

Health Scrutiny Committee

15 October 2014

Five Rivers Vascular Network

Summary

1. The Five Rivers Vascular Network was developed through clinical consensus and collaboration between Colchester Hospital and Ipswich Hospital, and was built upon a successful shared on call arrangement which had been in place for some 5 years previously. To meet new national standards, the transfer of all arterial surgery – both emergency and elective – was moved onto one site at Colchester in July 2012. The service provides vascular care to the populations of North East Essex and East Suffolk and the Colne Valley. Vascular services for other areas in Suffolk are provided at Cambridge as the arterial centre for the west of the county and Norwich as the arterial centre for the north of the county. The service is commissioned by the NHS East of England Area Team, which has responsibility for commissioning specialised health services.
2. On 2 July 2014, the Health Scrutiny Committee considered a report on the operation and performance of the Five Rivers Vascular Service. This report deals with the responses to the recommendations made by the Committee in respect of this service at its last meeting on 2 July 2014.

Objective of the Scrutiny

3. The objective of this scrutiny is to provide an opportunity for the Committee to consider the responses to the recommendations it made on 2 July 2014 and to raise any outstanding questions and concerns.

Scrutiny Focus

4. 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) What were the outcomes from the review by the Royal College of Surgeons?
 - b) What actions are being taken as a result of the review and what are the timescales associated with this?
 - c) How effective is the Five Rivers Abdominal Aortic Aneurysm (AAA) screening programme and how does this compare to other AAA screening programmes nationally?
 - d) How does DATIX reporting work across the two hospitals in the Network?
 - e) What feedback has been received from patients about the services provided by the Five Rivers Network?

- f) Taking into account the discussion around the use of mortality data as an indicator of performance at the last meeting, how is the Five Rivers Network performing in comparison with other specialised vascular services nationally?
5. Having considered the information, the Committee may wish to:
- a) make recommendations to the commissioners of the service;
 - b) make recommendations to the providers of the service;

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Background

6. On 2 July 2014 the Committee considered an item on performance of the Five Rivers Vascular Service. The Committee received evidence from Andrew Reed, Director, NHS England Area Team, Pam Evans, Senior Service Specialist, NHS England Area Team, Dr Lucy Moore, Interim Chief Executive at Colchester University Hospitals NHS Trust, Adam Howard, Governance Lead for the Five Rivers Vascular Network and Nick Hulme, Chief Executive, Ipswich Hospital NHS Trust.
7. The Committee heard from NHS England (as the commissioner of the service) that they were aware of concerns which had been raised about the service, including issues relating to clinical leadership and governance and a possible lack of integration across the two hospitals (Ipswich and Colchester). The commissioner had undertaken a review of the service in April 2014 and concluded that the service was operating within the expected performance levels and was therefore safe. A number of actions had been put in place to strengthen the network and improvements had been made but there was still more to do. The Royal College of Surgeons had been brought in at the request of the Network to undertake a further review, and initial feedback had been encouraging. The final report was awaited.
8. Although the AAA screening programme had received some criticism in other parts of the country, the Network had a good detection rate. The Committee was interested in receiving further information about how the screening programme was operating.
9. The Committee noted that Colchester Hospital had received adverse publicity following the Keogh Review in 2013 regarding the quality and safety of its services and that this publicity may have impacted upon the public perception of services provided by the hospital. The Committee, on asking if any vascular surgery patients had chosen to be treated at other hospitals, was advised that one patient had chosen to be treated at another hospital (the Norfolk and Norwich). The Committee was keen to receive assurances any incidents were being appropriately reported across both Ipswich and Colchester hospitals.
10. The Committee had been made aware of concerns about the mortality rate for the network, reported as 4.7%, which appeared to be high when compared with other specialised vascular services nationally. The Committee explored the data in detail and was informed that the published figure of 4.7% mortality combined figures from both Ipswich and Colchester hospitals before and after they had joined as a Network in July 2012. The rate for the new unit was 2.2%, which was satisfactory. The Committee heard evidence from the Governance Lead for the Network that looking at mortality data in isolation could be a crude indicator and potentially misinterpreted. It was noted, for example, that a single death in a hospital dealing with a small number of patients would have a much bigger impact on the mortality data for that service than a similar hospital dealing with a large number of patients. It was also not possible to understand from the mortality data alone what level of complexity of surgery the surgeon/s were willing to undertake, or indeed, what the final cause of death had been. The Committee was assured that the data collected by the Network was robust, and wished to formally receive current data, set in context.
11. The Committee agreed:
 - a) to request that the outcomes from the review by the Royal College of Surgeons be brought back to the meeting on 15 October 2014;
 - b) to request an information bulletin demonstrating the effectiveness of the Five Rivers Abdominal Aortic Aneurysm (AAA) screening programme and how this compared to other AAA screening programmes nationally;

- c) to request information on how Datix reporting is working across the two hospitals;
- d) to request information to demonstrate what feedback has been received from patients about the service;
- e) to request data to clearly demonstrate how the Five Rivers Network is performing in comparison with other specialised vascular services nationally.

Main Body of Evidence

12. The following written evidence has been provided by the NHS England Area Team, and is appended to this report:

Evidence Set 1 has been provided by NHS England Area Team.

Evidence Set 1 Appendix 1 sets out the outcomes from the review by the Royal College of Surgeons;

Evidence Set 1 Appendix 2 provides detailed patient feedback.

Glossary

AAA – Abdominal Aortic Aneurysm - a dilation (ballooning) of part of the aorta that is within the abdomen

“AOB” – At Our Best Award

Datix - supplier of patient safety incidents healthcare software and risk management software systems for incident reporting and adverse events

KPI – Key Performance Indicator

MDT – Multi Disciplinary Team

M&M – Mortality and Morbidity

NHS – National Health Service

PDS – Patient Discharge Survey

RCS – Royal College of Surgeons

SUI – Serious Untoward Incidents

VSGBI – Vascular Society of Great Britain and Ireland

Supporting Information

Health Scrutiny Committee (13 October 2011), Agenda Item 9 – Information Bulletin;
Available from:

http://committeeminutes.suffolkcc.gov.uk/LoadDocument.aspx?rID=090027118048d949&qry=c_committee%7e%7eHealth+Scrutiny+Committee%7c%7cc_date_of_meeting%7e%7eBefore%7c%7cf_c_date_of_meeting%7e%7e%7c%7ct_c_date_of_meeting%7e%7e%7c%7ctitle%7e%7e%7c%7cc_doc_type%7e%7e%7c%7cFreeTxt%7e%7evascular%7c%7c

Health Scrutiny Committee (2 July 2014); Agenda Item 8 – Five Rivers Vascular Network;
Available from:

http://committeeminutes.suffolkcc.gov.uk/searchResult.aspx?qry=c_committee~~HealthScrutinyCommittee