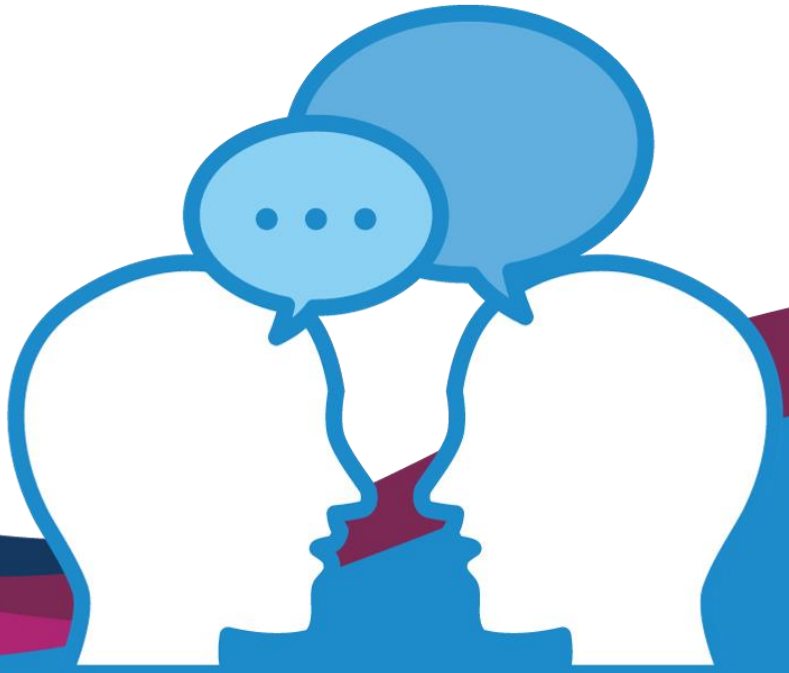
NHS
Lancashire and South Cumbria
Integrated Care Board

Vascular service transformation

Listening to communities report

October 2023

NHS Lancashire and South Cumbria ICB
communications and engagement team.
lscicb.communications@nhs.net



Contents

Acknowledgements

Many thanks to all the participants of this engagement, many of whom have agreed to be contacted for further engagement at later stages. Special thanks to Mobility Matters and Heartbeat.

Introduction

The NHS Lancashire and South Cumbria Integrated Care Board (ICB) along with the NHS Trusts in Lancashire and South Cumbria have a joint vision to improve our clinical services through collaboration.

The Lancashire and South Cumbria Vascular Network Programme is working on a model of care that:

- *Is safe, efficient, and sustainable.*
- *Reduces variation in access.*
- *Improves patient diagnosis and treatment.*
- *Improves mortality and morbidity rates.*
- *Is consistent with national guidance and best practice.*

To achieve this the Vascular Network Board is investigating the possibility of a move to a network model with the provider NHS Trusts working collaboratively as a connected network of service providers. This is being undertaken with the support of senior clinicians and departmental leads.

Previous patient engagement with vascular groups has been reviewed and further engagement sessions have been held to discuss any issues that would affect patients IF vascular services adopted a networked model.

This report outlines the method and findings of this engagement.

Executive summary

Engagement was carried out between September and October 2023. Patient groups were identified and engaged with through focus groups and a questionnaire.

Focus groups were well attended and although still represent small numbers of people the feedback through lived experience is of high quality.

In general, the patients we spoke to were happy to travel for specialist care, especially as a ‘centre for excellence’ would encourage greater sharing of expertise. There were some concerns around parking and visitor access.

The people taking part spoke mostly about how services are delivered rather than where. The way services at all levels; specialist, hospital, community and primary care shared information and communicated with each other was discussed at length with improved record sharing being a priority.

Another key theme was the ability to connect with other services and patients. The people involved were keen to emphasise the mental health benefits of meeting other patients and the convenience of having support services in one location.

The main findings can be summarised as:

1. Services in the community should be set up so that their geography is wide enough to serve a high number of patients to enable regular contact with other patients as this allows for better peer support.
2. Services in the community should be based in one common venue so that services are able to work better together and be available as a ‘one stop shop’.
3. All services in the network, whether that be in community or in hospital should be connected. Preferably with regular meetings with all staff that a patient comes in to contact with but, at the very least, with access to each other’s notes and shared patient records.
4. Vascular network services should have close links and access to other specialties since many patients have other connected long-term conditions.
5. A network model should support staff learning from each other but not allow them to be influenced by each other so that ‘second opinions’ remain independent.
6. Services should be mindful of the longevity of the condition following complex surgery making a patient ‘a patient for life’.

These findings are supported by the insight from the Clinical Strategy Development engagement which NHS Lancashire and South Cumbria ICB began in May 2023. They also reflect the conclusions of the engagement activity carried out in 2019 which looked at improving services.

At every stage of engagement so far patients have been supportive of the services in general citing only minor issues around communication between different services.

The findings of this report will be published on the ICB website and shared with the groups that took part.

What have we been talking to people about and why?

The NHS Trusts that manage our hospitals in Lancashire and South Cumbria have been working together with the Integrated Care Board (ICB) to look at how vascular services can be improved.

Vascular surgery covers a range of surgical procedures undertaken on veins and the lymphatic system – but the most important part of the vascular surgeon's work is to reconstruct, unblock or bypass arteries that are blocked (such as by atherosclerosis).

Complex vascular surgery covers:

- Abdominal Aortic Aneurysms (AAA)
- Screening people for AAA
- Strokes (such as Carotid Endarterectomy (CEA) or Transient Ischaemic Attacks (TIAs or mini-strokes)
- Poor blood supply to the feet or legs

Currently, these types of procedures are carried out at varying levels across our hospitals. This means:

- Waiting lists are very different depending on which hospital you go to.
- Our hospitals see different numbers of patients, meaning they are not meeting nationally recommended targets such as number of surgeries carried out and number of patients seen.
- Smaller teams in some hospitals makes recruitment and sharing of expertise difficult.

We want to make sure everyone receives the highest quality of care and can access a full range of services no matter where they live.
National guidance recommends moving to a network model for services, which other areas of the country already have in place.

A network model would mean hospital teams working more closely together to share expertise and workload. Outpatient clinics and some same-day surgeries would still take place at a hospital nearest to patients, but more complex and specialist surgical procedures would require patients to go to a centralised centre of excellence.

We have been talking to people with lived experience of vascular services to gather opinions on what should be considered if such a model were to be developed in Lancashire and South Cumbria.

Version 4 – 06/11/2023
Prepared by: Nathan Skelton, Communications and engagement manager.

Who have we heard from?

What have we talked about before?

Vascular service review

In 2019 engagement took place with vascular patients to review services. This took the form of patient questionnaires and visits to outpatient clinics asking about topics such as:

- What works well in current services?
- Is there anything that could be done better?
- What is important to you when receiving care and treatment?

The findings of this engagement can be found in appendix 1.

Clinical strategy development

In May 2023, an engagement programme commenced to capture insight from local people and staff regarding the principles of networked clinical services This concluded in August 2023.

The engagement asked questions about travel, use of community settings and local hospitals, and having specialised services centralised in specialist centres. It was conducted through online questionnaires and face to face meetings with various groups at place.

The findings of the clinical strategy development validate the findings of this report. They can be found in appendix 2.

The survey findings supported a network model with complex surgeries in specialist centres. Key themes for concerns that are pertinent to this report included:

- Travel. People not accessing treatments as too difficult.
- Accessibility especially for the disadvantaged
- Increase need for Patient Transport Services
- Transferring patients to centres of excellence affects timely care.
- Accountability - patients won't know who is responsible for care.
- Premises investment and community spaces
- Staff wellbeing/Pay/Morale
- Demand/Increase in population
- Digital/IT
- Bureaucracy

Deciding who to talk to

The Equalities and Health Inequalities Impact Risk Assessment (EHIIRA) for the vascular programme identified a set of people who may be affected by the programme.

These groups were represented in the clinical strategy development survey described above. The objectives of this report required a focus specifically on vascular patients.

A review of known groups was conducted which identified the following third sector existing patient groups. It was more effective to engage with members of these groups rather than setting up additional meetings.

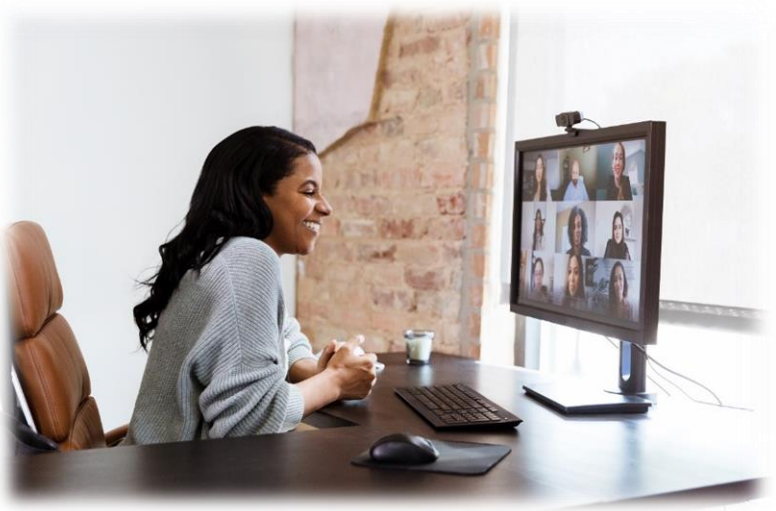
- Heartbeat
- Amputation Foundation
- Mobility matters at the specialist rehabilitation centre, Preston
- Heart Concern - Lancaster, Morecambe and District Heart Support Group
- The Circulation Foundation | The UK Vascular Disease Charity
- Vasculitis UK
- Preston Limb User Group
- East Lancs Patient Voice Group

How many people got involved?

- The Clinical strategy development survey reached 357 people.
- The virtual focus group had nil attendance.
- The Mobility Matters focus group was attended by 14 people.
- The Heartbeat first session was attended by 6 people.
- The Heartbeat second session was attended by 9 people.
- The questionnaire had just 7 responses (at time of submitting report).

In total 393 patients were surveyed.

A breakdown of the demographics of the respondents to all of these can be found in appendix 3.



How did we speak to people?

To ensure feedback opportunities were as accessible as possible a range of engagement techniques were adopted.

Focus groups

All the groups were contacted to invite them to a virtual group hosted on Microsoft Teams by the ICB communications and engagement team on 20 September at 4pm.

After the virtual session a follow-up communication was sent to the groups to request an invite to attend their next meeting in person.

Invitations were received from Mobility Matters, who run a support group for patients who have had lower limb amputations at the Specialist Rehabilitation Centre in Preston. This group was attended on 12 September with Dr Andy Curran also in attendance to represent the ICB.

A second invite was received from ‘Heartbeat’ which is a charity offering support for people with cardiovascular conditions. Two sessions of this group were attended on 28 September 2023.

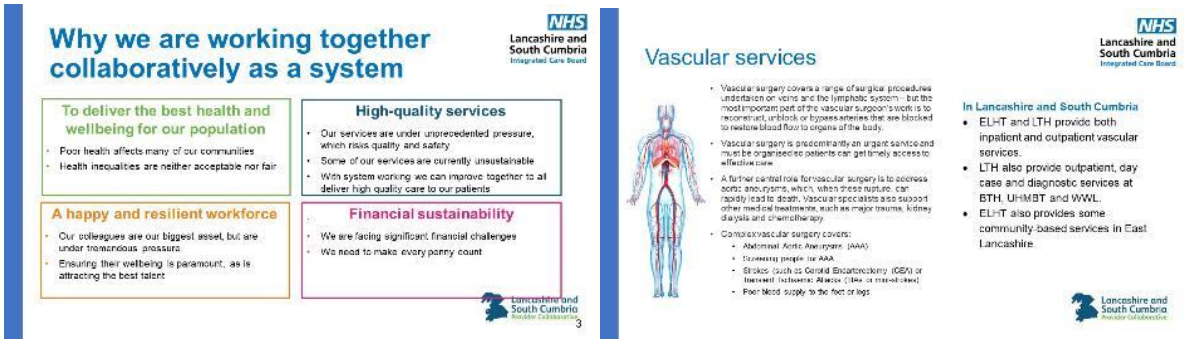
There were three main discussion topics:

- Which vascular services could be provided in community settings?
    - What would make you feel confident about accessing services in the community?
- Which vascular services should be delivered in a hospital?
- If highly specialised/complex vascular surgeries were delivered in a ‘centre of excellence’ what should we make sure is taken into consideration?

Along with two other questions to be asked directly or pulled out of discussions if they were apparent.

- What is most important to you/your family when receiving care and treatment from vascular services?
- Are there any considerations that are missing from our list of what patients have told us previously?

For the focus groups a presentation was created:



Questionnaire

Since not all patients attend support groups it was decided to try to capture these by generating an online questionnaire which could be shared with patients either through the third sector groups or through the various service clinics.

The survey is based on the same questions as the focus groups and can be found here: www.smartsurvey.co.uk/s/vascularservicesurvey

This was shared with Trusts to share with patients they may have contact with, through the ICB citizens panel and through the patient groups identified to share with their wider members. It was also present on the ICB 'Have your say' web pages.

What did we hear?

Since the questionnaire and the focus groups asked identical questions the responses have been included together. Full notes from each of the focus groups is available; comments have not been included verbatim and summarised for purposes of this report.

The participants were, in general, favourable of the network model being pursued. They had some concerns and areas they felt should be considered as part of any planning.

Q: Which vascular services could be provided in community settings?

- Physiotherapy is currently difficult to access on a local level
- Orthotics was also suggested.
- Any pre-op and follow-up appointments
- Support services such as walking football, stop smoking support or weight loss programmes.

Some concerns people had were:

- Making services too local reduces contact with peers.
    - Peer support and interaction improves mental health. This was seen as essential to encourage in all services.
- Making services local increases the number of providers required and increases the risk of poor communication between those services.
    - Good links and communications between services is of high importance and should be a priority.
- Participants felt that having multiple community providers in many localities would risk other healthcare professionals not being aware of them all and omitting the choice of services available.

Other comments we heard included:

- Participants were willing to travel to services (up to 80 miles round trip in one circumstance) in order to access better quality, joined up services in one centre.
    - The Specialist Mobility Rehabilitation Centre in Preston is suggested as best practice by users.
- Having all ‘community services’ in one location would mean patients could arrange multiple appointments with different services with just one trip.
    - This would be more efficient for the patient.

Q: Which vascular services should be delivered in a hospital?

- Scans

As with the previous question, conversation focussed not on which services would be best in hospital but how they are executed operationally.

- Communication between clinicians is essential.
- Clinicians in each of the hospitals, community and even GPs should have access to the same records and test results.
    - This would reduce the need for the same tests to be carried out by different hospitals – which was experienced by multiple participants.

- Services need to be mindful that people with Vascular conditions often have other long-term conditions requiring treatment from multiple specialties.
    - It is preferable for services to be coordinated so that patients can attend the same hospital for all their appointments for all their conditions with one visit.
    - Since travel is an issue for many then this level of coordination to reduce multiple journeys would be beneficial.

Q: If highly specialised/complex vascular surgeries were delivered in a 'centre of excellence' what should we make sure is taken into consideration?

Most of the participants were willing to travel for serious operations and were supportive given the level of expertise that this would allow them to access.

The benefits of sharing expertise between clinicians in a network were also praised.

However, there were limits and considerations that they suggested. Some concerns people had:

- Travel is an issue, particularly to distant locations patients may not be familiar with.
- Depending on where the centre is people with appointments very early in the morning but live further away are at a disadvantage.
- Distant locations make visiting difficult.
    - Having visitors after surgery is important.
- Travel was also a concern in terms of the treatment of a condition.
    - There needs to be rapid diagnosis and transportation of patients with aortic aneurysm rupture as well as safe transport for amputees and people with pregangrene.
- If a patient has to be at a centre for a prolonged time and have to attend under their own means of transport, parking for long periods becomes an issue.
- Networking all clinicians could reduce opportunity for second opinions.
    - There could be a reluctance to disagree with colleagues.
        - This could result in mistakes being unchecked.

Other comments we heard included:

- Clinicians at the 'centre of excellence' should be connected with those at the other hospitals.
- All specialties, especially those that are often connected to vascular services need to be aware of treatment being given.
    - Specialties such as cardiac and podiatry were highlighted.
- If clinicians were 'networked' they should seek to maximise the opportunities of that network.
    - Provide ample opportunity for professionals to discuss patients and determine appropriate options for treatment.
- Mental health support should be available after surgery.
- The results of vascular surgery can impact a patient for life and services need to offer support for life and not just to the point of rehabilitation being complete.

Those we spoke to said that thought should be given specifically to pre-operative care or to those that do not have complex needs. They said a good service would work towards prevention with early intervention being fundamental.

"When you lose a limb it doesn't stop there, we are patients for life."
"Coming to a centre builds family." [Participant]

What we have learned

What our patients have told us

The following is a summary of the key themes and issues the feedback suggests need to be addressed in future planning.

1. Services in the community should be set up so that their geography is wide enough to serve a high number of patients to enable regular contact with other patients as this allows for better peer support.
2. Services in the community should be based in one common venue so that services are able to work better together and be available as a 'one stop shop'.
3. All services in the network, whether that be in community or in hospital should be connected. Preferably with regular meetings with all staff that a patient comes in to contact with but, at the very least, with access to each other's notes and shared patient records.
4. Vascular network services should have close links and access to other specialties since many patients have other connected long-term conditions.
5. A network model should support staff learning from each other but not allow them to be influenced by each other so that 'second opinions' remain independent.
6. Services should be mindful of the longevity of the condition following complex surgery making a patient 'a patient for life'.

In general, the patients and public are in favour of a network model in line with the national recommendations.

It is also clear that the patients we have heard from are happy to travel to a central location for higher quality specialist procedures with shared expertise. Although the issue of parking and visitor access remains a concern.

However, people we spoke to were keen that community services settings should not be too localised. They felt that this would; make communication between services more difficult, reduce the convenience of having everything in one place and, importantly, removed the possibility of meeting other patients. The importance to mental health of peer support was heavily emphasised.

Any future engagement will need to expand the population size to include at risk groups which will include members of the public that may not be patients but have conditions or demographics that put them at higher risk of becoming a patient of vascular services in the future.

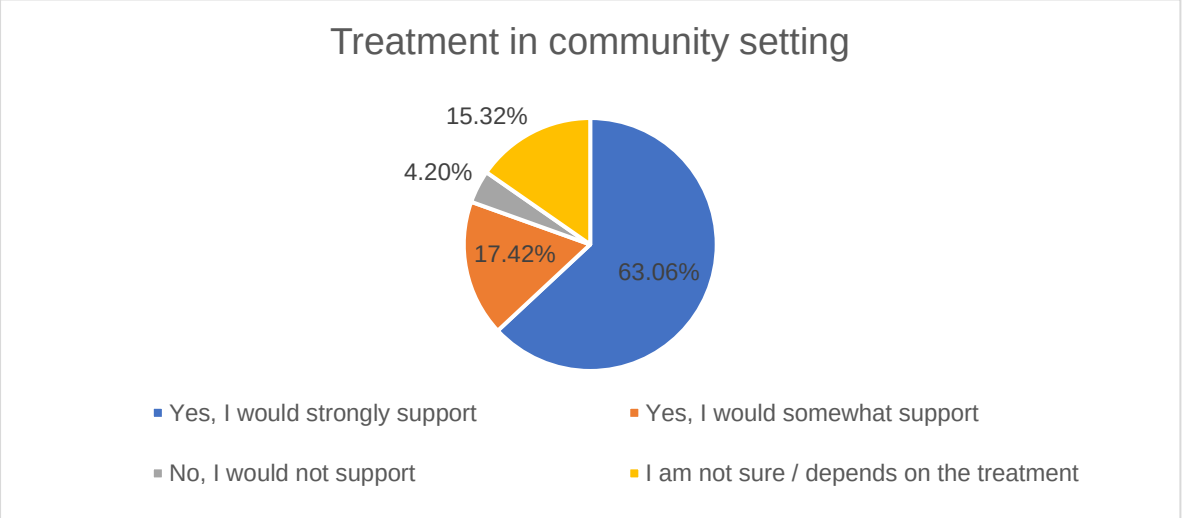
The findings of this report will be published on the ICB website and shared with the groups that took part.

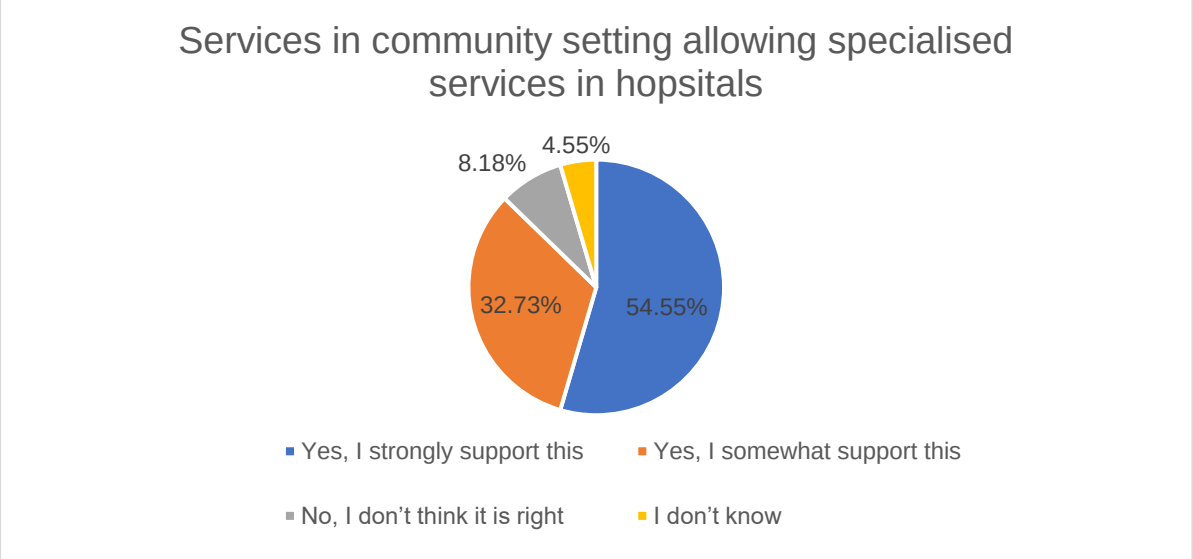
Appendix 1 – Previous vascular programme engagement report

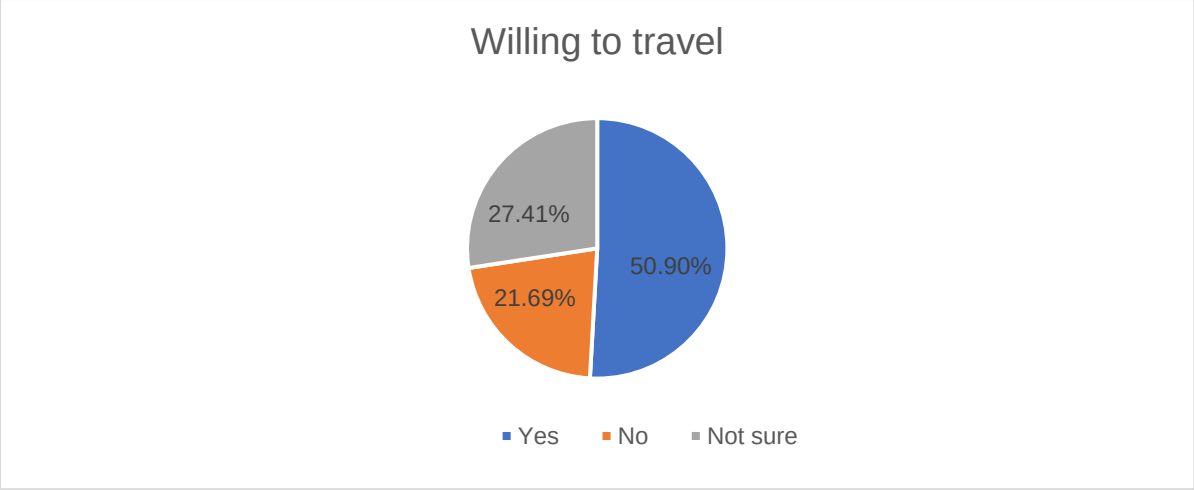
Patient_feedback_vascular_services_Spr

Attached as separate document.

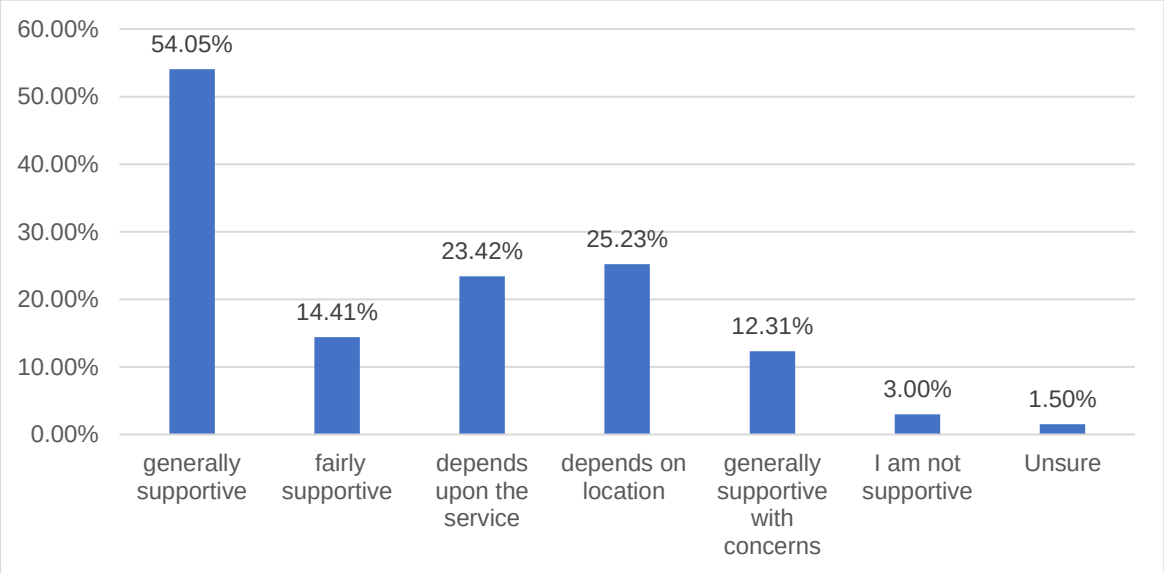
Appendix 2 – 2023 Clinical strategy survey results (pertinent to this report)







The survey asked participants specifically: “Thinking about highly specialised care, it is quite often safer and provides better results for patients if this is provided from specialist centres rather than from every hospital. How do you feel about more services being delivered in this way if it means better results for you and your family?”



Those who said they were supportive but had concerns cited their concerns as:

- Travel. People not accessing treatments as too difficult.
- Potential for multiple different locations for patient care.
- Long term conditions patients build relationship with their teams this could be lost. Reduces opportunity for holistic approach to patient care. Accountability and patients won’t know who is responsible for care.
- Transferring patients to centres of excellence affects timely care – safety. Disparity between speed at which you get seen for specialist treatment if you live near a city.
- Mental health impact of being away from family during illness – isolation and recovery impact.

Other comments that were received within the survey were themed into key points. These were:

- Depends what services
- Dilute care so specialists only become complex care
- Premises investment and community spaces

- Accessibility especially for disadvantaged
- People with LTCs and multiple issues may have to visit several ‘centres of excellence’ for their care rather than one location
- Increase need for Patient Transport Services

Participants were also asked what challenges (beyond access, staffing, waiting times, quality and finance) they felt should not be overlooked. Responses included:

- Inefficiency/Waste
- Communication
- Cleanliness/Hygiene
- Staff wellbeing/Pay/Morale
- Transport/Travel
- Waiting times
- Access
- Follow up advice.
- Estates/Facilities
- Demand/Increase in population
- Digital/IT
- Primary Care/GPs
- Recruitment/Retention/Workforce
- Dental
- NHS image
- Skills/Training
- Bureaucracy
- Leadership/Culture
- Mental Health/Social care/VCFSE
- Integration
- Lived experience.
- Person centred.

Appendix 3 - Demographic monitoring

Below are a breakdown of the demographics of all respondents. Where demographics are not available from focus groups they have been added to the “prefer not to say” category.