement teams, wider deep venous team
- Investigate scope for funding/resource for support group
- Re-engage with focus group participants/previous patients to design 3-month pilot of support group meetings

#### Primary care engagement

- Pick up planning event for later in Summer/Autumn

### Risks / issues

- Protocol – risk of too many voices involved in content, will need CNS to coordinate effectively on clinical side