

**Kent Health Overview and Scrutiny Committee Briefing - Kent and
Medway Vascular Services Review**
October 2015

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| Paper presented to: | Kent Health Overview and Scrutiny Committee |
| Paper subject: | Kent and Medway Vascular services Review. |
| Date: | 9 October 2015 |
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| Purpose of Paper: | To update the HOSC on the progress of the Kent and Medway vascular services review and to ask for consideration of the establishment of a Kent and Medway Joint Overview and Scrutiny Committee. |

Introduction:

Following concerns about the outcomes for patients in England and Wales receiving vascular services, a national service specification was published in 2013. The standards within the specification were developed through a specialised Clinical Reference Group (CRG) and reflect the best practice guidance of the National Vascular Society 2012.

The key aim of the specification and guidance is to improve outcomes, so that patients with vascular disease benefit from the lowest possible disability and mortality rates, for both elective and emergency care. The clinical evidence underpinning the specification and guidance recognises the relationship between treating adequate numbers of patients and improved patient outcomes.

Vascular services are a specialised area of healthcare which, evidence has shown, will benefit from organisation into larger centres covering a population that will facilitate significant volumes of activity in all areas of service, with a robustly staffed workforce able to deliver services 24 /7, 365 days of the year. There is an opportunity to ensure that excellence in patient care and outcomes can be provided and that resource is always available for the vascular service to continue to improve on the type and standards of care provided. In Kent and Medway, the opportunity exists to develop this. Establishing a vascular service of excellence will offer the opportunity for a much improved and comprehensive service to patients. In particular, the right model of care could deliver the opportunity to provide more local care to Kent and Medway residents and the type of care could include more complex procedures. Such a centre(s) will be better able to embrace new technology

and innovation in practice. A regional centre(s) of excellence is most likely to facilitate a change in patient flows. Such a centre (s) is most likely to be able to attract the highest calibre workforce and offer sustainability. The training boards will look to centres of excellence to be involved in training the future generation of vascular clinicians. This not only benefits the service but invests in the future provision of excellence in patient care. A suitably sized centre (s) with the appropriate population could offer opportunity for quality audit and research.

The vision of the clinical teams in Kent and Medway is to develop and deliver a model of care for vascular services that offers all of these benefits.

Kent and Medway residents currently receive specialised vascular care from two units within Kent and Medway; Medway NHS Foundation Trust (MFT) in Medway and East Kent Hospitals University NHS Foundation Trust (EKHUFT) in Canterbury. A significant proportion of Kent and Medway residents, namely from Tonbridge, Tunbridge Wells, Sevenoaks, Dartford, Gravesham and Swanley areas receive their care in London, predominantly at St.Thomas' hospital.

Kent and Medway Vascular Services Review commenced December 2014 in response to commissioner led derogation on both the Kent and Medway providers of specialist vascular services: Medway NHS Foundation Trust and East Kent Hospitals University NHS Foundation Trust. The derogation relates to non-compliance against the national specification 2013, in this case it is the commissioners who have raised this concern.

The aim of the review is to ensure that quality, safe and sustainable vascular services can be delivered now and into the future.

The review process is overseen by a Vascular Review Programme Advisory Board, which is clinically led and includes both external and local clinical experts in vascular care.

The membership includes consultants from the main providers of vascular care to Kent and Medway residents, the ambulance trust, NHS England specialised commissioning, public health, communication and engagement leads and representation from the Vascular Society.

The Vascular Review Programme Advisory Board is chaired by the Medical Director for NHS England, South (South East).

A clinical reference group supports and advises the Vascular Review Programme Advisory Board, providing clinical advice and expertise to the review process. The group is currently developing the clinical models for appraisal and leading on detailed modelling to understand some of the challenges, which will inform the options appraisal process. The options appraisal will have input from a range of stakeholders.

The review is also supported by a communications and engagement plan which sets out how the review will ensure effective engagement and communications throughout the process.

Progress to date:

The Case for Change and Decision Making Process have been approved by the Vascular Review Programme Advisory Board and agreed by NHS England South (South East) specialised commissioners. They have also been reviewed by the South East Clinical Senate which has made recommendations that will be used as part of the assurance process of the review.

The Case for Change has been shared with the Kent Health and Overview Scrutiny Committee (HOSC) and the Medway Health and Adult Social care Overview and Scrutiny Committee (HASC).

Ten 'Listening Events' have been held across Kent and Medway to share the case for change and raise awareness with the public. Sixty four members of the public attended the events although, in some areas, there were low numbers. Further work is underway to increase the numbers of the public involved including targeting specific communities of interest, patient groups and an online survey.

Phase two of the engagement process will include involving a wider stakeholder group and a deliberative event to test the options development and appraisal.

A range of modelling groups have been developed and tasks undertaken to test and inform the clinical models developed by the lead clinicians. These include:

- **Travel/Access:** considering ambulance travel times across Kent and Medway and into London based on 60 minute travel times and impact on the ambulance trust. Reviewing public transport facilities/times.
- **Patient demand:** assessing the numbers of patients requiring specialist inpatient and day patient vascular care, noting the numbers of patients attending London units.
- **Co-dependencies:** assessing the impact on other clinical areas and the need for co-located services.
- **Vascular interventional radiology (minimally invasive interventions performed endoscopically by radiologists):** ensuring that this service is co-located and viable and assessing the impact on non-vascular interventional radiology work.
- **Workforce:** confirming the workforce requirements, including on call rotas for specialist 24-hour vascular care. Assessing the current gaps and options for delivering seven-day services. Reviewing workforce training and supply and possible workforce options. Assessing competencies across the vascular pathway.
- **Public health:** assessing population growth and demand, Identifying key demographic influences and impacts on service configuration.
- **Financial planning:** assessing current financial envelope/flows for Kent and Medway. Identifying cost implications of options including

increased transfers, additional facilities, workforce implications, implementation costs.

Public Listening Events;

Overall, the participants we spoke to reported a **positive experience of vascular services both in Kent and Medway and in London.**

The attendees recognised the **case for change.**

Emerging priorities include

- The ability to make choices, but there are a lot of factors which will influence that choice, so good information is needed to assess and make that choice.
- Information and communication, particularly for anxious family and carers
- The need for high calibre staff with the specialist skills, and capacity to deliver the service 24/7. The best treatment possible as quickly as possible.
- Speedy access in an emergency situation, and smooth access for elective care – improved appointment systems
- A strong, consultant team with the relevant support staff
- The need for support particularly following amputations, and to know what assistance is available, including care in the wider community, when people return home.
- Joined up working between services and disciplines, working within a clinical network, including improving the ability to recognise vascular disease.

Participants felt that having access to a specialist vascular team or centre was most important and reassuring in a life threatening situation, and having good access to such a service in Kent and Medway was vital.

When developing the options the public /patient feedback to date highlighted the importance of:

- Workforce and the possibility of attracting the best specialists to Kent
- Speed of access to and availability of specialist care
- Considering the specifics of local populations when planning and designing options for vascular services as the review goes forward.
- Recognising that patient/clinical choice is important.
- The population growth in Kent and Medway, particularly in Dartford

Options development:

Early assessment notes that continuing with the status quo will not address the current gaps against the national specification or address the sustainability issues.

Initial assessment has determined that there are two possible clinical models for consideration. These are:

- developing a two site network model building on the existing provision
- developing a single hub and spoke model in Kent and Medway.

The communication and engagement plan is being further developed to ensure that the process provides a number of ways in which patients and the public and key stakeholders can engage with the process and inform the emerging thinking as we consider the advantages and disadvantages of the two models.

The Vascular Review Programme Advisory Board advises that the review is likely to result in a significant service change for vascular services across Kent and Medway.

Since the review is covering both Kent and Medway, we understand that a Joint Health Overview and Scrutiny committee would need to be formed to consider the options, when developed, and advise on the consultation plan to ensure it describes a robust and inclusive process.

Next Steps

The clinical reference group is developing the two clinical models for testing against the national specification and Vascular Society guidance. The next phase of engagement will inform this process and the development of the options for full appraisal. The review is aiming to have an agreed and assessed clinical model by the end of the calendar year for recommendation to NHS England specialised commissioners for consideration. This will lead to public consultation as required.