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Dear Member

KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE - TUESDAY, 10 SEPTEMBER 2019

I am now able to enclose, for consideration at next Tuesday, 10 September 2019 meeting of the Kent and Medway NHS Joint Overview and Scrutiny Committee, the following report(s) that were unavailable when the agenda was printed.

Please note: This replaces the NHS report on pages 17-21 of the Agenda.

Agenda Item No

7

Kent and Medway Specialist Vascular Services Review (Pages 3 - 8)

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ben Watts', is written over a faint circular stamp.

Benjamin Watts
General Counsel

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Joint Health Overview & Scrutiny	
MEETING/ DECISION MAKER:	Joint Health Overview and Scrutiny Panel
MEETING/ DECISION DATE:	General Update - September 2019
	E 9999
TITLE:	Kent & Medway Vascular Network Update
WARD:	All
List of attachments to this report:	
No attachments	

1 PURPOSE

Following previous engagement with JHOSC around the requirement for engagement for the Kent & Medway Vascular Network, NHSE/I Specialised Commissioning SE have committed to updating the committee regarding progress.

2 BACKGROUND

The requirement for the establishment of a Vascular Network for Kent & Medway is for clinical reasons in line with national initiatives rather than any business driven need.

The Case For Change, which JHOSC colleagues have already had sight of is based on the need to ensure appropriate standards of clinical care, and for information can be found here:

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2016/02/case-for-change-kent-medway-vascular-review.pdf>

What is vascular disease?

Vascular disease affects veins and arteries. It may cause blood clots, arterial blockages and bleeds which can lead to strokes, amputation of limbs and conditions such as aneurysms that might threaten life if left untreated.

Specialised vascular services which are commissioned by NHSE/I Specialised Commissioning provide treatment for:

- **Aortic aneurysms** – where a bulge in the artery wall is caused by arterial disease that can rupture. Treatment for this may be planned before the bulge reaches a critical size, or as an emergency if it ruptures;
- **Carotid artery disease**, which can lead to stroke; and
- **Arterial blockages**, which can put limbs at risk.

All these treatments are highly specialised and need a skilled team available 24 hours a day, every day of the year, to provide this service and support patients.

What prompted the review of the current service?

In an effort to ensure specialised services are of the highest standards of quality and safety no matter where people live, NHS England worked with clinical and commissioning experts and patients across the country to come up with a National Service Specification (NSS) of what services should provide.

After reviewing the evidence and conducting a national programme of patient and public engagement the Vascular Society of Great Britain and Ireland and the team of experts and patients that developed the service requirements recommended that in order to ensure safety and deliver best practice, specialised vascular services should have:

- A minimum population of at least 800,000 in a specified area to ensure an appropriate volume of patients are seen each year
- Twenty four hour, seven day a week vascular surgery and interventional radiology with on-call rotas staffed by a minimum of 6 vascular surgeons and 6 interventional radiologists
- All arterial surgery with a dedicated vascular ward provided at a vascular centre to ensure that highly experienced staff are treating sufficient patients to maintain their skills
- Access to cutting edge technology including a hybrid operating theatre for endovascular aortic procedures such as endovascular aortic aneurysm repair and combined open and interventional radiology procedures.
- Vascular surgeons who work closely with specialist nurses, interventional radiologists, vascular scientists, diabetes specialists, stroke physicians, cardiac surgeons, orthopaedic surgeons, and in emergency medicine amongst other specialities to provide a comprehensive multi-disciplinary service.

What did the review include?

NHS England & Improvement (NHSE/I) in collaboration with East Kent Hospitals University NHS Foundation Trust and Medway NHS Foundation Trust reviewed both emergencies and planned specialist vascular treatment at hospitals in Kent and Medway.

This includes outpatient care (e.g. appointment with a specialist), day care treatment (e.g. an operation where you go home the same day) and inpatient treatment (an operation requiring you to stay in hospital), which we are describing here as specialist treatment.

The review did **not** include varicose vein surgery, heart disease, heart surgery or the management of the common types of stroke.

2018 review

In 2018, a further review of vascular service in Kent and Medway, acknowledged that the future permanent location of the 'main arterial centre' for Kent and Medway would be determined through the East Kent transformation programme (part of the local Sustainability and Transformation Programme).

The proposed options in the transformation programme are still in the evaluation stage and are yet to be finalised. It is likely to take several years to complete this process and deliver the changes within East Kent, Therefore in April 2019, to comply with the national clinical guidance, NHS England/Improvement recommended that an interim main arterial hub should be located at the Kent & Canterbury Hospital until such time as the longer-term transformation programme happens.

All Trusts involved are in agreement with this recommendation and are committed to working together to further develop the vascular network and ensure the very best care for patients in Kent and Medway.

3 BENEFITS OF AN INTERIM MAIN ARTERIAL CENTRE

What happens now?

Kent and Canterbury Hospital is treating above the minimum numbers of core index procedures for specialised services, whilst Medway is not.

Currently patients requiring an inpatient stay following vascular surgery attend the Kent and Canterbury Hospital in Canterbury or Medway Maritime Hospital in Medway either through an elective pathway (e.g. planned operation) or an emergency pathway (e.g. via A&E).

An elective pathway is where the patient is referred for non-urgent treatment by their GP.

An emergency (or non-elective) pathway is where the patient is admitted as an emergency.

For elective patients, the initial referral will normally be for an outpatient appointment. These currently take place at:

- Medway Maritime Hospital, Gillingham
- Maidstone Hospital
- Tunbridge Wells Hospital
- William Harvey Hospital, Ashford
- Queen Elizabeth The Queen Mother Hospital, Margate
- Kent and Canterbury Hospital, Canterbury.

Patients requiring emergency or elective inpatient surgery are currently treated at Kent and Canterbury Hospital and Medway Maritime Hospital.

What needs to happen in the future?

Establishing the interim Main Arterial Centre at Canterbury will ensure an ongoing high standard of care for all Kent and Medway patients and is driven by clinical need as outlined above.

To ensure patients get the highest standards of care in hospitals in Kent and Medway that meets all the recommended criteria for specialist vascular services:

- Patients will continue to go to their local hospital (as listed above) to ensure that most care will be delivered as close as possible to people's homes. This includes outpatient appointments, tests, scans, and day procedures.
- Day surgery would continue to be provided in Medway and Canterbury, as it is now.
- Specialised Inpatient emergency or particularly complex operations will in future be delivered at the main arterial centre.
- Elective inpatient operations will in future be delivered at the main arterial centre.
- Non Elective (Emergency) Inpatient operations will in future be delivered at the main arterial centre.
- Bringing inpatient services together into a 'main arterial centre' will ensure that patients have access to a sustainable consultant-led vascular service 24/7, every day of the year in line with National Specifications.

Please note: There are a number of Clinical Commissioning Groups involved in this work in addition to Specialised Commissioning and patient numbers are currently being estimated for next year. We will update Overview and Scrutiny Colleagues further when this work is complete.

4. ENGAGEMENT

Historical Engagement

Patient and clinical engagement has already been conducted through the initial review and the development of the Case For Change (2015) which articulated the need to reconfigure local Vascular services in order to meet the National Service Specification (NSS) and VS POVs standards.

The engagement process commenced in July 2015 with a number of listening events across Kent and Medway.

A further deliberative event was held in February 2016 where detailed conversation took place between members of the public, patients and clinicians on the emerging recommendation.

The key messages from the events were;

- a. A specialist 24/7 service is vitally important and must remain in Kent and Medway.
- b. The ability to keep outpatient care close to home is important and needs to ensure that the out of hospital support is timely especially after surgery.
- c. A recognition that some patients would have to travel further for inpatient care but this was acceptable in order to get safe and high quality care and the best outcomes.

Further engagement events were held on the 7th and 8th February 2017 for vascular patients to describe the recommendation and the proposed network arrangement between EKHUFT and MFT. Participants at each event included patients, relatives and families, voluntary and provider organisations, clinicians and commissioners. Three JHOSC members also attended the Medway session, as independent observers.

In August 2017, two further engagement events were held which included vascular patients, family members, members of the Joint Health Overview Scrutiny Committee (JHOSC), the Programme Director and lead clinicians and commissioners.

Overall, there was consensus amongst patients, across both events, that the proposed network model made sense to them, as it was about building a sustainable model that will allow patients to access 24/7 expert care.

Ongoing Engagement

Despite the extensive engagement that has occurred to date, and the national guidance and clinical requirement to implement the interim main arterial centre as part of the establishment of the Vascular Network, we believe it is important to continue engaging with patients as the Vascular Network develops and the following is planned for September:

An online survey is now live on the NSHE/I Specialised Commissioning South East website to get patient views.

<https://www.engage.england.nhs.uk/survey/kent-and-medway-vascular-network-survey/>

Also, patient events are to be held at:

CANTERBURY: Tuesday 24th September 2019, 6-9pm
Harvey Hall, Postgraduate Centre, Kent and Canterbury Hospital,
Ethelbert Road, Canterbury, Kent CT1 3NG

MAIDSTONE: Monday 16th September 2019, 1-4pm
Oakwood House, Oakwood Rd, Maidstone ME16 8AE

MEDWAY: Wednesday 18th September, 12.30 to 3.30pm
Medway Adult Education, Rochester Community Hub, Eastgate,
Rochester, Kent ME1 1EW

Over 200 letters have been sent inviting patients to these events, with follow up calls made where possible.

The aim of these events is to update patients on progress and the changes taking place, and also to understand from patients what they particularly value from the service currently and what they feel could be improved to ensure this is considered as we move forwards.

Overview and Scrutiny colleagues are invited to observe these events. To book a place please contact england.speccomm-southeast@nhs.net stating which event you would like to attend.

Workforce/Staff Engagement

Whilst we are unable to share details of staff engagement ahead of engagement with staff themselves, there is an ongoing work stream and plan around staff engagement.

Contact	england.speccomm-southeast@nhs.net
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