South London Specialised Services Transformation Programme

Cardiac services patient workshop
20 June 2017

Key Notes

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Overview of the paper

- This paper provides a summary of the information collected at a patient workshop that took place on 20th June 2017.
- Before this information is shared, an overview of the programme's objectives and work to date is provided, in order to provide some context to this patient workshop and why it took place.
- The methods used to invite patient representatives to this workshop are outlined and an overview of the workshop's agenda and is also shared.
- Relevant information (including demographic data) relating to the patients who attended the workshop is outlined, to inform the reader and programme team of whose opinions have been heard and are being communicated within this paper.
- The main content of this paper communicates the key feedback that was received from patients who attended the workshop, particularly when considering the ten proposed opportunities for improvement (or "interventions").
- Finally, this paper summarises the next steps for the cardiac workstream of the programme.
- **The programme team would like to take this opportunity to thank all the patients who took the time to contribute to the workshop.**

Context of the patient workshop

Transformation Programme

We have some excellent, world class specialised services in south London, but there is still room for improvement in terms of quality, performance and value for money. There is also significant population growth pressure on specialised services and if we do not make changes now, then the current level of service provision will be unaffordable by 2021, given the increased demand from the population. It is recognised that there is an opportunity to deliver improved value and outcomes through closer collaboration between providers in south London.

In autumn 2016, a programme of work began to improve how effectively specialist hospital services are provided across south London. This programme of work has been labelled 'The South London Specialised Services Transformation Programme' and it sits within the context of wider Sustainability and Transformation Plan (STP) work. The programme aims to ensure that the future provision of specialised services in south London is both of high quality and financially sustainable through to 2021 and beyond.

NHS England has defined success factors for this programme as below:

- *Patient experience:* To redesign services that where possible, support patient led care. Patients, carers and families are sufficiently informed and supported to make the best choice for them, regarding their treatment.
- *Quality:* To provide optimal safe quality services – services are provided in line with recognised best practice standards and recommendations made from previous quality reviews are addressed.
- *Value for money:* To bridge the gap between the rate of growth in service funding allocated and spend. This will require effective use of drugs/devices, demand management and appropriate intervention rates

An analysis and evaluation of current acute/ hospital specialised services provision across South East London (SEL), South West London (SWL) was undertaken – both clinical quality and financial affordability were considered within this analysis. The numbers of patients coming into south London from Kent, Surrey and Sussex to access specialised services was also analysed. Kent, Surrey and Sussex are being considered within this programme of work because approximately a third of patients that receive specialised services in south London actually live in these areas.

In order to identify which clinical services it was most sensible to focus initial transformation efforts on, a prioritisation exercise was undertaken. Cardiac services are one of five specialised service groups that has been prioritised as an area of focus within the programme.

Clinical workshop

We thought that a sensible place to start in order to identify areas of opportunity for improvement, working towards the programme's objectives, was to ask lead clinical staff that work within cardiac services in south London. After all, these individuals work in these services everyday. Therefore, in February 2017 a workshop was held for the cardiac service group, in order to identify opportunities for improvement. The Medical Directors of Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust were asked to identify clinical representatives from their organisations to attend the workshop. These organisations were asked to provide representatives because they are the major providers of specialised cardiac services for south London, Kent, Surrey and Sussex. Most of the individuals who attended this workshop were doctors (usually Clinical Leads) and Heads of Nursing within cardiac services at the previously mentioned hospitals.

Context of the patient workshop

In addition to clinical representatives from these organisations participating in the workshop, Professor Huon Gray, who is a well respected clinical expert in the field and who does not work within south London also attended (a neutral party from an organisational perspective).

The workshop ran very effectively and attendees displayed a willingness to work in collaboration. Attendees were encouraged to share their thoughts on ways in which cardiac services in south London and the surrounding areas could be made more sustainable – considering both short and longer term changes. Numerous opportunities (or 'interventions' as they will sometimes be referred to), were identified by clinicians at the workshop. Following the workshop the programme team went on to have many in depth discussions with appropriate stakeholders (including more cardiac clinicians), in order to further develop the suggested opportunities and to ensure that the details were well understood. These follow-up discussions were complete by early April.

All of the 'interventions' were then evaluated by the programme team and Steering Group to determine whether they were aligned to the programme's objectives, were suitable for implementation and whether it would be helpful to further analyse the implications of introducing each intervention by undertaking a modelling exercise. The opportunities/ interventions were also evaluated when considering the associated timeframe for the changes to take place and the time for them to deliver benefits. The assessment indicated that certain interventions could potentially be implemented within the next 12-18 months and could be viewed as 'do now' opportunities, releasing shorter term benefits such as improved value for money and/ or improved patient experience. Other interventions would take longer to implement, with benefits realisation seen in the longer term. The full evaluation process was informed by the follow-on clinical and non-clinical meetings that took place, and has been reviewed and approved by the Programme's Steering Group . This evaluation process led to a shortlist of prioritised interventions, to be considered further.

Modelling work was undertaken for each of the shortlisted interventions to provide an idea of how things would be different if the intervention was implemented (i.e. if the proposed change took place). This modelling work provides an estimate of the financial implications of implementing each intervention, when considering the whole healthcare system.

Whilst health system leaders involved in the programme had assessed the shortlisted interventions as being positive for patient experience, quality of care and value for money, we recognised the importance of hearing cardiac patients thoughts about the proposed interventions. With this objective in mind, a cardiac patient workshop was planned.

The workshop was originally due to take place in early May 2017, but due to a general election being called and the associated purdah period, we were advised to postpone to workshop until after the election. The patient workshop took place on 20th June 2017 and this paper is the write-up from the workshop.

Workshop overview

Workshop Attendees

- The workshop took place on Tuesday 20th June 5pm- 7pm at Skipton House, Elephant and Castle, London.

- Cardiac/ Heart Support groups from across south London, Kent, Surrey and Sussex were invited to send individuals to attend the event. In addition to this, clinicians from cardiac services at Guy's & St Thomas, King's College Hospital and St George's Hospital were asked to invite approximately ten current patients from their services whether they would be interested in attending (and a letter was drafted to support clinicians with this invite (please see appendix 1)). The full list of Heart Support Groups that were contacted about the event is shown in appendix 2.

- Patients were sent pre-read materials a week in advance of the workshop, so that they could gain an understanding of the programme's objectives, the work undertaken so far and of the interventions that would be discussed with them at the workshop. The pre-read materials contained a short version and an optional longer, more detailed version.

- **22 patient representatives attended the event. Of these patient representatives there were:**

  - **12 males and 10 females**
  - **18 people who indicated that there were currently receiving cardiac hospital services in south London (3 said that they were not and 1 did not answer this question)**
  - **14 individuals who live in south east London, 4 individuals who live in south west London, 2 people who live in Kent and 2 individuals who live in Surrey (no attendees stated that they live in Sussex)**
  - **10 individuals who stated that they attend a Heart Support Group and 11 individuals who stated that they do not (1 individual did not answer this question).**

Workshop Attendees

All 22 patient representatives who attended the event completed an equalities monitoring form. The ethnicity and age data can be viewed below.

Ethnicity	Number
White English	16
White Irish	2
White European	1
Black British	1
Black Caribbean	1
South East Asian	1
Total	**22**

Age Group	Number
30-44	2
45-59	2
60-69	11
70-79	5
80 +	1
Total	**21** **(1 did not answer)**

Workshop Attendees

Other than patient representatives, workshop attendees included:

Name	Position	Organisation
Allyson Arnold	Health Services Engagement Lead - London	British Heart Foundation
Stephen Brecker (SB)	Clinical Director, cardiac services	St George's Hospital
Jonathan Byrne (JB)	Clinical Director, cardiac services	King's College Hospital
James Coutts (JC)	Clinical Director, cardiac services	Guy's & St Thomas' Hospital
Annabel Dallen	Transformation programme support	NHS England
Lucy Grothier	Cardiovascular Strategic Network Director	King's Health Partners (hosted by Guy's & St Thomas' Hospital)
Valeria Iles	Transformation programme support	NHS England
Neil Kennett-Brown	Programme Director	NHS England
Silvia Novo	Programme Officer	NHS England
Jane Ritchie	Programme Officer	NHS England
Charlotte Slater	Programme Manager	NHS England

Workshop Agenda

The workshop took place over 2 hours and the agenda is outlined below.

Subject / Activity	Time	Lead
Arrivals and refreshments	16:45	
Introductions, programme overview and objectives	17:00	Neil Kennett-Brown & Annabel Dallen, NHS England
New models of care/ integrated care	17:10	Allyson Arnold, British Heart Foundation
Summary of proposed improvements (or 'interventions'). Opportunity for patients to ask clarifying questions	17:20	James Coutts, Stephen Brecker & Jonathan Byrne (cardiac service clinical directors from the major south London hospitals)
Group activity: Patients share their thoughts on proposed interventions *(Session to include a 5-10 minute comfort break)*	17:40	Smaller groups – table facilitators
Group activity: Patients given opportunity to provide broader feedback, e.g. what works well versus what could be improved in cardiac services?	18:35	Smaller groups – table facilitators
Groups to feedback key discussion points to wider group	18:45	Nominated table leads
Next steps	18.55	Neil Kennett-Brown, NHS England

Introducing the interventions

Patients had been provided with pre-read materials which outlined the interventions. At the workshop attendees were provided with a verbal summary of the interventions by James Coutts, Clinical Director, and then were given the opportunity to ask clarifying questions within the larger group. The three clinical leads responded to the clarifying questions that were asked. Patients were also given the opportunity to ask further clarifying questions when they broke out into smaller groups as part of the activities.

Group activities

The room split into 3 groups for the group activities. As well as patient representatives, each group contained a cardiac clinical lead and at least one programme team member, both of whom facilitated the table discussions.

Within the group activities, patients were asked to provide feedback on each of the ten proposed opportunities for improvement (or “interventions”). Patients were asked to consider:

- Whether they think the intervention would benefit patients (when considering both patient experience as well as quality of care received)
- Whether they have any other feedback or comments relating to each intervention (e.g. to highlight any areas that you think could be explored further)
- What they thought were the highest priority interventions.

Although the majority of the group work sought to hear patients feedback about the proposed interventions, patients were also given the opportunity to share broader feedback about their experience of cardiac services in south London with the group.

The programme team member on each table also took notes from the discussions. Patient feedback about the ten proposed interventions is documented on the following pages.

Patient feedback on the proposed interventions

Overview of patient feedback

Intervention	Key concerns raised?	Next Steps
Intervention 1: Improve multi-disciplinary team (MDT) working by better utilising technology for meetings, creating protocols for MDT meetings which are in line with best practice, and then monitoring compliance with these protocols.	• No major concerns raised.	
Intervention 2: Provide consistent cardiac services across the south London hospitals, so that patients across the area receive a consistent service/ experience which is in line with best practice. This includes optimal pathways from start to end (patient to GP, role of local and specialist hospitals, and follow up care/ rehabilitation and discharge.	• No major concerns raised.	
Intervention 3: Expand the current inter-hospital transfer system that exists in south London to include all hospitals and all cardiac surgery services. Also, resolve current issues in the system, for example the regarding the patient selection process.	• No major concerns raised.	
Intervention 4: Improve the system for getting patients back to their local District General Hospitals (DGHs) after they have received the care they needed at the specialist (tertiary) centres.	• No major concerns raised.	
Intervention 5: Create a shared daily and weekly staffing rota across hospitals in south London, to support the delivery of appropriate cardiac services. This will result in one hospital offering certain cardiac treatments on a given day and week.	• A concern was if the paramedics/ ambulance takes you to the wrong place • Concern that for emergency cases time can be crucial and so increased distance is a risk • Patients sought more clarity on exactly which sub-specialities were being referred to within this intervention	• This is about very specific sub-specialities, and some sharing has already been in place. We will also modify description to be clearer. • The Ambulance Service are aware of current arrangements for emergency care.

Overview of patient feedback

Intervention	Key concerns raised?	Next Steps
Intervention 6: Improve the way healthcare for valve disease is provided across south London.	• One concern was whether the changes would require elderly patients to travel further distances to receive care.	• This shouldn't change where services are, but about how the pathway works and get best practice
Intervention 7. Improve patient experience during the end of life period, and avoid unnecessary treatment.	• Importance of having preparatory discussions well in advance. • Important to ensure that clinicians are basing their decisions on evidence, and putting the patient at the centre. • Ensure the focus is on care rather than finances.	• Fully agree with points raised, and we will incorporate into our implementation planning.
Intervention 8: Enhance IT systems to support improved data sharing across south London hospitals.	• Would the benefits be worth the financial investment required? • Some clinicians may have a reluctance to do things differently when it comes to IT.	• This work will be supported by the Digital Road Maps (IT plans) for SEL and SWL STPs. • This will incorporate training for staff
Intervention 9: Improve the support provided to patients who have been discharged from hospital after receiving heart services (such as rehabilitation)	• Ensure the focus is in geographical areas where there is most need for improvement. • When making implementation plans, acknowledge different areas are in different starting positions.	• Fully agree with points raised, and we will incorporate into our implementation planning.
Intervention 10: Introduce collective purchasing (i.e. join up procurement) across south London hospitals where beneficial to do so.	• No key concerns raised.	

Key priorities

Although attendees generally showed good support for all the interventions, broadly speaking attendees appeared to think that the priority interventions are:

- *Intervention 1:* Improve multi-disciplinary team (MDT) working by better utilising technology for meetings, creating protocols for MDT meetings which are in line with best practice, and then monitoring compliance with these protocols.
- *Intervention 2:* Provide consistent cardiac services across the south London hospitals, so that patients across the area receive a consistent service/ experience which is in line with best practice. This includes optimal pathways from start to end (patient to GP, role of local and specialist hospitals, and follow up care/ rehabilitation and discharge.
- *Intervention 9:* Improve the support provided to patients who have been discharged from hospital after receiving heart services (such as rehabilitation)

Patient feedback on the proposed interventions

Intervention 1: Improve multi-disciplinary team (MDT) working by better utilising technology for meetings, creating protocols for MDT meetings which are in line with best practice, and then monitoring compliance with these protocols.

- Patients felt this was a priority intervention and overall there was very good support for this.
- Consider social care involvement in MDTs too.
- Patient feels supported when decision is made by multiple experts.
- Patients agreed that clinicians can learn from clinicians within other specialities when it's a complex case and needs cross discipline input.
- Some debate was had on how we can include patients in MDTs. There was a consistent view that patients want to be informed and involved in advance - we should seek to understand best practice on this. Recognised that some patients may not want to be involved in the discussion, and most important is that their views are well understood before the MDT.
- A secondary point was raised (which links with intervention 7). This was about patients not needing to repeat information at different parts of the pathway. It was felt that there should be more trust between clinicians and that shared communications needs to be better enabled by IT.
- Everybody having an input is likely to get to a better solution.

Patient feedback on the proposed interventions

Intervention 2: Provide consistent cardiac services across the south London hospitals, so that patients across the area receive a consistent service/ experience which is in line with best practice. This includes optimal pathways from start to end (patient to GP, role of local and specialist hospitals, and follow up care/ rehabilitation and discharge.

- Patients felt this was a priority intervention and there was very strong support for consistent pathways across south Thames.
- Patients felt bringing all hospitals to the same standard to be important; consistency of treatment and patients to go follow the same pathway/waiting times no matter which hospitals they are admitted to, is vital.
- There was some surprise that clinicians do not currently all operate consistently/ in the same way. Some of the pathway consistency should be about steps in the process and how and when things should happen. JC highlighted that the echocardiogram (ECHO) scan technique at Darent Valley Hospital has been very precisely defined, and this has meant that there isn't the need to repeat tests at Guy's Hospital. Patients agreed that best practice processes like this need clinical championing.
- There seemed to be significant variation in feedback from the patients around their experiences of follow up care. Some had very good experiences and others where follow-up was missing. Thus important that consistent pathways includes follow up care and addresses the areas where care needs improving.
- It was highlighted that signposting to cardiac rehabilitation services is important and is currently inconsistent (i.e. some people are made aware of groups and others are not). This needs to be addressed within this intervention.

Patient feedback on the proposed interventions

Intervention 3: Expand the current inter-hospital transfer system that exists in south London to include all hospitals and all cardiac surgery services. Also, resolve current issues in the system, for example the regarding the patient selection process

- There was good support for this intervention and patient groups thought it (combined with intervention 4) was a high priority.
- Was discussed that patients can wait for a long times to be discharged from hospital and patients felt it is important to free up spaces for new patients quickly.
- A patient asked for clarification on what was meant by 'incentivisation' within this intervention. JC clarified that this is about ensuring that there isn't a financial disincentive for hospitals to take patients that they should be taking.
- Many patients had been treated locally and had not experienced inter trust transfer. One patient noted they went straight to St George's as they felt confident about the care provided there.
- Transport within London is an issue – one patient felt the NHS should be liaising with TfL.
- One patient reported having to wait 8 hours for an inter trust transfer.

Intervention 4: Improve the system for getting patients back to their local District General Hospitals (DGHs) after they have received the care they needed at the specialist (tertiary) centres.

- There was also good support for this intervention and most groups discussed it along with intervention 3.
- Some concern about transportation needs if patients and their families need to travel to centralised cardiac services – query around why services can't all be local. JB communicated the importance/ benefits of patients receiving specialist input from tertiary. Consultant from ST George's Hospital has done satellite clinics at GP surgeries, so there are examples of bringing care closer to home when possible. JB reiterated the importance of right care in the right place.

Patient feedback on the proposed interventions

Intervention 5: Create a shared daily and weekly staffing rota across hospitals in south London, to support the delivery of appropriate cardiac services. This will result in one hospital offering certain cardiac treatments on a given day and week.

- Patients sought more clarity on exactly which sub-specialities were being referred to within this intervention.
- One group did not rate this as a high priority and this was mainly because they did not think it would impact a high number of patients as it is only concerned with few specific sub-specialities.
- A concern was if the paramedics/ ambulance takes you to the wrong place (i.e. a hospital that is not providing the service that day).
- Was some concern that, if it's for an emergency case, and time is of the essence, what would the implications be of travelling to a hospital further away. One patient said they know people who have died on the way to hospital.
- Some concern about diluting care if sharing care. If sub-specialities would be concentrated at different hospitals, you would have to travel to each hospital for all your different specialities, which is not ideal.
- Comment that the intervention text needs to specify that this is about the rotas for permanent consultant/specialist staff.

Intervention 6: Improve the way healthcare for valve disease is provided across south London.

- One group felt that if interventions 1 and 2 are successfully implemented then, in theory, intervention 6 would also be completed.
- One concern was whether the changes would require elderly patients to travel further distances to receive care. Elderly people find travel very hard.

Patient feedback on the proposed interventions

Intervention 7. Improve patient experience during the end of life period, and avoid unnecessary treatment.

- Perhaps this proposal requires more emphasis around quality of care.
- Emotive topic and the impact on cardiac patients can be profound. Attendee queried whether heart failure nurses in the community are aligned with palliative care. Transfer to homecare is the preference.
- Influence of relatives on decision making was noted as an important factor.
- JB noted the unpredictable nature of end of life. Patients felt that introducing the conversation when the decision doesn't appear to be imminent/ preparing well in advance would be helpful.
- Patients who become more aware of self-management and alternative options, might become more accepting of end of life
- Improved patient education around the different options available and likely outcomes would be key to the delivery of this intervention and it's important that patients have the right people around to ask questions to.
- A patient queried how much financial change is expected between the current and future NHS if patients decide not to have an intervention during their end of life period. SB response to say that this had not been calculated specifically for NHS cardiac services but that in many developed countries the highest spend in healthcare is during the last year of patients' life. SB highlighted that this intervention is not linked to meeting any prearranged financial targets but it is about incentivising the required end of life conversations between clinicians and patients and improving education around end of life care. It is about improving how end of life care is delivered.
- Patients recognised that it is important to get the best value for money and to spend what money we have on the most important things.
- Patients felt it is crucial to educate the general public and to encourage discussions about end of life care.
- Also, important to ensure that clinicians are not playing God and there is an open discussion between all parties so the best decision for each patient is reached.
- People need to understand that there comes a point when they are just not going to get any better.
- There was an item on the Breakfast BBC news programme. 6000 people a year die from accidental miss use of their medicine, mainly the pills that they are taking. As I at the moment are taking 9 different pills I can understand the problem. A university has a project to investigate this problem and suggests that much of the medication provided is for risk prevention. This is valid for say a 50 year old man who has just had a heart attack to prolong his life into his 60's and 70's but is it a good idea for somebody in their 90's where it will be less effective and who is much more likely to make a mistake with their medication if not supervised? I know an old lady who is 92 and her carers have to keep her medication in a safe to stop her taking pills when her should not. Is this something that should be investigated as part of the 'end of life' intervention.

Patient feedback on the proposed interventions

Intervention 8: Enhance IT systems to support improved data sharing across south London hospitals.

- Patients felt that IT in the NHS is generally poor and needs improving. There is poor transfer of information from one NHS organisation to another and they are not using the same systems. Attendees feel there is a strong case for change with regard to this intervention.
- One attendee queried why large companies do not sponsor IT software or hardware in NHS hospitals.
- Discussed examples of issues linked to information not being shared within the NHS system. This includes patients being asked to provide the same information multiple times or being invited twice for the same procedure. Also the group discussed generational differences in clinician's preference for hand writing or typing. The group felt more personal efforts should be made to improve NHS staff IT skills.
- A patient commented that changing attitudes is very difficult in business, years ago there was a secretary or PA to type up more of the information, but now doctors are having to send emails.
- A patient commented on whether the intervention was cost effective i.e. would the benefits be worth the financial investment required?
- Other areas to look at when considering IT would be reducing patients' need to physically attend outpatient appointments and the collection of patient data remotely. Remote technology is now enabled to collect cardiac pacemaker performance but there might be other things that could be done to reduce need for patients to travel to hospitals or local hubs – by use of technology to record and download clinical data to hospital databases (possibly via a web app) and video technology to conduct an outpatient consultation with hospital clinics. I wear a Fitbit bracelet and it's recording my resting and active heart rates as well as sleep patterns and activity rates, which are now saved on the Fitbit app accessible via my smartphone or on iPad. I can view a daily/weekly/monthly trend. We could be leveraging this sort of technology to develop more accurate, clinical standard monitors. (This feedback also links with other interventions e.g. interventions 1 and 9).

Patient feedback on the proposed interventions

Intervention 9: Improve the support provided to patients who have been discharged from hospital after receiving heart services (such as rehabilitation)

- Patients felt this was a priority intervention and overall there was very strong support for this intervention.
- Many patients felt there was a lack of information post discharge and that they were not very well able to escalate any concerns they might have. Many patients feel there is a lack of follow-up (heart failure was given as example).
- Suggested next step was to map the different levels of services patients experience post discharge across the South Thames area.
- Heart Support Groups are not always well supported (Lewisham's actually has to pay to use a room at the hospital). There was also feedback that patients aren't readily referred to/ made aware of the various heart support groups across south London – this could easily be improved. Some people may prefer to attend a group closer to home rather than one aligned to the tertiary hospital.
- Some patients felt it could be difficult to self-manage and that it was also difficult to get back into the system. Better access to specialist advice after discharge would be appreciated. Patients did highlight that if they slipped through the net, hospital consultants secretaries were very good at finding patients and getting in touch.
- Arrhythmia nurses are difficult to access. If they all had mobile phones it might help this.
- Patients felt their GPs could find it difficult to access information held by the hospital and vice versa (also links to intervention 8 in terms of IT constraints).
- Access to information for patients to self-manage: Some patients were frustrated that they were not able to access their own information held by the GP or add to that information in a way that would enable them to self-manage. An example given by one patient concerned the proactive management of their asthma; they wanted to see what their peak flow history had been, but also wanted to monitor their peak flow and update the GPs records for a more consistent recording.
- There is the view that the network is important, and involvement of Brighton as part of the wider system was suggested.
- A cardiac staff representative mentioned that running a rehabilitation service is relatively cheap but getting access to facilities is the problem. Staff member mentioned that patients were "backing up" in 'phase 3' (which is the exercise programme within 6-8 weeks after being sent home from cardiac surgery), meaning that there is currently not enough rehabilitative service capacity to meet the patient demand. We need to be running rehab classes every day, not just one a week. It's important that we get people in fast enough and that they don't have to wait too long after discharge. The group agreed with all of these points.
- Patient queried whether local authority gyms would help with the capacity/ demand imbalance.
- One group was asked whether they would favour rehabilitation software applications (i.e. phone apps) as another way to provide the service. Patients felt that people at phase 4 (ongoing exercise phase) benefit from a social network that they may not get with an app alone.
- Some patients were interested to learn about the 'return on investment' here. I.e. if patients attend rehabilitative sessions then is there evidence that it reduced readmission and further specialist input. Staff member communicated that there is a very good return.

Patient feedback on the proposed interventions

Intervention 10: Introduce collective purchasing (i.e. join up procurement) across south London hospitals where beneficial to do so.

- This was not rated as the highest priority but most attendees thought it seemed extremely sensible.
- Many patients felt that the NHS should be doing this already and some were amazed it didn't happen at a national level. Some patients queried why this wasn't being done more broadly than south London.
- Patients were interested to know how much the system could save if this was implemented.
- We just need people to go ahead and implement this one.

Next steps for the cardiac workstream

Next steps for the cardiac workstream

Patients were given the opportunity to share additional feedback with the programme team within the two weeks following the workshop either in writing or by telephone, and some individuals took the opportunity to do so.

The feedback collected from cardiac patient representatives who attended this workshop helps to inform the programme of what matters to patients and the feedback collected will be taken on board within the next steps of the programme. For example, we will consider which interventions patients viewed as higher priorities and we will need to consider and address any questions/concerns that were raised by attendees about the interventions.

Overall, patients at the workshop felt that all the interventions, as they were described/ at their current level of detail, had benefits. Notably some interventions are more detailed than others at this stage, and patients often seemed keen to be given additional details. Patient opinions about the interventions will continue to be sought when proposals are more detailed.

The Programme's Steering group is in the process of considering the specifics of how the interventions would best be implemented across south London. For example, which posts would be required to support the delivery, where they posts would sit in the system and the governance structure. We plan to have a confirmed delivery approach by August 2017 and aim to undertake further planning in order to start implementing interventions as soon as possible.

Appendices

Appendix 1: Example invite letter send to current cardiac patients at Guy's & St Thomas', King's College and St George's Hospitals

Guy's and St Thomas' NHS
NHS Foundation Trust

NHS England

Silvia Novo
Programme Officer
South London Programme
NHS England

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01138 253737

Dear .....

Re: Cardiac patient workshop on Tuesday 20 June, 5 - 7pm (please arrive at 4.45pm)

NHE England and Guy's and St Thomas' NHS Foundation Trust would like to invite you to attend a heart patient workshop on Tuesday 20th June at Skipton House in Elephant and Castle (map attached).

NHS England is working with NHS trusts to improve a number of specialised services in south London, including cardiac (heart) services. In February 2017, we held a workshop with clinicians (mainly doctors and nurses) from cardiac services across south London to develop ideas and proposals to improve services.

As a current user of specialised heart services, we are keen to hear your views on the different proposals. We have invited a small number of patients who currently use heart services, as well as members of the British Heart Foundation's local Heart Support Groups. A doctor from King's College Hospital NHS Foundation Trust, St George's University Hospitals NHS Foundation Trust and Guy's and St Thomas' NHS Foundation Trust will also be attending the workshop.

We will be happy to reimburse any travel costs in line with NHS England's Patient and Public Voice (PPV) Expenses Policy, and light refreshments will be provided.

We will provide an agenda and further information about how you can contribute to the workshop in the coming weeks. For now, we hope the following information is helpful, should you choose to attend.

- We will send a document to you about a week before the workshop that explains the programme's objectives and proposals to improve heart services
- To get the best from the workshop, we suggest you set aside about 1.5 hours to read the information beforehand
- During the workshop, you will be very welcome to ask questions about the different ways we propose to improve heart services
- We are also keen to hear your views about whether or not the proposals are sensible, when considering the objectives of the programme
- We encourage to use you own knowledge and experiences of being a heart patient to provide any ideas to improve the proposals further
- It is also a chance to highlight any concerns you and other patients might have about the proposals

Guy's and St Thomas' NHS
NHS Foundation Trust

NHS England

- Once the proposals have been discussed, you will have the opportunity to provide any additional views or feedback about our plans
- This is a one-off event and you will not be required to attend any future sessions in relation to this programme. We might invite you to a follow-up event, but if we do then you will not need to come if you do not want to.

The views of patients are important to us – your views and experiences will help us to improve heart services, so that we can continue to provide high quality care that meets the needs of our patients. Patients are often able to bring a different perspective to those of NHS staff, and it would be really helpful to hear this sort of feedback in relation to each of the proposed improvements.

If you would like to attend this workshop then please contact Silvia Novo, Programme Officer for the South London Programme, via e-mail to s.novo@nhs.net or on 01138 253737 and she will send further information to you. Please do not hesitate to contact Silvia should you have any further queries in relation to this invite.

Thank you in advance for your assistance and we do hope to see you on 20th June. Please arrive at 4.45pm to allow time to sign in and get to the meeting room.

Yours sincerely,

South London Programme Team

Enc.: Map and directions to Skipton House

Appendix 2: List of Cardiac/ Heart Support Groups invited to the event

South East London

Guy's & St Thomas' Cardiac Support Group

Ace of Hearts (Sidcup)

Artful Dodgers – Lewisham Heart Support Group

South West London

The Cardiac Club @SW19

Croydon Cardiac Support Group

Kent, Surrey & Sussex

Heartbeat Support Woking

Guildford Cardiac Support Group

Heartsmart (Farnborough)

Bromley Heart Support Group

Medway Heartcare Support Group

Ashford and District Heart Support Group

Canterbury Heart Support Group

Crawley and Horsham Heart Support Group

Brighton and Sussex Take Heart Group