

Kent and Medway Vascular Services

Section 1 - Contact details

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Section 2 – Summary of activity

2.1 Please give a short description of the commissioning activity you are undertaking and its objectives

Vascular services are for people with disorders of the arteries and veins. These include narrowing or widening of arteries, blocked vessels and veins, but not diseases of the heart and vessels in the chest. These disorders can reduce the amount of blood reaching the limbs or brain or cause sudden blood loss if an over-stretched artery bursts. Vascular specialists also support other medical treatments, such as major trauma, kidney dialysis and chemotherapy.

Complex Vascular surgery covers:

- Abdominal Aortic Aneurysms (AAA)
- Screening people for AAA
- Strokes (such as Carotid Endarterectomy (CEA) or Transient Ischaemic Attacks (TIAs or mini-strokes)
- Poor blood supply to the feet or legs

There are also roles for vascular surgery supporting other major specialities e.g. trauma, neurosurgery, cardiac surgery, dermatology, clinical laboratory services, nephrology, plastic surgery, and other disciplines. Vascular patients are often treated by other specialties including cardiology, renal, diabetology and podiatry.

In common with other specialties, there is strong national clinical consensus that patients who need vascular surgery receive better quality care when they are treated by specialists who deal with a high volume of patients and who, therefore, have significant expertise in this field.

NHS England and NHS Improvement has been working with partners, led by senior surgeons, in developing detailed proposals to provide these vital services since 2015.

A review in 2018 acknowledged that the future permanent location of the main inpatient vascular centre would be determined through the east Kent transformation programme (part of the local Sustainability and Transformation Programme). However, as it is likely to take several years to deliver the changes, NHS England has recommended that an interim main arterial hub should be located at the Kent & Canterbury Hospital.

On 6 January 2020 Aortic Aneurysm Repair (AAA) procedures were moved from Medway Maritime Hospital to the Kent and Canterbury Hospital to ensure the service could remain safe and sustainable. This emergency move remains in place and therefore no AAA surgery is currently undertaken at Medway. No engagement has taken place to date due to the impact of Covid-19.

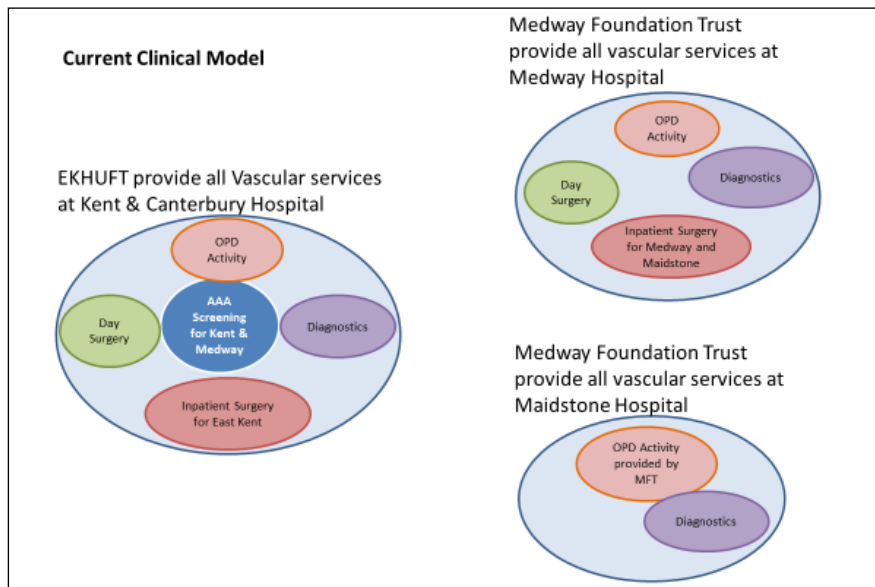
It is now proposed that all inpatient surgery requiring an overnight stay moves to the Kent and Canterbury Hospital to create the single interim inpatient vascular centre for East Kent, Medway and Maidstone as envisaged in the 2018 review.

The change will also mean vascular hospital staff will work across multiple sites as one team as a network supporting both the interim inpatient vascular centre which will provide all 24/7 inpatient care and the other hospitals where outpatient treatment, diagnostic testing and some day-case surgery will still take place.

2.2 Location of your activity

Populations served by East Kent University Hospitals NHS Foundation Trust, Medway Foundation Trust and Maidstone Hospital for vascular services.

Vascular service provision currently:



2.3 Please state the NHS England region the project/activity is based in.

South East Region – Kent and Medway

2.4 Which area of commissioning is your activity focused on?

Vascular services, both specialised commissioning and CCG commissioned services.

Section 3 - Impact on patients and the public

3.1 What type of activity is this?

The service reconfiguration proposal relates to acute inpatient vascular surgical services requiring an overnight stay. All other parts of the pathway will remain unchanged.

3.2 Is there likely to be an impact on patients and the public?

If the plans, proposals or decisions are implemented, do you think there will be:

(a) An impact on how services are delivered?

Yes

Please explain your answer and provide further details

Services are currently provided at Medway Maritime Hospital, Gillingham and Kent and Canterbury Hospital, Canterbury with outpatient clinics at Maidstone hospital.

This proposal would see the specialist element of these services delivered via one hub site. These are specialised services which require staff with specialist skills. The services do not meet the National Service Specification and the population is too small to enable the hospital sites to treat sufficient number of patients to enable consultants to maintain their skills. It has not been possible to sufficiently resource the existing sites for this service in terms of quality and safety, so a temporary move has been put in place with the aim of this being made an interim solution pending future consultation.

(b) An impact on the range of health services available?

No – the range of services will remain the same but the inpatient surgical element of the service will be delivered from a different location.

(c) Any other impact that you can envisage at this point in time?

Yes - Impacts to patients will be in travelling to the new site for elective surgery. There could be impacts in terms of time, convenience and cost to patients as a result.

If yes, include a description of how 'patients' and the public had been involved in assessing the potential impact and what steps have been taken to include the views of the seldom heard and protected groups in assessing the impact.

A series of patient, public and stakeholder events have taken place since 2015 to support the review and inform each stage of developing the future service:

- **July 2015:** 10 listening events across Kent and Medway to discuss and develop the Case for Change.
- **February 2016:** A deliberative all-day workshop, during which clinicians, patients and public reviewed and discussed the developing clinical model in detail.
- **February 2017:** two workshop events held at the Canterbury and Medway hospital sites to further explore and develop the clinical model and review the range of possible sites for future vascular services.
- **August 2017:** two workshops to test and review the evaluation criteria for selecting the best future sites.

Overall, people reported very positive experiences of vascular inpatient services at both Medway and Canterbury hospitals. Many viewed this as an opportunity to improve care and ensure better patient outcomes, as well as an opportunity to attract more staff to the area. Whilst there were concerns about travel and transport links, there was generally a willingness to travel further for high quality in order to ensure best possible inpatient care and patient outcomes, *as long as the services remain in Kent and Medway.*

September 2019: two workshops and two interviews, to update on the detailed work conducted in 2018 and gain further feedback on patient experience, interim plans, clinical recommendations and outline next stages.

An Equality Impact Assessment has been undertaken which identified potential impacts on people with protected characteristics. It also included a travel analysis



Pre-consultation
report - vascular 2901

The consultation will include specific events to ensure the voice of people with protected characteristics is heard.

If proposed change impacts on choice (e.g. two providers want to merge and provide the service from one site instead of two, or a provider hands their contract back early), list the pros and cons of the proposed reduction in choice from the perspective of service users and carers, with evidence of how service users and carers have been involved in assessing the impact.

Specialised vascular services are not currently available at all hospitals so there is currently no choice of service. However, the specialised service *is* moving from two sites to one site. The service does not currently meet the national service specification and so clinical safety is the overriding reason for making this service change.

Pre-consultation engagement has been undertaken between 2015 and 2019 and service users are broadly supportive of the changes.

The service change will resolve many of the existing concerns of patients set out in pre-engagement as follows:

- **High quality service** provision to attract and retain **high calibre staff with specialist skills**
- The **capacity to deliver the service 24/7**, safely and in a timely manner, particularly in an emergency
- **Improved referral times and access** with smoother access/appointment systems for elective care and consistency in following referral standards (for example, two weeks from diagnosis to consultant appointment)
- **Waiting times reduced and standardised** for test results and scans
- **Local services** that reflect local needs, demographics and population growth, to provide the **right aftercare** as close to home as possible
- **Easier, more timely access** to outpatient services, provided in a conducive environment, with appropriate resources
- **Greater collaboration, coordination and communication** between services and disciplines to ensure a streamlined, consistent care pathway
- Provide a **contact number** and name for easier access into and advice from the service
- **Increased use of technology**: to support better patient experience, avoid travel and keep people at home; so, information is shared across all the relevant services

- **Greater involvement** of patients and their families in care decisions and patients supported to make choices; **discharge plans** agreed with patients and family carers, before discharge, with ***tailor-made, timely follow up***
- Ensure the proposed vascular changes fit within local **future NHS plans** – take other service changes into account, for example hospitals providing different specialties and potential multiple transfers for different health care needs

If proposed change involves a change to the range of provision, but the service is not moving or closing, include a clinically sound, evidence-based impact assessment to justify why reducing the range of provision is not going to undermine the clinical effectiveness, safety and service user experience. Again, this would also include a description of how service users' (in addition to local clinical experts) had been involved in assessing the potential impact and what steps had been taken to include the seldom heard and protected groups.

The vascular review was established in response to the national specification and standards and has been driven by clinical reasoning throughout.

Each key stage of the review has involved discussion with clinicians, patients, public and other stakeholders, to ensure the clinical and patient/lay perspective have been considered when addressing the required standards.

There will be a specific focus on ensuring the views of seldom heard and protected groups as part of the consultation.

Mitigating actions for patient concerns include:

- Patient transport will be made available to for patients who have to travel further (this will be means tested)
- Patients will be repatriated to their local hospital as soon as they are fit enough to be transferred

Section 4 – 13q duties

4.1 Does the section 13Q duty apply to the activity?

Yes

Although the proposed changes are planned to ensure patient safety and quality of care there is an impact for patients in terms of location of services so it is important that we gain the views of patients to better understand these impacts and consider what can be done to minimise the impact.

A review in 2015 identified the service change as significant. Around 300 patients from Medway and Maidstone are likely to have to travel further for their inpatient care.

4.2 What arrangements/mechanisms are already in place to involve the public which are relevant to this activity?

Pre-engagement work has been undertaken throughout from 2015 to 2019. This involved gaining feedback from existing patients.

4.3 Are additional arrangements for patient and public involvement required for this activity? If yes, provide a brief outline of your approach and objectives for any additional patient and public participation:

Undertake consultation to gain feedback on the move of AAA surgery that was completed in January and the proposed future interim move of all inpatient vascular surgery from MFT to K&CH.

An external agency has been commissioned to undertake part of this work.

A range of online events, face-to-face events (if possible dependent on Covid-19 restrictions) with past patients and the public together with focus groups with people with protected characteristics.

Media relations, Facebook advertising, mailing patient groups and stakeholder organisations will be used to raise awareness of the consultation. Existing channels of communications within NHSE/I, the CCG, the NHS, Healthwatch and local Government in Kent and Medway will also be used to raise awareness.

We will communicate openly and widely about how the public views in phase one have helped influence the interim model and proposal.

We will communicate openly and widely that no change is not an option. We will also provide a clear explanation about why the AAA interim move has taken place and how the further option has been developed, with a proactive campaign and direct engagement with patients, public and key stakeholders with the aims of:

- ensuring understanding of the reasons for the change which has already happened and proposed further changes
- ensuring understanding that the interim arrangements are already in place and the further proposed changes are for safety reasons but also gain views on the impacts of the changes so that the impact of these can be considered and minimised where possible
- enabling commissioners and service providers to understand issues for patients, public and key stakeholders ensuring the proposed future model has taken these into account
- ensuring patients, the public and stakeholders can put forward any further views for consideration
- establishing a PPI group to co-produce further changes that will mitigate the impact on patients that cannot be addressed by the service change

Audiences

- Patients and public
- Clinicians
- HOSC
- Health and wellbeing boards
- Directors of Public Health
- ICS/CCG leadership teams
- Healthwatch
- MPs
- Groups able to represent the views of patients. Healthwatch UK, Diabetes UK South East office
- Staff

4.4 Briefly describe how your proposed participation will be 'fair and proportionate', in relation to your commissioning activity?

The consultation has been assessed at level 3 within the Specialised Commissioning Patient Participation Framework

Level	Description
1 Minor changes	– no formal consultation required. However, there may be some benefits to carrying out some engagement activity, if appropriate.
2 Intermediate changes that are broadly supported by stakeholders through prior engagement	– reduced length consultation, limited engagement activity during the live consultation period.
3 Significant changes that are broadly supported by stakeholders through prior engagement	– reduced length consultation, to include some proactive engagement activities during the live consultation period.
4 Significant changes with some contentious aspects	- 12 week consultation to include some proactive engagement activities during the live consultation period.
5 Highly contentious/high volume impact on numbers of stakeholders/ high levels of dissent/ high financial implications/ high media or political profile	- 12 week consultation period plus an extensive range of engagement activity, before during and after consultation.

Our proposed six week consultation is fair and proportionate as:
The majority of services including AAA screening, diagnostics and outpatients will not be affected.

The number of patients that will move are less than 300 a year.

Pathways will be in place to support the repatriation of patients at their local hospital site.

Over the last 5 years there have been a number of engagement events where patients and the public have offered their support for the proposals.

The consultation will aim to reach groups most likely to be impacted by the service change.

4.5 Please provide a brief outline of how the information collected through patient and public participation will be used to influence the commissioning activity.

Feedback will be considered when making the final decisions on the service move including how the impact on patients and the public can be mitigated.

This will be co-produced through a PPI group (to be established with recruitment from people who have participated to date) as part of the implementation of the new service. Previous engagements have identified the following concerns that could be addressed through co-production:

- **Travel times, transport networks and parking**
- **Smoother access/appointment systems for elective care and consistency in following referral standards**
- **Easier, more timely access** to outpatient services, provided in a conducive environment, with appropriate resources
- **Education for GPs and other professionals** so they are more aware of and can more quickly detect vascular disease
- **Greater involvement** of patients and their families in care decisions and patients supported to make choices; **discharge plans** agreed with patients and family carers, before discharge, with **tailor-made, timely follow up**
- **Easily accessible and understandable information** – verbal, written and electronic - for patients, family and carers, including clear explanations about planned treatment, what is available in the community and other ongoing support
- Greater focus on **prevention** to highlight the risks of certain behaviours/conditions and **early intervention** to support better patient outcomes
- **Provide general information and awareness raising** of vascular conditions, screening and access to services, to ensure early diagnosis and equitable access to services
- Ensure the proposed vascular changes fit within local **future NHS plans** – take other service changes into account, for example hospitals providing different specialties and potential multiple transfers for different health care needs

4.6 How will the outcomes of participation be reported back to those involved?

A report will be produced summarising patient feedback received and any commissioning decisions made as a result of this including reasons why these decisions have been made. This will be published on the NHS England and NHS Improvement website. The outcome of the engagement will be communicated directly to existing patients of the services.

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