

South London
Cardiac Operational
Delivery Network

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## Introduction

It is with pride that I present the South London Cardiac Operational Delivery Network (ODN) annual report for 2023/24. This past year has been one of both significant challenges and remarkable achievements for the NHS, particularly in the realm of cardiovascular and specialised services.

Across London and the NHS, we have witnessed continued pressures on resources and service delivery. The after effects of the pandemic, alongside rising patient numbers and complex needs, have demanded a level of resilience and innovation from our cardiac teams. However, it is within these very challenges that the commitment and collaborative spirit of ODN members truly shines.

Despite the obstacles, the ODN has made some remarkable strides this year. We've successfully implemented new pathways for cardiac care, streamlined processes to improve patient access, and embraced technologies to enhance patient care. The following examples within this report will showcase these accomplishments and the positive impact they have had on our populations.

As we move forward, the ODN remains committed to continuous improvement. We are actively developing strategies to address health inequalities within South London, ensuring equitable access to high quality cardiac services for all. Additionally, we are excited to explore new avenues in collaborative partnerships, prevention initiatives, and further integration and improvements within our portfolio of work.

The unwavering commitment of our dedicated NHS members and workstreams is the foundation to our success. Their expertise, compassion, and tireless dedication are what truly make a difference in the lives of our patients, and we are grateful for their work.

I invite you to delve into this report and discover the range of initiatives, advancements, and outcomes that the ODN has achieved over the past year.

#### **Prof Gerry Carr-White**

Clinical Director, South London Cardiac ODN and Consultant Cardiologist, Guy's and St Thomas' NHS Foundation Trust

## About us

### **Networks**

The South London
Cardiovascular Networks
include the Cardiac
Operational Delivery Network
(ODN), the South East
Vascular Network, and the
South West Vascular
Network.

Together, they create a comprehensive, harmonised approached to improvements in quality outcomes, patient experience, and value for money for their population.

## **Purpose**

The Cardiac ODN was established in 2018 by NHS England London specialised commissioning, with the aims:

- Improve patient experience
- Improve quality to provide optimal, safe quality services in line with best practice standards and recommendations
- Ensure value for money,
   to bridge the gap between
   the rate of growth in
   service funding allocated
   and spend





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Freya Parker Copeland



Alice Ward

The South London Cardiovascular Networks underwent a change in leadership midway through the year.

We were delighted to appoint Freya Parker Copeland to the role of Network Manager, taking over from Alice Ward.

Freya was promoted into the Network Manager role from her project manager position within the ODN.

Since then, Freya has made a significant impact, bringing her network and operations expertise to the role, becoming a valuable asset to the Cardiac ODN, vascular networks, and the wider system. Her keen initiative and leadership, paired with her collaborative spirit, have been instrumental in delivering network success since being in post.

Alice Ward secured a position with the South London Office of Specialised Services as the Associate Director for Transformation and Integration. In this role, Alice provides strategic insight and support to Freya and the team, along with the other networks across South London.

## **Our priorities**



# Structural heart and valve disease Reducing waiting times and clinical risk of demand on the TAVI

pathway, and improving

equity of access



# Coronary and revascularisation Achieving efficiencies and reducing waiting times for angio / PCI inter hospital transfers, in

line with the 72 hour

NICE treatment guideline



Rehab and prevention

Working with ICBs and system partners to deliver improvements in cardiac rehab and on the ABCs of CVD prevention — atrial fibrillation, blood pressure, and cholesterol, with a focus on health inequalities



4 Outpatients

Collaborating with system and trust outpatient teams to address outpatient demand, including patient initiated follow up (PIFU)



5 Diagnostics

Supporting collaboration between trusts to manage demand across modalities and pilot new opportunities

## Our portfolio

### **Priority workstreams**



**Priority enablers** 

Collaborative procurement

Network catheter lab strategy

### **Additional ODN led workstreams**

Cardiac surgery

Cardiac rhythm management

Familial hypercholesterolaemia Collaborative procurement

Inherited cardiac conditions

### Strategic enablers and focus

Reducing health inequalities

Data collection, analysis, and reporting

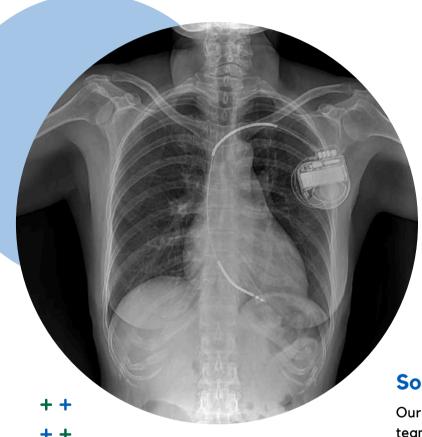
Digital and innovation

Clinical collaboration (MDTs, IHTs)

Education

Patient / public engagement

# Data to insight



# Informing through analytics

#### **Issue**

Frontline clinicians often identify areas for improvement in patient care, experience and efficiencies -- but may lack data to support their hypotheses or to know what to address first.

#### **Solution**

Our informatics specialist collaborates with clinical teams to translate hunches into actionable insights. This includes analysing national datasets to identify trends and hotspots. For example:

- Cardiogenic shock: Clinicians suspected issues but needed direction. By analysing national data, we identified potential areas for improvement at a local level.
- Complex device equity audit: Data analysis revealed potential disparities in heart failure access, a root cause for inequities in device utilisation.

#### **Impact**

This approach identified potential disparities in heart failure access, a root cause for inequities in complex device utilisation.

Such data analysis empowers clinicians to prioritise areas for improvement and ultimately deliver higher value healthcare.

# Data to insight



### Capital influence

Issue

The Covid-19 pandemic significantly impacted healthcare services, causing cardiac surgery waiting lists across London to rise steadily. Industrial strikes threatened to further exacerbate the situation.

Solution

Our analytics project manager led the analysis of cardiac surgery activity and waiting lists data for major London centres. This data formed the foundation for a paper outlining the potential impact of the strikes and future considerations for patient care.

**Impact** 

The paper, shared with influential figures like the Secretary of State for Health and national think tanks, showcased the strength of our analysis and its ability to influence national healthcare leaders.

### **Expediting care**

Issue

Access issues to data systems hampered analysis of vascular inter hospital transfers (IHTs) across South London. Different processes used in South East London (SEL) and South West London (SWL) limited visibility and hindered efforts to improve efficiency and patient care.

Solution

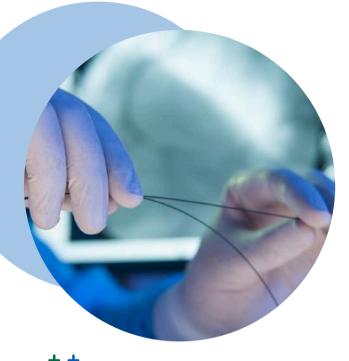
Our analytics project manager spearheaded collaboration with South London colleagues, overcoming access barriers to gain critical insights from both of their system (Referapatient). This achievement marks a network first.

**Impact** 

Unified access to IHT data in South London allows for a comprehensive view across all three major centres. This empowers us to optimise resource allocation and expedite specialist care for patients.



# Collaborative procurement



# £4.5M saved annually through strategic procurement

Working with NHS Supply Chain and South London trust procurement and clinical teams, the network coordinated extraordinary extensions of existing network procurement contracts for percutaneous coronary intervention (PCI) and cardiac rhythm management (CRM) equipment.

These extensions secured a further 12 months of savings achieved through the original procurement exercises in 2020:

- Estimated £1.3m saved per year on PCI stents and balloons, continuing the lowest stent prices available nationally in place for South London.
- Estimated £3.2m saved per year on CRM high and low voltage devices (pacemakers, ICDs, CRT-P, CRT-D).

# Network pathways



# Optimising cardiac cath labs

Issue

National guidelines promote non invasive investigations for initial stable chest pain to reduce unnecessary angiographies. A collaborative network analysis identified opportunities to use cath lab capacity differently in South London, in alignment with these new guidelines.

The network adopted a collaborative approach to optimise cath lab utilisation across South London, aligning with its overall strategy. This included:

- Supporting the introduction of new services: The network facilitated the launch of a complex device service at Epsom and St Helier, expanding capabilities within the network.
- Facilitating a business case: In collaboration with NHS England and South West London ICB, the network supported the commissioning of the new PCI service at Epsom and St Helier.

#### **Impact**

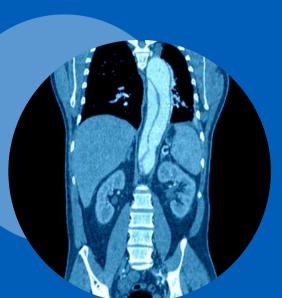
By leveraging capacity across the network, the network enables:

- Improved allocation of complex PCI cases: More complex cases can be transferred to tertiary centres with the appropriate expertise, ensuring patients receive the right care at the right place.
- Smoother capacity management: Network wide planning addresses potential backlogs at individual sites.
- **Enhanced data sharing**: Data will be integrated into pan London reports for improved oversight on treatment timeliness.

The network will build and refresh the cath lab strategy in 2024/25 for additional efficiency and optimisation gains.

# **Network pathways**

### Streamlining cardiac care



Issue Disparate cardiac inter hospital transfer (IHT)

processes across South London hampered efficiency and capacity. The existing "treat and return" pathway at King's College and St Thomas' hospitals wasn't implemented at St George's, hindering standardisation.

Solution

The network facilitated St George's Hospital's transition from a pilot programme to full implementation of the "treat and return" pathway. This involved standardising operating procedures, communication protocols, and data monitorina.

Impact More than 30 per cent of St George's cardiac IHTs now use this standardised pathway, leading to a unified approach and reduced bed demand. Data shows an average saving of two bed days per patient, translating to 560 saved bed days and potential cost savings of £220,000 at St George's alone within eight months (December 2022 - August 2023). Additionally, wait times for transfers to procedures at St George's have been reduced.

## **Strengthening** emergency care

Issue

Aortic dissection, a life-threatening tear in the aorta, requires immediate specialist care. Timely access to the necessary expertise can significantly enhance patient survival rates.

Solution

In September, St George's University Hospital joined the existing South London Type A dissection rota, forming a robust 24/7 network with King's College and St Thomas' hospitals. This collaboration strengthens local resources and ensures critical mass of specialists.

**Impact** 

This network-wide approach delivers several benefits:

• Faster access to life saving care: Patients experiencing this time-critical condition now receive consistent and rapid care from a dedicated team of specialists, aligning with national guidelines.

• Enhanced mutual aid: The strengthened network fosters stronger collaboration during emergencies, as demonstrated by past joint efforts (GSTT/KCH Epic rollout, candida auris outbreak, Synnovis cyberattack).

etwork pathways



## Targeting cardiac rehab improvements

Issue Several South London cardiac rehabilitation services struggled to meet national standards, including timely and accurate data submission to the National Audit of Cardiac Rehabilitation (NACR). This lack of capacity hampered service delivery and performance oversight.

Solution Through a successful bid for targeted NHS England funding, the network strategically allocated resources to address critical needs. The focus was on services with below standard ("red") elements. Funding was tailored to meet specific local needs:

- Nursing and physiotherapy resources to manage caseloads
- Establishment of appropriate community venues
- Administrative support to ensure data compliance

Impact This equitable allocation fostered a customised approach to improve service delivery across the network. The goal is to bring all services to a compliant ("green") standard. Key achievements include:

- Reduced data submission time: One site implemented an auto populated data template, leading to a 75 per cent reduction in submission time. This efficiency will be shared with the network for wider benefit.
- Building a sustainable future: The network actively collaborates with services to identify opportunities for recurrent funding, and works with ICBs on future commissioning strategies for both community and hospital settings.

# Patient information

### **Enhancing accessibility**



**Issue** 

Language barriers can hinder patient participation in cardiac rehabilitation, a crucial programme with exercise, education, and medication as its core pillars. Patients with limited English proficiency may miss out on vital information, hindering their ability to manage cholesterol, perform effective exercise routines, and ultimately achieve optimal health outcomes.

Solution

Leveraging insights from our Addressing inequalities in heart valve disease report, the network identified the need to bridge this language gap. We commissioned a company to develop structured education courses in the most used non English languages in London: Polish, Portuguese, Spanish, Urdu, and Arabic. These courses aim to ensure all patients have access to this vital pillar of cardiac rehabilitation.

### **Impact**

- Increased accessibility: Dedicated website domains for each language will facilitate easy access and navigation for a wider range of patients.
- Data driven improvement: Web analytics will track user numbers and completion rates for each module. This data will be used to continuously improve the courses and ensure equitable access to the cardiac rehab program across different language groups.

### **Empowering patients**

Issue

Sodium-glucose cotransporter-2 (SGLT2) inhibitors, a new class of medications recently recommended by NICE for heart failure (May 2023), lacked readily available patient information. This left patients with unanswered questions and concerns regarding the medication's purpose, usage, and potential side effects.

Solution

Collaborating with the North London Cardiac ODN, the network developed standardised information sheets on SGLT2 inhibitors for heart failure. Written in clear, patient friendly language, these sheets address what SGLT2s are, how they manage heart failure, and potential side effects.

**Impact** 

This standardised information, clinically reviewed and approved across both North and South London, empowers patients with the knowledge they need to make informed decisions about their heart failure treatment. It also eliminates confusion and ensures equitable access to crucial information across the capital.



# **Network team**Clinical leads

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- 01. Prof Gerry Carr-White, South London Cardiac ODN
- 02. Mr Max Baghai, Cardiac Surgery Clinical Lead





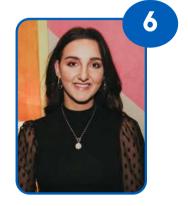
# Network team

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- 01. Freya Parker Copeland, Network Manager
- 02. Awani Anand, Informatics Project Manager
- 03. Andrea Marlow, Business Development Manager
- 04. James Nsiah, Project Manager
- 05. Bethan O'Donnell, Project Manager
- 06. Rachel Westland, Project Manager
- 07. Joe Wood, Project Manager

## **Finance 2023/24**



£404k



Staffing costs

£403k

- 4.5 WTE (£346k)
- Hosted overheads (£13k)
- Training (£10k)
- Research: PRIME (£34k)



Rehab programme

£634k

- Local rehab programme needs (£468k)
- Inequalities: Targeted translations (£94k)
- Local rehab initiatives for SL sites (£24k)
- NACR data automation (£22k)
- DDM digital pilot (£18k)
- REACH HF training 10 participants (£8.5k)



Heart failure programme

£264k

- King's College Hospital (£70k)
- Epsom and St Helier Hospitals (£106k)
- Croydon Hospital (£88k)

# Contact



# South London Cardiovascular Networks









