



VASCULAR SURGERY IN PORTSMOUTH

Presentation to HOSP

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Content

- Compliant with VS 2011 recommendations
- High Quality service
- Importance and interdependence with Interventional Radiology
- Major change in service with travel for patients and relatives
- Impact on dependant Vascular and Non-Vascular services

- Major impact on West Sussex population

Vascular Society 2011 Criteria (i)

- ✓ Every patient should have access to vascular surgeon 24/7
 - *Portsmouth compliant from Jan 1994*
- ✓ Surgical On-call rota 1:6
 - *Portsmouth compliant since 2005*
- ✓ Interventional Radiology On-call rota 1:6
 - *Portsmouth compliant from 2012*
- ✓ Aortic Aneurysm volume greater than 100 cases / 3 years
 - *Achieved every year since NVD started 2000*
 - *122,135,116,144*
- ✓ Aortic aneurysm mortality less than 6%
 - *Mortality in last 5 years 5.3%*
 - *Mortality in last 100 cases – 2%*
- ✓ New Technologies EVAR
 - *Approaching 50% of all Elective AAA*

Vascular Society 2011 Criteria (ii)

- ✓ Dedicated Vascular Theatre
- ✓ Dedicated Vascular Ward
- ✓ Dedicated critical care with haemodialysis facilities
- ✓ Dedicated Theatre specification interventional radiology suite
- ✓ Multi-disciplinary meeting with Surgeons and Radiologists etc
- ✓ Vascular Laboratory
- ✓ Cases submitted to National Vascular Database (NVD)

Quality

“No issues over outcome from Vascular surgery in Portsmouth”

Mr David Mitchell

(Chair of Vascular Society Audit & Quality)

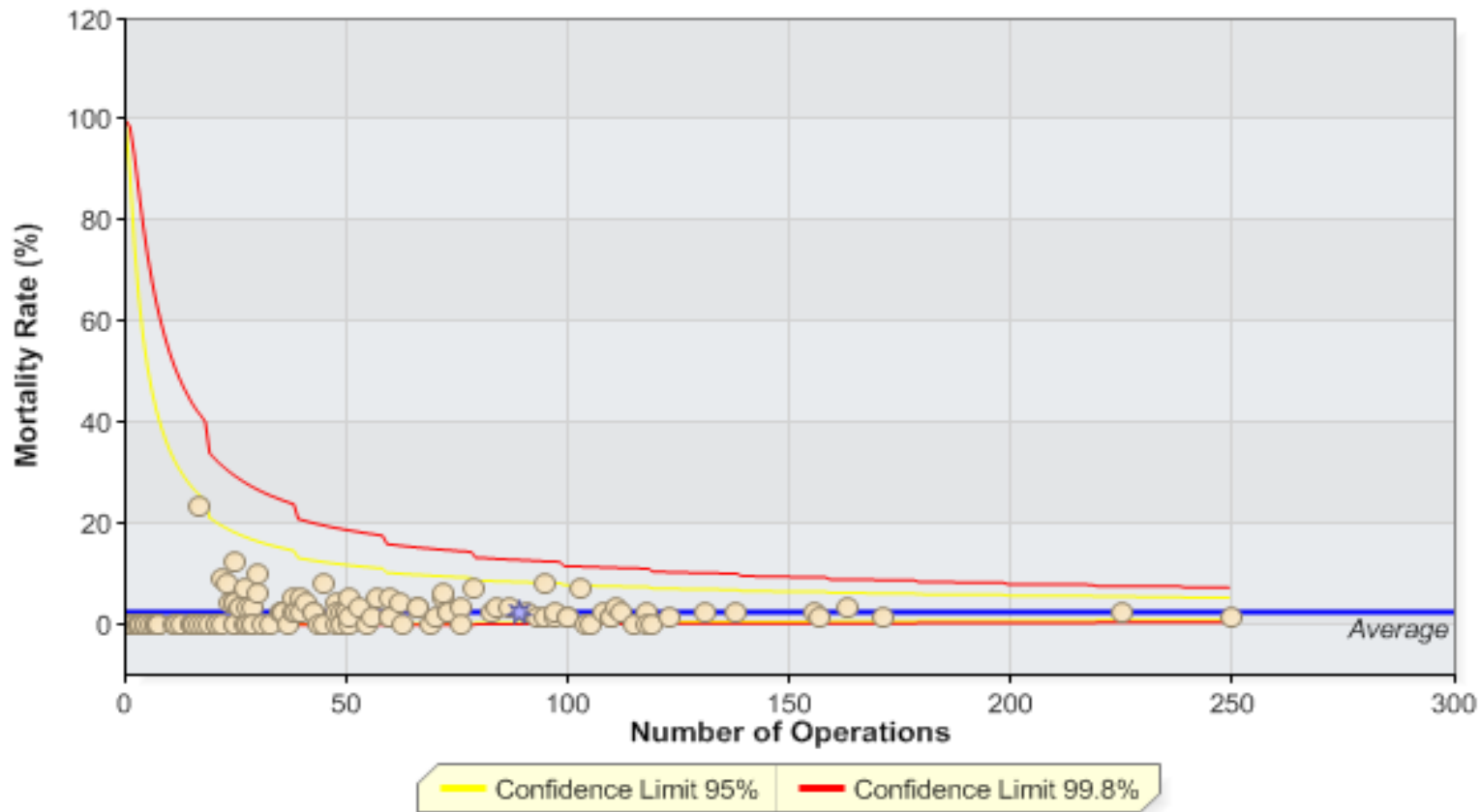
Prof Cliff Shearman

(ex President of Vascular Surgical Society)

PHT Quality 2010

Category	PHT
Revascularisation to amputation ratio	>4.7
AAA mortality	2.2% (2% for last 100 AAAs)
Carotid deaths	1.3% (1% for last 100 CEAs)

Volume outcome relationships Unit



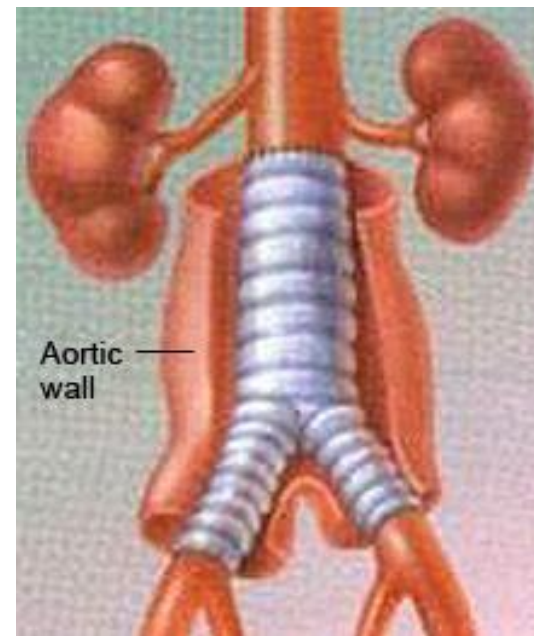
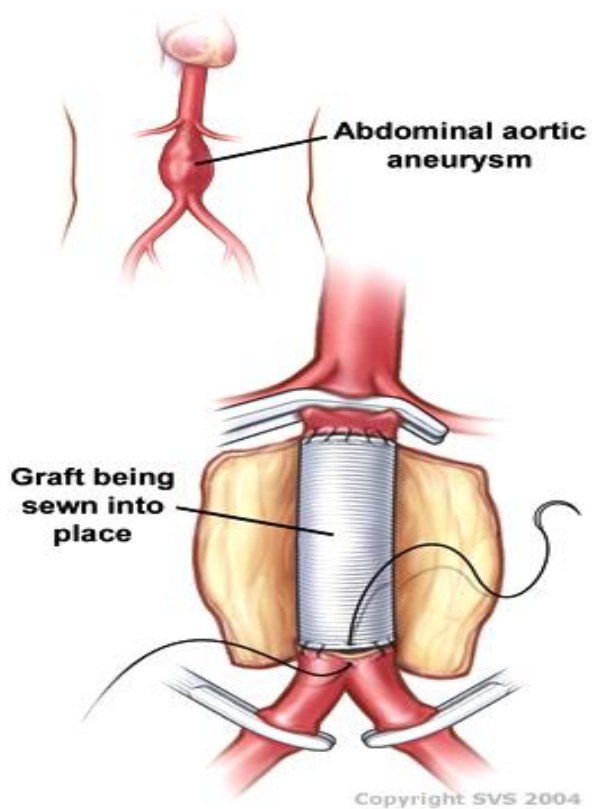
Vascular Services – Role of Interventional Radiology

Three index procedures

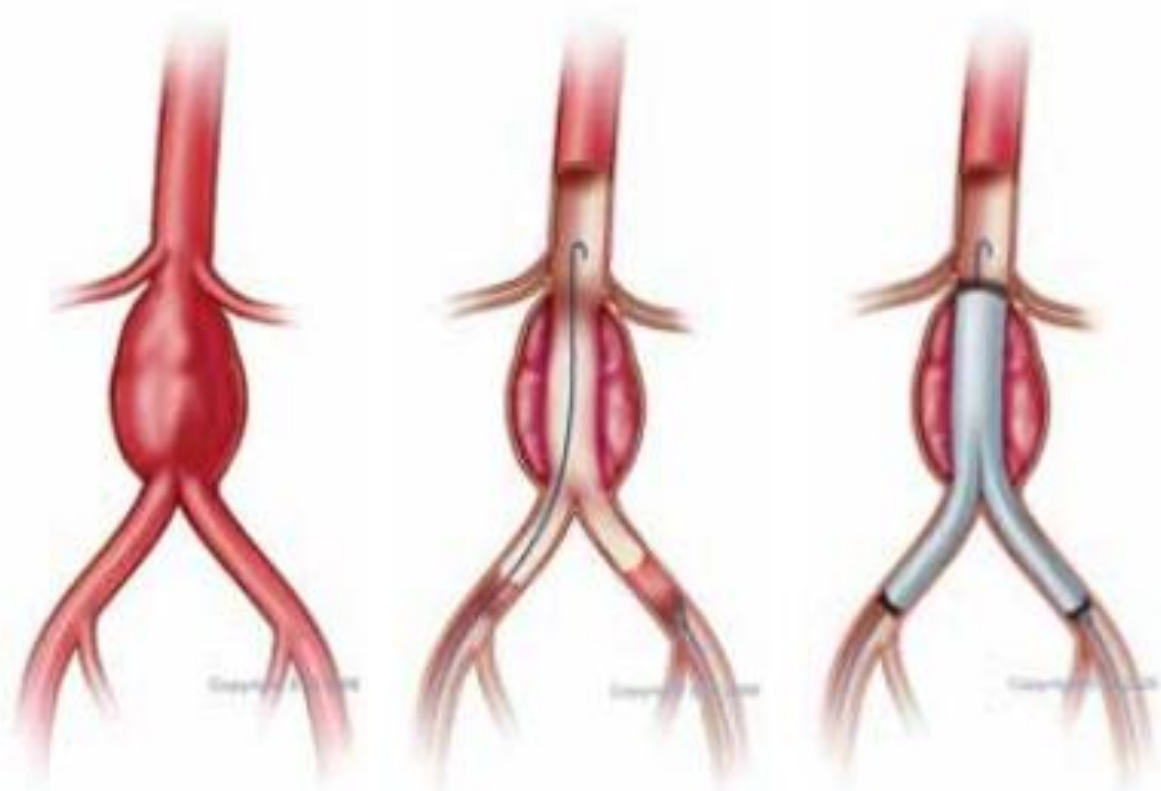
- Abdominal Aortic Aneurysm
 - EVAR
- Carotid endarterectomy
 - Stenting
- Lower limb by-pass surgery
 - Balloon angioplasty

Numerous other 'difficult to measure' activities by both surgeons and interventional radiologists

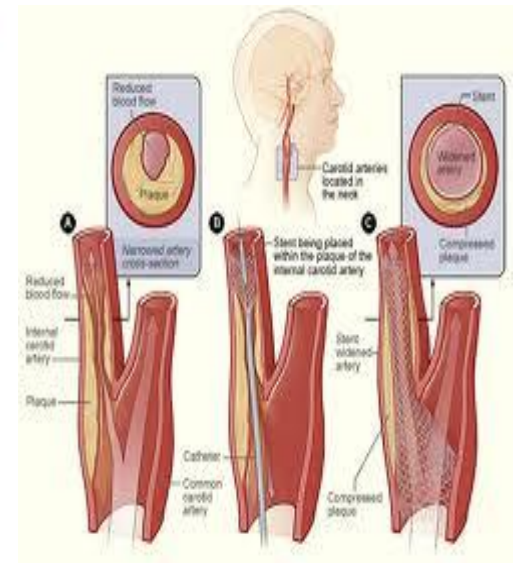
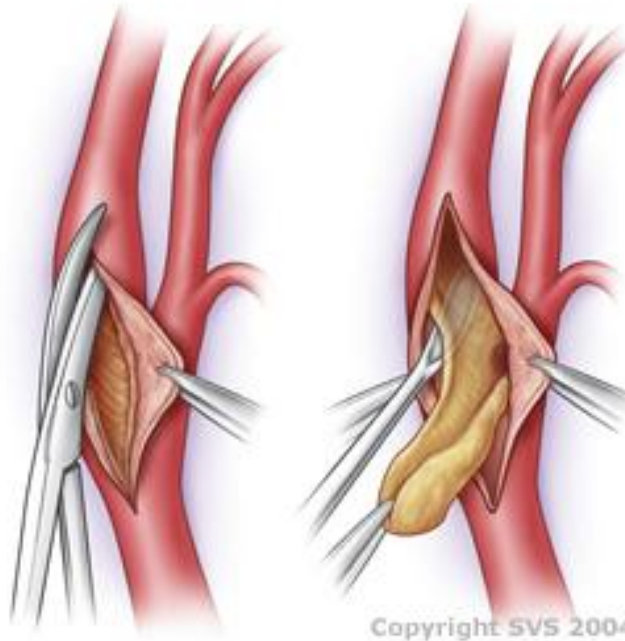
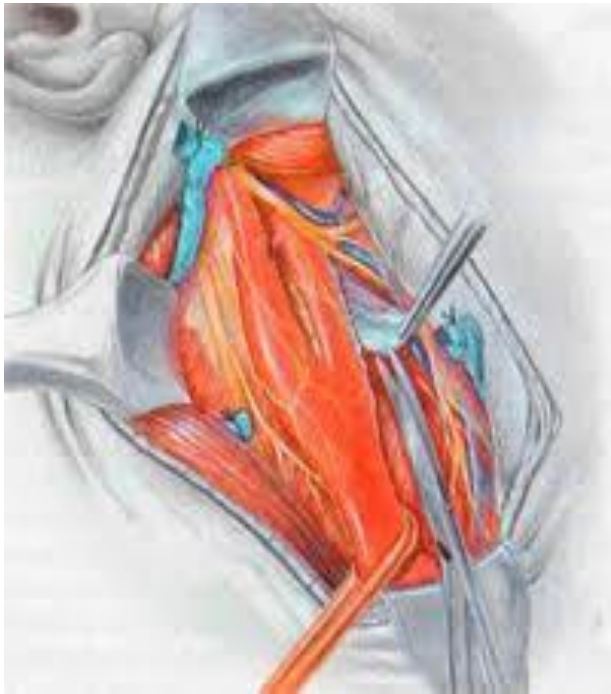
Abdominal Aortic Aneurysm Open Repair



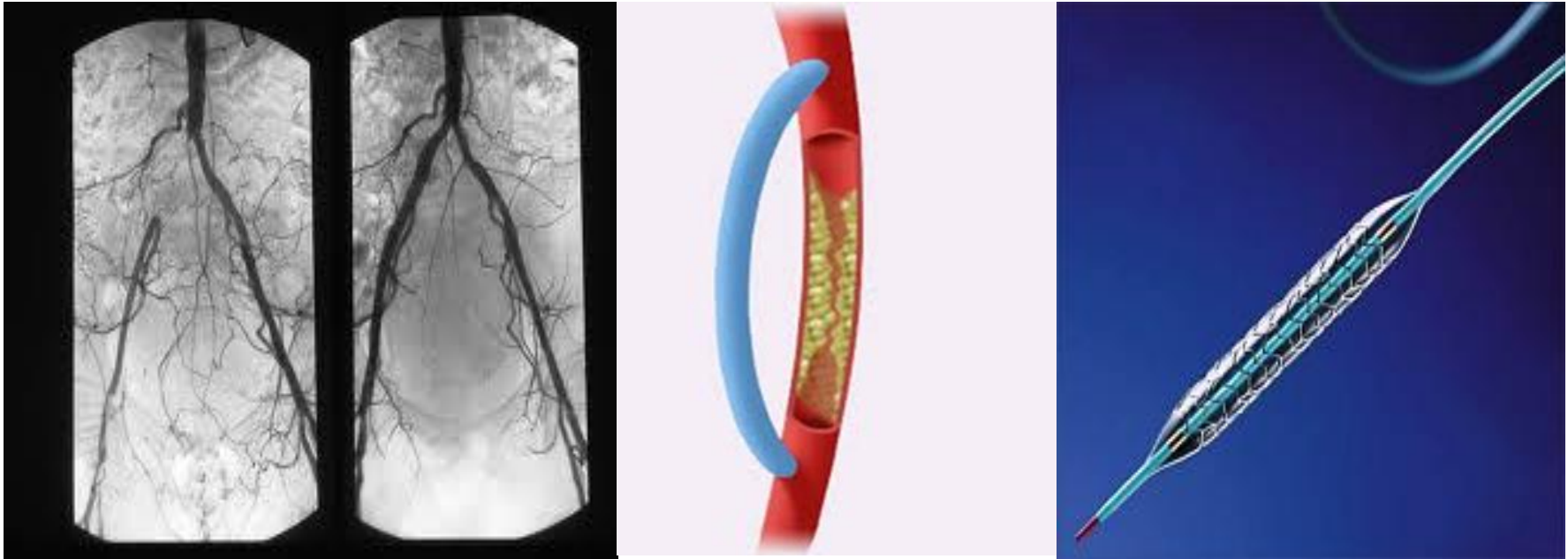
EVAR



Carotid Endarterectomy and Stent



By Pass and Angioplasty



Ruptured Abdominal Aortic Aneurysm

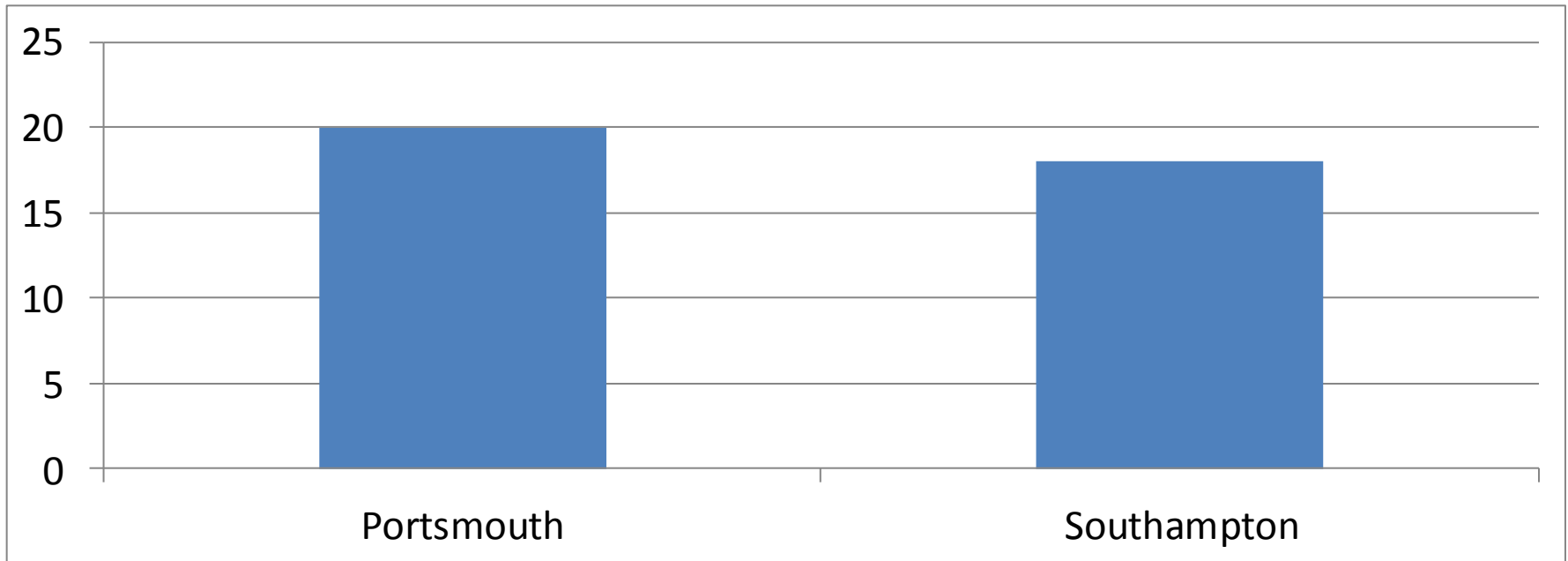
- >90% Mortality
- 30 day mortality determined by
 - Case selection
 - Co morbidity

Reduce by Screening

Multi Centre Aneurysm Screening Study (MASS)

National Abdominal Aortic Aneurysm Screening Programme
(NAAASP)

Survivors of Ruptured AAA Jan 2010 – September 2011



Interventional Radiology

- 50% of elective activity for non-vascular patients
- 100% emergency activity for non-vascular patients
- Cancer, Obstetrics, Renal, Urology, Gastroenterology etc.



Stand Alone Model

Builds on the existing well established Vascular service

- Meets Vascular Society criteria
- High quality service
- Supports dependent services
- Supports interventional radiology innovation

Proposed Network Model

Significant change in level of service for Portsmouth patients

- No benefit for Portsmouth Vascular patients
 - Further to travel
- Threatened quality of care of dependant non-vascular patients
 - Renal, Cancer, Diabetes, Stroke
- Major impact on Interventional Radiology
 - Difficult/ impossible to sustain emergency rota
- Reorganisation of NHS
 - PCT → GPCC, Health and Wellness boards etc
- Significant change in level of service for West Sussex patients
 - 300+ emergency cases, 100+ elective cases to Brighton

Proposal for the Provision of Vascular Surgical Services for the populations of Portsmouth, South East Hampshire and West Sussex

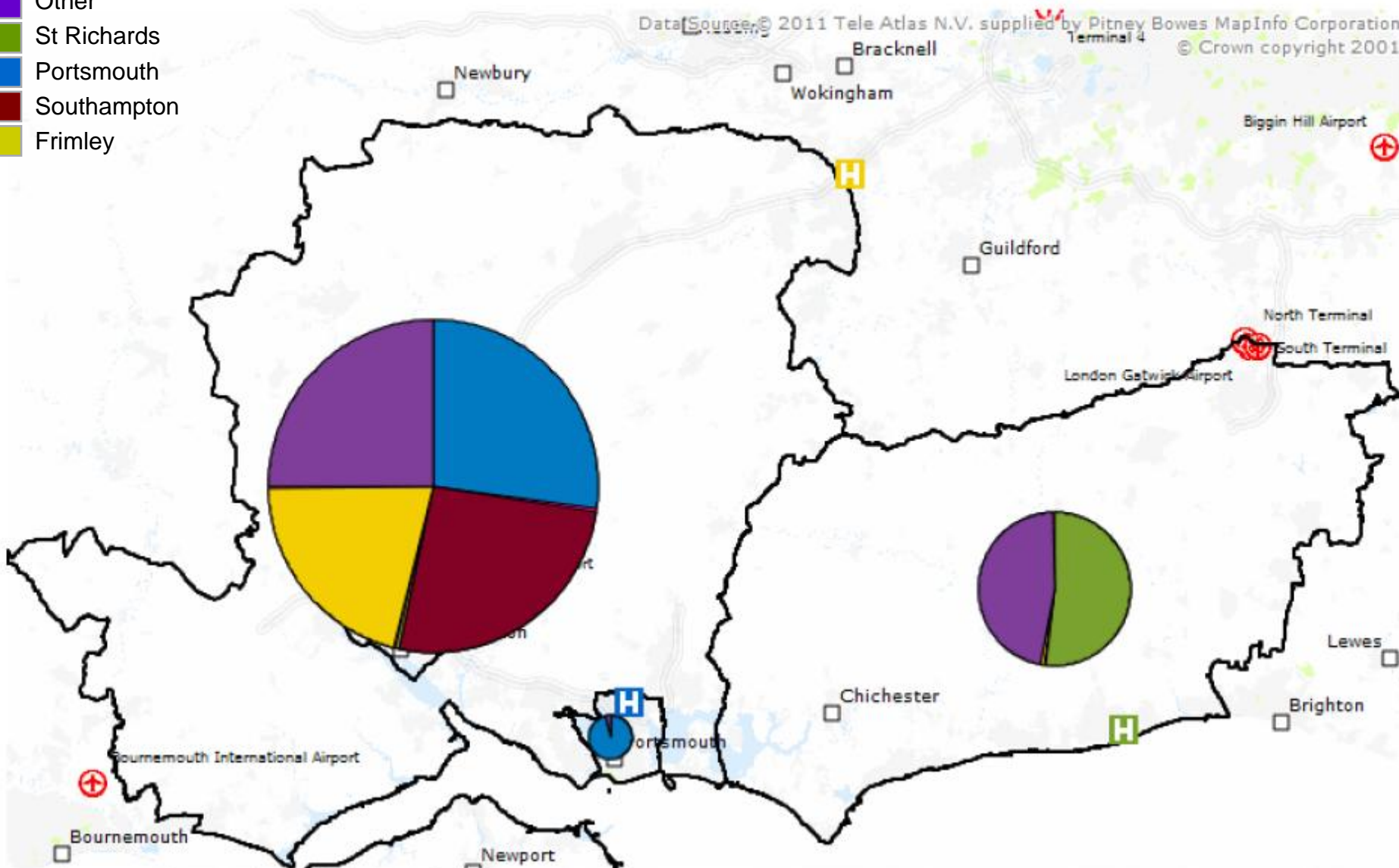


St Richards, Chichester and Queen Alexandra Volume 2010

Category	SRH	PHT
Infra-inguinal bypasses	29	64
PTA for limb salvage (red dot/ in-patients)	9	>200 for critical ischaemia
Carotids	28	77
Elective AAAs	32 (0% EVAR)	46 (41% EVAR)
AKA	28	25
BKA	18	31
Total arterial (ex IR but including amputations)	125	235

Where Patients are Treated

- Other
- St Richards
- Portsmouth
- Southampton
- Frimley





Summary

Implications for patients

The Stand Alone Model

- Compliant with VS 2011 recommendations
- High Quality service for patients in SE Hants and West Sussex
- Importance and interdependence of Interventional Radiology
- Potential to improve care for some patients in West Sussex

Network model

- Major change in service with travel for patients and relatives
- Impact on dependant Vascular and Non-Vascular services
- Major impact on interventional radiology services
- Unable to mitigate impact on West Sussex population