

<b>Paper presented to:</b>	Kent Health Overview and Scrutiny Committee
<b>Paper subject:</b>	Kent and Medway Specialist Vascular Services Review
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<b>Purpose of Paper:</b>	To update the HOSC on the Kent and Medway Vascular Services Review, the Case for Change, Decision Making Process and the next steps.

## 1.0 Background to the Review

**1.1** In 2013, the specialist society representing vascular surgeons in England drew up a new specification for vascular services. It sets out what a specialist vascular service needs to provide. It is based on evidence of what achieves best outcomes for patients.

The society did this work because they wanted to see improvements in care given to patients and to ensure that the highest standard of care possible was available. At the time, it was also the case that death rates for aneurysm treatment in England were higher than in most similar countries around the world.

There have been similar initiatives on trauma and heart disease which have successfully reduced death and disability rates for those conditions and improved the care offered to patients.

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

In considering specialist vascular services, we are not discussing heart disease and heart surgery or management of the common types of stroke. These are not part of this review.

When we refer to vascular services as a whole, we consider outpatient care and treatment, day case treatment and inpatient treatment, which we are describing here as specialist treatment.

This review will not make any changes to the outpatient, diagnostic and day case part of the patient experience, other than to improve them and keep them local to patients. What needs to be reviewed is how specialist vascular services are delivered for the complex treatment of vascular disease.

**1.2** The types of vascular disease treated are:

- Aortic aneurysms – a bulge in the artery wall that can rupture (treatment may be planned or as an emergency)
- Carotid artery disease, which can lead to stroke
- Arterial blockages, which can put limbs at risk

**1.3** The type of treatment that might be required includes:

- Complex and potentially high risk bypass surgery to the neck, abdomen or limbs
- Balloon or stent treatment to narrowed or blocked arteries
- Blood clot dissolving treatments to the limbs
- Stent grafts of varying complexity to treat aneurysms.

The treatments are delivered by both specialist vascular surgeons and specialist vascular interventional radiologists. (These services do not include the management of varicose veins).

**1.4** The national specification requires specialist vascular centres to:

- Serve a minimum population of 800,000 to ensure all staff can treat enough different cases to maintain their competency and improve their skills (this figure is expected to rise to 1 to 1.2 million shortly);
- Have the right mix of highly skilled and experienced staff who each carry out enough specific procedures to maintain and improve their skills;
- Have 24/7 on-site vascular surgery and interventional radiology on-call rotas that are staffed by a minimum of six vascular surgeons and six interventional radiologists, to ensure consistent high-quality care;
- Provide access to cutting-edge technology, including a hybrid operating theatre for endovascular (minimally invasive) aortic procedures;
- Provide a dedicated vascular ward and nursing staff;
- Have a specialist team to manage patients with vascular disease that includes vascular surgeons, interventional radiologists, specialist nurses, vascular scientists, diabetes specialists, stroke physicians, cardiac surgeons, orthopaedic surgeons, and emergency medicine, among other specialties, to provide a comprehensive multi-disciplinary service;
- Be part of a wider clinical network which can provide oversight, governance and opportunities for innovative treatment for patients and development for staff.

**2.0 Why is NHS England reviewing Kent and Medway Vascular services?**

**2.1** Specialist vascular services in Kent and Medway are not fully compliant with the national specification and Vascular Society guidance.

**2.2** NHS England is carrying out this review with local people, particularly patients and carers, the clinical commissioners and clinical specialists,

with the aim of delivering a high quality, sustainable vascular service for all Kent and Medway patients which complies with the national specification.

**2.3** The review must ensure future specialist vascular services:

- Meet the national standards;
- Have a sustainable specialist workforce;
- Take account of population needs and growth;
- Respect the need for patient and clinical choice.

The review must offer to patients:

- Continued improvement in outcomes for patients
- Development of patients' skills and expertise so they are better able to manage their condition and recovery
- Increased access to outpatient clinics and assessment.

In addition to these we want future vascular services for Kent and Medway residents to be centers of excellence offering the best possible outcomes.

**3.0 The Kent and Medway review process**

**3.1** The review will take a phased approach, starting by understanding what currently happens in Kent and Medway and how that differs with the national specification. It will go onto consider the ways that the service could be delivered to not only meet the specification but also ensure that the service delivers quality care now and into the future.

**3.2** Who is involved in the review process?

There is a clinically-led Programme Board working with NHS England to consider what needs to be done.

Public health specialists are taking a detailed look at the needs of the area and its predicted growth to help us plan for the future. Vascular Society members are advising the local Programme Board.

Concerns and evidence about the current services have been shared with the South East Coast Clinical Senate, which maintains an overview of health services across Kent, Surrey and Sussex. The Senate's role is to check that plans for changing inpatient vascular services are clinically sound and will improve outcomes for patients.

The public will be involved in the review through a number of Listening events and focus groups where the gaps in the Kent and Medway services will be discussed and options developed. A public engagement sub group of the programme board will be established to support the review.

**4.0 What currently happens for Kent and Medway residents needing specialist Vascular Care?**

**4.1** In 2013/14 897 people in Kent and Medway needed specialist vascular treatment. Of these, 591 were treated locally - the others mainly travelled to London.

**4.2** Kent and Medway patients currently go to three main centres for specialist vascular treatment:

1. Medway Maritime Hospital, Gillingham;
2. Kent and Canterbury Hospital, Canterbury;
3. Guys and St Thomas' Hospital, Westminster, London.

**4.3** There is additional day surgery at Darent Valley Hospital, Dartford; Kent and Canterbury Hospital, Canterbury; Medway Maritime Hospital and Tunbridge Wells Hospital, Pembury. Other outpatient clinics are held at: Aylesford Medical Practice; Gravesham Community Hospital; Kent and Canterbury Hospital, Canterbury; Maidstone Hospital; Medway Maritime Hospital; Queen Elizabeth the Queen Mother Hospital (Margate); Sheppey Community Hospital; Tunbridge Wells Hospital (Pembury) and the William Harvey Hospital (Ashford).

**5.0 How do the current inpatient centres comply with the national standards?**

**5.1** The service provided by St Thomas' Hospital in London is fully compliant with the national specification. The services across Kent and Medway are not fully compliant with the national specification. This was identified following a full survey of services and is detailed in our Case for Change document, (this will be available on the NHS England South website.)

**5.2** Summary of key K&M issues

- The population volumes are lower than the required 800,000
- The number of cases per year is either borderline or lower than the required numbers.
- The numbers of total Kent and Medway specialist consultants, Interventional radiologists are lower than the required number and there are no specialist nurses working over the weekends.
- There is no vascular network in place across Kent and Medway

**6.0 What happens next?**

**6.1** We have developed a clear process that will be used by patients, carers, clinicians and clinical representatives to recommend a model for future inpatient vascular services in Kent and Medway. This process has been reviewed and agreed by the Programme Board and the South East Coast Clinical Senate. It will be used to evaluate possible options for how vascular inpatient services are provided in the future.

**6.2** Case for Change Approval

The Case for Change is currently being reviewed by the South East Clinical Senate. A series of events are underway with the public to explain the issues and understand what is important to them. The

Review Programme Advisory Board is working with its members, including the Kent and Medway units to approve the final case for Change. This will also be approved through the NHS England, Specialised Commissioning delivery group.

### **6.3 Decision Making and Approval Process**

This process will use national best practice guidance, public feedback and local/national clinical recommendations as criteria. The decision making process will work with clinicians and the public, this will include:

- Identifying the range of possible solutions;
- Applying the criteria to develop realistic options for more detailed assessment;
- Detailed analysis of possible solutions particularly focusing on Quality and safety, capacity, access/travel times, key clinical interdependencies, demographic impacts/relationships and workforce;
- Understanding the Impacts and risks of possible options. This will particularly important in relation to the impacts on quality, safety and patient outcomes.

The 'long list' and 'short list' and final preferred options will be considered and tested at each point against the public, stakeholder and clinical feedback.

NHS England South (East) and the South East Clinical Senate will provide an assurance role to the review. Kent HOSC and Medway HASC will be kept informed of the review progress and approached, once the options have been developed, to determine if the proposed options constitute a substantial variation of service. If the Kent HOSC and Medway HASC determines the proposed service change to be substantial, a Joint HOSC will need to be established.

## **7.0 How will the public be involved in the review?**

**7.1** It is important to the review that the public and stakeholders are involved in the review. The team will actively seek out people who have experienced vascular services and those who may be at risk as well as the wider public.

**7.2** A Communication and Engagement plan has been developed. This sets out how the review will engage with the public and key stakeholders. This will include holding a series of Listening events and focus groups throughout the decision making process and setting up a public engagement sub group.

## **8.0 When will the review be completed?**

**8.1** The review is aiming to develop the options over the summer and early Autumn with the preferred option being approved late Autumn/early Winter 2015 with an aim to begin implementation from April 2016. This may need to be a phased implementation.