

Briefing – Durham OSC for meeting on Friday 13 April 2018

PROPOSED RECONFIGURATION OF VASCULAR SERVICES

What are vascular services

NHS England commissions adult specialised vascular services, including surgery and interventional radiology. Clinical Commissioning Groups commission non-specialised vascular services.

Vascular services manage the treatment and care of patients with disorders of arteries and veins.

Specialised vascular surgery is done to reconstruct, unblock or bypass arteries to restore blood flow to organs. These procedures reduce the risk of sudden death, prevent stroke and reduce the risk of amputation.

Interventional radiology uses a range of minimally invasive treatments that diagnose or treat vascular diseases, for example, the use of stents. A large proportion of vascular surgical procedures are now carried out using such non-invasive techniques, which significantly reduces risks for patients and means a shorter stay in hospital and speedier recovery.

An example of a non-specialised vascular procedure is the treatment of varicose veins.

Where are vascular services provided from

Vascular services are currently provided from four sites in the North East - James Cook University Hospital, in Middlesbrough, the Freeman Hospital, in Newcastle, Sunderland Royal Hospital and University Hospital of North Durham.

Regardless of where patients live, they are able to choose where they have their planned vascular surgery. In an emergency situation, the patient would always be taken to the nearest vascular centre.

Vascular services are provided by highly specialised clinicians including vascular surgeons, interventional radiologists, anaesthetists, nurses, physiotherapists and rehabilitation specialists.

Case for change and independent review

In June 2014 the Northern England Strategic Clinical Network, who provides targeted health system support to improve health outcomes and reduce unwarranted variation of patient care, published 'North East Vascular Services - Case for Change'. This strategic review concludes that, based on substantial clinical evidence, the North East vascular service should be re-configured to a maximum of

three vascular 'hubs' – centres that provide a full, high quality vascular service. This case for change was prompted by a number of clinical drivers which include:

- improved health outcomes for patients - increasing evidence of link between surgical volumes and improved patient outcomes for complex arterial surgery, especially abdominal aortic aneurysms;
- advances in technology and shift towards non-invasive treatment methods for vascular patients (for example, the use of balloon catheters and stents) which means there is an increased reliance upon specialist interventional radiology support;
- advances in treatment have greatly improved patient outcomes, however this requires the ready availability (24/7) of consultant radiologists who have expert and highly specialised skills, working alongside vascular surgeons;
- a general increase in pressure on services and on the AAA screening programme.

In addition to the strong clinical case for change, the proposed reconfiguration will also improve the overall sustainability of the service in the region and aid recruitment, while minimising any potential gaps in rotas and fragility within a service which is under increasing pressure.

James Cook University Hospital, in Middlesbrough, and Freeman Hospital, in Newcastle, are major trauma centres so must continue to provide a full vascular service.

The third vascular centre in the North East is therefore a choice between Sunderland Royal Hospital and University Hospital of North Durham.

County Durham and Darlington NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust requested an independent clinical review, which was carried out by the Vascular Society of Great Britain and Ireland in 2015/16.

This clinical review also advises that there is a strong case to remodel vascular services in the North East and that there is only sufficient specialised vascular activity and vascular clinicians to support three centres.

It recommends that full vascular services should be delivered from three centres - in Middlesbrough, Newcastle and Sunderland.

Sunderland Royal Hospital is recommended as the third vascular centre:

- it is geographically located in the centre of the region in between the two major trauma centres in Newcastle and Middlesbrough;
- it has the physical infrastructure already in place for it to become the third vascular centre with a new emergency department, state-of-the-art imaging hub (key for interventional radiology) and an intensive care unit with sufficient bed capacity;
- there are more consultant interventional radiologists working at Sunderland Royal Hospital which is a critical part of the vascular services workforce and adds greater resilience for a centralised service;

- it provides a number of related speciality services and has established cross-speciality working in cardiology, renal, stroke and care of the elderly – services which can form part of the care needed by vascular patients.

The reviewers also recommended that each of the three vascular centres (hubs) in the region ‘network’ with hospitals that don’t provide specialised and other types of vascular surgery (spoke sites). Clinical teams at the ‘hub and spoke’ sites will develop close working relationships to ensure that patients are correctly signposted to specialised clinicians, when needed, and receive the appropriate diagnosis and referrals.

- Sunderland Royal Hospital will network with hospitals in Durham (including University Hospital of North Durham) and with South Tyneside District Hospital
- James Cook University Hospital, in Middlesbrough, will network with Darlington Memorial Hospital
- Freeman Hospital, in Newcastle, will network with the Queen Elizabeth Hospital in Gateshead

Delivering a sustainable and safe service with best outcomes for patients

After extensive discussions between NHS England, County Durham and Darlington NHS Foundation Trust, City Hospitals Sunderland NHS Foundation Trust and the Vascular Advisory Group (the regional network of vascular surgeons) – and taking into consideration the case for change report and review mentioned above - a consensus has been reached that the third vascular centre should be at Sunderland Royal Hospital.

- NHS England has accepted the independent reviewers’ recommendation that the third arterial centre should be developed at Sunderland Royal Hospital.
- County Durham and Darlington NHS Foundation Trust agrees with the independent reviewers’ recommendation - that City Hospitals Sunderland NHS Foundation Trust is best placed to develop the third arterial centre
- The Vascular Advisory Group has also endorsed the independent reviewers’ recommendation.

The proposed reconfiguration will result in all specialised and non-specialised vascular surgery - with the exception of some minor vein procedures - being transferred from University Hospital of North Durham to Sunderland Royal Hospital. Specialised and a large majority of non-specialised vascular surgery need to be co-located due to their interdependencies.

Additional clinical drivers for the proposed reconfiguration of services include:

- larger surgical teams and a full range of facilities enables an increased choice of treatments for patients;
- more specialised clinicians in centralised locations will result in an increased consistency of treatment provided to patients;
- professional and clinical development of clinicians;

- meeting NHS England's key requirements for a fully compliant vascular centre, which include:
 - a minimum population of 800,000;
 - a minimum of six vascular surgeons to ensure comprehensive out of hours cover;
 - a minimum of six interventional radiologists to ensure comprehensive out of hours cover;
 - a minimum of 60 abdominal aortic aneurysm repairs per year (ten per surgeon);
 - leg amputations should only be undertaken in arterial centres;
 - a minimum of 50 carotid artery intervention procedures per unit per year (these procedures help to prevent strokes by removing 'furring' or hardening from arteries that carry blood to the brain).

Who is affected by the proposed service change

Based on current patient data, this proposed service reconfiguration will potentially affect around 600 patients per year (12 vascular surgery procedures a week).

Ten patients a week would have their vascular surgery at Sunderland Royal Hospital instead of University Hospital of North Durham.

It is estimated that around two patients a week, who live in Darlington, would more than likely choose to go to James Cook University Hospital for their specialised vascular surgery, due to living closer to Middlesbrough than Sunderland.

While considering the impact of this proposed vascular service reconfiguration on patients and their family, carers and friends, current data shows that a large majority of patients who have vascular surgery, and need to stay in hospital, remain in hospital a relatively short time – up to three or four nights.

University Hospital of North Durham will continue to provide vascular services

University Hospital of North Durham will still continue to deliver around 340 day-case vascular procedures and 3,600 vascular outpatient appointments a year.

The services these patients will continue to access include vascular outpatient clinics, non-invasive diagnostics and day-case procedures.

Communications and engagement approach

Discussions between NHS organisations in relation to the implementation and delivery of this proposed service reconfiguration are on-going.

It is hoped that, after carrying out the planned communications and engagement with relevant overview and scrutiny committees, patients, staff and other key stakeholders, and if the proposed reconfiguration is agreed by the relevant health overview and scrutiny committees, the proposed reconfiguration of vascular services will be implemented in Autumn 2018.

A key element of the communications and engagement activity is to identify patients who have accessed/are accessing these vascular services and to speak to them about the proposed reconfiguration so they have an opportunity to feedback about the potential impacts the changes may have.

Key community and voluntary groups will also be targeted to ensure we reach and speak to as many patients and stakeholders as we can – this will be informed by an equality impact assessment. A travel impact assessment will also be carried out to help inform these discussions. Engagement activity is likely to include survey work, face to face interviews and focus groups.

A feedback report will be prepared and will include themed analysis and insights which will be used to inform the development of the proposed service reconfiguration and, in particular, mitigate any impacts on patients.

As part of this activity we will also brief and arrange face-to-face discussions with key stakeholders.

This patient and stakeholder communications/engagement activity is planned to begin after the purdah period ends, in mid-May.

We look forward to presenting the proposals at a meeting with you on Friday 1 June.