Imperial College Healthcare NHS Trust

Rapid Access to Valve Assessment (RAVA) Project Frequently Asked Questions (FAQs)

What is RAVA?

RAVA stands for 'Rapid Access to Valve Assessment'. This initiative is focused on establishing the RAVA pathway at Imperial College Healthcare NHS Trust (ICHT). The purpose of RAVA clinics is to provide patients with severe left heart valve disease rapid access to specialist assessment and to streamline the referral process through to treatment.

How is the project funded?

Building on the success of a pilot led by Manchester University NHS Foundation Trust (MFT), additional funding has been secured from NHS England to enable a broader rollout of the RAVA pathway across five sites nationwide. Imperial College Healthcare NHS Trust has been chosen as one of the participating sites. To support delivery, the NHS Transformation Unit is working in partnership with both ICHT and MFT.

What are the project timescales?

The project began in October 2025, with the pathway scheduled to go live on 12th January 2026. During the initial implementation phase, the NHS Transformation Unit will provide support to the Trust with troubleshooting through to the end of March 2026. Throughout this period, data will be collected to evaluate the pathway's impact, and a comprehensive project report will be produced by March 2026.

What are the proposed changes within the new pathway?

Currently, patients identified with severe left heart valve disease following a direct access echocardiogram are referred either to tertiary care via a Transcatheter Aortic Valve Implantation (TAVI)/Valve clinic or to a general cardiology clinic. There is no dedicated pathway for patients with severe left heart valve disease other than existing pathways which focus solely on TAVI. The introduction of the RAVA pathway will address this gap. Outpatients with severe left heart valve disease will be offered urgent assessment by a specialist in heart valve disease. This streamlined approach will:

- Ensure timely referral from diagnosis to treatment
- Integrate both surgical and transcatheter expertise into the pathway

- Enable rapid multidisciplinary team (MDT) decision-making
- Improve patient outcomes through earlier intervention
- Enhance cost-effectiveness by reducing delays and unnecessary steps in care

What does this mean for GP Referrals and Direct Access Echocardiograms?

GP Referrals via e-RS:

- GPs will continue to refer patients through the e-Referral Service (e-RS)
- While referrals can still be directed to General Cardiology, vetting nurses can now re-route these referrals into the dedicated valve e-vetting queue.
- Direct access (DA) echocardiograms are routed into dedicated DA echocardiogram e-vetting queue.

Community and GP Direct Access Echocardiograms:

- When an echocardiogram identifies severe left heart valve disease, the case will be escalated urgently.
- The Consultant Cardiologist who signs off the echocardiogram report will be responsible for ensuring referral to either:
    - A Consultant-led Valve clinic, or
    - An Aortic/TAVI clinic (as appropriate).
- This urgent referral is required if the patient does not already have a planned cardiology outpatient review within two weeks

How do the proposed changes align with the national guidelines?

The proposed RAVA pathway is fully aligned with national and international guidance, including NICE NG208, BHVS guidelines and statements, the ESC/EACTS Guidelines (2025), NHS England pathway guidance, and British Cardiovascular Society standards. All of these emphasise rapid referral, streamlined pathways, multidisciplinary input, and equitable access to timely intervention.

Where will the RAVA clinics be located?

They will be located across three sites: Charing Cross Hospital, St Mary's Hospital and Hammersmith Hospital. Situating the clinics across these locations aims to improve accessibility and ensure patients across the region can benefit from timely specialist assessment and care.

When the new pathway is implemented, will GPs be made aware of the outcome of the patient's echocardiogram?

If the patient isn't referred to the RAVA clinic, then the GP will naturally be made aware by the Echo Provider. If the patient is referred to a RAVA clinic, the GP will be made aware of the outcome of the patient's attendance at the RAVA clinic and any resulting treatment plan that follows this.

What happens if the patient Does Not Attend (DNA) the RAVA clinic appointment?

The RAVA Clinic have a DNA/discharge policy. In this case, the RAVA clinic staff will inform the GP, and the patient will be referred back to the care of the GP.

Who have you engaged with?

This work builds on the successful pilot undertaken in Greater Manchester, where a wide range of stakeholders including patients were actively involved in co-producing the pathway.

To ensure strong local input, a dedicated patient engagement session was held with patients. This provided valuable insight into their experiences of the current pathway and offered them the opportunity to help shape the proposed changes. Their contributions were instrumental in ensuring the patient perspective was fully considered.

Additionally, clinical colleagues leading the project will present the proposed pathway changes to the internal cardiology and echo teams. These steps are designed to ensure that all key stakeholders are informed and aligned with the new pathway and processes.

What are the main benefits of the new pathway?

Faster access to specialist care: All outpatients with a new diagnosis of severe left heart valve disease will be seen within 2 weeks of referral for a full assessment in a Consultant-led Valve clinic or Aortic/TAVI clinic (for severe aortic stenosis).

Timely treatment for severe cases: Patients with severe symptomatic left heart valve disease who meet a Class I indication for surgery or transcatheter intervention will be categorised as P2, ensuring a referral-to-treatment target of within 12 weeks.

Reduction in long waits: Currently, around 15–16% of patients experience delays of more than 26 weeks from the time they first saw a surgeon. The new pathway is designed to eliminate these extended waits, improving both patient outcomes and service efficiency.

Improved patient outcomes and efficiency: Earlier assessment and streamlined referral processes will lead to quicker decision-making, better patient experiences, and more cost-effective use of NHS resources.

What will be the measures of success?

To evaluate the effectiveness of the project, a set of agreed metrics developed in collaboration with clinical and operational colleagues will be monitored. These will cover:

- **Referral Activity** – e.g. number and type of referrals received
- **Patient Flow and Throughput** – e.g. time from initial echocardiogram to intervention
- **Clinical Outcomes** – e.g. proportion of patients returned for local surveillance
- **Efficiency** – e.g. patient outcomes following intervention
- **Quality of Care** – e.g. DNA rates within the pathway
- **Patient Demography** – e.g. ethnicity and other demographic data

Data will be collected by the RAVA clinic team across these categories, then validated and visualised. Insights generated from this analysis will be co-authored with the RAVA clinic team to ensure that any complexities within the pathway are fully understood and addressed.

Has an Equality Impact Assessment (EIA) been carried out for this project?

An Equality Impact Assessment has been completed, led by NHS England, to ensure that the project does not create adverse impacts for any protected characteristic groups. The overarching aim of the pathway is to improve access for patients, with a particular focus on addressing health inequalities.

As part of the evaluation, patient demographic data is being collected across the pathway. This analysis will provide evidence on how the changes affect existing health inequalities and will help ensure that the pathway delivers equitable access and outcomes for all patient groups.

Who can I contact to find out more?

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