

Sent via email

To:

- **UEC Leads**
- **All London Medical Directors**
- **London Network Clinical Advisory Group**
- **CEOs of all Acute Trusts**
- **CMO London Ambulance Service**

London Region for NHS England  
& Improvement

Wellington House,  
133-135 Waterloo Road, London,  
SE1 8UG

2<sup>nd</sup> April 2020

Dear Colleagues,

### **Emergency cardiac arrhythmia services during Covid-19**

London has 6 Major Arrhythmia Centres (MACs), with around 25 additional hospitals undertaking various electrophysiology procedures. Some of the smaller units are already experiencing pressure and it is important that emergency services, particularly for cardiac pacemaker insertion, are maintained.

A paper was submitted and approved by the pan-London Clinical Advisory Group (CAG) on 2<sup>nd</sup> April in which the following was proposed:

- The 6 MACs should work together, and with their linked smaller hospitals, to draw up plans for postponing procedures and follow-up of devices where no safety concerns are present, agreeing potential cross-support by staff if a service is unable to continue, and ensuring a continued 24x7 service is provided by the MACs. The proposals are all aimed at sustaining services; increasing collaboration and coordination, avoiding hospital admissions, and shortening lengths of stay where this is safe to do. More details regarding the recommended actions to be taken by MACs and their referring hospitals were included in appendices attached to the CAG template which was approved.
- London Ambulance Service (LAS) currently triage the following patients direct to a MAC; complete heart block (CHB), multiple shocks (>1) from an implantable cardiac defibrillator (ICD), and patients with broad complex tachycardia suspected as being ventricular tachycardia (VT). It is proposed (and was agreed with LAS and CAG), that triage of the first two (CHB, ICD shocks) would continue as currently, but that patients with suspected VT would be taken to the closest hospital rather than a MAC, the rationale being:
  - Their treatment is usually with drug therapy, not requiring specialist intervention
  - Many are not actually VT (being AF with bundle branch block)
  - Only 2 patients per week are triaged by LAS for suspected VT, so the impact on local EDs will be minimal.
  - This is felt to be a low risk change to an existing pathway of care, is routine management anyway in most other regions, and will help to

NHS England and NHS Improvement



release ambulance capacity earlier as ambulances will travel shorter distances.

LAS will notify their staff of the small change in their triaging protocol, and we ask your support for clinical leads in the MACs, who will work to increase collaboration between HACs themselves, and between HACs and other hospitals in their catchment area. Successful activation of the proposals agreed by CAG will help considerably in the mitigation of risk when cardiac arrhythmia staff and services experience the increased pressure anticipated as a result of Covid-19.

Thank you for your support.

Kind Regards,



Professor Huon Gray CBE, Clinical Lead, Cardiac Clinical Network,  
NHS/I London Region



Dr Francis Murgatroyd, Clinical Lead for Cardiac Electrophysiology,  
King's College Hospital (for S. London)



Dr Phil Moore, Consultant Cardiologist & Device Lead, Barts Heart Centre  
(for N. London)