Joint Health Overview & Scrutiny		
MEETING/ DECISION MAKER:	**Joint Health Overview and Scrutiny Panel**	
MEETING/ DECISION DATE:	**February 6th 2020**	E 9999
TITLE:	**Kent & Medway Vascular Network Update**	
WARD:	All	
List of attachments to this report: No attachments		

1. Purpose

NHS England, Specialised Commissioning South East attended the Joint Overview and Scrutiny on 10th September 2019, to discuss a recommended move to an Interim Main Arterial Centre based at Kent and Canterbury Hospital for specialised inpatient vascular activity

Specialised Commissioning discussed our intention to engage with patients and return to the Overview and Scrutiny Committee with the outcome of the engagement as well as detail on patient activity numbers. However, before that was possible, an urgent need arose which required an immediate change to the Aortic Aneurism Repair (AAA) part of the service.

NHSE/I Specialised Commissioning SE have committed to updating the committee regarding progress.

This paper is in four parts.

Part One. Background

Part Two. Emergency Move of Aortic Aneurism Repair (AAA) Procedures from Medway Foundation Trust (MFT) to East Kent Hospitals University Foundation Trust (EKHUFT)

Part Three. Proposed Engagement for move of AAA

Part Four. Update on recommendation to move to an Interim Main Arterial Centre (MAC) based at Kent and Canterbury Hospital.

Please note:
The move of the AAA service does not pre-empt the existing process regarding the establishment of the interim Main Arterial Centre (MAC) on the Kent and Canterbury Hospital site, the progress on which is discussed in Part Four of this paper.

Part One. Background

Introduction

As previously presented, 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 clinically 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 develop a National Service Specification (NSS) detailing 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.

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 vascular 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 the National Specification.

2018 Activity

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.

PART TWO Emergency Move of Aortic Aneurism Repair (AAA) Procedures from Medway Foundation Trust (MFT) to East Kent Hospitals University Foundation Trust (EKHUFT)

Introduction

Following clinical advice from the Medical Director of Medway Foundation Trust, NHS England, Specialised Commissioning, South East temporarily moved AAA patients from Medway Maritime Hospital, Medway Foundation Trust to the Kent and Canterbury Hospital on 6 January 2020.

A patient safety concern arose due to staff shortages in the Vascular team at MFT in late December 2019 with the decision taken to move the AAA service to Medway as soon as was practically possible.

A briefing was sent to Overview & Scrutiny Colleagues ahead of the move which came into effect 6th January 2020.

There is ongoing and continuous review of the service.

Aortic Aneurysm Repair (AAA) – Improved resilience.

East Kent Hospitals University Foundation Trust (EKHUFT), have sufficient clinical team members and infrastructure to continue to undertake local referrals for AAA surgery and assume management of those patients currently being cared for MFT. Patients from Maidstone currently treated at MFT will be now be transferred to Kent and Canterbury Hospital. Kent patients currently accessing services will be unaffected.

The collaboration of the two Vascular teams on a single site improves the robustness of the clinical on call arrangements for AAA repair.

Pathway change

AAA procedures can be divided into planned (elective) procedures (the majority of the work) and unscheduled intervention in patients who present as an emergency.

The pathway change involves:

Elective Surgery:

Patients will undergo their assessment at MFT as they do now. Individual cases will be discussed in the Vascular network AAA multi-disciplinary team meeting (MDT) (as now), hosted by the MAC.

AAA intervention will be undertaken at Kent and Canterbury Hospital. The current Vascular team at MFT will support this treatment pathway.

Emergency Surgery:

All emergency AAA patients that present to MFT will be resuscitated and transferred to Kent and Canterbury Hospital where on-call consultant cover will be in place. These transfer arrangements are already well established from other sites.

Where the ambulance crew suspect a patient might require intervention for a AAA, South East Coast Ambulance Service (SECamb) will convey the patient directly to Kent and Canterbury Hospital.

SECamb were consulted on and approved this change in the emergency pathway.

How many patients will be affected by the move of AAA surgery from MFT to Canterbury?

Potential

The following information has been obtained using NHS England commissioning data and the National Vascular Registry as a projection of potential patient numbers.

Approximate Patient Numbers Per Annum.	NVR Data	HESS IT analysis from Trusts and NHSE
Elective AAA	15-24	
Unscheduled AAA	5-12	
Total	20-36	44

Analysis of Actual 2018/19 (Time/Distance)

Of the 21 patients receiving AAA surgery in 2018/19, overall a move to Kent & Canterbury increases travel time and distance. 1 patient would have had a reduced travel time of 9 minutes had they gone to Kent & Canterbury for their treatment.

Of the 21 patients 5 were treated on an emergency basis (non elective) and 16 were treated on a planned basis (elective), which means they had a date for their procedure and attended hospital on that date.

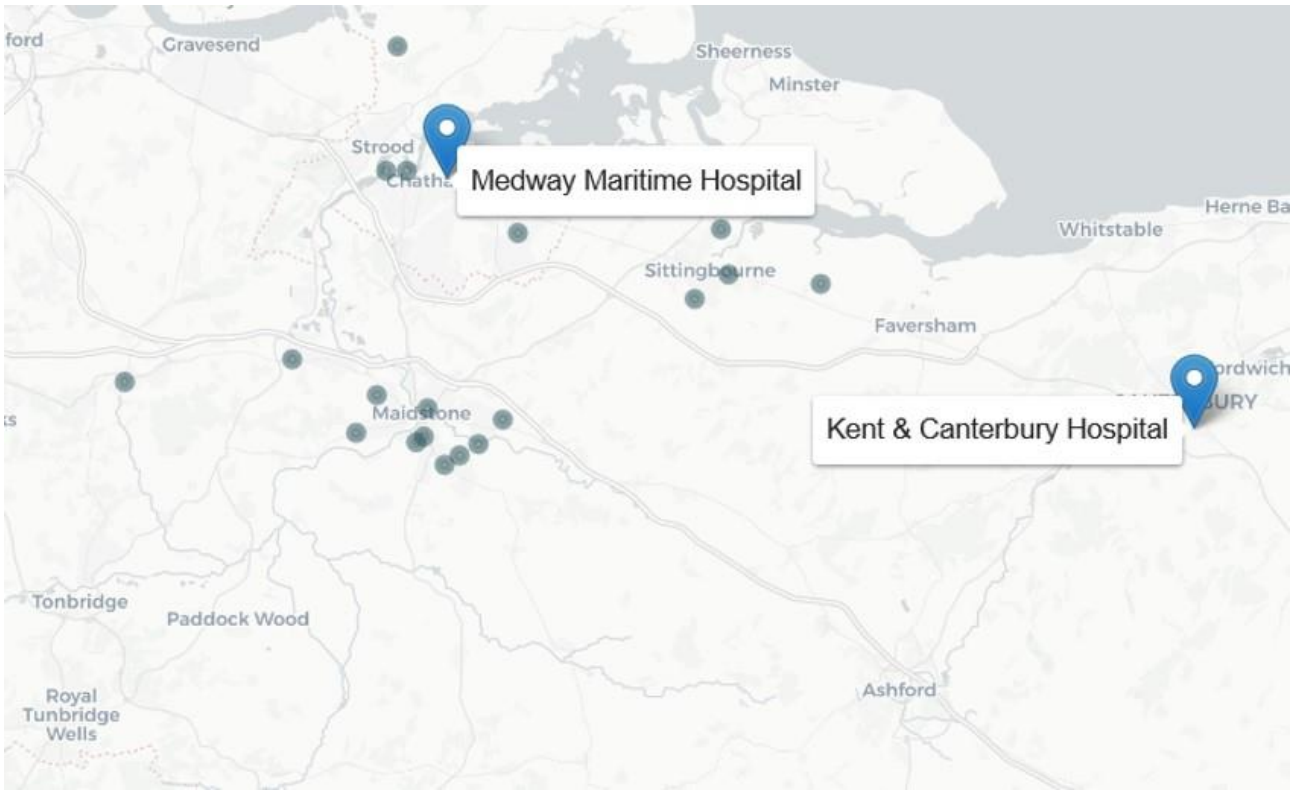
The total increase in distance travelled by all AAA patients in 2018/19 is 382 miles, giving an average increase by patient of 18 miles.

In terms of time travelled, the total time increase in hours is approximately 363 minutes (6 hours) which equates to approximately 17 minutes average increase per patient.

The maximum increase in travel time is 36 minutes, the minimum is a reduction of 9 minutes. The maximum increase in travel distance is 31.3 miles, the minimum is a reduction of 9.6 miles.

The map below shows patient location 2018/19 in relation to both Medway Foundation Trust and Kent & Canterbury Hospital.

Location Map of AAA Patients 2018/19



Impact on other Inpatient Specialised Vascular Services at Medway Foundation Trust.

All other specialised Vascular surgery services will continue to be performed at Medway Foundation Trust until the Interim MAC at Kent and Canterbury Hospital process has been completed. Assurances have been received from MFT regarding the stability of the remaining service and clinical teams from both Trusts continue to work together.

There are monthly meetings of the Clinical and Operational Group chaired by the MFT Medical Director, and with membership of a range of clinical and non-clinical staff from both EKHUFT and MFT (with invitations also sent to Maidstone and Tunbridge Wells NHS Trust.

There is a weekly Multi-disciplinary Team meeting (MDT) with all clinicians from both Trusts that includes representation from IR, vascular and anaesthetics to discuss case mix and patient conditions.

There is also a weekly M&M Meeting (mortality and morbidity meeting) with all clinicians above to review clinical performance.

Part Three. Draft Engagement for Interim Move of AAA

Introduction

The draft communications and engagement strategy below outlines how NHS England Specialised Commissioning, plans to inform and involve stakeholders, patients and local people in proposal to make the temporary move of AAA procedures from Medway to Kent & Canterbury (as outlined in Part Two of this paper), an interim move until such time as the permanent location of the Main Arterial Centre is decided upon, in line with the National Vascular specification.

Draft Communications and Engagement Strategy

NHS England has been working with partners, led by senior surgeons, in developing detailed proposals to provide these vital services.

An emergency temporary move of Aortic Aneurism Repair (AAA) Procedures from Medway Foundation Trust (MFT) to East Kent Hospitals University Foundation Trust (EKHUFT) took place with effect from 6th January 2020 due to staffing shortages.

Transforming health and social care in Kent and Medway, a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council is looking at the future of services across the whole area.

However, it will take some time for these wider changes to take place. Meanwhile a sustainable vascular service for East Kent is needed in the interim. We continue to work with clinicians to develop a proposal that we think is the best temporary solution.

EKHUFT, have sufficient clinical team members and infrastructure to continue to undertake local referrals for AAA surgery and assume management of those patients currently being cared for at MFT. Patients from Maidstone currently treated at MFT will be now be transferred to Kent and Canterbury Hospital.

The collaboration of the two Vascular teams on a single site improves the robustness of the clinical on call arrangements for AAA repair.

We are proposing to engage with the public and service users about making this temporary move an interim solution in accordance with our duties under section 13Q.

Background

Vascular services are for people with disorders of the arteries and veins. These include narrowing or widening of arteries, blocked vessels and veins, but not diseases of the heart and vessels in the chest. These disorders can reduce the amount of blood reaching the limbs or brain or cause sudden blood loss if an over-stretched artery bursts. Vascular specialists also support other medical treatments, such as major trauma, kidney dialysis and chemotherapy.

Complex Vascular surgery covers:

- Abdominal Aortic Aneurysms (AAA)
- Screening people for AAA
- Strokes (such as Carotid Endarterectomy (CEA) or Transient Ischaemic Attacks (TIAs or mini-strokes)
- Poor blood supply to the feet or legs

There are also roles for vascular surgery supporting other major specialities e.g. trauma, neurosurgery, cardiac surgery, dermatology, clinical laboratory services, nephrology, plastic surgery, and other disciplines. Vascular patients are often treated by other specialties including cardiology, renal, diabetology and podiatry.

In common with other specialties, there is strong national clinical consensus that patients who need vascular surgery receive better quality care when they are treated by specialists who deal with a high volume of patients and who, therefore, have significant expertise in this field.

Approach

Legal and policy context

The legal context for this document is the duty to involve the public (section 13Q) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), NHS England has a statutory duty to 'make arrangements' to involve the public in commissioning services for NHS patients.

The section 13Q duty is aimed at ensuring that NHS England acts fairly in making plans, proposals and decisions in relation to the health services it commissions, where there may be an impact on services. The duty requires NHS England to make arrangements for public involvement in commissioning.

Public involvement in commissioning is about offering people ways to voice their needs and wishes, and to influence plans, proposals and decisions about their NHS services. Patients and the public can often identify innovative, effective and efficient ways of designing and delivering services if given the opportunity to provide meaningful and constructive input.

There are four tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

In addition, NHS England's service change guidance states:

> ***Effective proposals should have on-going involvement with staff, patients and the public. Proposing organisations should avoid presenting a fully worked up set of service change options to the public unless there has been on-going dialogue.***

.

Working in partnership

The work will be co-ordinated through the Communications and Engagement workstream which reports to the Kent & Medway Vascular Programme and which will comprise CCG, NHS England and Trust communications together with representation from Healthwatch.

Pre-consultation

Reviews of vascular services have been ongoing since 2014 and patients have been involved throughout.

In 2019 over 200 letters were sent out inviting patients and their families to attend one of three patient and public events, to be held in Maidstone, Medway and Canterbury.

3 people attended the event in Maidstone on 16th September (although 8 people had accepted the invitation) and 9 people attended the event in Rochester on 18th September. Participants comprised people with vascular conditions and family members. Other attendees were from NHS England, the Kent and Medway Vascular Network, Vascular Consultant/Clinical Lead and the Executive Medical Director, Medway Foundation Trust.

A member of the Kent and Medway NHS Joint Overview and Scrutiny Committee also attended the second event.

Despite the wide invitation, only two people asked to attend the Canterbury session so, with their agreement, this was changed to individual telephone interviews which were conducted on 25th September.

How has pre-engagement informed the proposals?

All participants in the 2019 engagement were extremely positive about their experiences as inpatients at both Medway and Canterbury, suggestions for improvement to the service in general have been fed back to the Trusts via the clinicians who attended.

There was agreement for the need to consolidate specialist resources. The clinical leads discussed the need to ensure that future vascular services meet the required standards, as specified in national guidelines and attendees welcomed this and understood that requirement.

Live Engagement on interim move of AAA surgery

- To communicate openly and widely about how the public views in phase one have helped influence the interim model.
- To communicate openly and widely that no change is not an option. Provide a clear explanation about how the interim option that has been developed, with a proactive campaign and direct engagement with patients, public and key stakeholders with the aims of:

- ensuring understanding of the reasons for the change
- ensuring understanding that this is an interim option for safety reasons pending consultation and engagement around wider Kent and Medway reconfiguration.
- enabling commissioners and the service providers to understand issues for patients, public and key stakeholders ensuring the final model has taken these into account

In both cases the objectives are:

- To provide clear and consistent messages and information to all stakeholders
- To explain the option and the benefits to patients
- To allow patients and the public to voice any concerns/raise issues/ask questions about the chosen interim option
- To gain views on associated services (for patients undergoing amputation for example)
- To balance any negative perception and concerns
- To increase public confidence in NHS England as a listening and responsive commissioning organisation.

Informal Engagement

If Overview and Scrutiny agrees that an informal engagement can be undertaken in this phase, the approach will be to inform of the chosen option and ask whether any concerns need to be taken into account in its implementation. This process will not ask for views on options. This will not constitute a statutory process and will be conducted over a much shorter time frame.

Specific drop in events

Held in a range of locations across Kent and Medway (likely two), in accessible venues and at a variety of times to give people a range of choices.

These events will give people an opportunity to hear an update on the proposals, how their views have helped shape them and have the opportunity to talk with those involved in the programme – particularly, but not exclusively, clinical leaders.

Working closely with the community and voluntary sector

The community and voluntary sector have wide ranging communications networks. We will aim to work with the CVS through events they host directly with their clients to get their views – this often works well with hard to reach groups. We will also supply information through their distribution channels.

Collaboration with CCGs Trusts and Healthwatch to make use of existing engagement channels

The workstream members will aim to use all.

Online opportunities to respond to the engagement/consultation

The engagement will be made available on the NHS England consultation hub. This is the central online resource for all NHS England consultation and engagement projects. It provides a mechanism for consultation documents to be uploaded and for people to provide their feedback.

Engage with staff

NHS staff will be engaged, with briefings organised at their place of work and including senior trust staff. Staff are key influencers of patient views and also members of the public and use local health services themselves, so briefings will focus on the case for change as a whole, not just their role as employees. The aim will be to ensure staff have had the opportunity to understand the impact of the changes to the way they work

Robust media approach

There will be a responsive, agile and robust media handling plan including proactive briefing about the proposals. A media sharing protocols will be created.

Multi-channel communications

People get their information from a variety of different sources. Social media and websites together with other existing communications mechanisms such as newsletters will be used.

As the key clinical leaders are not always likely to be available. We propose to produce a video communicating the engagement's key messages which will be made available on websites and presented at events.

Materials in appropriate formats

NHS England has an Accessible Information Standard which sets out expectations for communications for those with disabilities (see Section 5).

Our Equality Impact Assessment also indicates a potential need for translations into languages other than English.

Key messages

There will be a core narrative and a set of key messages around the proposals themselves, using terms that will be applied consistently across all materials.

Overarching messages

We will develop services which are:

- High quality with excellent outcomes for patients;
- Developed in line with the best available evidence to increase the chance of survival for patients;
- Can be sustained, despite future challenges; and
- Offer a good patient experience.

We are committed to:

- Engaging and involving stakeholders, partners and the public to find out what matters most to people;
- Making sure all the feedback received is considered as part of the decision making process;
- Being open and transparent throughout the consultation process.

Supporting messages

- Surgeons at all of the hospitals have worked together to develop this option.
- We want to end uncertainty for patients and for staff
- We want to provide safe, high quality services in line with the recommendations of the experts (Vascular Society of Great Britain and Ireland)
- The need for vascular surgery is reducing due to improving health of the population.
- The impact of a reducing number of smokers and better care for people with diabetes means the demand for vascular surgery will continue to reduce.
- The way vascular services are provided has also changed from major surgical procedures to less invasive techniques which require specialist training and the introduction of preventative surgery which reduces the risk of stroke.
- To ensure services remain safe and high quality it is important that surgeons remain practiced in these specialist techniques which means they should undertake a minimum number of procedures to maintain their expertise
- The number of surgeons available to provide these services is limited and hospitals may experience difficulty in recruiting enough to provide sufficient cover for existing rotas.
- No change is not an option

Target dates:

Pre-consultation	Live-engagement	Analysis and reporting	Decision	Implementation
Feb – March	March/April	April-May		
Development of communications and engagement strategy	Engagement launch	Responses analysed	Decision taken	Implementation – communication and engagement to be done by the providers
Stakeholder analysis	Activities logged for audit trail	Report written	Stakeholders updated on outcome	
Approval of business case by EKHFT, MTW, MFT Boards	All feedback stored in line with Data Protection		Communicate decision to patients / public	
Establishment of Patient Reference Group				
Plan and schedule engagement events x 2				
Develop engagement material				
Work with voluntary sector on reach and breadth				
Stakeholder briefings				
Media briefing				

Analysis and reporting

During this phase all feedback will be analysed. A report will also be written following agreed approvals process and signed off.

Decision making

The report will be available for the public and for overview and scrutiny and will also be presented at the relevant CCG and provider board meetings.

A media and communications plan will be required for the decision.

Implementation

Communications for this phase to be led by providers.

1 Risks and Issues

All proposals to change hospital services inevitably face some challenges that are not specific to the proposals in question or the area in which they are taking place. These include:

- Emphasis among local people and opinion-formers on importance of hospital, sometimes to the exclusion of other services
- Fear of loss of local services
- Fear that local hospital will become unsustainable
- Concern about travel to get to appointments or visit loved ones
- Fear of longer distances or poor roads leading to safety risks
- Local people and politicians equating services in local hospital with status of the area

NHS England's responsibility is to put forward a service proposal which will give the best possible outcomes to patients across the whole geography. Any engagement will inevitably generate noise and interest, and this is to be expected. What is important is the approach that is applied to engagement/consultation and making sure it is as robust as possible, following due process.

Equality analysis

Evidence
What evidence have you considered? People with diabetes are at a higher risk of vascular disease. Prevalence of diabetes is caused by a number of factors such as an ageing population, obesity and low levels of activity. Another important factor for diabetes is the changing ethnic mix of the population. People from black and minority ethnic communities are six times more likely to develop the disease, suffer from a 50% increased risk of heart disease and have much higher levels of kidney disorders. The care of people with diabetes can also be complex with 25% of people suffering from three or more other long-term conditions. NHS England now has an accessible information standard which needs to be considered/adhered to in the engagement https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-upd-er-july-15.pdf
Age Patients using vascular services tend to be older. Although there is an increasing prevalence of older people using online services it will be important for the communications and engagement process to consider the needs of older people by producing some documentation in print/large print to allow for age-related changes in vision.

Disability

- Because a proportion of patients accessing vascular services have diabetes it is likely that some will have visual impairment beyond the usual age-related changes in vision. This means that the consultation will need to be available in alternative formats. These patients may be unable to drive and may have difficulties accessing public transport, consideration needs to be given to whether they will be able to attend meetings.
- Arterial disease in some patients requires lower limb amputation which will also affect accessibility to attend meetings
- Patients with chronic mental health problems and learning disability (particularly Down's syndrome) are at increased risk of diabetes and arterial disease. There will be a requirement for easy read versions of documentation

Gender reassignment (including transgender) No impact

Marriage and civil partnership No impact

Pregnancy and maternity No impact

Race

Diabetes is more common in people of South Asian origin with earlier onset of significant arterial complications. People of Afro-Caribbean origin are more prone to high blood pressure which may be more difficult to control than in other groups, hence increased incidence of renal disease and stroke. Narrative content of the communications does not need to be adjusted but appropriate images this group can identify with should be used in any design. It will also be appropriate to make translations available for people whose first language is not English.

Religion or belief

Patients whose religion or belief does not allow blood transfusion or particular blood products will have complications relating to accessing vascular services.

Sex

Vascular disease is more likely to affect men than women. Narrative content of the communications does not need to be adjusted but appropriate images this group can identify with should be used in any design.

Sexual orientation No impact

Carers

As vascular patients tend to be older and may already have disabilities (or develop a disability as a result of vascular surgery/amputation) they may already have a carer or may need the support of a carer.

The consultation will seek to engage with carers to understand the impact of the proposals and possible solutions such as community transport for visitors.

Other identified groups.

Parts of Medway CCG have areas of socio economic deprivation. Smoking, obesity and low levels of activity are more common in areas that have socio economic deprivation. As these lifestyle risk factors are also linked to prevalence of diabetes (and therefore risk of vascular disease) the communications and engagement must consider the

communications needs of this group. A review by Ofcom indicates that socio economic deprivation influences access to information technology, which can itself be a form of social exclusion.

However, more recent research by Public Health England for the One You campaign shows people aged 40-60 in lower socio economic groups are heavy users of mobile communications including text messaging and digital social media such as Facebook. The mix for the campaign needs to take these preferences into account.

Part Four. Update on Recommendation to move to an Interim Main Arterial Centre (MAC) based at Kent and Canterbury Hospital

Introduction

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.

Whilst the temporary AAA move has stabilised the service, all Trusts involved are clinically 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, and to this end regular meetings are now held between the Trusts.

As per Part Two of this paper, there are monthly meetings of the Clinical and Operational Group chaired by the MFT medical director, and with membership of a range of clinical and non-clinical staff from both EKHUFT and MFT (with invitations also sent to MTW)

There is also a weekly Multi-disciplinary Team meeting (MDT) with all clinicians from both Trusts that includes IR, vascular and anaesthetics to discuss case mix and patient conditions

There is also a weekly M&M Meeting (mortality and morbidity meeting) with all clinicians above to review clinical performance

Ongoing Engagement

NHS England South (South East) has been leading a review of specialised vascular services in Kent and Medway. The review started in December 2014 and has involved patients, relatives and members of the public throughout, to ensure that their experiences and views inform the development of future services.

In September 2019 patients and their families attended one of two patient and public events, held in Maidstone and Medway. Two people with vascular conditions took part in guided telephone discussions. The events and discussions were designed to:

- outline the clinical recommendations from the Kent and Medway review of specialist vascular services
- outline the clinical model, obtain participants' views and consider any issues/questions they may have;
- understand what people think works well and what could be improved in developing future services
- outline what happens next

The Public Engagement Agency (PEA™) was commissioned to support the delivery of the events and telephone interviews and write-up the findings from these activities. This report provided an overview of the content and key findings.

Overview

Over 200 letters were sent out inviting patients and their families to attend one of three patient and public events, to be held in Maidstone, Medway and Canterbury.

Key findings

All participants were extremely positive about their experiences as inpatients at both Medway and Canterbury, suggestions for improvement to the service in general have been fed back to the Trusts via the clinicians who attended.

Regarding the proposals, there was agreement for the need to consolidate specialist resources, understandable concerns were discussed with attendees at length.

The clinical leads discussed the need to ensure that future vascular services meet the required standards, as specified in national guidelines and attendees welcomed this and understood the requirement.

Specialised Inpatient Vascular Procedure Review - November 2019

A detailed review of procedures highlighted CCG commissioned activity which may need to move.

Next Steps

This detail is currently being worked through with CCGs and the STP as to how the interim Main Arterial Centre will be taken forward.

Once this is worked through, we would expect to update Overview and Scrutiny colleagues.

Should a need for engagement/consultation emerge from this, we will discuss with JHOSC at that time and may seek to include alongside the engagement for AAA as outlined in Part Three of this document, if appropriate.

Contact	england.speccomm-southeast@nhs.net