

## **Updated briefing – Durham OSC – 7 September 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 or dual-trained surgeons;
- 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 also 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 (care dealing with disorders of the heart and parts of the circulatory system), renal (care dealing with kidney disorders), stroke and care of the elderly – services which can form part of the care needed by vascular patients;
- some services, such as renal, depend on an on-site vascular service.

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 University Hospital of North Durham and South Tyneside District Hospital
- James Cook University Hospital, in Middlesbrough, will network with University Hospital North Durham and 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 earlier in this document - 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, for example the treatment of varicose veins - being transferred from University Hospital of North Durham to Sunderland Royal Hospital. Treatment of varicose veins will still be done in Durham at the Durham Treatment Centre.

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 and adequate critical care support;
- enable compliant and sustainable vascular surgical and interventional radiology on-call rotas;
- professional and clinical development of clinicians;
- improved post-graduate training and research opportunities;
- 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 676 patients per year – 12 patients per week.

Around 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 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 would continue to provide vascular services including 3,600 vascular outpatient appointments a year, which will include diagnostics.

Patients that don't have their vascular surgery in Durham will still be able to access local rehabilitation services.

Day-case surgery, which includes the treatment of varicose veins, would also remain in Durham and be done at the Durham Treatment Centre.

### **Communications and engagement approach**

Discussions between NHS organisations in relation to the proposed service reconfiguration are on-going.

It is hoped that the proposed reconfiguration will be implemented after agreement by the relevant health scrutiny committees and after carrying out planned patient, staff and stakeholder communications and engagement.

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 has also been 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.

We will, of course, keep you updated on progress.