

Paper presented to:	Kent and Medway Joint Health Overview and Scrutiny Committee
Paper subject:	Briefing report; Kent and Medway Vascular services Review.
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Purpose of Paper:	To update the JHOSC on the progress of the Vascular review

Kent and Medway Vascular Services Review

1. Introduction

- 1.1. This paper provides an update to the committee on progress of the Kent and Medway Vascular review.
- 1.2. The Review was commenced in December 2014 following recognition that the current services provided by East Kent Hospitals University NHS Foundation Trust (EKHUFT) and Medway NHS Foundation Trust (MFT) did not meet the national specification or the best practice guidance from the Vascular Society. The review has reported to the JHOSC on a number of occasions, the latest being in August 2016 to update on progress.

2. Summary of the background and progress to date.

The Case for Change

- 2.1. The Case for Change demonstrates the key components of the national specification and the national clinical recommended practice from the Vascular Society. These make a clear evidence based case for improving outcomes for patients and the delivery of the specification criteria and the guidance has seen a considerable improvement in patient outcomes.
- 2.2. This is particularly relevant with regard to improving the mortality rates for abdominal aneurysm repair. Following the delivery of the specification in 2013 these have improved dramatically from 8% to 1.5%.
- 2.3. The clinical evidence shows:
 - a. That where there are high volumes of vascular procedures being undertaken the outcomes are better for patients;
 - b. That vascular care must be available 24/7;
 - c. That the care must be delivered by skilled specialists; and
 - d. That the assessment to surgery time is important and that this improves when working in a network model with adequate staffing levels.

- 2.4. Kent and Medway residents receive their vascular care from three main providers: EKHUFT, MFT and Guys and St. Thomas' NHS Foundation Trust. Neither EKHUFT nor MFT meet the national specification.
- 2.5. The key areas of non-compliance are:
 - a. Inadequate population volumes to generate adequate levels of activity;
 - b. Inadequate or borderline numbers of the main procedures being undertaken;
 - c. Inadequate numbers of specialist staff, in particular consultant surgeons and interventional radiologists;
 - d. There are concerns relating to the specialist facilities available.
- 2.6. There are also concerns across the services with regards to sustainability due in particular to the low workforce numbers and the challenges faced in recruitment.
- 2.7. The Kent and Medway Vascular Review case for change made the following recommendations:
 - a. To recognise that there is a case for change if services in Kent and Medway are to comply with the national specification and clinical best practice guidance, ensuring both quality and service sustainability of vascular services;
 - b. To undertake an options appraisal process to address the case for change;
 - c. To develop and agree the preferred solution that addresses the case for change.

Options appraisal

- 2.8. The options appraisal tested each option against a set of criteria from the national specification and the Vascular Society Provision of Vascular Services.

These included:

- a. Minimum population volumes;
 - b. Minimum procedures numbers undertaken;
 - c. Minimum staffing numbers for consultant surgeons and interventional radiologists;
 - d. Specialist facilities including dedicated hybrid theatres and wards;
 - e. Targets for key outcomes measures; and
 - f. To work within a network, using a hub (in-patient unit) and spoke (outpatient and diagnostic units) delivery model.
- 2.9. The ability to meet the aforementioned criteria and the quality and safety issues of each option was reviewed within the context of:
 - a. Delivering a safe sustainable staffing rota and availability;
 - b. Travel times;
 - c. Essential co-dependencies; and
 - d. Current activity and possible impact of future population growth.
 - 2.10. The Vascular Review Programme Board accepted the recommendation of its Clinical Reference Group to proceed with a network model with a single Kent and Medway arterial centre supported by non-arterial centres. This would include an enhanced service at one of these sites.
 - 2.11. Following the recommendation to the Vascular Review Programme Board an early procurement process identified a single proposal for delivering the recommendation. This is collaboration between EKHUFT and MFT.

2.12. The review has presented to the committee on a number of occasions and presented to the April committee the recommendation of the network model with a single in-patient centre in Kent and Medway.

Engagement process:

2.13. The engagement process commenced with a number of listening events across Kent and Medway where key priorities were identified. These included:

- a. The ability to make choices;
- b. To have good information and communication available;
- c. To have the right staff available 24/7, with speedy access in an emergency and smooth access to elective care; and
- d. The importance of early recognition of vascular disease and a network approach that could improve this was seen as positive.

2.14. Having access to a specialist vascular team or centre was noted as the most important priority. Having good access to such a service in Kent and Medway was seen as vital by the participants.

2.15. A further deliberative event took place in February 2016 where a detailed conversation took place between members of the public, patients and clinicians on the emerging recommendation. The key messages from the event were:

- a. A specialist 24/7 service is vitally important and must remain in Kent and Medway;
- b. The ability to keep out patient 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;
- d. Additional travel times for relatives were a concern and the attendees suggested a number of initiatives that could reduce the impact of this. This included Skype and support with travel; and
- e. Providing adequate support to relatives and carers is key particularly pre- and post-surgery.

2.16. The review has planned further engagement events for the vascular community to describe the recommendation and proposed network arrangement between EKHUFT and MFT.

2.17. The events will seek to ensure that the journey is clear and transparent and that there are opportunities to question and challenge the network in particular the Clinical Leads. These events will be held in January/February 2017 in order for the Network to develop a range of options to be discussed and for due consideration to be given to both the final model and the transitional arrangements proposed.

2.18. The feedback from these events will inform the final business case to be considered by the Vascular Programme Board and NHS England specialist commissioning.

2.19. As advised in the August JHOSC paper, the NHS England Assurance process recommended that change of this nature would not require formal public consultation however engagement and dialogue on the model of care is essential. The planned engagement events will test the business case proposals, the feedback will be fed into the wider STP process.

3. Development of the recommendation and model of care

- 3.1. The Chief Executive Officers at EKHUFT and MFT have worked together to agree the Kent and Medway Vascular Clinical Network arrangements. This formal collaboration has agreed the development of the network through a Network Board with a number of key work streams addressing the development of the model, the patient pathways, governance arrangements and transitional arrangements to be put in place.
- 3.2. The network solution is being developed in accordance with the national specification and Vascular Society guidance. This clearly describes the network model with a single arterial centre supported by non-arterial units.
- 3.3. The model will operate as a network across Kent and Medway with a single arterial centre and a more diverse multi-site model for non-arterial centres. One of the non-arterial centres would also become an enhanced non-arterial centre and other hospitals in Kent and Medway could contribute to the network solution as non-enhanced non-arterial centres mainly providing outpatient services for the local consideration of population.
- 3.4. The development of the model will work alongside the STP development and consultation process to determine the final sites for the arterial centre.
- 3.5. This proposal will meet the criteria described above in the options appraisal including the issues of travel times and co-dependencies.
- 3.6. The Trusts have formed the Kent and Medway Vascular Clinical Network Board, which was established in mid-September and is chaired by the Clinical Lead for the Network. The Network comprises of core members with equal representation in terms of role and numbers from both EKHUFT and MFT. Representation from Maidstone and Tunbridge Wells NHS Trust (MTW) will also be included.
- 3.7. The Board will also co-opt members as appropriate and will ensure that the network establishes and maintains robust communication channels with its key stakeholders.
- 3.8. The network has undertaken a recruitment process and appointed a Clinical Lead and Deputy Clinical Lead from within the two organisations. The network will also recruit a dedicated Network Manager.
- 3.9. The Clinical Lead will specifically be responsible for leading the process for developing and implementing the strategic vision for the network and will provide clinical leadership for the implementation of the local network plan. The Deputy Clinical Lead will support this work and will be responsible for identifying and implementing a robust clinical governance structure across the network which feeds into the overall Network Governance Framework.
- 3.10. Central to their role will be to ensure that high quality and sustainable specialist vascular services are delivered through the network, creating a centre of excellence for all Kent and Medway residents.
- 3.11. The Network Governance Framework describes the purpose, role, key objectives, working relationships and accountability of the Network Board.

4. Network Work Plan

- 4.1. The network will be supported by a number of work streams that will work to terms of reference approved by the Network Board. The work of the network will be underpinned by the public and patient feedback to date, subsequent events and ongoing dialogue.
- 4.2. The Chair of each of the work streams together with the Programme Manager will be expected to report formally to the Network Board on progress against plan. The current work streams include:
 - a. Clinical model and pathways;
 - b. Clinical governance;
 - c. Finance
 - d. Information governance and information technology; and
 - e. Interventional radiology (whilst a key focus is on vascular IR, this work stream will also identify any impact on the non-vascular IR service).
- 4.3. The development of the model and business case is clinically-led with the clinicians at EKHUFT and MFT working together to identify the delivery model, clearly illustrating the pathways for patients across the network and the key interdependencies.
- 4.4. This will include:
 - a. Clear transfer protocols;
 - b. Pathways that maximise the opportunities for local care;
 - c. New ways of working across a network, including where appropriate the use of information technology;
 - d. Supporting patients and their families with clear and consistent messages; and
 - e. Working with other networks in particular the diabetes network to improve the care of vascular patients and maximise opportunities for early intervention in cases of peripheral vascular disease.

5. Approval of the Network Model

- 5.1. The Network will provide a business case to the Vascular Review Programme Board for consideration early 2017. This will describe the networks approach to delivering the requirements of the Vascular Society guidance and the national specification. It will evidence how it mitigates against any risk including addressing the needs of high-risk communities and patients through quality and equality impact assessment.
- 5.2. This model will identify how it has taken account of the feedback from public and patients including local access to the service and communication with patients and their families. The model will be developed to reflect the key recommendations of the Clinical Senate report and in particular the critical clinical co-dependencies.
- 5.3. The business case will be required to articulate the final model and the transitional arrangements.
- 5.4. The approval of the business case will be undertaken by NHS England Specialist Commissioning. The proposals within the business case will align to the wider STP.
- 5.5. It is proposed that the final model and key recommendations within the business case are presented to the JHOSC early/mid 2017. This will subject to the statutory purdah requirements.

6. Next Steps:

- 6.1. Continued development of the Network Board.
- 6.2. Development of the clinical modeling to identify the patient pathways and transitional arrangements.
- 6.3. Engagement events to test the emerging model, transitional arrangements and business case recommendations.
- 6.4. Consideration and approval of the business case at the Vascular Review Programme Board prior to consideration by NHS England Specialist Commissioning.
- 6.5. Alignment to the acute work stream of the Kent and Medway STP.

7. Timeline

- Engagement events January/February 2017
- Draft business case to the Vascular Programme Board and subsequently to NHS England Specialist Commissioning Spring 2017
- Alignment to the STP consultation June 2017
- Timing of the presentation to the Kent and Medway JHOSC subject to the STP consultation and purdah requirements