Transforming health and social care in Kent and Medway

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| **Paper presented to:** | Kent and Medway Joint Health Overview and Scrutiny Committee meeting |
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| **Paper subject:** | Update report on the Kent and Medway Vascular services Review |
| **Date:** | 12th December 2017 |
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| **Purpose of Paper:** | To update the JHOSC on the Vascular review process |

**Kent and Medway Vascular Services Review**

## Introduction and executive summary

This paper updates the committee on progress of the current specialist Vascular services review. The scope of the review covers the range of services and standards within the national specification.

Specialist Vascular services are currently delivered on two acute sites, Kent and Canterbury Hospital (EKHUFT) in Canterbury and Medway Maritime Hospital in Gillingham. Neither unit is complaint with the national specification due to low consultant numbers, low total population served numbers and borderline levels of activity.

The non-compliance resulted in a commissioner led derogation; services allowed to continue with delivery whilst solutions are identified to ensure compliance with the specification. The Vascular review was established to determine the options available and recommendations for the future delivery of specialist Vascular services

The review process has worked with clinicians, the national Vascular Society and through public engagement to work up and identify the Case for Change, the Clinical model and the possible options.

A JHOSC was formed in September 2015 following presentation to the Kent HOSC and Medway HASC. Each Committee determined that the proposals amounted to a substantial development of or variation in the provision of health services in the local authority's area. JHOSC has received previous reports advising on the Case of Change, the options appraisal process and the public engagement undertaken.

The JHOSC has received previous reports advising on the Case of Change, the options appraisal process, the clinical model identified and the public engagement undertaken. There has been a lengthy period while the K&M Vascular network has developed the business case. During this time feedback to committee members has

been limited as the network has formed and the detail of the model has been worked through. An informal JOHSC committee meeting was held in August 2017 to advise the JOHSC of progress.

The Case for Change clearly demonstrates that the Do Nothing option is not sustainable. The options approval process considered a number of options and excluded Do nothing/status quo and an option of no in patient unit in Kent and Medway.

The review process has worked with clinicians, the national Vascular Society and members of the public (through extensive public engagement) to identify the case for change, define the clinical model and work up the possible options for the future of vascular surgery across Kent and Medway.

The findings of the review have concluded that in order to maintain a clinically sustainable specialist Vascular service in Kent and Medway a network approach is required, in line with best practice.

The network will deliver in patient vascular services through a single unit (Arterial centre) supported with diagnostics and outpatient services in spoke hospitals (non arterial centres) This model has been shared and developed with Vascular patients and carers including discussion on the site options.

A K&M Vascular network has been established between East Kent Hospital University Foundation Trust (EKHUFT) and Medway Maritime Foundation Trust (MMFT).

The K&M Vascular Network Board is finalising a business case for approval at the Vascular Programme Board and NHSE specialised commissioning. This will detail the final preferred site options for the Arterial and Non arterial centres and the transitional arrangements required.

Extensive engagement has taken place throughout the review with the public and specifically vascular patients and their families. This has informed the development of the Case for Change, the options appraisal process and the clinical model. A video is planned to describe the review process and the findings to the wider public once the final decision is reached

## 1.0 Summary of the Case for Change

The case for change has previously been shared with the JHOSC members and is publicly available on the NHS England website.

In summary, the case for change demonstrates the key components of the national specification and the national clinical recommended practice from the Vascular Society of Great Britain and Ireland. These make a clear evidence-based case for improving outcomes for patients. Delivery of the service specification criteria and the guidance

has demonstrated considerable improvement in patient outcomes and in particular in improving the mortality rates for abdominal aneurysm repair across the country.

The specification and guidance are built on clinical evidence which shows that where there are high volumes of the vascular procedures being undertaken outcomes for patients are improved. It also shows this care must be available 24/7, delivered by skilled specialists in dedicated facilities. Other key features include improving the assessment to surgery time which improves when working in a network model with adequate staffing levels.

Kent and Medway residents currently receive their vascular care from three main providers East Kent Hospitals University Foundation Trust (EKHUFT), Medway Foundation Trust (MFT) and Guys and St. Thomas' Hospitals Trust (GSTTH). GSTTH meets the national specification for vascular surgery, however neither EKHUFT nor MFT currently meet this.

The key areas of non-compliance are:

1. Inadequate population volumes to generate adequate levels of activity;

2. Inadequate or borderline numbers of the main procedures being undertaken;

3. Inadequate numbers of specialist staff in particular consultant surgeons and Interventional radiologists; and

4. Concerns relating to the specialist facilities available.

There are also sustainability concerns across the services due, in particular, to workforce (for example, the number of consultants required to run services on more than one site, throughput of acute cases and the ability to maintain surgeons' skills).

Whilst the outcome measures at EKHUFT and MFT are within the agreed acceptable levels, there is a considerable range of clinical outcomes across the two service providers i.e. from 1.6 to 4.0 for mortality rates for Abdominal Aneurysm repairs. GSTTH has an outcome score of 1.2 for mortality rates for AAA repair and meets all the national specification requirements

The Kent and Medway Vascular Review Case for Change made the following recommendations:

1. 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.

2. To undertake an option appraisal process to address the case for change.

3. To develop and agreed preferred solution that addresses the case for change.

## 2.0 Options Appraisal for the clinical model

The Clinical Reference Group (CRG), which is constituted by local clinicians and external experts, developed a clinical vision that supported their appraisal. This was supported by the review programme board.

“The vision of the clinical teams in Kent and Medway is to develop and deliver a model of care for vascular services that could offer all of the benefits of a vascular centre of excellence as laid out by the national Association of Vascular Services”.

The criteria used in the options appraisal are set within the National specification and the Vascular Society Provision of Vascular Services and this includes:

- minimum population volumes;
- minimum procedures numbers undertaken;
- minimum staffing numbers for consultant surgeons and Interventional radiologists;
- specialist facilities including dedicated hybrid theatres and wards;
- targets for key outcomes measures; and
- to work within a network, using a Hub (in patent unit) and Spoke (outpatient and diagnostic units) delivery model.

The options appraisal process identified a register of options that were then assessed against the national criteria.

The CRG undertook the initial appraisal of a long list of options and short-listed two possible clinical model options for further detailed analysis. The two options were;

Option 1 A network model with two inpatient centers and a number of spokes.

Option 2 A network model with one inpatient / emergency centre and a number of spokes.

The appraisal considered the ability to meet the aforementioned criteria and the quality and safety issues of each option. This included consideration of:

- delivering a safe sustainable staffing rota and availability;
- travel times;
- essential co-dependencies; and
- current activity and possible impact of future population growth.

The review considered travel times as part of the options appraisal, these together with travel distances / difficulties were an understandable concern for patients. Some perceived that travelling further for surgery would put patients at greater risk. Other patients noted the need to get to specialist care quickly and recognised that this may require the need to travel further.

There is no recommended criteria for travel times for vascular patients. This is an area of concern for the public and the review has followed the guidance from the Vascular Society;
*The Vascular Society (VS) guidance notes that protocols must be developed, particularly by the accident and emergency department and ambulance service, to allow transfer of vascular emergencies to the adjacent vascular unit without delay.*

There is recognition that whilst most hospitals are within an hour from their neighbour, the key priority is to transfer the patient to a vascular unit, even if the travel time is beyond the hour, as evidence shows that this dramatically improves patient outcomes.

The key findings of the mapping showed that:

- London hospitals are accessible within 60 minutes by ambulance only to areas in the north and western quarter of Kent.
- A service centred on Medway Maritime hospital would be over 60 minutes by ambulance from the east coast around Thanet which has a high number of admissions of circulatory disease (n = 1699).
- A service centred on Kent & Canterbury would be over 60 minutes by ambulance from Tunbridge Wells, but this area has lower number of admissions than those around Thanet (n = 796).
- Re absolute numbers there are more emergency admissions for cardiovascular disease in the west of Kent reflecting the larger overall population. However the rate of admission is greater in the south and southeast probably reflecting the difference in epidemiological risk-factors, with a higher proportion of older people living in the east of Kent.
- A review of ambulance transfer times for vascular patients shows that the majority of emergency transfers (ave 75%) are across East Kent to Kent and Canterbury Hospital.
- The key variable for travel times relates to the patient's condition rather than the time of day or distance to be travelled.

The options appraisal process also reviewed the core activity for 2013/14 and 2014/15. The appraisal is specifically focused on the inpatient flows and usage in EKHUFT and MFT. The review analysed data from the hospital episodic statistics (HES), the Trusts' data and from the National Vascular registry (NVR) to ensure the most accurate activity numbers and patient flows were considered. The activity modeling demonstrated that there are insufficient population levels to generate the required minimum activity to meet the minimum standards set when delivered over two inpatient sites.

The review of workforce demonstrated that the two units currently find it very difficult to recruit staff and without significant changes this would remain so. Also, running a shared rota across two sites may leave patients unsupported in one of the units at certain periods thus creating an unacceptable clinical risk.

The CRG advised that option one was not viable and would not deliver the national clinical standards. They recommended to the Programme Board that option two was the only clinically acceptable option that should be considered further.

This model was tested with the public / vascular community through a deliberative event and two subsequent workshops.

Under option two, patients would still be able to use the pathway from Tunbridge Wells and Darent Valley hospitals into St.Thomas' hospital in London, supporting the requirement for patient choice. Patients would also continue to be able to have local care through their nearest general hospital for all outpatient care including monitoring, interventions and management, pre - and post - surgical care, diagnostics and day surgery (where appropriate).

The number of patients affected by this change would be around 600 and of that figure around 300 are likely to have to travel further for their inpatient care.

The Abdominal Aneurysm screening programme would not be affected by the proposed changes.

## 3.0 Option Development and Clinical Delivery Model

Option two requires the delivery of a network model across a number of sites, but with a single inpatient centre. This reflects the national recommendation for best practice.

As previously reported to the JHOSC, the review programme board agreed to assess and develop the network model with a single inpatient hub supported by a single enhanced arterial centre and a number of local non arterial centres as the recommended option.

Following this decision the two hospital Trusts (EKHUFT and MFT), formed the Kent and Medway Vascular Network, with a formal Vascular Network Board supported by a number of work streams. The network is responsible for developing the model of care and for completing a business case for approval by the Vascular Programme Board, and NHSE specialist commissioning, individual Trust Boards and oversight by the K&M JHOSC.

The agreed model of care would see the delivery of:

- A single Arterial Centre delivering all emergency care and in patient care. It will also provide out patients, diagnostics and same day surgery for its local population.
- A single Enhanced Non-Arterial Centre; delivering day surgery and in particular looking at new and innovative procedures being developed for K&M residents, alongside out patients and diagnostics for its local population
- A number of Non-Arterial Centres, providing outpatient and some diagnostic services for the local community.

This reflects the national model of best practice and aligns with the national direction of travel that most areas have or are adopting. The difference in K&M is the development of one of the non-arterial centres as an enhanced centre building skills and expertise particularly in day surgery.

The network is also required to ensure that there are clear and improved pathways with other clinical specialties, in particular diabetes care (especially foot care/clinics). The amputation rates for Kent and Medway residents are high and the development of a clear pathway between vascular and diabetes services will enhance the pathway and facilitate earlier intervention in peripheral vascular disease.

**4.0 The K&M Vascular Network Board**

The Vascular Network Board has been established and there is a formal Memorandum of Understanding in place between the two Trusts. This commits the two organisations to working together to develop the model of care, produce the business case and to provide clear clinical pathways to support patients through the period of change.

The Board has a clinical chair and vice chair representing the two organisations. Reporting into this Board is a number of work streams which include clinical pathway modeling, finance and activity modeling, governance and human resources.

The Vascular Network Board identified that there are two possible site options for delivering the clinical model. The two options are:

Option A The single arterial centre in East Kent with the enhanced non arterial centre in Medway and the other non-arterial centres remain as they are currently across K&M

Option B The single arterial centre is in Medway (MFT) with the enhanced non arterial centre in East Kent and the other non-arterial centres remain as they are currently across K&M.

The options were evaluated against a set of criteria which were tested and developed with the vascular community. The key areas/domains of this include:

- ***Quality***: - will it improve patient care?
- ***Access***: - are patients and relatives able to get to the unit?
- ***Affordability***: - Is it affordable and value for money?
- ***Workforce***: - do we have the right number and level of staff?
- ***Deliverability***: - can it be implemented in the timeframe?
- ***Research and Education***: - will it support research and education/development?

The business case for the proposal has been produced and approved by the Vascular Network Board. It has been presented to the EKHUFT's Strategic Investment Group and MFT's Management and Executive Board. Both Committees requested that further work be undertaken to close the projected financial deficit of the business case.

Members of the Vascular Network Board are meeting with the NHS Specialist Commissioning Team to discuss the financial challenges that the business case presents.

The initial findings of the K&M network options appraisal indicate that the Arterial centre would be best placed in EK with an enhanced non-arterial centre in Medway. The review programme Board has yet to review these findings and recommendations and this will be undertaken in January 2018. The final recommendation will be shared with the JHOSC early 2018.

This proposal will be detailed in the business case presented to the K&M Vascular Review programme Board for consideration before making recommendations to NHSE specialist commissioning on the option(s). This will include the preferred site option the Arterial and Non-arterial centre, for assessment by the Vascular Review programme Board before the final decision by NHSE specialist Commissioning.

**5.0 Patient Engagement and feedback on priorities**

The review was presented to stage 1 of the NHSE assurance process in June 2016. The model was supported and the review was advised on the key features required for the business case. As previously advised to the JHOSC, it was not NHSE assurance team expectation that this change required formal consultation on the proviso that the review satisfied adequate engagement through the process.

Over the past two and a half years, a series of patient engagement events has been undertaken to support the review:

- **July 2015:** Listening events across Kent and Medway discussing and developing the Case for Change
- **February 2016:** A deliberative all day workshop reviewing and developing the clinical model with clinicians and public having detailed discussions
- **February 2017:** two workshop events at the two hospital sites developing the clinical model and reviewing the range of possible sites
- **August 2017:** two workshops to test and review the evaluation criteria

The key findings of the engagement to date have included:

- Access to a specialist vascular team or centre was most important and reassuring in a life threatening situation
- Having good access to such a service in Kent and Medway was vital.
- Support for the findings of the review and the recommended clinical model.

- 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.
- 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.
- Recognising that additional travel times for relatives were a concern suggestions that a number of initiatives that could reduce the impact of this. This included SKYPE and support with travel.
- Providing adequate support to relatives and carers is key particularly pre and post surgery.

The feedback has been used to inform the review process including the case for change, the options appraisal process and the clinical model.

NHS England believes that there has been sufficient public and patient engagement over the past two and a half years and that formally consulting on the proposals would not have any additional value to the process. The final decision will be determined when the final business case is discussed at the Review programme Board and at the Specialist Commissioning decision making meeting.

**6.0 Next Steps.**

The Vascular Programme Board is keen to secure wide agreement on the proposed model for vascular services in Kent and Medway. The business case will now be presented to the Programme Board for formal discussion and approval in early 2018. The final recommendations are then presented to NHSE specialist commissioning for approval.

NHS England Specialist Commissioning will work with the two NHS Trusts and the Clinical Commissioning Groups to determine and address any financial issues related to implementing the approved model of care.
The business case and recommendations will be presented to the K&M JHOSC following discussion at the Programme Board and prior to implementation

The final solution for vascular services will be delivered through the Kent and Medway STP therefore it is critical that the two Trusts work formally as a Network to ensure vascular services are delivered as safely and sustainably as possible. Focused work is now underway to ensure that robust networking arrangements are established and that the two vascular teams are working collaboratively for the benefit of patients across Kent and Medway. This work is currently underway and will the network continue to ensure sustained service provision through the period of transition.

The JHOSC is asked to note the contents of the report.