

#### Vascular Review

## A brief outline of the proposal with reasons for the change and timescales

The current model of care for vascular surgery across Kent and Medway needs to be changed which will involve the potential centralisation of specialised vascular surgical procedures at the East Kent Hospitals University NHS Foundation Trust (EKHUFT) Kent and Canterbury Hospital site whilst retaining Medway Maritime Hospital as a 'spoke' site where the majority of care for Medway and Swale residents will take place.

These changes are required in order to ensure that the two current vascular surgical centres, Medway NHS Foundation Trust and East Kent Hospitals NHS University Foundation Trust are compliant with the recently published Vascular Society of Great Britain and Ireland document 'The Provision of Services for Patients with Vascular Disease 2012'). All services across the South of England are currently under review.

Implementation of any changes will take place in 2013/14.

### **Extent of consultation**

Currently commissioners are undertaking a gap analysis and developing an action plan as part of a South of England SHA review. Patient and public engagement has been undertaken via the patient representatives on the Kent and Medway Vascular and Interventional Radiology Network.

There has been no formal consultation at this point as the proposals are still being developed and the impact is not yet fully quantified. However, the impact is expected to be minimal as the majority of patients will continue to receive care locally and only a small number of patients will need to access specialised surgery at a different provider.

### Effect on access to services

The number of patients affected is currently being quantified as part of the review work. However, only those patients requiring specialised surgery will be treated at an alternative site under the proposal.

The main impact will be on Medway/Swale patients who currently have specialised vascular surgery requiring an in-patient stay at the Medway Maritime hospital. The current proposal being discussed by the two Trusts is for a proportion of these patients to be treated at the Kent and Canterbury hospital.

The majority of services will continue to be provided at the Medway Maritime site with enhanced local services to support the new model where required.

A small number of patients will need to travel to Canterbury for their surgical procedure instead of Medway under the proposed potential model.



## **Demographic assumptions**

During 2011/12, there were a total of 1,278 vascular attendances at Medway Maritime hospital for Kent and Medway vascular patients.

Of these attendances, approximately 200 Kent and Medway residents received *specialised* vascular surgery at the Medway Maritime hospital. Table one below shows the proportion of vascular patients, by locality, that may have to travel to Canterbury for specialised vascular surgery under the potential model being discussed:

| CCG/Locality                          | Total number of<br>vascular<br>attendances at<br>MFT | No of Specialised Vascular Surgical procedures at MFT | % of vascular patients that may be treated at K&C instead of MFT |
|---------------------------------------|--|---|--|
| NHS Dartford, Gravesham & Swanley CCG | 25   | 1   | 8%   |
| NHS Swale CCG                         | 250  | 49  | 26%  |
| NHS West Kent CCG                     | 305  | 61  | 27%  |
| NHS Medway                            | 698  | 86  | 17%  |
| NHS Kent and Medway Total             | 1,278  | 197   | 21%  |

Table 1

The main impact will be on Medway and Swale patients who currently flow into the Medway service. However, the majority of patients will continue to receive their care locally, with enhanced local services to support the proposed changes.

Patients currently referred to Kings College, London (predominantly DGS and West Kent patients) will continue to be offered the option to be treated in London.

## Impact of proposals on specific groups

The impact on affected groups of patients is currently being quantified as part of the review work. However, the total number of patients that will be affected by the proposed change is small. A full EIA will be undertaken as part of the South of England review.

# Choice and commissioning

There should be no change to demand as a result of the potential change. The Trusts involved are currently assessing the financial implications of any changes.

The proposal is consistent with World Class Commissioning and is being driven by a requirement to ensure safe, sustainable and robust services for the future. The review is in line with the national commissioning requirements of the NHS Commissioning Board Authority.



### Clinical evidence

The review is in response to the recently published Vascular Society of Great Britain and Ireland document "The Provision of Services for Patients with Vascular Disease 2012" which sets out clinical standards and outcomes for vascular surgery.

The proposals will also strengthen vascular surgical services for all patients across Kent and Medway. The proposals will contribute to the achievement of national priorities.

# **Joint Working**

The proposed changes will be based on a network of care which will encompass joint working between the two main acute providers – EKHUFT and Medway FT. In addition, the pathways for pre and post care for vascular patients will be strengthened as a result of the review, with an additional focus on non-acute health services.

## **Health inequalities**

This proposal is intended to improve health outcomes by ensuring high quality services in line with national clinical outcome standards. Centralisation of specialised surgical services will enable robust clinical infrastructure and sustainable expertise into the future.

All patients within Kent and Medway will be able to access the same quality of care. The options for service delivery are being developed in line with the Vascular Society standards of care.

### Wider Infrastructure

The proposed service will make more efficient and effective use of the expertise currently available within Kent and Medway. Both EKHUFT and Medway FT have existing infrastructures that when brought together, will result in economies of scale which will enable the Kent-wide service to be fully compliant with the necessary infrastructure to deliver the required standards. Local infrastructure requirements will be put in place to support the model, ensuring local access for the majority of patients.

The specialised surgical elements of the service will be commissioned by an expert team within the new National Commissioning Board for April 2013.

The number of patients requiring treatment at a different site in the future is small. Transport arrangements are already in place to ensure that patients can access vascular services across both providers and will be clarified as part of the detailed work over the next 6 weeks. Clinicians from Medway FT undertook surgery at the Canterbury site as part of the development of the Medway service, and therefore such transport arrangements have been proven to work in the past.



The majority of vascular services will continue to be delivered locally, with a small number of patients receiving surgery in the future at an alternative site. The changes will deliver improved outcomes and a service that will be robust and sustainable into the future.

Following the current NHS restructure, the commissioning of vascular surgery will be led by the National Commissioning Board, through a team serving the Kent & Medway, Surrey and Sussex areas. The NCB team will liaise with local Clinical Commissioning Groups to ensure that services commissioned by them meet local needs as appropriate.