

**Kent & Medway Joint Overview and Scrutiny Committee  
Briefing on Kent & Medway Vascular Reconfiguration Programme  
December 2022**

**1. Purpose**

- 1.1. The purpose of this paper is to update the Joint Health and Scrutiny Committee (JHOSC) members of the next steps on the plans to reconfigure Vascular services in Kent and Medway.

**2. Introduction to Vascular Surgery services**

- 2.1. Vascular disease affects veins and arteries. It may cause blood clots, artery blockages and bleeds which can lead to strokes, amputations of limbs and conditions that might threaten life if left untreated.
- 2.2. Vascular disorders can reduce the amount of blood reaching the limbs, brain or other organs, causing for example, severe pain on walking or strokes. Additionally, vascular abnormalities can cause sudden, life threatening blood loss if abnormally enlarged arteries burst.
- 2.3. Vascular services are a specialised area of healthcare and is predominantly an urgent service so patients can get timely access to effective care. Evidence shows they benefit from organisation into large centres covering a population large enough for there to be significant volumes of activity in all areas of service, with a full complement of staff able to deliver services 24 hours a day, 365 days of the year. In England this is achieved through integrated vascular networks.
- 2.4. Specialised vascular services are types of treatment for:
- aortic aneurysms – a bulge in the artery wall that can rupture (treatment may be planned or as an emergency)
  - carotid artery disease, which can lead to stroke
  - arterial blockages, which can put limbs at risk.
- 2.5. The types of treatment that might be required include:
- complex and potentially high-risk bypass surgery to the neck, abdomen or limbs
  - balloon or stent treatment to open narrowed or blocked arteries
  - blood clot dissolving treatments to the limbs
  - stent grafts of varying complexity to treat aneurysms (bulges in the artery wall).
- 2.6. Vascular surgeons also provide expert advice and care for patients of other specialties. For example, they provide advice to diabetic foot services, support vascular access (especially for renal patients), and surgical support to stem bleeding complications. In Kent and Medway, a broad range of vascular activity is currently commissioned by both NHS England Specialised Commissioning and NHS Kent and Medway.
- 2.7. In respect of inpatient vascular surgery, NHS England Specialised Commissioning is the lead commissioner supported formally by NHS Kent and Medway. The two organisations work closely together to support the delivery of safe vascular services for the population of Kent and Medway.

### **3. Background**

- 3.1. Vascular inpatient surgical services in Kent and Medway are currently provided by two NHS Trusts: Medway NHS Foundation Trust (MFT) and East Kent Hospitals University NHS Foundation Trust (EKHUFT).
- 3.2. EKHUFT currently provides inpatient vascular surgical services at the Kent and Canterbury Hospital in Canterbury. Vascular surgical services for the whole of East Kent have been centralised at Canterbury since 2005. The inpatient service sits alongside outpatient vascular services, day surgery vascular services and comprehensive vascular diagnostic services. Kent and Canterbury Hospital is also the centre for the Kent Abdominal Aortic Aneurysm (AAA) screening service. EKHUFT also provides vascular outpatient services at the William Harvey Hospital in Ashford (WHH), Queen Elizabeth The Queen Mother Hospital in Margate (QEQM) and Buckland Hospital in Dover.
- 3.3. MFT provides inpatient vascular surgical services, day surgery vascular services, comprehensive vascular diagnostic services and outpatient vascular services at Medway Maritime Hospital. MFT also provides outpatient vascular services and some vascular diagnostic services at Maidstone Hospital, Maidstone, and Sheppey Hospital.

### **4. Case for change**

- 4.1. Evidence has been growing for more many years that specialist and dedicated vascular centres, undertaking higher volumes of specialised procedures, deliver better patient outcomes<sup>1</sup> than general hospitals that undertake low volumes of activity.
- 4.2. In line with this growing body of evidence, the Vascular Society of Great Britain and Ireland has recommended, since 2012 (updated 2018 and 2021), that vascular services should be organised into 'hub and spoke' networks. These ensure that patients have local access to a wide range of vascular specialists across the area covered by the network, but that emergency and arterial work is centralised into fewer vascular inpatient centres of excellence.
- 4.3. NHS England also requires specialised commissioned vascular services to be organised into networks with high volume, dedicated, vascular inpatient centres.
- 4.4. NHS Kent and Medway ICB (formerly Kent and Medway CCG) and NHS England Specialised Commissioning South East have been working together over a number of years to consider the optimal solution for Kent and Medway patients needing vascular care.
- 4.5. In 2015, a NHS England led review process developed The Case for Change paper, which described the challenges faced by Kent and Medway's vascular

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<sup>1</sup> See for example Holt P, et al (a), Meta-analysis and systematic review of the relationship between volume and outcome in abdominal aortic aneurysm surgery. Br J Surg. 2007;94(4):395-403 or Phillips P et al, Systematic review of carotid artery procedures and the volume–outcome relationship in Europe. Br. J. Surg. 2017; 104: 1273-1283 or Moxey PW et al. Volume-Outcome Relationships in Lower Extremity Arterial Bypass Surgery, Ann Surg 2012;256:1102-7

service. The document articulated how neither MFT or EKHUFT's vascular surgical services were fully compliant with the NHS England Service Specification for Specialised Vascular Surgery or the Vascular Society of Great Britain and Ireland's Standards. The document also included an initial options appraisal, drawing on its engagement work. It recommended commissioning a single dedicated specialist vascular service for Kent and Medway comprising one arterial centre (the hub) and a number of non-arterial centres (the spokes).

- 4.6. Further work was then undertaken to consider the options for specialist vascular services in the future and consider how these options would address the issues identified in the case for change, looking to ensure the people of Kent and Medway were able to access high quality, safe and sustainable specialist vascular services.
- 4.7. In 2016, an options appraisal exercise was carried out by the local Kent and Medway Clinical Reference Group which started with a long list of seven potential options, of which only two were taken forward when considered against the standards outlined above and the case for change.
- 4.8. In 2016, this options appraisal was presented to the Kent and Medway Joint Health Overview and Scrutiny Committee. Further engagement was then undertaken to consider and discuss the recommended service model with stakeholders including clinicians, patients, carers and other interested parties.
- 4.9. It was subsequently agreed that the permanent location of the main hub for Kent and Medway should be determined through the East Kent Transformation programme. However, this major programme, which is designing changes to a wide range of acute NHS services in east Kent, is unlikely to be completed within the next 8 to 10 years.
- 4.10. A further options appraisal was therefore carried out in 2019 by NHS England and Improvement to consider how to provide a safe and sustainable vascular service in the medium-term until the service to be determined by the East Kent Transformation programme could be implemented.
- 4.11. The 2019 options appraisal recommended that the medium-term location for the single hub for specialised inpatient vascular surgery should be on the Kent and Canterbury site.
- 4.12. There have been a number of challenges around staffing and the sustainability of services at Medway Hospital which required commissioner intervention to ensure the ongoing viability of vascular services in the region and ensure patient outcomes were not affected.
- 4.13. In January 2020, MFT requested that Abdominal Aortic Aneurysm (AAA) elective and emergency services were temporarily moved to Kent and Canterbury Hospital because there were insufficient number of consultants with the necessary experience at Medway Hospital to deliver this service. This configuration remains in place today.
- 4.14. Day case vascular surgery, and other inpatient surgical services (such as limb revascularisation and carotid surgery) continue to be provided at Medway

Hospital along with diagnostics for vascular conditions and vascular outpatient services.

- 4.15. Currently a significant proportion of vascular surgery activity from north and west Kent goes to Guy's and St Thomas' NHS Foundation Trust. Patient flows to London have been driven by historic consultant relationships; however, there is now a formal pathway in place through a service level agreement between Guy's and St Thomas' NHS Foundation Trust, Darent Valley Hospital and Maidstone and Tunbridge Wells Hospital. The London providers also undertake fenestrated grafts for complex aneurysms for all Kent and Medway residents and provide clinical advice and support to the Kent and Medway units as required.
- 4.16. There are currently no proposals to change the patient pathways for patients from West or North Kent.

## **5. New model of care**

- 5.1. The vision for vascular surgical services in Kent and Medway is to improve patient outcomes by developing a vascular network with a single inpatient arterial centre supported by an enhanced non-arterial centre and a number of supporting spokes.
- 5.2. The new model of care will see Kent and Canterbury Hospital become the single vascular inpatient centre (the single inpatient arterial centre) for Kent and Medway. Kent and Canterbury Hospital will also provide day surgery vascular services and comprehensive vascular diagnostic services. Kent and Canterbury Hospital will also continue to be the centre for the Kent Abdominal Aortic Aneurysm (AAA) screening service. EKHUFT will also continue to provide vascular outpatient services at the William Harvey Hospital in Ashford (WHH), Queen Elizabeth The Queen Mother Hospital in Margate (QEQMH) and Buckland Hospital in Dover.
- 5.3. Day surgery vascular services and outpatient vascular services will continue to be provided at Medway Maritime Hospital, but these services will be delivered by the EKHUFT's Vascular network team. All patients who previously would have received inpatient vascular surgical care at Medway Hospital will in the future receive that care at Kent and Canterbury Hospital in Canterbury.
- 5.4. EKHUFT's Vascular network team will also provide outpatient vascular services and some vascular diagnostic services at Maidstone Hospital, Maidstone, and Sheppey Hospital.
- 5.5. The Kent and Medway vascular network will link with the South East Thames vascular network hosted by and centred on the vascular centre at Guy's and St Thomas' NHS Foundation Trust, London. The geographical patient pathway links that currently exist between Guy's and St Thomas' NHS Foundation Trust and patients in the Dartford and Tunbridge Wells localities will be preserved.
- 5.6. The Guy's and St Thomas' NHS Foundation Trust vascular centre will continue to be the tertiary referral centre that the Kent and Medway vascular network will link with, where required, for the delivery of the most complex specialised vascular care that is not provided by the Kent based vascular inpatient service.

## 6. Engagement

- 6.1. There has been ongoing engagement with the Kent and Medway Joint Health Overview and Scrutiny Committee since 2015 on the progress of the work.
- 6.2. NHS England Specialised Commissioning South East (NHSE SE) attended the Kent and Medway JHOSC on 6<sup>th</sup> February 2020 to report on the urgent need to move Abdominal Aortic Aneurysm repair (AAA) as part of the vascular service at Medway Hospital due to patient safety concerns. This move was agreed, and the service moved to the Kent and Canterbury site with immediate effect.
- 6.3. NHSE SE also updated Members of the JHOSC on the planned engagement due April / May 2020 on the recommended move to consolidate inpatient vascular activity into a Main Arterial Centre based at Kent and Canterbury Hospital.
- 6.4. However, before this could happen the Coronavirus pandemic hit and this delayed the proposed public and patient engagement on both the emergency move of AAA and the recommended move to a medium-term solution to base the main Arterial Centre at Kent and Canterbury Hospital for specialised vascular inpatient activity.
- 6.5. A significant amount of engagement work has been undertaken with a wide range of stakeholders as we have worked to develop the medium and longer-term solutions for vascular services across Kent and Medway. This consisted of:
- an engagement and listening event in July and August 2015
  - deliberative, testing the model event in February 2016
  - update events in February and August 2017 which also included testing the six evaluation criteria and,
  - a further public engagement event was held in September 2019, to gain further assurance of the proposal for a medium-term option at Kent & Canterbury.
- 6.6. A Pre-Consultation Business Case (PCBC) was completed by NHS England Specialised Commissioning in collaboration with Kent and Medway Clinical Commissioning Group for approval by NHS England and Improvement assurance in 2021, ahead of any formal public engagement or consultation on the proposals recommended. This document was signed off by all stakeholders as per the table below:

Assurance process for the Pre-Consultation Business Case	Date
NHS E Stage 2 Assurance panel dry run	June 2021
Kent & Medway CCG Executive Committee	Oct/ Nov 2021
NHS England Commissioning, Transformation & Recovery Committee - Specialised Commissioning	November 2021
NHS E Stage 2 Assurance panel	November 2021
South East Region NHS E sign off	November 2021
National NHS E sign off	December 2021

## **7. Public Consultation**

- 7.1. A formal public consultation was undertaken from 1st February 2022 – 15th March 2022 to consult on the emergency move of Abdominal Aortic Aneurysm (AAA) from Medway Foundation Trust to Kent and Canterbury Hospital and on the proposed medium-term option to create a single inpatient vascular centre for Kent and Medway at the Kent and Canterbury Hospital in Canterbury. The consultation exercise was tailored to be thorough but compliant with COVID-19 restrictions.
- 7.2. NHSE SE commissioned an external agency to ensure this process was carried out independently, robustly, and reached all target groups, including staff, patients and seldom heard groups.
- 7.3. Multiple methods were used to reach people including surveys, written information and online focus groups and workshops. Provision was made for those without online access, such as via telephone interviews. Seldom heard groups were also specifically targeted via relevant third sector organisations.
- 7.4. Target groups included:
  - patients of vascular services, and those with experience of relevant services, such as diabetes, renal, podiatry and vascular screening programmes
  - relevant third sector organisations with experience of and contact with these patient groups
  - staff at all organisations, especially those in affected services.
- 7.5. Four online events were run which were well attended and a number of presentations to community groups took place.
- 7.6. A staff engagement exercise was also run alongside the public consultation which will be followed by a further full staff consultation dependent on the outcome of the consultation and the decision on the medium-term future of the service.
- 7.7. A final written report on the consultation activities was produced and presented to both NHS England Specialised Commissioning and Kent and Medway CCG. The views, comments and concerns raised by patients, the public and staff were used to inform the production of a Decision-Making Business Case (DMBC) and the detailed implementation plan.

## **8. Decision Making Business Case**

- 8.1. The DMBC reviewed the outcomes from the consultation report and sought to ensure that progress to decision-making and implementation was fully informed by detailed analysis of consultation outcomes. It also demonstrated that the final medium-term proposal is sustainable in service, economic and financial terms.
- 8.2. The feedback from the public consultation showed a clear mandate for change and broad support for the establishment of a single vascular inpatient centre. There was also some challenge and criticism in regard to disinvestment in Medway Foundation Trust and the extra travel that some patients will experience as a result of the proposed move.

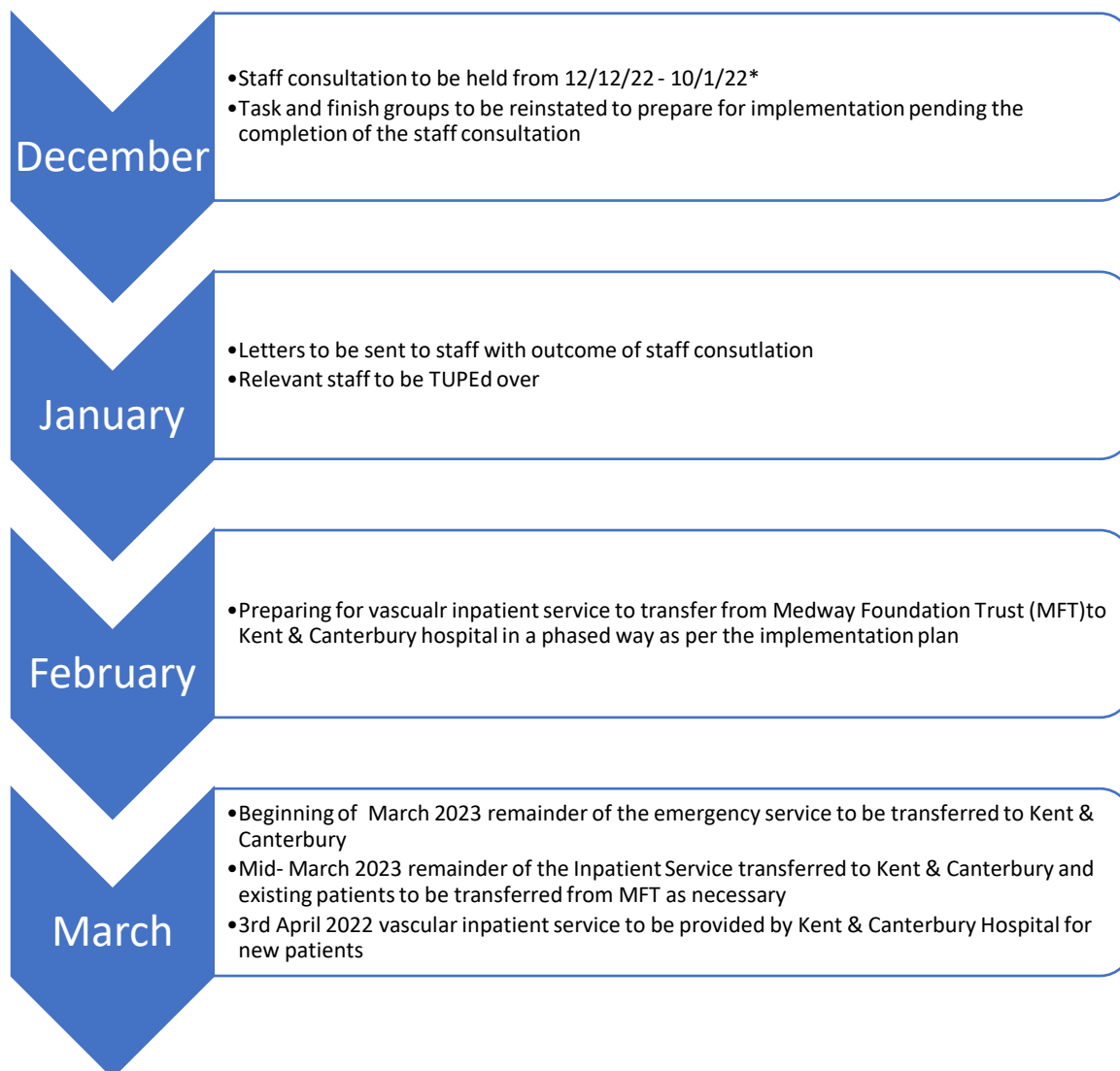
- 8.3. Following the public consultation and during the development of the DMBC, a meeting was held with patients and the public to discuss transport and travel, and look at ways to mitigate the concerns that had arisen from the public consultation. A number of additional mitigating actions aimed at alleviating some of the travel concerns were set out in the DMBC.
- 8.4. Some workforce changes will be required to support delivery of the new model of care. The Vascular Team at Medway Hospital will be formally consulted about these changes and will be offered the opportunity to transfer their employment to East Kent Hospitals University NHS Foundation Trust.
- 8.5. The proposals will mean that some people must travel further to access acute vascular inpatient services, but this will be more than offset by the improvement in clinical quality from the introduction of a single vascular inpatient centre. The benefits include improvements to patient outcomes and patient experience, as well as improved experiences for staff through advanced patient care, improved ways of working and opportunities to enhance skills.
- 8.6. Throughout the development of the DMBC, we have been through a process to:
- Collate and review the findings from consultation
  - Scrutinise the findings from consultation and,
  - Identify any new areas from previous engagement for further evidence development:
- 8.7. These will be considered and addressed during the implementation phase.
- 8.8. Any decision to proceed with the preferred medium-term option has been dependent on the DMBC securing approval by NHS England, NHS Kent and Medway Integrated Care Board and the three acute hospitals' Boards. The DMBC was approved by the various organisations as per the table below

<b>Assurance process for the Decision Making Business Case</b>	<b>Date</b>
NHS England Clinical Recovery and Transformation Committee	September 2022
Maidstone and Tunbridge Wells NHS Trust	October 2022
NHS Kent and Medway ICB	November 2022
Medway NHS Foundation Trust Board	November 2022
East Kent Hospitals University NHS Foundation Trust	November 2022

## 9. Next Steps

- 9.1. A detailed implementation plan has been developed for a phased approach to implement the new service model as quickly as possible whilst ensuring that quality and patient safety are not compromised. NHS England Specialised Commissioning will work in partnership with NHS Kent and Medway to oversee the benefits realisation of the new model of care to ensure the new service model delivers the expected improved clinical outcomes for the patients of Kent and Medway.

9.2. The timeline below shows the milestones to transfer the vascular inpatient service from Medway Foundation Trust to Kent & Canterbury Hospital.



9.3. Members of the JHOSC are asked to note:

- the work undertaken to date and
- the proposed next steps.

\*subject to the consultation plan being signed off internally by MFT