



The London Cardiovascular Project aims to improve treatment, care and outcomes of complex and emergency cardiovascular services for all Londoners.



The project has three main areas of focus:

- Cardiac surgery
- Cardiology
- Vascular services

Why was the London Cardiovascular Project created?

A recent review looked into how current cardiovascular services in the capital could be improved. A proposed model of care emerged from this assessment of current services and a thorough review of clinical evidence and an extensive study of national and international best practice. A patient panel informed the project for the duration.

The project aims to improve outcomes and pathways for complex and emergency cardiovascular services in the capital.

- Saving more patients' lives
- Increasing the speed and equity of services
- Improving patient access
- Reducing the length of time spent in hospital
- Improving the use of new technology and research
- Making the best use of NHS resources and saving public money

Who is responsible for implementing the London Cardiovascular Project?

The project recommendations were handed over to commissioners for implementation.

NHS London directed the London Cardiac and Stroke Networks to implement the project at a local level.

The London Cardiac and Stroke Networks will work closely with patients and stakeholders across London to ensure that changes are patient-centred. Full implementation will be completed by March 2012.

The London Cardiac and Stroke Networks bring together patients, GPs, commissioners and providers for improved patient outcomes along the entire pathway.



Cardiology

Death from heart disease remains the biggest killer in the UK and London.

The work focused on two areas - services for patients with coronary heart disease and those with heart rhythm issues.

The model recommends **streamlining the current pathway** to provide timely and accurate diagnosis, and ensure patients receive care in the best possible setting by the best possible people.

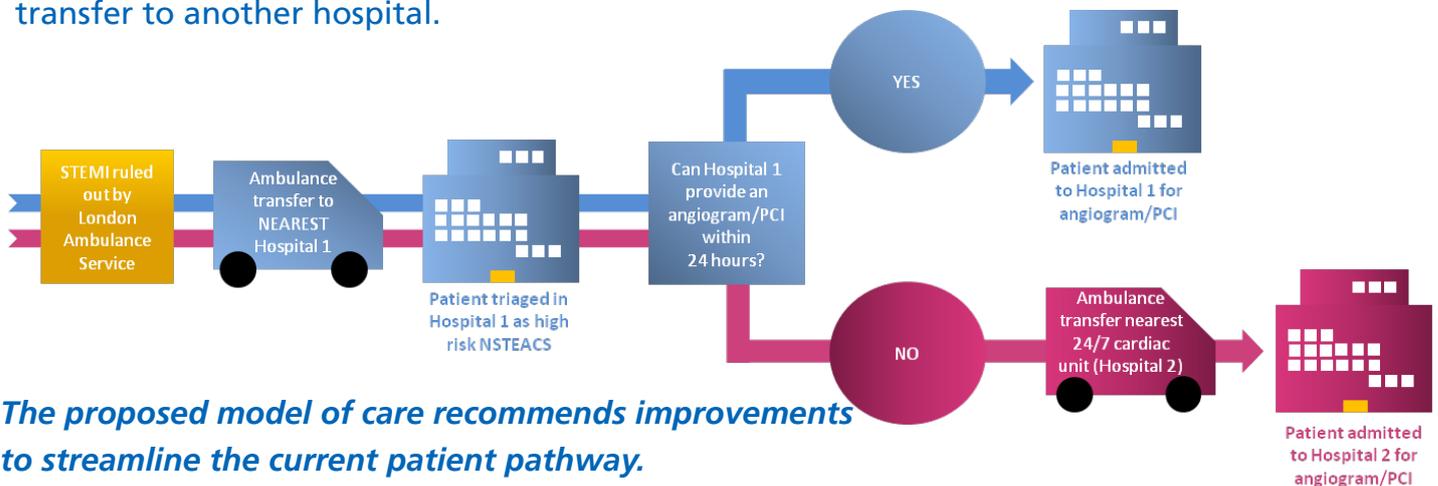
Services for patients with heart rhythm defects should be improved by hospitals working in networks, providing a **more coordinated service, with clinical expertise** available in every hospital to ensure the highest levels of care.

NSTEMACS pathway

Some patients experience severe chest pain when the coronary arteries become only partially blocked (non-ST elevation acute coronary syndrome, or NSTEMACS).

Clinical evidence shows that after six months, patients with NSTEMACS may have a higher mortality rate than patients who have had a full STEMI heart attack (arteries completely blocked) which has been treated with primary percutaneous intervention (PPCI).

It is not always possible to see an NSTEMACS event clearly from an ECG machine. This means that patients in London are routinely taken to the nearest hospital for further investigation. If it is subsequently decided that the patient should have angiography, there can be more delays – particularly where access to a cardiac cath lab that can deliver angiography (with PCI) requires transfer to another hospital.



The proposed model of care recommends improvements to streamline the current patient pathway.

The new pathway will ensure that:

- Patients are diagnosed and risk stratified early
- Patients are managed according to their risk level
- “High risk” patients are offered angiography (with PCI if required) within 24 hours of admission

If the patient is triaged in a hospital that cannot provide angiography with PCI (if required) within 24 hours, then the patient should be transferred to a unit that can. Units wishing to provide this service should ensure that they are able to offer angiography (with PCI) on a seven day basis and provide commissioners with evidence of weekend working as required.

Visit the project website, slcsn.nhs.uk/lcv, or contact the London Cardiac and Stroke Networks: info@slcsn.nhs.uk | 020 8812 5950