

Specialised Commissioning North East and North Cumbria

Update to Northumberland Health and
Wellbeing Overview and Scrutiny
Committee

*Specialised Vascular Surgery - Service Review
North East*

4th September 2018

Introduction and Purpose

“Support the implementation of the review as set out in the presentation including the plans that the commissioners have for communicating with patients and public to explain the changes”

Background

- North-East Vascular services overview
- Changes in vascular service delivery, training and its need for quality improvement nationally
- Strongly agreed clinical view across the region for centralisation three vascular centres
- *‘North East Vascular Services Case for Change’ (2014)*

Key Clinical Drivers for Change

- strong evidence of **link between surgical volumes and improved patient outcomes for complex arterial surgery**, especially abdominal aortic aneurysms (AAA)
- **advances in technology** and shift towards non-invasive treatment methods for vascular patients (endovascular) with concomitant increased reliance upon specialist interventional radiology support

Key Clinical Drivers for Change

- advances in treatment have greatly improved patient outcomes however this requires the 24/7 availability of **endovascular practitioners (interventional radiologists or dual-trained surgeons) who have expert and highly specialised skills**
- a general increasing pressure on services and the **AAA screening programme**
- Centralised service will also improve **overall sustainability** and **aid recruitment** to minimise potential gaps in rotas and fragility in the service
- **National Service Specification** – Hub and spoke network model

A Centralised service.....

- Improved infra-structure e.g. imaging facilities
- Enable compliant vascular surgical /interventional radiology on-call rotas
- Appropriate vascular anaesthesia/nursing and allied professional support/expertise
- Provide adequate critical care support
- Facilitate essential interactions with other services
- Improved post-graduate training and research opportunities

‘NE Vascular Services Case for change’: Recommendations

- Number of options considered:
 - *Two centre model; NUTH and James Cook only*
 - *Three centre model; which would include either CDDFT or CHS*
- It was agreed and supported by clinicians that a **three centre model** would be best fit to support the North East
- The recommendation to commission an independent clinical review was accepted to consider the clinical requirements of a third centre

Independent Review 2015

The Vascular Society were asked to:

- recommend the most effective and safe configuration of Specialised Vascular Surgery Services within the North East of England;
- To consider the clinical requirements of a third centre

The review was supported by the Clinical Advisory Group, both Trusts and endorsed by NHS England

Independent Review: Outcome

- Both UHND & SRH very strong cases to become the third arterial centre
 - strong clinical relationships
 - excellent management support
- Final recommendation based on:
 - Ability to meet capacity requirements
 - Geography and population density
 - Existing allied service site profiles

Independent Review: Outcome

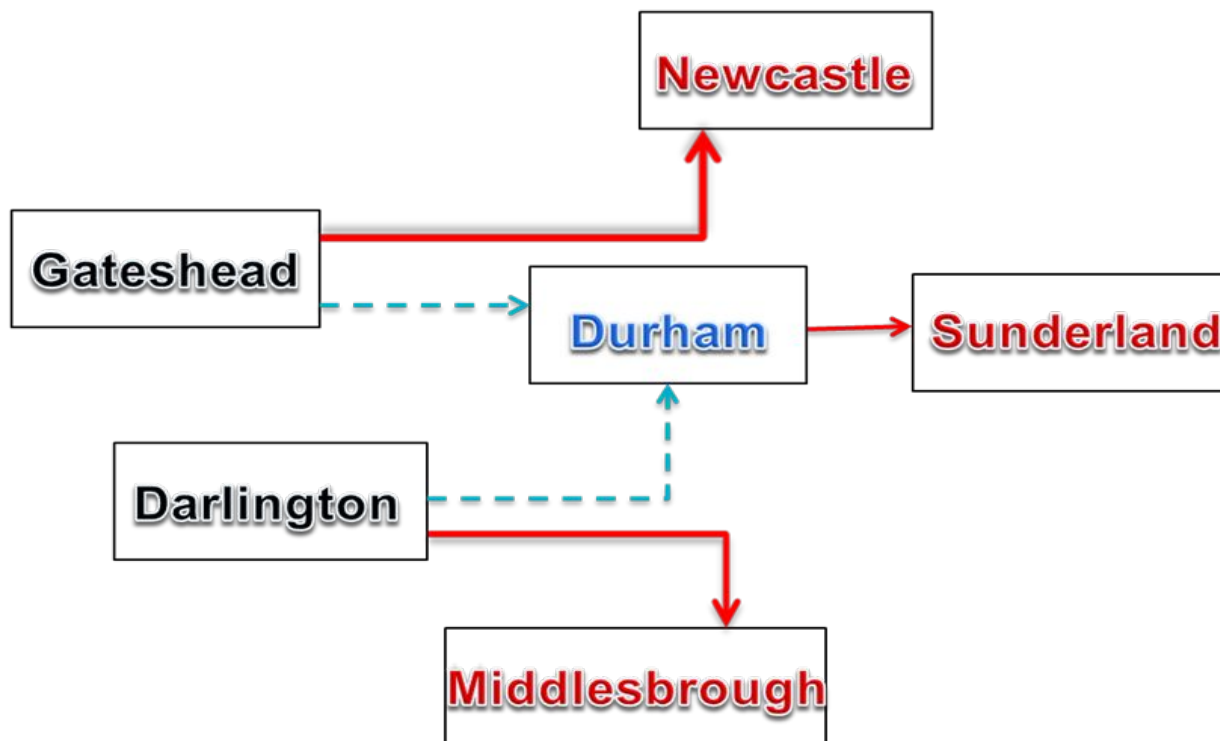
- Vascular Society Recommendation:

“reconfigure services onto 3 Arterial Centres with networked Non-Arterial sites:

- 1. Newcastle, networking with Gateshead*
- 2. Sunderland, networking with South Tyneside and Durham*
- 3. Middlesbrough, networking with Darlington in addition to current networked sites”*

Proposed Reconfiguration

Referral/Care Pathways



--- Pathway pre-reconfiguration
→ Pathway post-reconfiguration

Conclusion

- Clinical consensus now reached:
 1. *Newcastle, networking with Gateshead*
 2. *Sunderland, networking with South Tyneside and Durham*
 3. *Middlesbrough, networking with Darlington in addition to current networked sites*
- Endorsed by NHS England
- Supported by CCG
- Re-inforced by Clinical Advisory Group
- Both Trusts fully supportive & engaged

Communication and Engagement

- External project partnership board established
- Equality impact assessment
- Travel impact assessment
- Detailed communications and engagement plan developed in partnership with NHSE, CCGs and Trusts and includes:
 - patient engagement events facilitated by Health Watch, focus groups, patient reference groups
 - stakeholder communications and engagement
 - variety of ways patients and stakeholders can feedback
 - internal communications
- Engagement with NEAS

Confirmation

- Centralisation – three centre model
- Clinical Outcomes and patient benefits
- Seeking approval

Next Steps

- Northumberland OSC is asked to support the presented plans to enable commissioners and providers to move ahead with the recommended reconfiguration.
- Continue to develop the full business case.
- Stage 2 assurance process within NHS England.
- Implement communications and engagement activity.
- Continue to engage with overview and scrutiny committees.
- Ongoing internal communications and begin staff consultation process.

Thank you for listening

Any questions?