Towards a healthier future...

NHS South Central

Portsmouth Health Overview and Scrutiny Panel:

South Central Vascular Review

9 June 2011

What are Vascular Services?

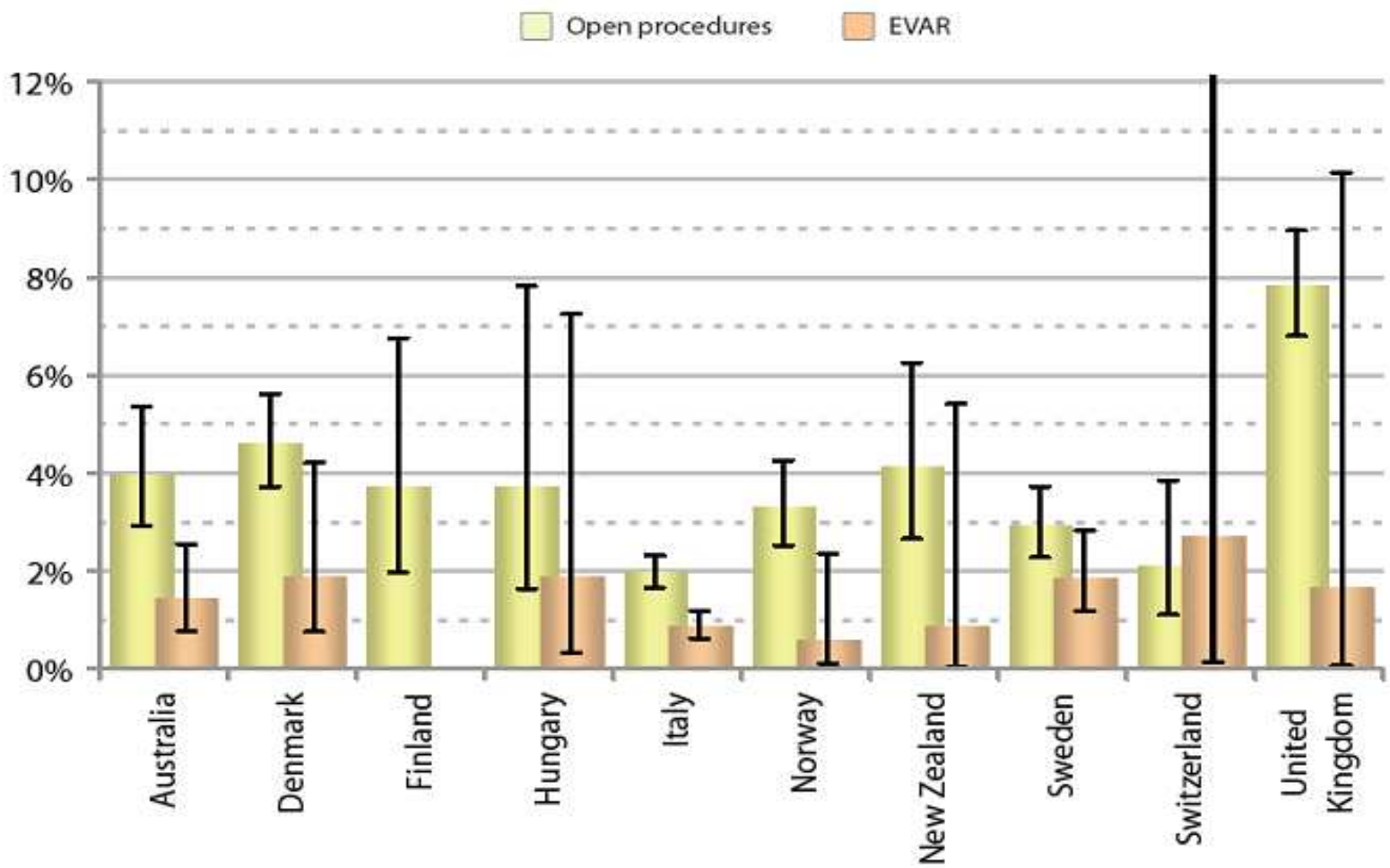
- People treated include:
  - those with abdominal aortic aneurysms
  - those with strokes or Transient Ischaemic Attacks (TIAs)
  - those with poor blood supply to the feet and legs at risk of amputation

- Vascular team includes vascular surgeons and interventional radiologists

- Vascular surgeons work to restore blood flow to an area of the body after trauma, disease or other issues that result in damage to the circulation.

- 30-40% of patients require urgent or emergency treatment

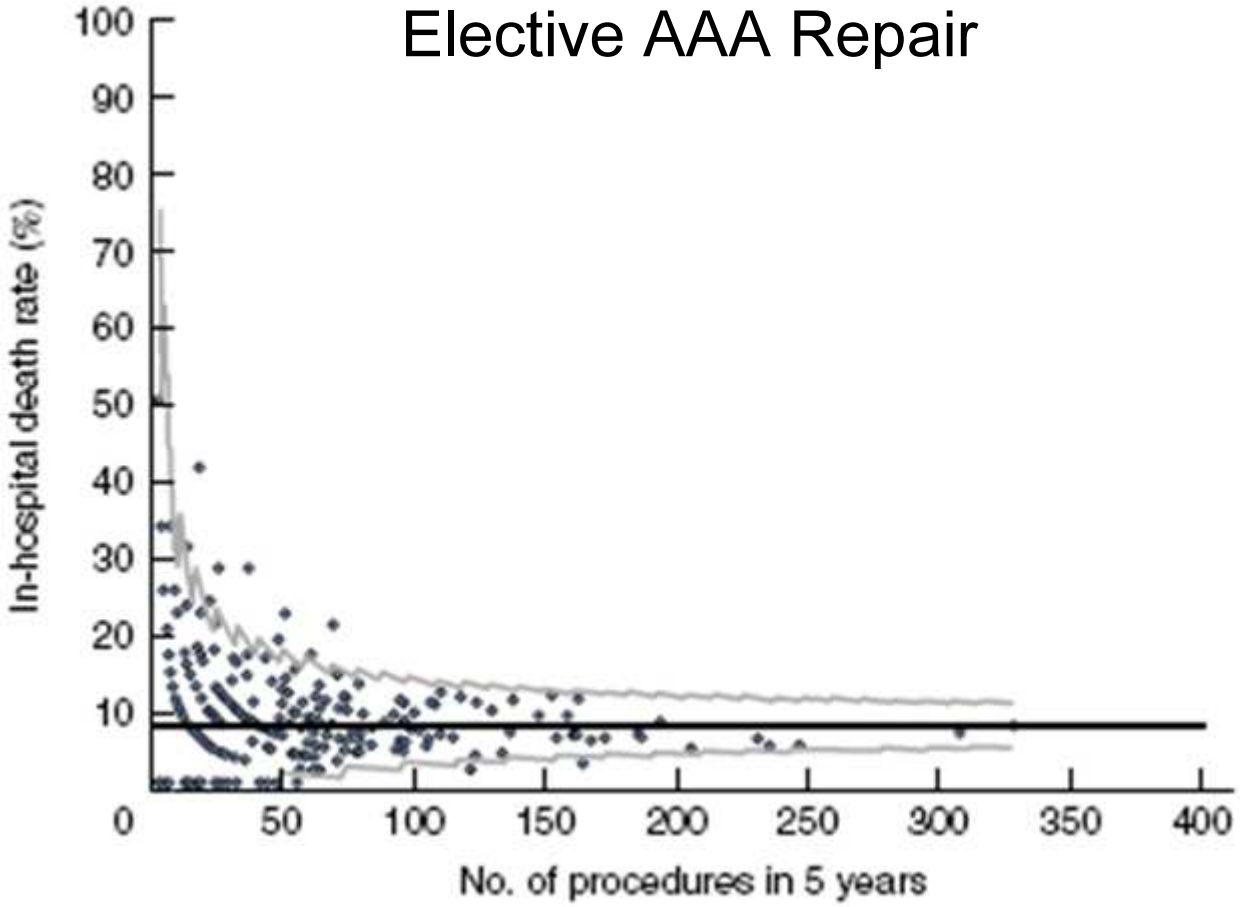
AAA surgery: Crude mortality and country for intact aneurysms (n=25,773)



The European Society for Vascular Surgery (EURONET). (2008). Second Vascular Database Report

Volume / Outcome Relationship:

Elective AAA Repair



Holt et al, Br J Surg 2007

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Media coverage 2010

guardian.co.uk

Huge disparity in NHS death rates revealed

Patients less likely to die in bigger hospitals, reveals exclusive Guardian investigation

• See Peter Holt's analysis of the statistics

Sarah Boseley, **Gozde Zorlu**, **Rob Evans** and Guardian research
guardian.co.uk, Sunday 13 June 2010 19.15 BST

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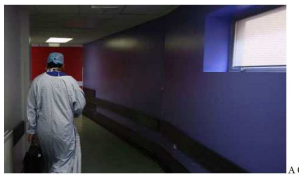

A Guardian investigation suggests that vascular surgery patients are less likely to die in bigger, busier hospital units. Photograph: Christopher Furlong/Getty Images

Doctors in the NHS do not know how well they are performing and whether they are more likely than their colleagues to kill or cure their patients, because of a widespread failure to collect the information, a Guardian investigation reveals.

The results of a major exercise looking at one particular procedure – vascular surgery – show a massive variation in death rates among patients admitted for planned operations and reveal that some hospitals have unacceptably high mortality.

It demonstrates the case for the closure of small hospital units, which the government has put on hold. Death rates vary from less than one in 50 in some hospitals to more

"An audit by the Vascular Society and the Royal College of Surgeons confirms the findings of an investigation published last month by the Guardian. Death rates in abdominal aortic aneurysm (AAA) surgery vary markedly around the country. Patients are more likely to die in hospitals that carry out fewer of the procedures".

guardian.co.uk

Shakeup call for vascular surgery over patients death rates

Audit finds too many trusts are unable to offer latest surgery techniques

Sarah Boseley, Health editor
The Guardian, Thursday 22 July 2010

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The number of deaths of patients undergoing surgery to repair blocked or swollen arteries could be cut significantly if vascular surgery were better organised and became an officially recognised specialisation, experts say today.

An audit by the Vascular Society and the Royal College of Surgeons confirms the findings of an investigation published last month by the Guardian. Death rates in abdominal aortic aneurysm (AAA) surgery vary markedly around the country. Patients are more likely to die in hospitals that carry out fewer of the procedures.

Too many trusts are unable to offer the latest and best techniques for the surgery, the audit finds, and not enough data is being collected on what happens to patients. There are big discrepancies between the information the surgeons have themselves and the official statistics collated and kept by the hospital trusts.

"This audit shows that, while progress is being made on developing clinical teams and specialist nursing, not all patients with vascular disease receive the priority and standard of care they should expect," said Cliff Shearman, a consultant vascular surgeon and president of the Vascular Society.

"The evidence is clear that the more vascular surgery a team does, the better the outcome for patients and we need hospitals to work together to ensure patients go to the best unit for them."

The audit also showed that stroke patients are not getting the urgent care they need to save lives or limit disability. Either patients fail to recognise the symptoms or, if they do, they are not treated as a high priority within the NHS.

guardian.co.uk

Patient death rates of individual surgeons 'should be revealed'

Vascular Society strengthens campaign for more accessible data

Sarah Boseley, health editor
guardian.co.uk, Friday 18 June 2010 19.15 BST

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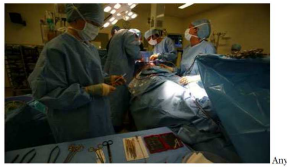


Any hospital in the AAA screening programme will have to had over individual surgeons' results. Photograph: Sean Smith for the Guardian

Patients should be able to look up the track record of individual surgeons, including the death rates of their patients, before they choose where to go for an operation, the president of the Vascular Society said today.

Professor Cliff Shearman said the collection and publication of good data would help the society drive up quality. "We have always wanted to make data accessible to patients," he said.

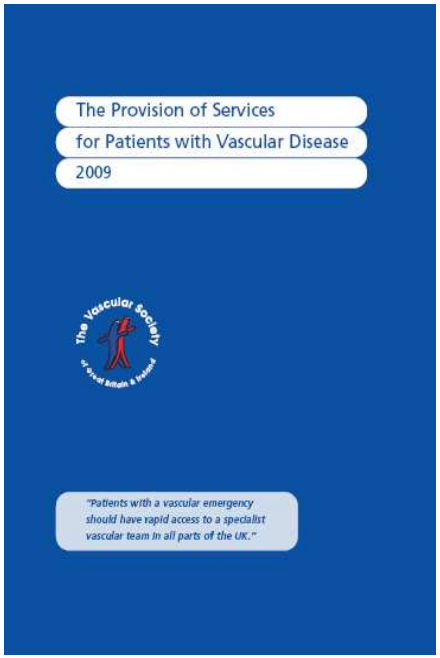
Shearman was speaking after the Guardian reported on Monday of highly variable death rates in vascular surgery. The rates ranged from under 2% to 29% in AAA (abdominal aortic aneurysm) surgery to repair a dangerously swollen artery. Several hospitals had mortality levels that could be cause for concern.

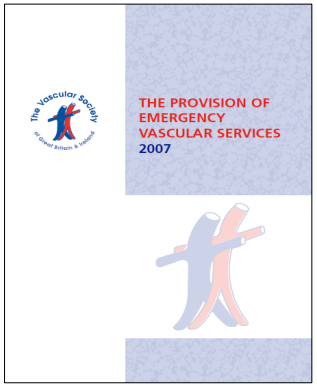
"Death rates in planned vascular surgery for abdominal aortic aneurysm (AAA – to prevent a burst artery) vary from under 2% in some hospitals to at least 10% in 10 of them."

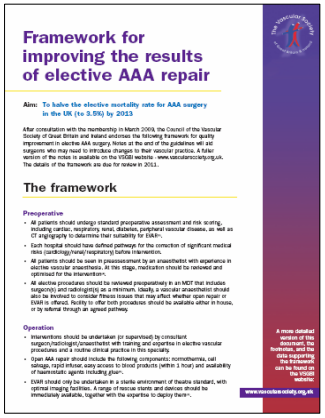
"Patients are less likely to die in the bigger, busier hospital units where surgical teams are more skilled because they do more of the operations. The results strongly suggest that smaller units should close."

Vascular Society of GB and Ireland (VSGBI) recommendations 2007-2010

"There is evidence that even with transfers of more than one hour, transfer to a vascular unit improves patient outcomes"





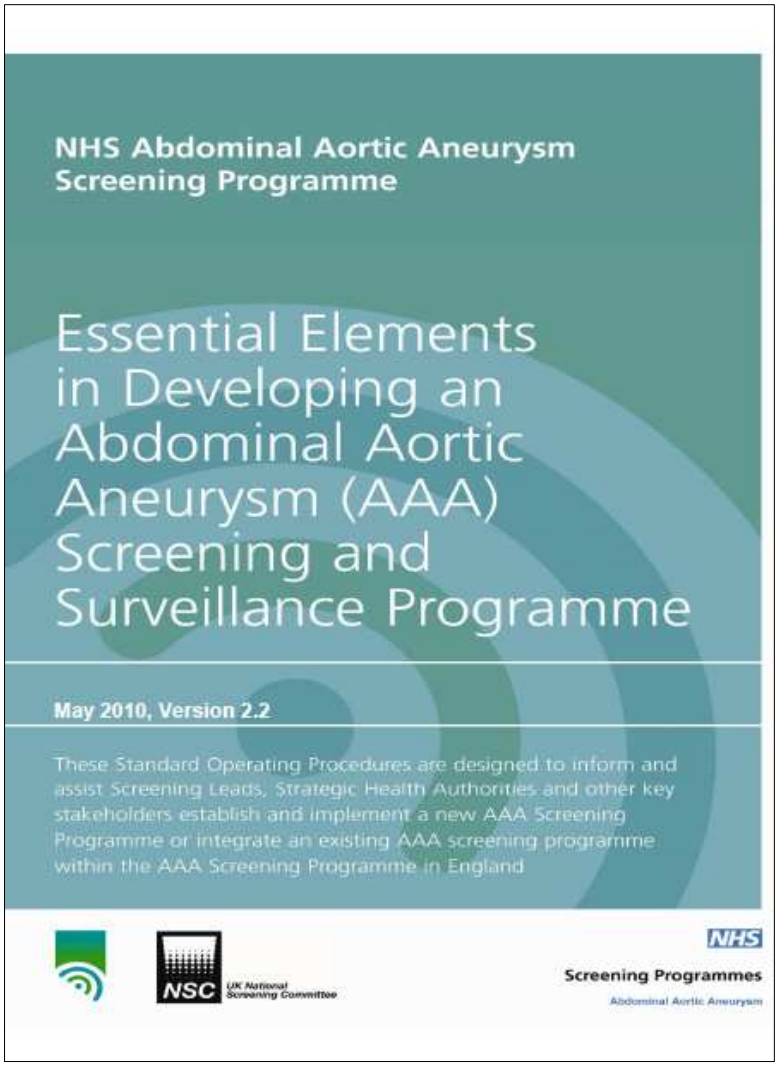


"Centralisation…is the preferred method of providing high standard vascular services"

"There has been little strategic planning in the way vascular services are commissioned and delivered.

As far back as the original Provision of Vascular Services document, it was recommended that coalescence of adjacent vascular services onto a single site is the optimal model for service delivery"

"Access to specialist care will often involve transfer of patients to the nearest hospital where emergency vascular treatment is available. In certain geographical areas this may involve travelling some distance, but there is good evidence that patient outcomes are not related to the distance travelled if they reach a centre where vascular expertise is available"



- All hospitals and specialists comply with VSGBI QIF
- Usually only one intervention centre with inpatient services
- Screening Network for min 800,000
- Vascular specialists travel to intervention centre
- Network provides full range of services for hospitals without vascular inpatients

Summary of VSGBI and NAAASP* recommendations

- High volume units have better results
- Specialist teams get better results
- Services must be available 24/7
- New technologies may improve outcomes and should be available
- Large units should be staffed by minimum of 6 vascular surgeons and 6 vascular radiologists/endovascular surgeons

•NAAASP = National Abdominal Aortic Anuerysm Screening Programme

Why have we reviewed Vascular Services in South Central?

- To ensure all patients with vascular disease are receiving high quality care

- To ensure a high quality vascular service is sustainable in the future

- Tribal-Avail Review 2009

  Too many units, low volumes, small teams

  “Current services unsustainable across SHA”

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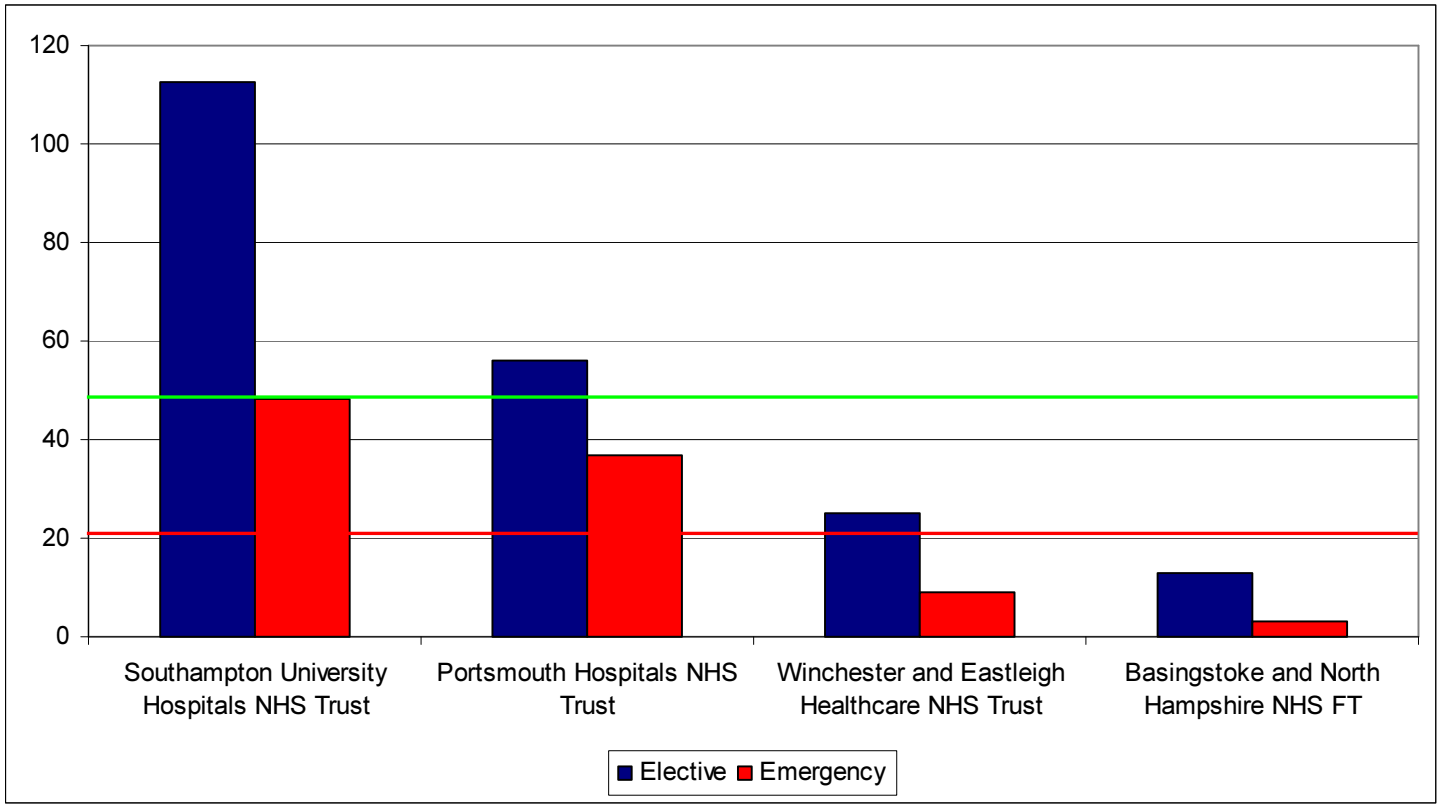
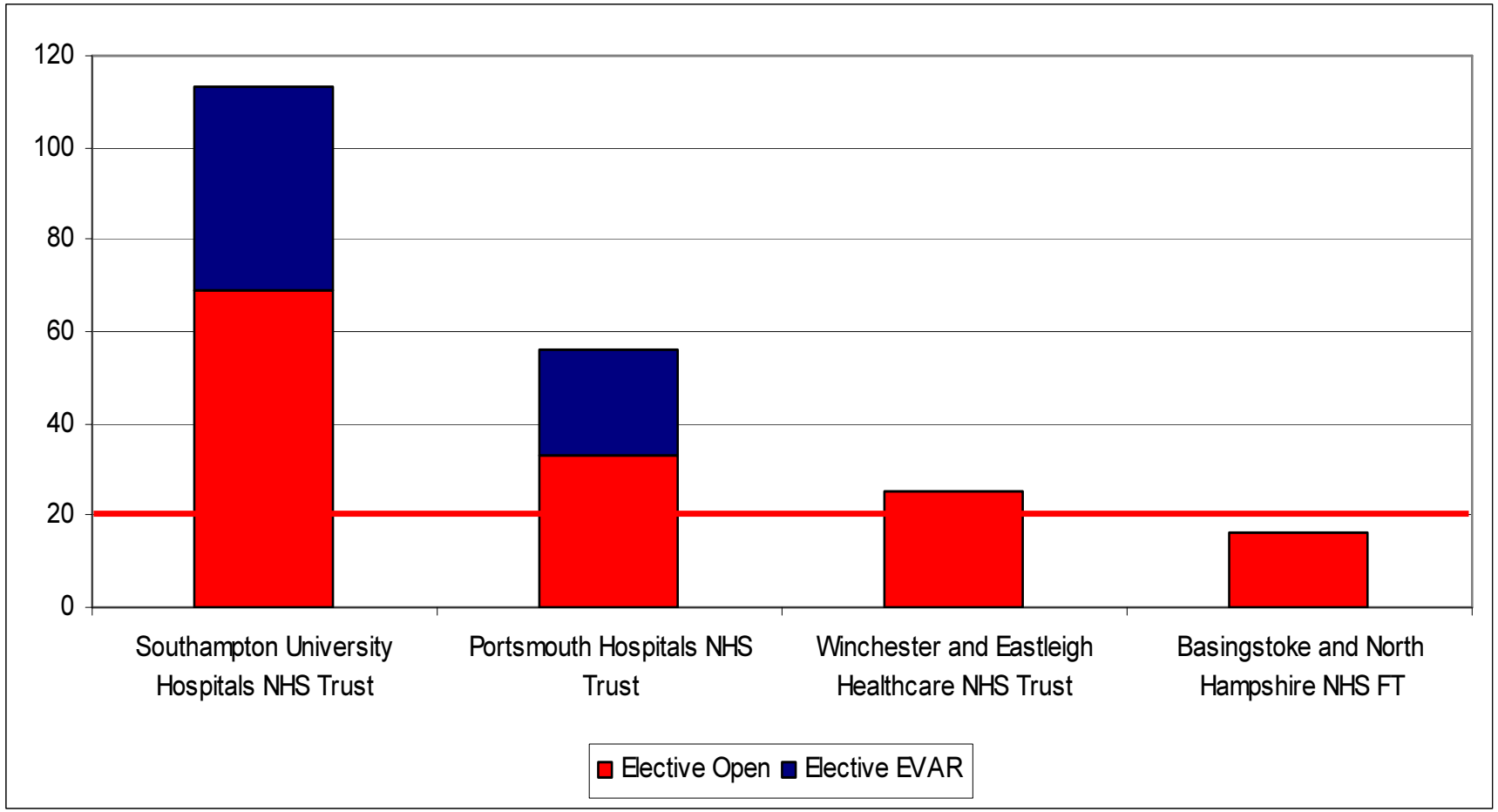
Volume / Outcome Relationship of AAA surgery:



Source: DoVS, Tribal Avail 2009 / HES. Note: Since Feb 2010 Winchester and Eastleigh patients go to Southampton



Source: National Vascular Database.

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AAA Repair - EVAR Vs Open Repair 2007/08:

How we went about reviewing vascular surgery in South Central

Based on VSGBI and NAAASP developed standards framework:

- Comply with NAAASP
- CEO support
- Specialist Staffing
- Facilities
- Operational delivery
- Data collection and Audit
- Outcomes/track record
- Uptake new technology
- Geography
- Education/Training
- Financial planning

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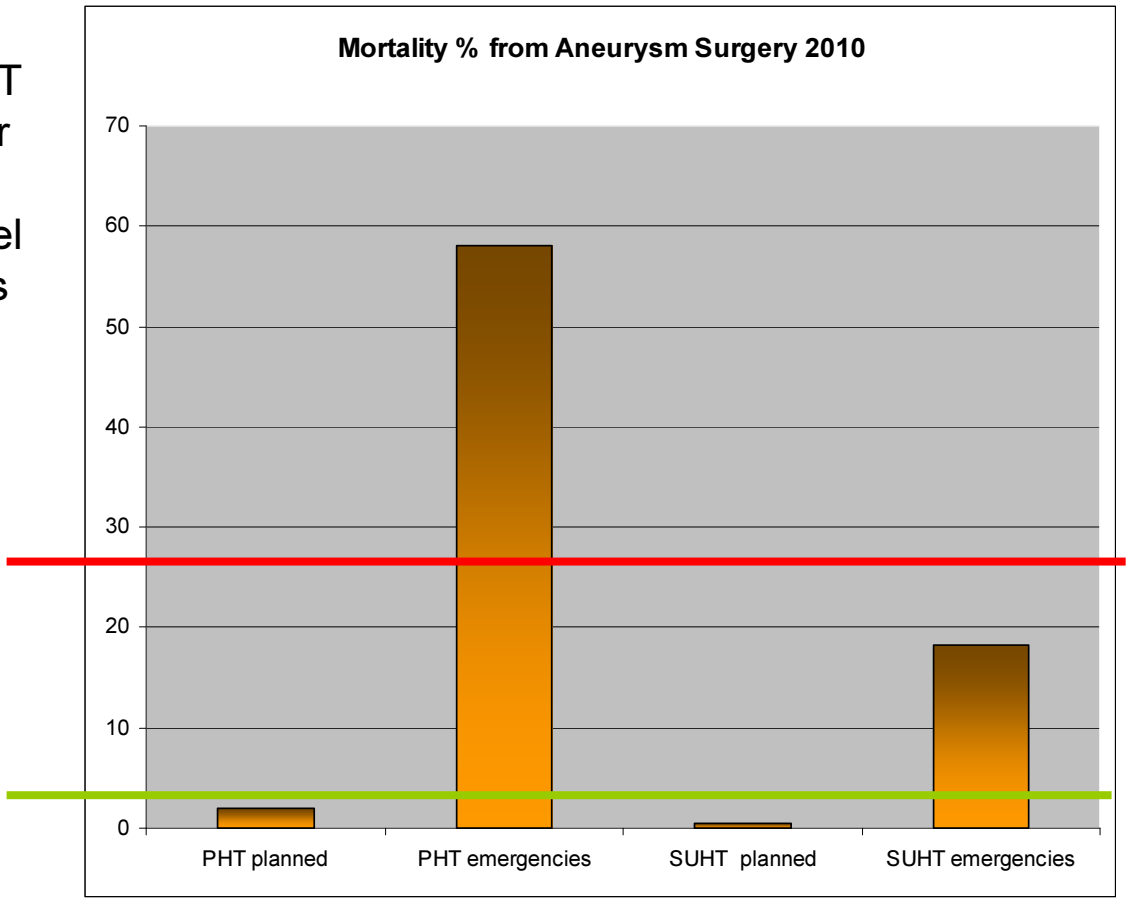
What are we trying to achieve in South Central?

- Significantly improved outcomes for local people. Currently outcomes are not as good as they should be

Data provided by PHT and SUHT December 2010 as part of proposals to the panel
The majority of cases are planned

National Average Emergencies 27%

National Average Planned 2.5.%



What are we trying to achieve in South Central?

Sustainable vascular services for the future

- The VSGBI recommend that six surgeons and six radiologists who specialise in vascular work are required to fill a 7 day a week 24/7 emergency rota (*Source: The provision of services for patients with vascular disease' 2009)*

- Portsmouth has 4 surgeons
- Portsmouth has 5 radiologists (not all specialise in vascular work)
- Southampton has 5 surgeons
- Southampton has 7 radiologists (not all specialise in vascular work)

How we went about reviewing vascular surgery in South Central

- Worked with all vascular surgeons in the area to develop and agree quality standards
- In December 2010 local hospitals presented to a panel on how they planned to meet these quality standards. The panel included:
  - Patients
  - GPs
  - Commissioners
  - Public Health representatives
  - Independent vascular surgery experts

The assessing panel came to the unanimous view and **recommended**

- Single clinical team with responsibility for patients across the area to ensure national standards are met and outcomes improved and sustained
- Complex vascular procedures performed in one specialist centre
- All outpatient and diagnostics would remain in local hospitals
- Other services to be supported by enhanced presence of vascular surgeon on site during working hours

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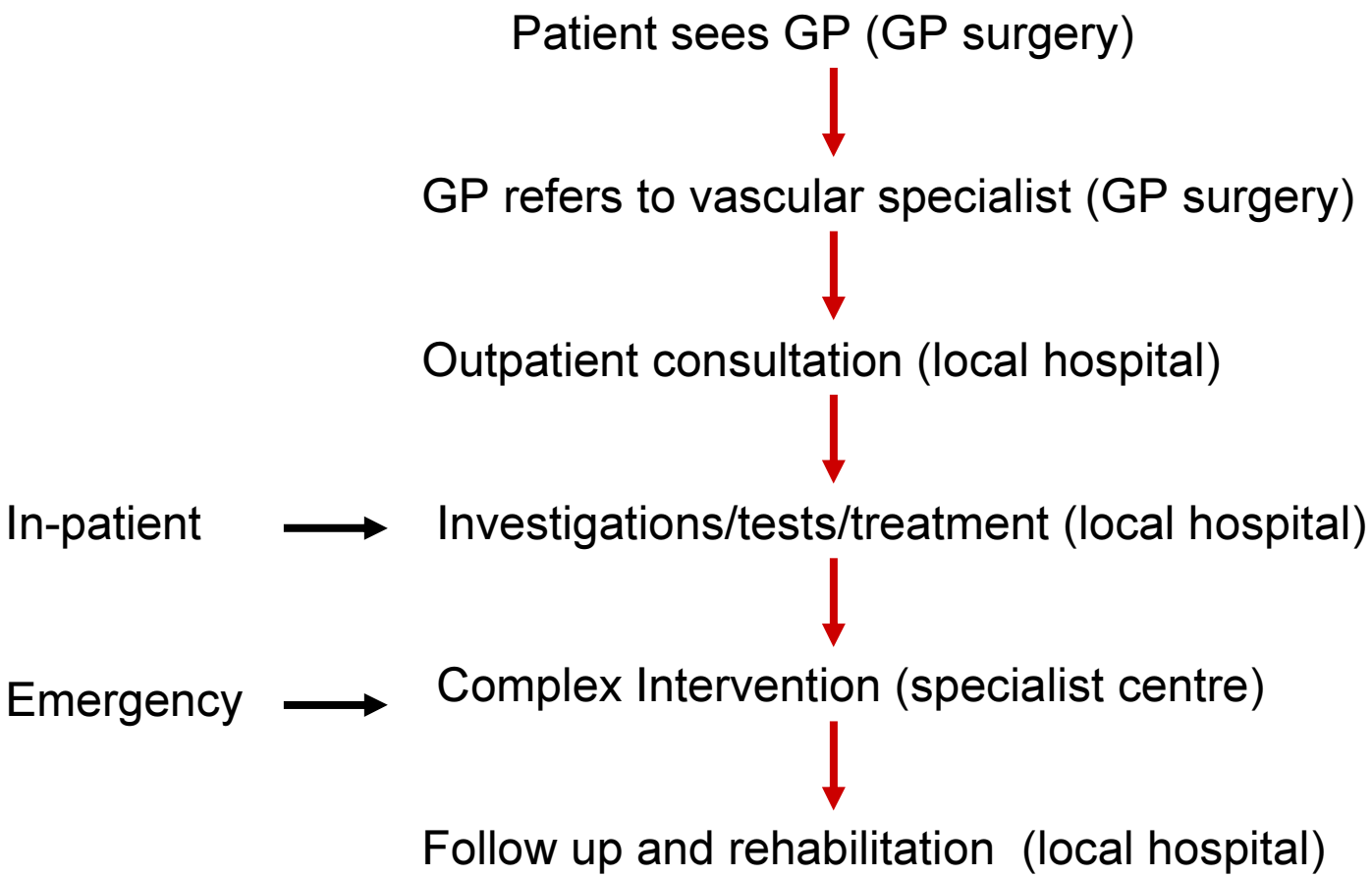
The Patient Journey: The front door of the service remains the local hospital



The Patient Journey: Emergencies and inpatients

- Numbers travelling for complex procedures will not be large.
- For example:

1-2 patients per week for Abdominal Aortic Aneurysm

1-2 patients per week for Carotid Endarterectomy (CEA)

1 amputation patient per week

1 patient per week for leg surgery

Source: Data provided by PHT and SUHT December 2010 as part of proposals to the panel

Next steps

- Listen to HOSP today
- Further discussion taking place with key stakeholder groups about other options to ensure any concerns are addressed
- To engage with HOSP and the public about the options

Questions