# South Devon and Exeter Vascular Network

Royal Devon and Exeter NHS
NHS Foundation Trust

Torbay and South Devon NHS
NHS Foundation Trust

PH/16/28

Health and Wellbeing Scrutiny Committee

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**For Information: To Devon and Torbay Overview and Scrutiny Committees: National Specialised Services Specification Compliance Programme: Assessing the local impact of potential changes to Vascular Services**

This paper provides information relating to an expansion and formalisation of an existing pathway for emergency vascular inpatients at Torbay and South Devon NHS Foundation Trust and the Royal Devon and Exeter Foundation Trust. As part of this the South Devon and Exeter Vascular Network will be informing patients and the wider public of the changes and developing a survey for which we would like to invite you to submit questions.

## Background

Specialist vascular services aim to prevent death from aortic aneurysm, prevent stroke from carotid artery disease and prevent lower limb amputation from peripheral arterial disease and diabetes. In 2007 over 65,000 people in the UK had surgery for a problem relating to vascular disease (VSGBI, 2009) and, due to the increasing size of the aging population, demand for vascular services increase over time. In addition, there are currently an estimated 3 million people with diabetes in England and this prevalence is also increasing, with diabetic patients having a worse outcome, as evidenced by the increasing rate of lower limb amputation in this group.

Patient outcomes at Torbay and Exeter are excellent however they are not sustainable in the way they are currently provided. Torbay hospital has two employed surgeons and Exeter hospital has 4. This makes it very difficult to cover leave, particularly unplanned leave and this is the rationale for the extension of the current clinical network arrangements to deliver all open arterial surgery in Exeter.

Nationally outcomes from vascular surgery in the United Kingdom have not compared well with other countries. Until recently the UK had the highest mortality rates in Western Europe for abdominal aortic aneurysm repair (VASCUNET, 2008). The Vascular Society of Great Britain and Ireland (VSGBI) therefore published a series of recommendations describing how vascular services should be organised in order to deliver the best outcomes for patients (Provision of Vascular Services,

2012). In light of these recommendations NHS England, as the commissioners of vascular services, published a national specification for the provision of vascular services in July 2013. This specification was developed by vascular clinicians, patients and commissioners and has been used to assess services across the South West to determine the work needed to ensure local vascular services comply with the best practices described within it. The key elements of which are that providers of vascular services should:

- Serve a minimum population of at least 800,000 people to ensure an appropriate volume of procedures
- Ensure that highly experienced staff are treating sufficient numbers of patients to maintain competency
- Have 24/7 on site vascular surgery and interventional radiology on-call rotas that are staffed by a minimum of 6 vascular surgeons and 6 interventional radiologists
- Provide access to cutting edge technology including a hybrid operating theatre for endovascular (minimally invasive) aortic procedures
- Provide a dedicated vascular ward and nursing staff
- Have a specialist team to manage patients with vascular disease that includes vascular surgeons, interventional radiologists, specialist nurses, vascular scientists, diabetes specialists, stroke physicians, cardiac surgeons, orthopaedic surgeons, and emergency medicine amongst other specialities to provide a comprehensive multi-disciplinary service.

Central to national recommendations is the requirement for arterial surgery to be delivered out of fewer, higher volume specialist arterial surgical centres to improve clinical outcomes (in particular mortality rate) and deliver a range of other benefits. Vascular services in hospitals all over England are being formed into networks so they can share resources. One such network is the South Devon and Exeter Vascular Network, comprised of Torbay and South Devon NHS Foundation Trust (TSDFT) and the Royal Devon and Exeter NHS Foundation Trust (RD&E).

At the moment the RD&E has four surgeons and TSDFT has two, which means when one surgeon at Torbay is on leave, the other is working in isolation. This makes unplanned absence extremely difficult to manage. Such a position is unsustainable and makes the service less resilient to being able manage unplanned extended absences of either of its surgeons.

Surgeons and the interventional radiologists in both hospitals established a shared emergency on call rota approximately ten years ago whereby patients have been sent to the hospital whose surgeons are on call for emergency out of hours care. So if a patient from Torbay had an emergency out of hours and the surgeons at RD&E were on call then the patient would be transported directly to RD&E.

Due to the need to continue to deliver the service in line with best practice and 'future proof' the Trusts recognise the need to continue to evolve to create more resilient and sustainable services. This will enable the excellent clinical outcomes both hospitals achieve to be sustained in the face of growing demand. With only one unit in the network able to provide surgical care that complies with the service specification the network is extending the existing emergency pathway so that all in-patient emergency care is provided at the RD&E.

Based on figures from the last three years, the average number of patients each year receiving emergency vascular procedures that we expect to be affected by this change is seven each month (about one out-of-hours and one in-hours emergency patient a week).

Outpatient clinics and investigations (duplex, CT etc.) and associated patient administration and day case surgery such as angioplasty and minor debridement will continue at Torbay. Urgent appointment slots will also be offered in clinics Monday/Tuesday/Wednesday and possibly Friday pm at Torbay to see urgent vascular referral to prevent unnecessary patient journeys and travel transfer to Exeter. The vascular service will continue to support frequent referrals from Torbay colleagues around the hospital as well as the vascular practitioner service.

The plan is for diabetic foot patients to be admitted under care of diabetologists who will co-ordinate referrals to the vascular and orthopaedic teams. If patients require simple debridement, this will be performed by orthopaedic team at Torbay and simple angioplasty again at Torbay. If major bypass is needed, the patient will transfer to RD&E.

Patients requiring major amputation are planned to go to RD&E. Once patients are recovered from the initial surgery at the RD&E the service will wish to return patients to Torbay area for on-going rehabilitation. This may be in community hospital acute beds as in general there would be little clinical or risk management benefit of using Torbay Hospital beds for rehabilitation for patients. In other words, other than for surgery, most pre and post-operative care will continue to be delivered closer to where people within the TSDFT catchment area live.

This will enable the Torbay surgeons to see a wider number of cases which should enable them to further develop their already excellent skills and expertise; increase the opportunities for innovation and research at both sites; support more manageable rotas and improve access to urgent Endovascular Aneurysm Repair (EVAR otherwise known as stent graft replacement). The changes will also ensure the vascular service is sustainable and resilient across the combined catchment.

**Next Steps**

The network plans to write to patients that have accessed the vascular services in the last 12 months to seek their views about this proposal. This will enable the network to better understand how changes to the service can capture what patients value about the existing service and seize opportunities to improve upon patients' experiences.

In addition TSDFT will publish an online survey on a variety of Trust, NHS England and Healthwatch websites to enable the wider population to comment on the network's plans. This programme of public and patient engagement is being overseen by Dr Lou Farbus (Head of Stakeholder Engagement) at NHS England (South). If there are any specific questions that scrutiny members would like to ask or have included in the PPE please do not hesitate to submit these to Dr Farbus at lfarbus@nhs.net.

**Glossary**

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| Abdominal aortic aneurysm repair | Abdominal aortic aneurysm (AAA) repair is a procedure used to treat an aneurysm (abnormal enlargement) of the abdominal aorta. Repair of an abdominal aortic aneurysm may be performed surgically through an open incision or in a minimally-invasive procedure called endovascular aneurysm repair (EVAR). |
| Angioplasty | *Angioplasty* is the technique of mechanically widening narrowed or obstructed arteries. |
| Arterial surgery | This includes a range of procedures to prevent death from aortic aneurysm, prevent stroke from carotid artery disease, and prevent lower limb amputation from peripheral arterial disease and diabetes. |
| Carotid endarterectomy | A *carotid endarterectomy* is a surgical procedure to unblock a carotid artery (blood vessels that supply the head and neck). |
| CT | A CT scan is a specialised X-ray test. It can give quite clear pictures of the inside of your body. In particular, it can give good pictures of arteries, which do not show on ordinary X-ray pictures. |
| Debridement | Removal of damaged tissue. |
| Interventional radiology | Interventional Radiology is a medical sub-specialty of radiology utilizing minimally-invasive image-guided procedures to diagnose and treat diseases in nearly every organ system. The concept behind interventional radiology is to diagnose and treat patients using the least invasive techniques currently available in order to minimize risk to the patient and improve health outcomes. These procedures have less risk, less pain and less recovery time compared to open surgery. |
| MRI | *Magnetic resonance imaging* (*MRI*) is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body. |
| Peripheral arterial disease | *Peripheral arterial disease* (PAD) is a common condition in which a build-up of fatty deposits in the arteries restricts the blood supply to leg muscles. |
| Public and patient engagement | 'Engagement', 'involvement', 'consultation', 'co-production' and 'participation' are all words that can be used to describe communicating with and listening to patients, carers and members of the public. This ranges from providing information to people about NHS services and commissioning decisions to working with patients and carers at a |

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| | strategic level so their experiences and insight can be used to shape NHS policy and commissioning decisions. |
| Service specification | A service specification is a description of what a service should include. For example the number and skills of the staff that provide the service, registration with professional bodies or the environment in which certain procedures and care are carried out (like special thermo-regulated rooms for people being treated for severe burns). |
| Specialised services | Specialised services generally involve complex procedures that only a few people may have the skills and experience to perform or because they use very specialised, expensive equipment that the NHS simply could not afford to put into every local hospital and/or because the people who need these services are relatively few in numbers, such as very premature babies or people with rare cancers or genetic conditions. |
| Vascular studies | Vascular studies are a non-invasive (the skin is not pierced) procedure used to assess the blood flow in arteries and veins. A transducer (like a microphone) sends out ultrasonic sound waves at a frequency too high to be heard. When the transducer is placed on the skin at certain locations and angles, the ultrasonic sound waves move through the skin and other body tissues to the blood vessels, where the waves echo off of the blood cells. The transducer picks up the reflected waves and sends them to an amplifier, which makes the ultrasonic sound waves audible. |
| Vascular surgery | Vascular surgery is a specialty of surgery in which diseases of the arteries and veins are managed by medical therapy, minimally-invasive catheter procedures, and surgical reconstruction. Vascular operations are no longer performed by general surgeons but by specialist vascular multi-disciplinary teams. |