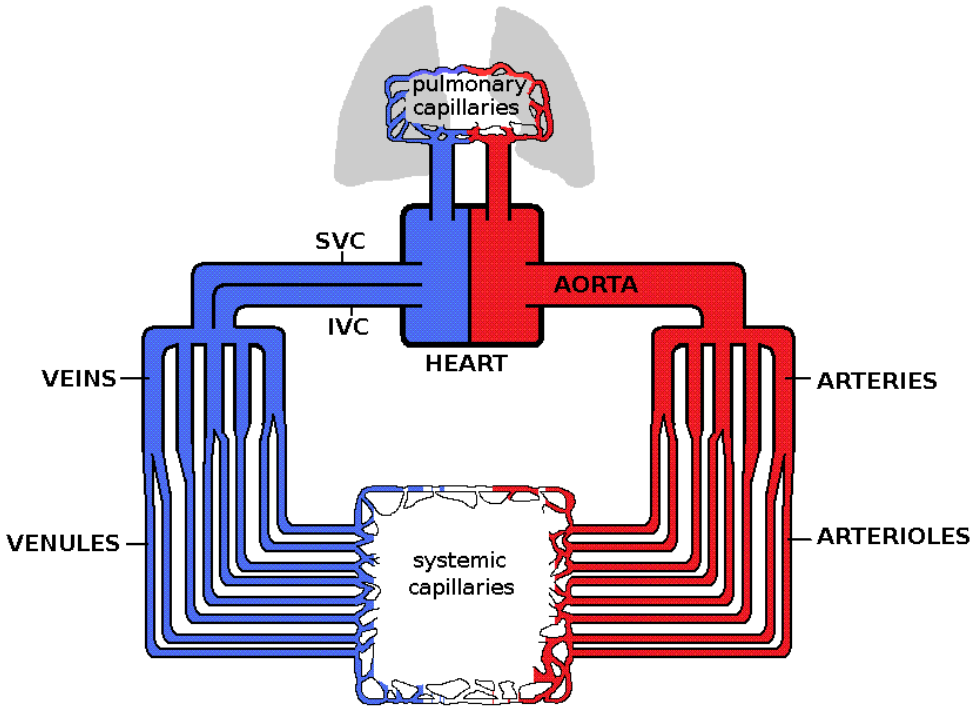
Vascular Services Review for Kent & Medway

Patient Feedback Event

Hilton Hotel, Maidstone Tuesday 23rd February 2016



"A real opportunity for patients and carers to give feedback to those who provide the service and an opportunity for the consultants to see what can happen to patients and their carers after discharge - their anxieties and sometimes fears"

June Howkins (Ray's wife)

Contents

Executive summary

"The public and patient perspective should be maintained through the planning stages, to ensure that pathways and services deliver better patient-determined outcomes and experience of care, and that the Case for Change is developed in a way that makes clear sense to the general public. In addition, its tone and language would benefit from a clearer clinician input"

South East Clinical Senate, Review of the Case for Change, June 2015

Background

In 2013, national specification and standards for vascular services were published, based on best practice guidance published by the national Vascular Society.

This national specification set out a tried and tested network "hub and spoke" model, serving a minimum population and providing 24-hour access to specialist care. The minimum population is important, as it ensures that there are an adequate number of vascular patients to maintain the right mix of highly skilled specialist staff. These teams will carry out enough procedures to maintain and improve their skills, ensuring consistent safe quality care. This new model has already been implemented in a number of areas.

What we've done

NHS England has spoken to a number of patients and members of the public at a series of ten 'listening' events across Kent and Medway in 2015. It has assessed vascular services against the best practice standards set out in the national service specification and determined that current services do not meet the standards.

"It is important to…actively seek out people who have experienced vascular services and those who may be at risk as well as the wider public.

Kent Health Overview and Scrutiny Committee Report, July 2015

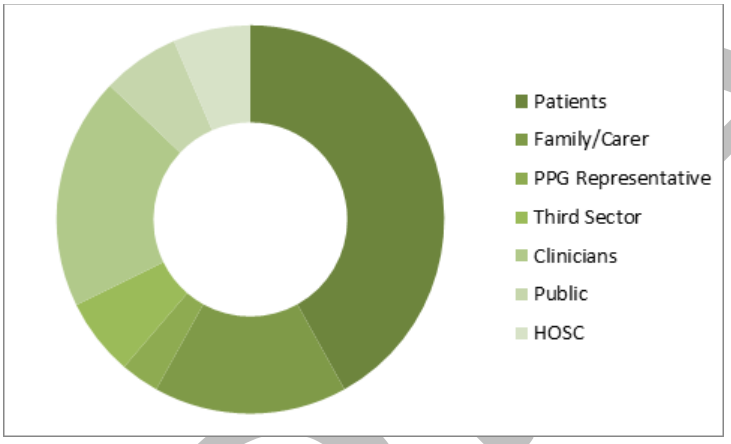
Commissioners were keen to bring together clinicians, patients, their families and carers alongside other interested parties for more detailed discussions. The Public Engagement Agency (PEA™) was asked to design and facilitate an engagement event that would enable participants to share their experiences and perspectives of the service, review the proposed model and how it might work in practice across Kent and Medway. All participants recognised that the exact location of the inpatient "hub" and outpatient "spokes" is important and would be determined through the procurement process. Formal consultation will be conducted before procurement takes place, in order to ensure that stakeholder views inform the process.

Who was involved?

"The fact that so many consultants and clinicians were present and listening to us, including NHS England Medical Director, illustrated the significance of the review and the importance of 'getting it right'." (Participant at the end of the session)

The attendees included 13 patients alongside partners and carers. This group were key contributors, with "lived experiences" of existing services and were well placed to interrogate the proposed model and provide insight into how it might impact on patient experience. The event also involved other interested members of the public, voluntary sector representatives and Kent's Health Overview and Scrutiny Committee. Crucially, the event was well attended by Kent and Medway vascular clinicians, the NHS England Programme Lead and Medical Director and a leading vascular surgeon representing the Vascular Society.

Breakdown of Participants



What people said?

Conversations during the day and the subsequent feedback emphasised how much participants appreciated the opportunity to contribute to the review. The quotes below capture a lot of what was said:

My experience of the vascular services once I had been referred was brilliant…there may be some minor points like where things could be better, like outpatient patient facilities and some staff attitudes, but generally I was happy.

Whatever you decide to do you've got to remember that travel across Kent & Medway is a nightmare… make sure you think transport, travel and parking were raised.

It's really important that we have access to specialist care in the region but don't forget how important it is to keep friends and family in the loop – it was a really scary time for me

Now I understand what you're trying to do, calling it a hub and spoke isn't helpful! Call it a network of different services where patients go depending on their individual needs

I would like to see this type of event as a standard way of engaging with patient groups

Nobody made it clear to me the choices I had especially where I receive treatment

I'm not convinced, even after today that you're doing enough to make sure that ordinary clinicians know the signs of vascular disease…getting into the system might still be difficult otherwise

Follow up needs to be totally revamped…it doesn't make sense having a follow up months after the op we need phone line and emails and someone to talk to about our concerns when we have them

In summary participants felt:

- That the session had been well run providing an opportunity to contribute to the process;
- That they had been listened to and heard;
- That working directly with clinicians was very helpful;
- Concerns about the impact that any changes might have on travel should be taken into account and addressed (especially for relatives and carers who might want to visit)
- That specialist vascular care should be available across Kent and Medway through a network hub and spoke model;
- That the role family and carers have in supporting recovery, improved patient experience and outcomes need to be reflected in any new service;
- The use of technology should be enhanced to support choice particularly around communications, appointments etc.

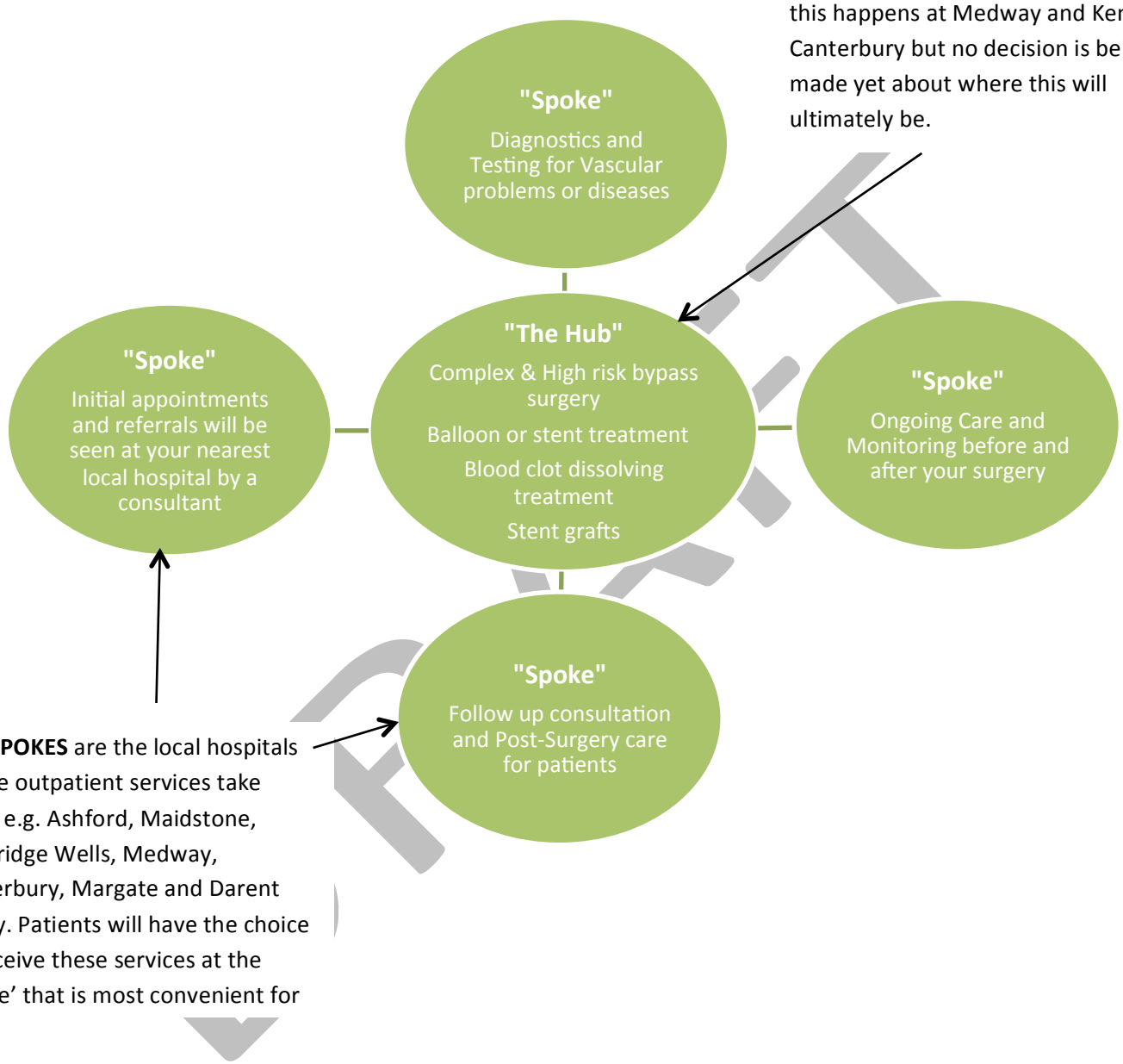
Introduction - the Case for Change

A document outlining why change is necessary was circulated to delegates before the event so that they could understand the issues and contribute fully to the discussions on the day. Some invitees were unable to attend on the day but based on the materials sent out, provided feedback separately via email.

The review is taking place because local services do not fully meet the national best practice standards. Around 900 people a year in Kent and Medway need specialist vascular services, which they currently receive at Medway Maritime Hospital, Kent and Canterbury Hospital. Significant numbers of patients in West Kent and Dartford, Gravesham and Swanley receive their care at St Thomas' Hospital in London.

To meet the required standards, ensure quality care and that future services are financially sustainable, the national specification recommended a 'hub and spoke clinical network' model.

The **HUB** is where In-patient surgery takes place though it will also offer local outpatient services. Currently this happens at Medway and Kent & Canterbury but no decision is being made yet about where this will ultimately be.



The **SPOKES** are the local hospitals where outpatient services take place e.g. Ashford, Maidstone, Tunbridge Wells, Medway, Canterbury, Margate and Darent Valley. Patients will have the choice to receive these services at the 'spoke' that is most convenient for

Some of the key requirements for the recommended "hub and spoke clinical network" model include the following:

1. Hub and spokes to serve a minimum population (800,000 patients) to ensure staff see an appropriate volume and variety of cases so that they maintain competency and efficiency;
2. Hub with dedicated vascular wards and specialist theatres to give highly specialised care for vascular patients;
3. Hub with a minimum requirement of six specialist vascular surgeons and six interventional radiologists and specialist nurses;
4. Hub & Spokes with 24 hour access to specialist care;
5. To provide access to cutting-edge technology and a dedicated ward for vascular patients;
6. The right mix of highly skilled, specialist staff that each carry out a minimum number of specific procedures to maintain and improve their skills, ensuring consistent safe quality care.

This model is already in use in other parts of the UK and evidence suggests it is has contributed to better outcomes. NHS England wanted to use the session to hear from participants how they felt the model might work locally. The NHS England Medical Director, James Thallon said

"We know that the solution isn't going to be perfect, we're going to have to compromise, but if we work through the issues with you now at least we can understand the things that are most important to you and try our best to make it work"

Both local authorities (Kent and Medway) had been involved in the early work and would hold the NHS to account as the new arrangements are out into place.

Learning from elsewhere

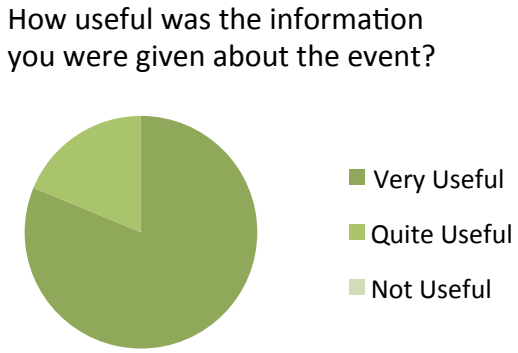
Jonothan Earnshaw, consultant vascular surgeon and representative of the Vascular Society is helping Kent and Medway develop the model locally. He has worked on a number of different reviews across the country and specifically talked about his own experience in Gloucester, Cheltenham and Swindon, where a network approach had been adopted 18 months ago. The impact had been largely positive however, it was also important to recognise that there were always tensions between the 'best' clinical and patient models, so some compromise may be required.

Jonathon illustrated how the network approach provides a centre of excellence across the hub and spokes, enabling surgeons and other staff to become more highly specialised. Patient outcomes were significantly improved with mortality rate for aneurysm surgery improving from 1:15 to 1:50. He acknowledged that some patients have increased travel time and that staff (including consultants) also had to travel more. On the other hand, increased of new technologies such as telemedicine, have reduced travel in some cases.

"Our experiences in the south west have enabled us to develop one centre of excellence that is well-staffed, well-equipped and well-used"

Jonathon Earnshaw (Vascular Society)

Understanding the background and context against which changes are being proposed is really important. NHS England had provided written materials before the session and then went through all the important issues at the start, so that everyone was up to speed and could contribute knowing the facts. At the end of the event, participants were asked to say how useful the information they'd received had been. This is what they said.



Summary of Patient Feedback Event

Lorraine Denoris from the Public Engagement Agency facilitated the event. There were 6 senior clinicians in the room and the session began with a challenge for them. They were asked to explain in a few sentences using a children's toy plastic heart, how the vascular system worked. All participants were then quizzed on foods that support good vascular health. The quiz had prizes, some better than others.






The red wine was controversial. There is some evidence that the antioxidants may help prevent heart disease by increasing levels of so-called "good" cholesterol, protecting against artery damage.

Participants were provided with an overview of the proposed model and were introduced to Esther, Jack and Dave three "patients", who were accessing vascular services in different ways. Participants were encouraged to consider how the proposed new model might impact on their experience of the services throughout. The three patient case studies provided a mechanism through which participants could explore different patient journeys. The patients at the event were encouraged to share their own personal experiences too.

Meet Esther Howard…

- Esther lives in Ramsgate with her husband
- She is 61 years old and has had type 2 diabetes for many years
- She is an ex-smoker but occasionally has a sneaky cigar when she's on holiday
- Recently she has been experiencing pain in her legs but didn't go to the GP because she put it down to "getting old"
- On her last visit to the diabetic clinic the nurse noticed she had cold feet, brittle toe nails and shiny skin
- Esther has been referred to the specialist vascular service to check out a suspicion that she may have Peripheral Arterial Disease (PAD)

Meet Jack Ford…

- Jack lives on his own in Medway; he is very active, does loads of community work, goes to the gym 3 times a week and has the occasional pint with his best mate Eddie
- He feels fit and healthy but because he's over 65 has recently gone for his routine ultrasound screening
- The results showed that Jack has an abdominal aortic aneurysm without even knowing it!
- Jack's worried that he won't be able to go spinning at the gym, but he's smiling in the picture because it gives him an excuse to take it easy for a bit
- He has been referred to vascular service so that they can discuss what treatment is required at this time

Meet Dave Everton…

- Dave's only 40 and has sometimes slept on the streets after splitting up with his girlfriend over Christmas
- He drinks dangerous amounts of booze and has smoked tobacco (and illegal substances) since he was a teenager
- 3 years ago his Ashford GP referred him into the vascular service where he was diagnosed with PAD
- He's sleeping on Pete's sofa at the moment; Pete took him to his GP because he was so wheezy
- On examination the GP discovered this nasty ischaemic leg, discoloured and cold
- He needs to go to A&E immediately so Pete drives him there with a doctor's note

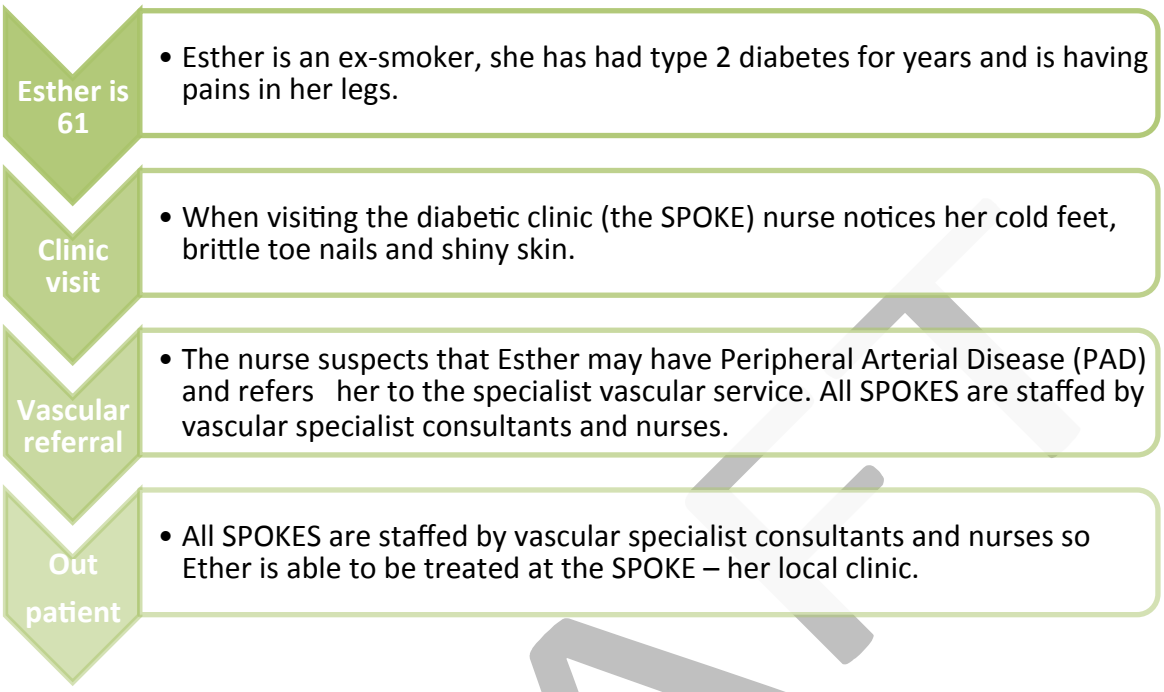
The real benefit of this technique was that it allowed patients and clinicians to work together through the proposed model, reviewing the "pathways of care" in detail. In this way, everyone looked at how screening might work, diagnosis, referrals, consultation, inpatient and outpatient care and aftercare. But really importantly clinicians heard directly from patients, what they thought of the service they had received and what might make their experiences better.

"Being able to discuss this stuff with one of the actual clinicians who keeps me alive is brilliant!"

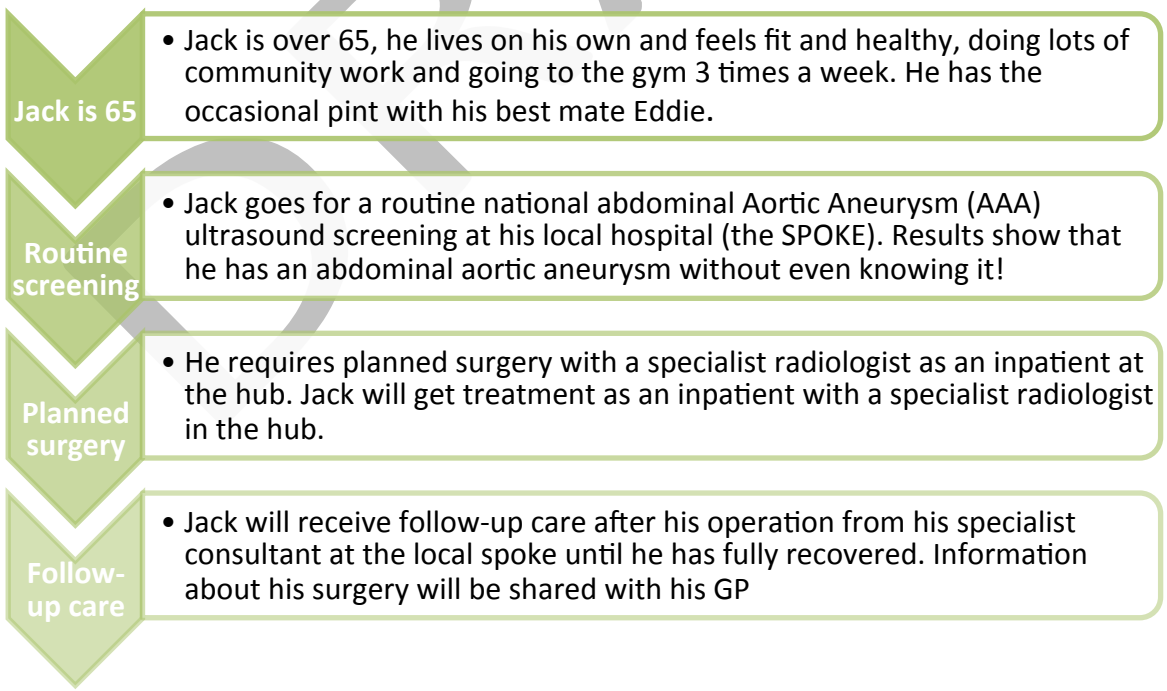
Richard (Participant during the tea break)

Case Study pathways:

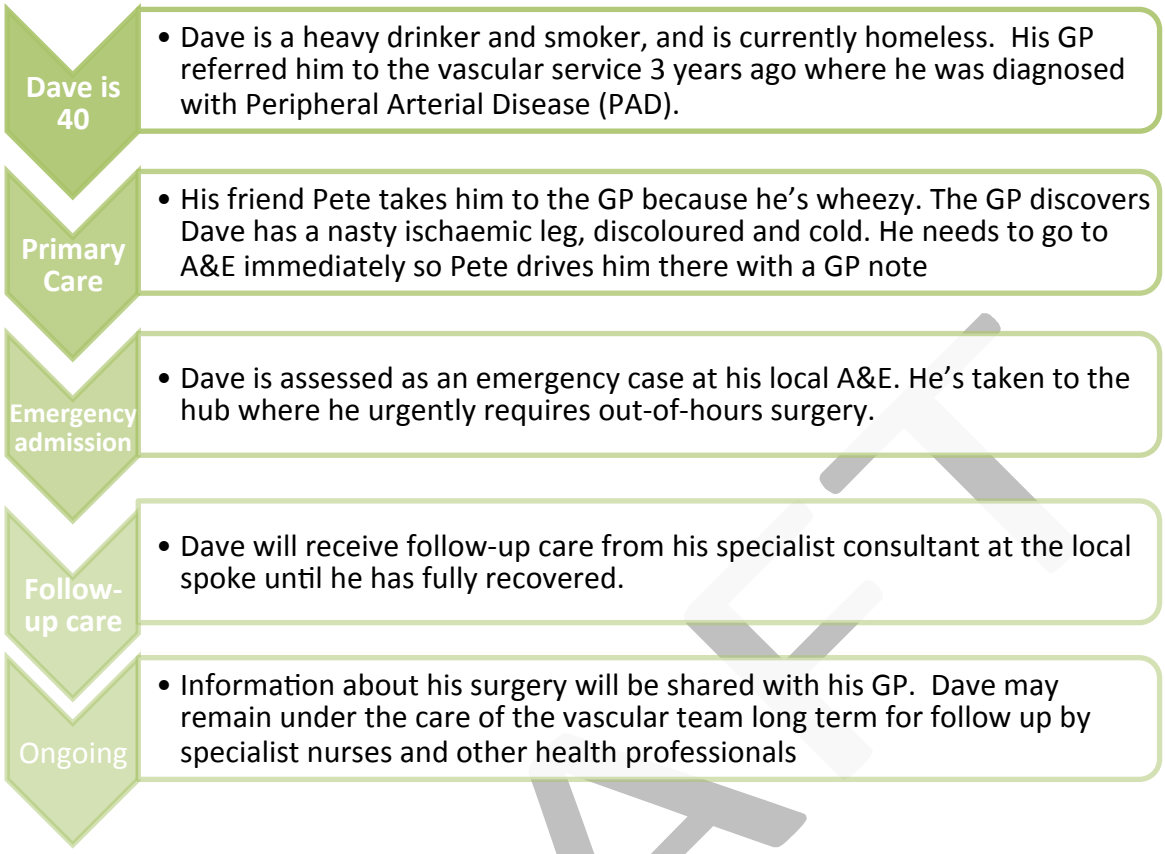
Esther…



Jack…



Dave…


Dave is 40
• Dave is a heavy drinker and smoker, and is currently homeless. His GP referred him to the vascular service 3 years ago where he was diagnosed with Peripheral Arterial Disease (PAD).
Primary Care
• His friend Pete takes him to the GP because he's wheezy. The GP discovers Dave has a nasty ischaemic leg, discoloured and cold. He needs to go to A&E immediately so Pete drives him there with a GP note
Emergency admission
• Dave is assessed as an emergency case at his local A&E. He's taken to the hub where he urgently requires out-of-hours surgery.
Follow-up care
• Dave will receive follow-up care from his specialist consultant at the local spoke until he has fully recovered.
Ongoing
• Information about his surgery will be shared with his GP. Dave may remain under the care of the vascular team long term for follow up by specialist nurses and other health professionals

Reviewing the model together

Referral Processes

Noel Wilson, Consultant Lead for Vascular Surgery at East Kent Hospitals explained how the referral system would work in practice. Noel explained how the lead Consultants "owned" the patient once they had been referred into the system network and there was excellent feedback from patients once they are 'in the system'. Patients are referred into the service in three ways – by GPs, routine screening and as emergencies.

Group discussions reflected some concerns about GP referrals and early interventions; there was a perception that some GP's and Clinical Commissioning Groups were influenced by cost-cutting when it came to referring patients. Participants were reassured that the review was not driven by the need to cut costs but rather to meet national standards and ensure better health outcomes and patient experience.

A number of people raised the need to ensure that clinicians in primary care and community services, were aware of vascular symptoms and that these should be escalated and referred more efficiently. Clinicians agreed that this was one of a number of specialised services where improved awareness and professional development could improve patient outcomes.

"It is a no-brainer that if we pick up symptoms early and focus on prevention it's so much better for patients"

(PPG Patient representative)

Noel Wilson explained that all men were invited for routine screening at 65 years old as older men are most at risk. During the discussion, he emphasised the importance of prevention and early interventions alongside the need for raising awareness around the availability of screening services.

Inpatient Care

Three providers in Kent and Medway largely provide inpatient care:

- East Kent Hospitals University Foundation Trust (EKHUFT), with the AC based at the Kent and Canterbury Hospital. Its current catchment population is 682,000.
- Medway Foundation Trust (MFT), whose current catchment population is 505,000.
- Guys and St Thomas' Foundation Trust (GSTT), whose AC currently serves Tunbridge Wells/Pembury hospitals, and Darent Valley Hospital, between which the population served is 456,000

The new model will enable the all specialised vascular in-patient surgery will take place at the new "hub". A team of specialist vascular doctors, nurses and radiologists will be available 24/7 and vascular patients in other wards will be transferred to the unit as a matter of course.

The "hub" will also provide the full range of out-patient and diagnostic care for people who live locally. Some people were concerned that they would have to travel further to another "spoke" if they currently lived near the hospital that becomes the new "hub". Noel reassured participants that the new model would still enable those patients living near the new "hub" to exercise "choice" and receive outpatient care from either the "hub" or another location in the network.

Patients emphasised the need for pre-assessment processes to take place in a location where they could speak to specialist clinicians. Under the proposed model this was likely to bring pre-assessment closer to home, since specialist would travel around the network as a matter of course.

Outpatient Care

Under the proposed model, most patients will access their outpatient care closer to home at one of the "spoke" locations in the network. During the discussion Noel made it clear that all staff in the team would be highly skilled specialised and travel around the network in order to provide care locally.

"Aaah! So the only real difference between the hub and spoke is that in-patient surgery only takes place at the hub…that sounds Ok especially if the specialist staff are now coming to us"

(Patient's wife at the event)

Noel asked what patients required from a follow-up consultation. The response was varied but all reflected the anxiety a patient and their carer feels following a surgical procedure and suggested that a more individualised and responsive approach to follow up would be welcome. Suggestions made included a telephone number and email address that would allow patients to raise concerns with a specialist clinician when they arise rather than wait week for an appointment.

"I was really tired and confused after my surgery I just wanted peace and quiet and couldn't make decisions about my aftercare…I would rather have made a call when I was ready"

(Patient at event)

Participants discussed their experiences of discharge and concluded that this was an area for improvement. For example, having a clear discharge plan that is explained to patients and their carers is crucial. Reminders about appointments are also very useful. Patient's families, friends and carers were keen to emphasise how helpful contact numbers and emails could be. Some carers felt that they could raise issues in front of their partners so would have preferred a telephone number to call.

Procurement – What's important to patients?

Oena Windibank, the Programme Director for NHS England explained that it was NHS England's intention to have a new model in place by April 2017. The future provider will be determined through a tender process and would need to show how it will deliver the new standards and specification in detail.

Participants discussed what was important to patients when thinking about commissioning and procurement. In order to help stimulate ideas, all the patients in the room were asked to form a panel and everyone else was given an opportunity to ask them questions.

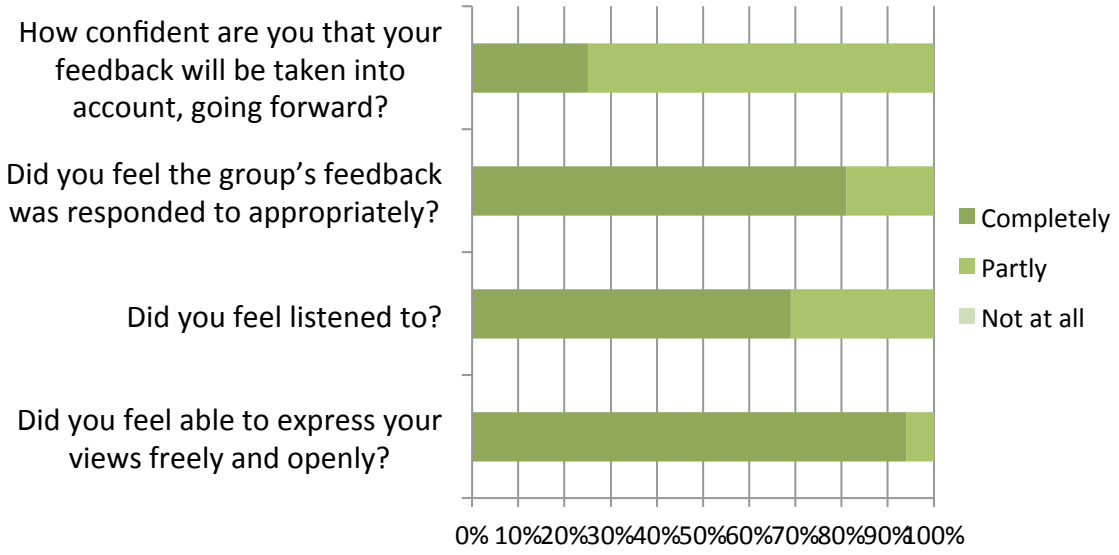
The following issues were identified as a result of the panel questioning and subsequent discussion this generated.

Summary Recommendations and Conclusions

Participants were keen to have time to summarise some key feedback and recommendations. These can be summarised as follows:

1. Improve dialogue and communication between vascular specialists, primary and community care.
2. Provide patients with clear explanations about what to expect, why things are happening and whom they will be seeing.
3. Improve screening provision, preventative and early intervention to support better patient outcomes.
4. Establish minimum standards specifically for vascular referral such as 2 weeks from diagnosis to consultant appointment.
5. Better appointment booking system required along with clarity about what each appointment is for and which staff patients are seeing. Reminders about appointments are also very useful.
6. Consultations should be in confidential environments at all times, but include family members if required.
7. Patients should be given clear accessible information or online trusted references, outlining procedures, FAQs and contact details of key people.
8. Discharge arrangements need to be consistently clear with plans put in place that are explained to patients and their carers.
9. Tailor-made follow up arrangements that manage expectations, support patients seeking assurance and provide clinical input at the time patients need it, would improve patient experience.
10. A named specialist nurse with contact number should be provided.
11. Free wifi and support with Skype or Facetime could provide reassurance and reduce travel needs for carers and family.
12. Increased use of technology might support better patient experience, avoid travel and keep people at home more.

Participant feedback



NHS England cannot commission an improved vascular service in Kent and Medway if it does not listen to feedback from patients who have "lived experience" along with their families, carers and other interested parties.

Some people felt that the thirty or so participants present at the session were not "entirely representative". However, the session included vascular patients alongside their families/carers, Third Sector representatives, PPGs, Kent's Health Overview and Scrutiny Committee, a number of senior vascular clinicians and other interested members of the public. A couple of people indicated that there might have been more patients represented. Oena explained that this event had been designed to support a limited number of participants have in-depth, 'quality conversations'. She was clear that there would be other events and opportunities to feedback during the formal consultation process.

Some people would have liked to discuss the exact location of the proposed "hub" but recognised that feedback on this would be part of the consultation process.

Patient perspectives…

'Well thought out and presented process, very pleased to be involved.'

'*I would have liked some input from the community trust who will have a lot of responsibility for the provision of after-care.'*

'The constraints of the day and the detail to be gone through meant letting everyone have their say was a balancing act but I felt I had the opportunity to comment'

'A little uncertain about extent as which it will shape the final commissioning decision'

Richard, Vascular Patient, aged 68

"I've been in the system for over 30 years and I've spent many months in Medway Hospital; I've had a lot of surgery there. Three years ago I was told that I would have to go every six weeks for the rest of my life. I have to go for interventional radiology – to have a stent replaced. This takes about half an hour. I have to say my treatment at Medway has always been 100%.

I thought the Patient Feedback Event was fascinating – I have never been to an event like this before. It was very interesting to have the opportunity to be able to speak to the surgeons on a one-to-one level. As I understand it there is going to be one hub hospital where all the surgery and Inpatient procedures will take place. The issue for me as I'm getting older is convenience. I make sure I always get the first appointment at 8.30am so I can have my stent replaced and be home by about 10.30am. If you go to Medway between 9am – 3pm you get queues to get into the car park and you can wait in these for 30-45 minutes. When I was staying in hospital my wife had to leave an hour early to make sure she got there and could visit me for the full hour visiting time. It was stressful for her and it's bad enough going to hospital without that worry of getting a parking space.

My worry is if I'm not able to drive anymore. Any of the hospitals, whether the Hub is at Medway, William Harvey or even Margate would be difficult to get to by public transport. I think it's a good idea to have 6 specialist surgeons in one place but will there be the right facilities for them. Also, at Medway they presently have two theatres –so if this is chosen as the Hub will the vascular department be enlarged so there are more theatres? I think the proposals are a good idea but I do worry that issues like transport and parking will be even worse if everything takes place in one hospital."

We would like to thank Richard, for his contribution on the day, for sharing his experiences and for his reflections following the event.