Five Rivers Vascular Network

The scope of this scrutiny has been developed to provide the Committee with information to come to a view on the following key questions:

a) How is the service commissioned?

Vascular networks are designed to provide all vascular services in an integrated fashion for a defined population of 500,000 people or more, but with a single 'hub' (location) for the more specialised procedures including emergency and elective (waiting list) arterial surgery. Clinical Commissioning Groups (CCGs) commission the more general aspects of vascular services, while NHS England became the commissioner responsible for specialised services in April 2013.

In the case of the Five Rivers Network, this responsibility passed to NHS England in October 2013, with a discrete contract being established from April 2014.

All arterial centres commissioned to provide vascular services are required to meet the NHS England service specification for Specialised Vascular Services (Adults) in full by September 2014 (see Appendix 1) the service specification makes it clear that all arterial surgery will be provided at a vascular centre. Arterial services cannot be commissioned outside of an arterial centre.

b) How is the network structured?

The network is led by Colchester Hospital University Trust and works across Colchester and Ipswich Hospitals to provide care for residents of NE Essex and East Suffolk. The network has been set up in line with the service specification to improve the quality of care for patients who have vascular problems which may require complex surgery or interventional radiology.

The network consists of vascular surgeons, vascular anaesthetists, vascular interventional radiologists and specialised vascular nurses who work collaboratively with colleagues across many services in both hospitals particularly critical care, diabetes services and supporting other surgical specialities.

Consultant vascular surgeons are based primarily at one site for their outpatient work but provide cover for emergency work at either hospital with all complex arterial surgery taking place at Colchester Hospital.

The performance of the network, including business performance, quality and governance, is overseen by, and is the responsibility of, Colchester Hospital University Trust. This responsibility includes supporting the business development, quality improvement and governance activity of the network.

There is a bi-weekly business meeting chaired by the Chief Operating Officer from Colchester Hospital and a monthly governance meeting chaired by the acting Clinical Governance Lead – Mr Adam Howard, Consultant Vascular Surgeon

c) What are the arrangements for ensuring robust clinical leadership of the service?

Long term clinical leadership has been a specific challenge for the network as previous applications for Clinical Lead have been unsuccessful at interview. Interim clinical leadership provided by Miss Clare Marx from The Ipswich Hospital and Dr Lucy Moore from Colchester Hospital in collaboration across both sites has more recently provided the network with a strong sense of direction and a sound basis for further progress . There is a longer term plan to recruit a clinical lead, preferably from within the team. Job plan reviews of all clinicians have been carried out and this has helped the network to understand skills and capacity required for the position of clinical lead.

d) What are the arrangements for patient access to the service?

Most patient referrals for the vascular service are received from general practitioners; hospital consultants may refer for high risk patients e.g. those with diabetes or recent stroke. Patients are assessed in outpatient clinics at their local hospital, and non-specialised procedures (such as treatment of varicose veins) are also carried out at the local site.

Emergency patients are triaged in the Emergency Departments at both hospitals and if emergency vascular surgery is required the patient is transferred immediately to the Colchester site as the main arterial surgery site. Patients for whom a diagnosis can be made by ambulance paramedics may be transferred straight to the arterial centre.

Access to the services is equal for the whole catchment population and recent work with the Emergency Departments and the ambulance service has produced ambulance protocols for use across Suffolk and North East Essex (see Appendix 2).

e) What are the arrangements for communications: a) between sites and b) with patients and their family/carers?

Communication between sites

There is a weekly multidisciplinary team (MDT) meeting which is attended either in person or via video teleconference for all vascular surgeons, vascular interventional radiologists, vascular anaesthetists, vascular nurses and the wider vascular team. At this meeting the MDT consider the options for treatment for individual patients based on detailed assessments and investigations undertaken.

The vascular team, as above, also meets at monthly governance meetings and have representatives who attend a fortnightly business meeting where service development and plans are taken forward.

A recent IT development ensures that all investigations and images at either hospital can be seen by on call staff.

Communication with patients and families

Communication with patients is facilitated by the vascular specialist nurses both in clinics and in the ward areas. The nurse specialist role attends ward rounds and will return to the patient independently to ensure patients have a full understanding. The role also is available for families to discuss treatment plans. Patient information leaflets are available with information on all surgery and treatment plans. Patient feedback is obtained through friends and family test for ward areas in addition to post-discharge questionnaire.

f) How is the performance of the service monitored and reported?

Nationally, the repair of abdominal aortic aneurysm, carotid surgery, lower limb angioplasty, lower limb bypass and lower limb amputation performance are monitored and via the National Vascular Registry (previously the National Vascular database) with individual consultant outcomes available in 2014 for AAA and carotid endarterectomy procedures.
The vascular network team have developed a local “dashboard” to reflect key standards and key performance indicators including WHO compliance, Surgical Site infections and re-admissions which are discussed- and actions planned- at the monthly governance meetings.

g) What are the current waiting times for surgery?

As at April 2014, Colchester Hospital reports an average wait of 55 days for elective surgery. Waits are subject to the national standard for all planned treatments, with 90% of inpatient treatments and 95% of outpatient treatments being completed within 18 weeks of initial referral.

h) What are the arrangements for emergency admissions for surgery?

The arrangements for emergency admission are set out in the network operational policy (see Appendix 3).

All elective major arterial surgery is routinely undertaken at Colchester Hospital, and patients who present with emergency vascular conditions to the Emergency Department at Ipswich are transferred to Colchester for assessment/treatment where clinically appropriate

Emergency/Urgent referrals to the vascular service may also arise from other hospital services, including:-

- Stroke patients requiring revascularisation procedures
- Diabetic patients requiring revascularisation procedures/amputations
- Patients on general wards requiring vascular management potentially including revascularisation, ulcer management.
- Intraoperative surgical cases requiring urgent specialist vascular support
- Patients on general wards who develops symptoms associated with vascular emergencies

i) How does this service compare to other services nationally in terms of mortality, morbidity, survival and re-admission rates since its commencement?

Mortality rates at the network were recently subject to independent review. It was concluded that open aneurysm mortality at Colchester based on 5 years data is within the expected range at 4.7% and with the EVAR produces an overall 2.3% mortality (based on National Vascular Database analysis January 2014)

ICNARC data suggests that both hospitals are safe: Colchester rates for mortality are just above average and Ipswich rates are a positive outlier the 2 standard deviation from the mean level.

In terms of mortality, there is no national benchmarking data available. Studies have been published and data is collected on the National Vascular Database. This national data is to be published by for individual consultant outcomes and data has been made available for all surgeons operating as part of the network for the time period requested

j) What actions were identified by NHS England as being required to improve the performance of the service and what progress has been made on implementing these?

A number of key performance areas have been identified for improvement these include:

- The appointment of a clinical lead
  An appointment process in autumn 2013 was unsuccessful in recruiting a lead from the vascular team. Miss Clare Marx has acted as interim lead pending review of job plans and scoping of capacity for provision of this role within the current vascular network team. A further job description has been developed with the plan for expression of interest and interviews by the 31st July 2014.

- Agreement of ambulance transfer policies
  This policy has been signed off and implemented (see Appendix 2)

- Consultant Vascular Surgeon Site Cover at Ipswich Hospital and Colchester Hospital

The on call rota at the major arterial site is well established such that all 6 vascular surgeons form both sites contribute on a 1: 6 basis and there is a ward round at Colchester on both weekend days.
A 9am – 5pm Monday to Friday rota for vascular surgeon cover at the Ipswich site was commenced in April 2014 at the request of the commissioning team.

- The introduction of a robust clinical governance process
  The vascular team have well established monthly audit sessions where mortality and morbidity are discussed and cases per consultant are discussed. Joint anaesthetic/vascular meetings have been challenging to organise due to difference in audit day configurations across both teams and Trusts however a date has now been identified in October 2014 for this year. The team recognise that Clinical Governance processes required improvement and as from April 2014 a dedicated clinical governance meeting has been held monthly.

- Increasing ITU capacity at the arterial centre in Colchester
  A review of ITU capacity at Colchester Hospital was undertaken in March 2014 and April 2014 an additional resource was allocated to allow a13th critical care bed. Further scoping of the provision of high dependency care is underway with a view to extending provision of this level of care by October 2014.
- Agreeing and publishing network clinical policies and procedures
  As part of the standard operating policy developed in June 2012 when the network was initiated, all patient pathways and policies were developed and have been reviewed and are currently in the sign off process through governance (see Appendix 3).

Appendices

Appendix 1 NHS England Service Specification for Specialised Vascular Services (adults)

Appendix 2 Ambulance Transfer Protocols

Appendix 3 Network Operational Policy