The Dudley Group NHS
NHS Foundation Trust

Agenda item 8

Dudley Health Scrutiny Comittee - 25th September 2013

The Dudley Group NHS Foundation Trust
Development of Vascular Services Hub

1.0 Purpose of Report

1.1 To update the committee on the Trust's progress in delivering the Black Country Vascular Centre.

2.0 Background

2.1 Vascular disease relates to disorders of the arteries, veins and lymphatics.

2.2 "The Provision of Services to Patients with Vascular Disease 2012", published by the Vascular Society of Great Britain and Ireland, recommended that services needed to be modernised and delivered from a smaller number of hospitals, serving larger populations of at least 800,000, to improve morbidity and mortality outcomes. The premise is that the increased workload is needed to maintain competence of the vascular specialists.

2.3 As previously reported to this committee, the Black Country Cluster tendered the service, commissioning a single vascular network for the Black Country, delivered through a hub and spoke model. Following due process, the contract to become the provider of hub services was awarded to Dudley. Royal Wolverhampton Hospitals NHS Trust and Walsall Healthcare NHS Trust were commissioned to provide spoke site services, which include outpatient care, initial diagnostic investigations and day case surgery. Diagnostics undertaken at the spoke sites include MRI, CT, angiography and ultrasound, arterial duplex scans.

2.4 The Dudley Group was also awarded the contract to deliver the Abdominal Aortic Aneurysm (AAA) Screening Programme for the Black Country in April 2011. The programme went live on 1st April 2012 as planned. Patients are now being screened close to home at 37 locations across Dudley (13), Wolverhampton (10) and Walsall (14). A map showing the location and distribution of the screening centres can be found in Appendix 1.

2.5 Both the AAA Screening Programme and the Vascular Hub contract were initially awarded for a period of three years.

3.0 Update

3.1 The Vascular Hub was launched at Russells Hall Hospital on July 16th 2012. The reconfiguration of services from the spoke sites successfully occurred in two phases:

Phase 1 (From July 2012): All emergency vascular surgery and all elective aortic surgery (including aneurysm repairs).

Phase 2 (From April 2013): All remaining inpatient elective vascular surgery, including carotid endarterectomy, amputations and lower limb bypass surgery to restore blood supply to compromised legs.

For most planned surgery, patients will still be seen by their operating surgeon at their local hospital for outpatient appointments and any further investigations. They will then come to Dudley for their operation under the care of a Network surgeon. The aim is for patients to then be repatriated to the care of their local hospital once clinically fit for transfer.

3.2 Consultant Vascular Surgeon Mr Atiq Rehman was appointed as the Medical Service Head for the Black Country Vascular Network to provide clinical leadership to the reconfiguration process. He is supported by Kelly Pettifer in the role of Operational Manager for the Network.

3.3 Patients treated at the Vascular Hub (Russells Hall Hospital) have access to state of the art facilities, with care delivered by a dedicated team of consultant vascular surgeons, specialist vascular anaesthetists and vascular interventional radiologists. The Dudley Group has a dedicated vascular ward (incorporating a vascular high dependency area), a vascular laboratory and vascular theatre, staffed by a team of nurses, theatre staff, vascular technicians, physicians assistants and a vascular specialist nurse, all with the specialist skills and expertise to improve outcomes for our patients.

3.4 We are also very proud of the Endovascular Suite, which is equipped to allow the team to undertake minimally invasive vascular surgery such as endovascular aneurysm repair (known as EVAR). The Medicines and Healthcare Products Regulatory Agency (MHRA) have produced guidance on the required staffing levels required to deliver an EVAR service. All elective EVAR cases are undertaken within these standards. Emergency EVAR cases are only undertaken when the required staffing levels are in place, and this needs to be evidenced before the case can commence.

3.5 To support the implementation of the new configuration of services, detailed operational policies were produced to describe all aspects of the elective and emergency patient journey. Quick reference action cards were produced to support prompt decision making in the clinical environment. These were produced in collaboration with clinicians from across the network.

3.6 <u>Clinical outcomes</u>

3.6.1 The service specification defines 25 clinical key performance indicators (KPIs). An extract of the Black Country Vascular Network's current performance against these KPIs can be found in appendix 2. This demonstrates that we have successfully achieved 17 of the 25 established targets and most importantly, given the objective of the reconfiguration, we have a lower mortality rate than the threshold across all four index procedures. For the purposes of comparison, the KPI report includes a column for The Dudley Group only data for the period July 11 to June 12.

3.6.2 The latest national consultant-level outcome data published in June 2013 is very positive. We are delighted that our overall unit mortality rate for elective abdominal aortic aneurysm (AAA) is the lowest in the West Midlands at 0.5%. Carotid endarterectomy (CEA) results for our units are also low at 0.4%.

3.6.3 The indicators not achieved relate primarily to the percentage of patients receiving anti-platelet and statin therapy at the time of surgery across the index procedures. We are currently working with our colleagues in primary and secondary care to improve this. In addition, the two week standard treatment time from TIA or stroke to carotid endarterectomy remains low at 58.7% (standard 90%). This is rapidly increasing as new fast-track procedures are implemented.

3.6.4 The implementation of the AAA Screening Programme has been very successful. All gentlemen in their 65th year within the Black Country receive an invitation to attend a local centre for a screening scan. Where a large aneurysm (more than 5.5 cm in diameter) is detected the patient is referred to their local hospital for a consultation with a vascular surgeon, and further investigations. Following a multi-disciplinary team discussion, the patient is then scheduled for surgery at the Hub (RHH).

3.6.5 In the first 15 months of operation, 6000 men have been screened, and nine large aneurysms have been detected through the Black Country AAA Screening Programme. All nine gentlemen were referred into the vascular service within one working day, and reviewed by a vascular surgeon within two weeks of referral. All of the gentlemen met the criteria for surgery, and seven of the nine had their aneurysm repaired within the eight week standard. The remaining two patients were treated after the target timescale due to other medical issues that prevented their surgery from taking place within that time.

3.6.6 As the implementation of the AAA Screening Programme coincided with the reconfiguration of vascular services it is difficult to accurately determine the impact of the screening programme on the number of AAA repairs undertaken. Overall, the activity figures for patients undergoing AAA repair across the Black Country continue to increase, and the rupture rate has stabilised, implying a positive impact. However, we do not yet have enough data to directly associate this with the screening programme.

3.7 <u>Patient involvement and satisfaction</u>

3.7.1 To learn from the experiences of patients going through the new vascular services configuration a questionnaire was sent to all vascular patients treated at Russells Hall Hospital within six months of the launch of the Hub. This was to obtain feedback from the patients on what went well, and any suggestions they had for improvement. The patients were asked to rate the care they received across all aspects of their journey.

3.7.2 Elective patients – Out of a maximum score of five the average satisfaction score is 4.7, with every patient scoring five for the operation itself. The return rate was 60 per cent.

3.7.3 Emergency patients – Out of a maximum score of five the average satisfaction score is again 4.7. The highest scores again relate to satisfaction with the surgical procedure itself. The lowest scores were given for follow up care after

discharge. However, this average score for this aspect of care was still high at 4.4 out of five. The return rate was 32%.

3.7.4 There was no significant difference between the average scores for patients from Dudley, Wolverhampton and Walsall, indicating that the reconfiguration has not had an adverse effect on patient experience in any part of the region.

3.7.5 A copy of the summary is attached in appendix 3. Specific comments received have been overwhelmingly positive:

"The staff, from the bottom to the top, were perfect in every way. To go to your hospital again would be a pleasure. The best hospital I have ever seen."

"I would like to thank all staff who were involved in my treatment, which was first class. This is the first time in my life that I have spent in hospital, and could not have been in better hands. Being able to write this now in 2013 bears out the excellent service of the NHS. I would like to say that Russells Hall Hospital, where my treatment took place were very efficient, and the surgeon excellent. It is testament to the hospitals care that I quite enjoyed my stay and treatment."

3.7.6 Areas for improvement focused on the quality of the food and discharge arrangements (TTO delay and follow up appointments). A detailed action plan is now being developed to address specific feedback received as a result of this exercise.

3.7.7 Attempts were made to arrange a series of patient forums, to obtain face to face feedback from vascular patients. These proved very unpopular, and therefore the idea was not progressed and feedback sought by survey instead.

3.7.8 An example of the type of patient information literature used within the service has been included in appendix 4. All of the patient information leaflets utilised within the network are currently under review to ensure that they incorporate current best practice and are consistent across the region. In accordance with the Trust's Patient Information Policy, service users will be involved in the development and approval of the new leaflets.

3.8 Activity

3.8.1 Detailed modelling was undertaken prior to the award of the contract to ensure that the service would be adequately resourced; this modelling has proven to be largely accurate. The service has experience some peaks in demand (particularly around emergency admissions), though these have been partially offset by a reduction in projected elective activity. The increase has been managed through the flexible utilisation of beds and theatre capacity within the surgical directorate.

3.8.2 We continue to work with our colleagues at the spoke sites to improve the repatriation for Wolverhampton and Walsall patients, when clinically fit for transfer, to ensure they can access local rehabilitation and step-down facilities in a timely manner, and have equal access to these local services.

3.9 Future developments

3.9.1 A programme of developments are planned to ensure that we continue to provide world class vascular services for our patients:

- Expansion of EVAR techniques to a wider cohort of patients, extending access to patients presenting with a leaking or ruptured AAA.
- Development of a Hybrid Theatre to provide the environment and facilities to increase the range of minimally invasive procedures undertaken.
- Implementation of an Integrated Vascular Centre, to improve the experience of the patient and quality of care.
- Implementation of telemedicine technology to support the multi-disciplinary team to manage more patients in the community setting, whilst reducing length of stay and demand on acute inpatient beds.

4.0 Guidelines

4.1 Provision of Services for Patients with Vascular Disease 2013 (Vascular Society of Great Britain and Ireland).

5.0 Equality Impact

5.1 A full Equality Impact Assessment was undertaken as part of the service reconfiguration.

6.0 Recommendation

6.1 To reassure the committee that the reconfiguration of vascular services within the Black Country has not adversely impacted upon patient experience, safety or quality outcomes.

6.2 To note the plans for future development.

The Dudley Group NHS Foundation Trust

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