

Qualifying at UCL & UCH, some of my undergraduate and postgraduate training was at the Whittington, where I was always incredibly happy. Amidst the austerity of the mid 1990's my inspirational colleague David Patterson identified funding for what I can only describe as a dream job at UCL and the Whittington. I was appointed as Senior Lecturer with an Interest in Community Cardiology, in 1995. Last year I retired, then immediately returned on reduced hours. Earlier this year I left, though continue with some ventures and explore others (& still use my NHS email [Suzanna.hardman@nhs.net](mailto:Suzanna.hardman@nhs.net)).

Reflecting on this period, I am so aware of the hard work and challenges that you and others in the Community and elsewhere are currently facing. These include the constant pressures to deliver more for less, cope with COVID and the fallout from this virus. It seems that despite your continued delivery of endless hours of dedicated clinical care with good grace, you are experiencing harsh criticism.

This is the background to wanting to write and thank you for so readily allowing me to work so closely with you, over many years. And to thank you for your support, kindness and excellence in our shared ventures. Under different circumstances I would have left as I had begun visiting many of you to say thank you in person, but sadly that wasn't possible.

Funding in my first years as a consultant was a major issue, as now, but there was an enormous sense of community and opportunity, little time wasted on process, but a shared commitment and enthusiasm to improve cardiovascular care. We used this time to good effect involving you, public health, the commissioners, and select hospital clinicians to plan our initiatives. This meant we were well placed to embrace any opportunities that became available even before the NSF was published. We opened the first Whittington CCU in 1996, and early lively workshops with key GP practices led to pathways for AF, MI, and HF. Early internet-based guidelines, rapid access clinics, community based cardiac rehabilitation and other initiatives followed. The hospital-based care was developed in complete alignment with the community, with HF care central to this theme. Aspects of these evidence-based models have been adopted elsewhere through initiatives such as NICE guidance and quality standards, published research, national and international societies, specialist recognition and related standards, training rotations, and teaching. Meanwhile emerging funding sources meant services could be better supported and were carefully evaluated, through research, local networks and national audit. Again, this would not have been possible without your support, for which I remain grateful and send heartfelt thanks.

The challenges, satisfactions, and pleasures of this period have been enormous. Working with you towards shared aims of better care and patient wellbeing, and delivering improved outcomes, has been an incredible journey. Being able to look after the individual patients you have kindly referred, has been both pleasure and privilege, that I shall long treasure.

The financial and other pressures of recent years have brought new challenges. Throughout I have been impressed at your readiness to respond to requests for additional input, your willingness to discuss mutual patients, and continued thoughtfulness and sensitivity. You are quite the most wonderful group of people to have worked with. And so, I am confident that even during difficult times, things will be as good as they can be and am optimistic that they will again improve.