

**South Central Strategic Health Authority
Submission to Portsmouth City Health Overview and Scrutiny Panel
Vascular Services in South Central**

1. Introduction

This document provides background information relating to NHS South Central's review of vascular services to inform the presentation to Portsmouth HOSP on Thursday 9 June 2011.

The aim of the presentation is to explain to the HOSP:

- why changes to vascular services are being considered
- how this review links to the changes being proposed for stroke and trauma services
- work undertaken to date
- next steps.

2. Overview of vascular services

2.1 Who is in the vascular team?

The vascular team includes vascular surgeons and interventional radiologists and they specialise in treating the blood vessels of the body, with the exception of the vessels of the heart. Vascular surgeons work to restore blood flow to an area of the body after trauma, disease or other issues that result in damaged blood vessels. Interventional radiology (IR) is the medical discipline of performing minimal access surgeries using a variety of X-ray equipment for guidance.

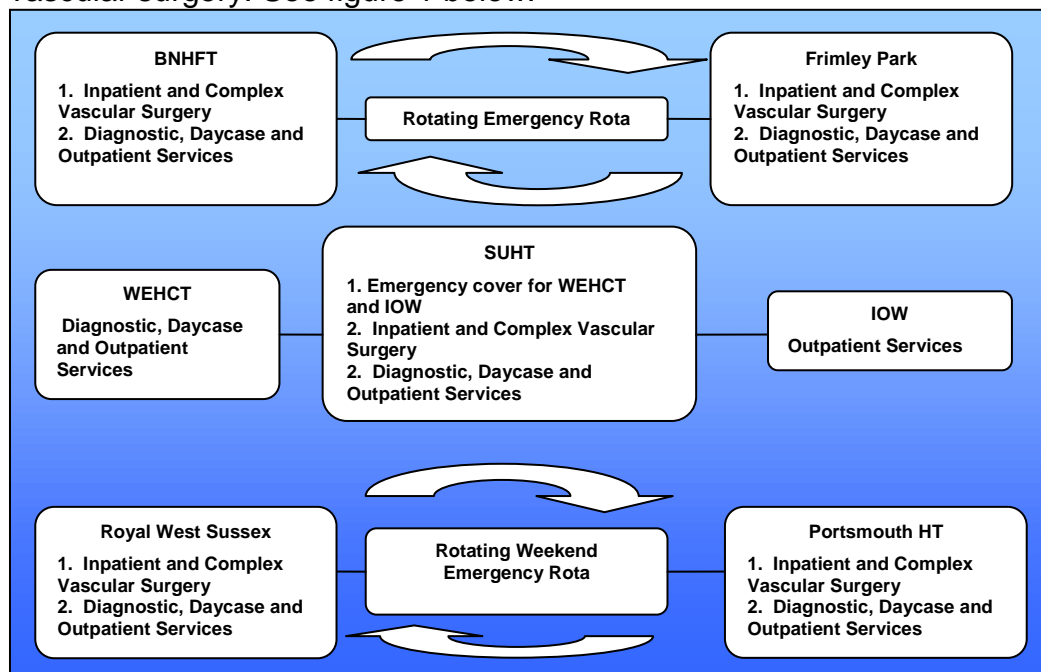
People treated by the vascular team include:

- **People with abdominal aortic aneurysms:** This is a condition in which the main artery in the abdomen becomes stretched and prone to bursting. Timely detection and treatment of abdominal aortic aneurysms prevents later problems with rupture and bleeding, and can be life-saving.
- **People with strokes or transient ischaemic attacks (TIAs or mini-strokes):** Sometimes, problems with the blood supply to the brain occur because of a narrowing in a blood vessel in the neck called the carotid artery. This can be treated with an operation to improve the flow of blood and reduce the risk of future strokes.
- **People with poor blood supply to the feet and legs:** Some people, particularly those who smoke or have diabetes, can develop narrowings in the blood supply to the legs and feet. This can cause pain on walking, ulceration and infection. Surgical or interventional radiological treatment can improve the blood supply, make walking easier and prevent the serious complications of inadequate blood supply.

2.2 How are vascular services currently organised?

Vascular surgery takes place in local hospitals and regional specialist hospitals across the South Central area depending on the complexity of the procedure and where the appropriate specialist services are available. Currently across Southampton,

Hampshire, Isle of Wight and Portsmouth (SHIP) five hospitals provide complex vascular surgery. See figure 1 below.



3. Background to the review of vascular surgery

3.1 Why do things need to change?

Currently different hospitals treat different numbers of patients for vascular surgery so some hospitals are more experienced and skilled than others.

In 2009, the South Central Vascular Surgery Group commissioned a report to assess the provision of vascular surgery across the region. The report 'Delivery of Vascular Surgery' made recommendations for how services could be developed to ensure better outcomes for patients as well as ensuring sustainability of vascular surgery services in the future. The report suggested that without changes to current arrangements there was a risk to the sustainability of services and to patient outcomes. Key points from the report were:

- **Better patient outcomes**
Evidence shows that outcomes are better in centres which have a high volume of vascular patients, even if patients travel further for treatment (up to 60 minutes), as surgeons and supporting teams will be more experienced and practised.
- **Lower patient mortality**
Clinical evidence shows that specialist vascular surgeons have lower patient mortality rates than general surgeons. Essentially, the more a surgeon performs a particular type of surgery, he/she gets.
- **Better and stronger clinical teams**
To ensure best outcomes for patients, hospitals carrying out specialist vascular surgery need to have specialist doctors and clinical support staff available at all times.

- **24 hour access**

This means that teams need enough specialists to ensure sufficient surgical and medical cover 24 hours a day, which is not always possible in smaller hospitals.

- **Reduced costs**

Having larger units specialising in vascular surgery means it is more cost effective to treat patients.

- **Sustainable delivery**

The cost of surgeons and clinical support staff available 24 hours a day for vascular surgery is significant, and for smaller units with low number of patients this cost is unsustainable. Larger units treating a high number of patients not only means that the expertise of the surgeons is improved, but the cost per patient is lower. This makes larger units more sustainable.

In addition, at a national level both the Vascular Society of Great Britain and Ireland and the National Confidential Enquiry Into Patient Outcome and Death have called for a reorganisation of vascular services for emergency and elective care to optimise outcomes for patients.

As a result of this evidence, reviews of vascular services were begun across the South Central region.

Link with major trauma and stroke services

The review of vascular services is being carried out alongside similar reviews of trauma and stroke services across the South Central region. All three reviews are looking at the current provision of these services against national best practice, with the aim of improving the quality of care for patients while producing a long term sustainable health system within the South Central area.

For each of the services being reviewed this means they may require consolidation at various locations across South Central to ensure that:

- we can provide higher quality care and achieve the best results for patients
- enough patients are being treated to keep expertise
- there are enough expert medical staff to provide specialist out of hours care
- services are financially viable and sustainable in the long term.

Major trauma, stroke and vascular surgery services are by their nature inextricably linked. For example, in the future, it is likely that patients with a major injury will be taken by ambulance to the nearest trauma centre for specialist treatment. In many of these instances, patients will also need access to specialist emergency vascular services.

3.2 Objectives of the review

The aim of the review of vascular services is:

“To provide a formalised, equitable and sustainable elective and 24/7 emergency vascular surgery service which provides the highest standard of equitable care and world class outcomes for patients.”

3.3 The review process

Since the need for a review was identified, the South Central cardiovascular network has worked with all the vascular surgeons in the area, including those at Portsmouth, to develop a set of proposed quality standards for services across NHS South Central. These standards were developed based on guidelines from the national professional bodies involved with vascular surgery.

Once the quality standards had been agreed, on 7 December 2010 a panel meeting was set and local hospitals were asked to demonstrate how they planned to arrange their services in the future to meet the proposed quality standards. The assessing panel comprised representatives from: Patients / Public, General Practice, Senior PCT Commissioning, Public Health, SHA and independent vascular surgery experts.

In relation to Portsmouth specifically, the panel was impressed by the facilities at the Queen Alexandra but raised concerns about the outcomes for emergency treatment. Concerns were also raised about the arrangements for availability of consultants for emergencies and overnight in case there were problems after an operation. Robust 24 hour cover for emergencies is essential, however the current weekend emergency arrangements which are in place between the Queen Alexandra and St Richards Hospital in Chichester are not guaranteed for the future, thereby questioning the reliability of emergency cover.

The assessing panel decided unanimously that the option they would recommend for the SHIP area would be:

- A “hub and spoke” model with Southampton University Hospitals NHS Trust as the “hub” and Portsmouth Hospitals NHS Trust (PHT), Winchester and IOW to be “spokes”, with best use to be made of the interventional radiology facilities at Portsmouth Hospitals NHS Trust for all SHIP residents
- All complex vascular surgery (elective and emergency) would move to the “hub” whilst other vascular services (day case, diagnostic and outpatient services), would continue at the “spokes”. A single Multi Disciplinary Team Meeting (MDT) and NHS Abdominal Aortic Aneurysm Screening Programme (NAAASP) would operate from the “hub”.

4. Next steps

Following further clinical engagement concerns were raised by some clinicians about the implications of the panel’s recommendations for the future of vascular services at the Queen Alexandra Hospital. The network noted these concerns and agreed to explore a number of other options in addition to the panel’s recommendations. These additional options are currently being developed in discussion with local clinicians, GPs and patient representatives and it is hoped that agreement will be reached on the options later this month. Once all of the options have been finalised and agreed, there will be a period of public engagement which should start this summer.

31 May 2011