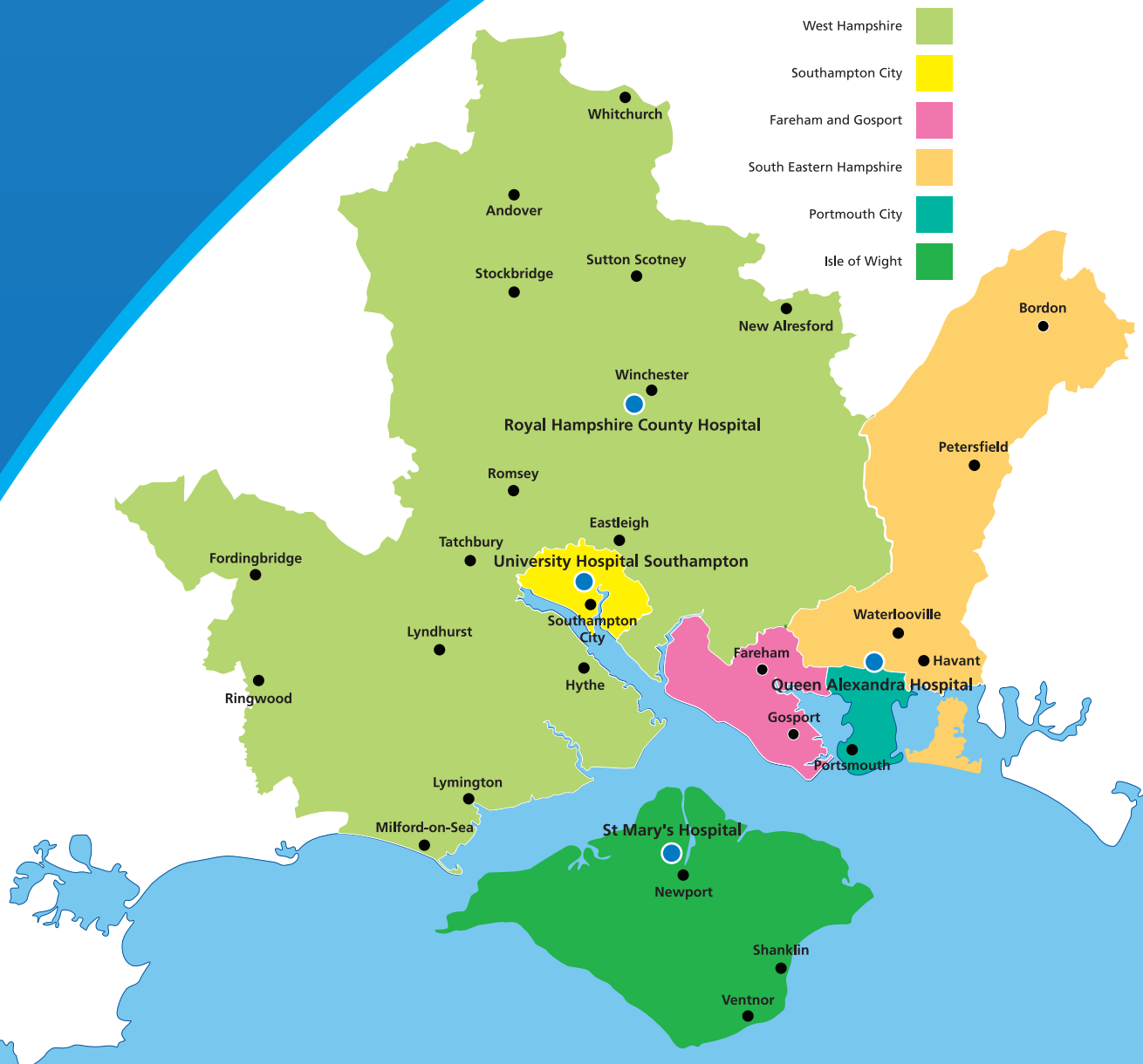


HAVE YOUR SAY

The future of Southern Hampshire Vascular Services

May – June 2016



Our ambition is to create a world class service in Southern Hampshire that:

- Ensures we have more doctors with the right specialist skills
- Meets national standards
- Achieves best practice agreed by experts

Doctors and other specialists have worked together on plans for the future and now we want to share these ideas, hear what you think and use your views and experiences to ensure the services work well for patients.

What are vascular services?

These are very specialised treatments provided for around 600 people in our area each year. Vascular services treat the arteries – the vessels that pump oxygen rich blood from the heart to the whole of the body, especially the main artery in the body (the aorta), the main blood vessels that supply the head and neck and arteries that provide blood flow to the legs. Patients who receive vascular services may have:

- Had a stroke or mini stroke or are at risk of having a stroke
- Blocked arteries in the legs
- A bulge in the wall of the body's main artery which needs repair to prevent it rupturing (abdominal aortic aneurysm or AAA)
- Untreated or untreatable arterial blockages which means they need an amputation

Where are these services provided?

The following four local hospitals provide these services:



Queen Alexandra Hospital, Portsmouth

- Full range of services



Southampton General Hospital

- Full range of services



Royal Hampshire County Hospital, Winchester

- Patients seen in outpatient clinics
- Patients receive simpler procedures and minor surgery
- Major/more complex surgery treated at Southampton General Hospital



St Mary's Hospital, Isle of Wight

- Patients seen in outpatient clinics
- Patients receive simpler procedures and minor surgery
- Major/more complex surgery treated at Southampton General Hospital

Why do we need to make changes?

The number of people needing emergency surgery is reducing. Last year 33 people across Southern Hampshire needed emergency surgery for a ruptured main artery.

In 2015/16 across Southern Hampshire:

- **592** patients had complex vascular treatment
- **166** of these were for damaged main artery (AAA)
- **33** of the 166 were emergencies (ruptured artery)
- **152** had treatment to prevent stroke (carotid endarterectomy)
- **169** were receiving bypass surgery
- **103** had major amputation

Why do fewer people need surgery?

- Less of us are smokers (80% of vascular patients are current or ex-smokers)
- A screening programme for men detects damage to artery walls (AAA) so that a repair can be made. The programme has reduced the number of deaths from AAA by 50%
- Great strides in the development of less invasive treatments (using x-ray type, CT and MRI guided images) to navigate a tiny tube or scaffold known as a stent into place to repair a damaged artery (endovascular aneurysm repair or EVAR)

Experts agree that services need to change

There is strong evidence that patients who continue to need vascular surgery will receive better quality care and have a better chance of survival when they are treated by specialists who see a large number of patients and so develop and maintain significant expertise in this field. This view is supported by experts at the Vascular Society of Great Britain and Ireland and by our own clinicians.

Paul Blair, past President of the Vascular Society of Great Britain and Ireland said *"The best chance of survival, from a ruptured aortic aneurysm, is to be treated in a high volume specialist centre by a team of experts even if that means bypassing your local hospital."*

The national standard for these services says there should be 24-hour access to specialist care, including six vascular surgeons, six interventional radiologists and specialist nurses.

However, the specialist nature of these services means there is only a small pool of surgeons who provide them. Both Portsmouth and Southampton have had difficulty in recruiting enough staff to meet this standard. Over the next five years, hospitals will move to seven day working, which will increase pressure on having enough qualified staff to cover rotas.

We need to ensure doctors see enough patients to maintain their expertise. This means hospital staff working together as one team - with one hospital providing all the inpatient surgery while other hospitals provide outpatient and diagnostic tests and in some cases day surgery. The standard says that a minimum population of 800,000 should be seen to ensure doctors get to see enough different types of cases.

This is the way that services currently work for patients seen on the Isle of Wight, at Southampton and at Winchester – serving a population of 900,000 people.

How were these services developed?

We started reviewing services back in 2008 and various reports and recommendations have been made since then. In 2015, the Vascular Society of Great Britain and Ireland carried out an independent review and found that current services at University Hospital Southampton and Portsmouth Hospital were not fully compliant with the society's guidelines and the NHS England national service specification.

The Society recommended the creation of one South East Hampshire network of vascular services.

What changes do we want to make?

Our doctors have agreed with the Vascular Society's recommendations and believe it will bring major benefits for patients.

There will be more doctors with the right specialist skills to treat patients through the creation of one Wessex Vascular Network – creating a world class centre for vascular services for people throughout Southern Hampshire.

Patients needing non-emergency or outpatient treatment will continue to be able to be seen at a hospital closest to their home for:

- Simpler procedures and minor surgery (such as the removal of unhealthy tissue or minor amputations)
- Diagnostic tests and treatments which don't require an overnight stay
- Rehabilitation following major surgery at Southampton
- Support services such as foot-care for those who have had minor surgery
- Treatment for varicose veins

Emergency and most planned major treatment will be provided at University Hospital Southampton with:

- A dedicated vascular ward with extra beds for emergency patients 24 hours a day
- An additional vascular nurse specialist – supporting the transfer of patients back to their local hospital / home
- A newly built operating theatre offering vascular surgery and interventional radiology
- Out of hours and at weekends, there will be an on-call vascular surgeon at University Hospital Southampton who can be contacted by surgical teams at Portsmouth, Winchester and Isle of Wight

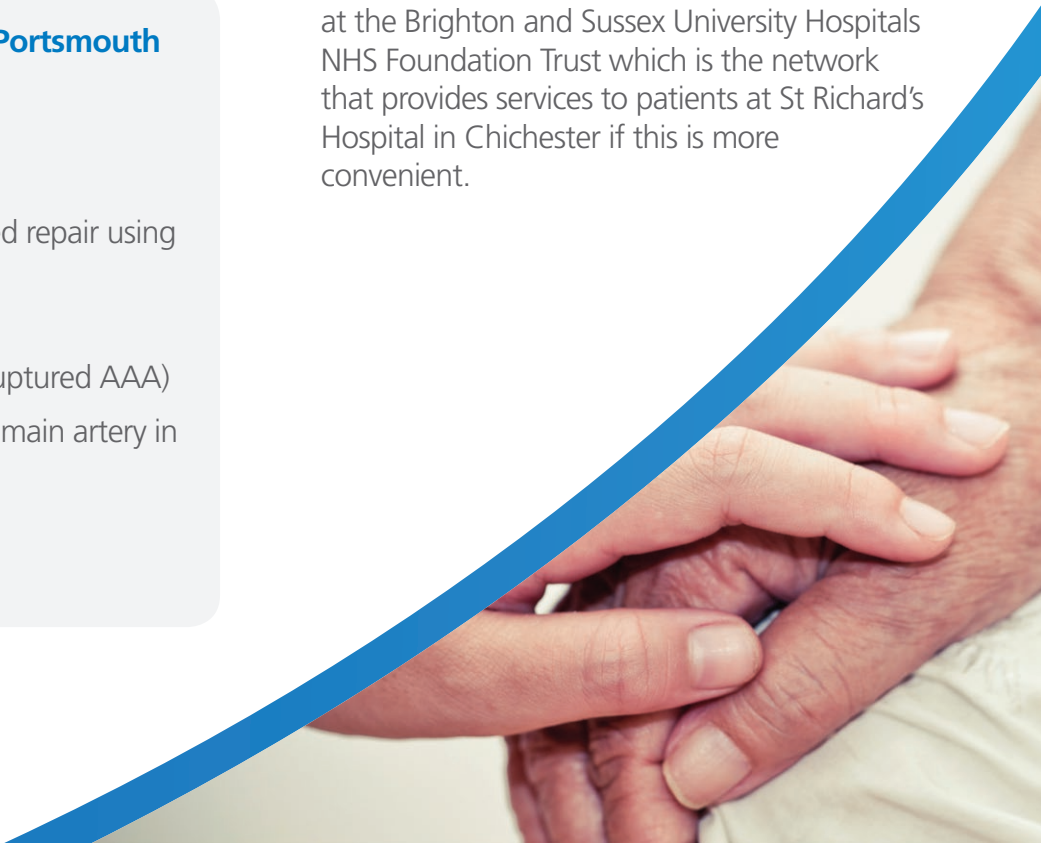
How many patients from the Portsmouth area does this affect?

- **306** Portsmouth total
- **64** AAA (damaged artery)
 - **36** of these were planned repair using a stent (EVAR)
 - **18** were open surgery
 - **12** were emergencies (ruptured AAA)
- **81** had surgery to unblock main artery in the neck
- **90** had bypass surgery
- **69** had major amputation.

Portsmouth

Although Portsmouth will no longer provide complex or major vascular surgery, it will continue to offer vascular services.

- There will be two or three vascular surgeons available at Portsmouth during weekdays in outpatients and on the wards. This will mean that patients with diabetes, kidney problems, cancer or injuries will be able to be seen by a vascular surgeon
- Portsmouth will continue as a major regional renal (kidney) centre, including treatment for complications arising from dialysis. There will be a handful of patients with dialysis needs who need to receive emergency treatment which requires overnight stays at Southampton. In these cases temporary dialysis will be available
- Patients requiring emergency care will join patients from Winchester and Isle of Wight who already receive emergency vascular treatment at Southampton. A patient with a leaking aorta can be stabilised en route in the ambulance, or helicopter, by highly skilled paramedics
- We appreciate that some people might be concerned about the additional distance. However, we believe that the improved medical outcomes outweigh the inconvenience of a slightly longer travel time. Our priority will always be to ensure patients 'get the best possible care and' are either returned home or to their local hospital as quickly as possible
- Patients can also choose to be treated in Sussex at the Brighton and Sussex University Hospitals NHS Foundation Trust which is the network that provides services to patients at St Richard's Hospital in Chichester if this is more convenient.



Have your say: May to June 2016

We are keen to hear from you, so that we can make any changes work in the best interests of patients. We would like you to:

- Share your current experiences of care
- Let us know how we can improve vascular services
- What we should prioritise as we look at services

Listening Events

We are holding five events across Southern Hampshire where you can hear from vascular surgeons and NHS England about the proposals and have your say.

To book a place at one of these events please contact Sue Pratt, Communications Manager at NHS South, Central and West Commissioning Support Unit on **0117 900 2549**, email: swcscscomms@swcsu.nhs.uk or feel free to drop in on the day.

Southampton – Tuesday 10 May

Time: 4.30 – 6.30pm

Location: Novotel Southampton, 1 West Quay Road, Southampton, Hampshire, SO15 1RA.

1

Gosport – Wednesday 11 May

Time: 4.30 – 6.30pm

Location: Gosport Community Association and Thorngate Halls, Bury Road, Gosport, Hampshire, PO12 3PX.

2

Portsmouth – Thursday 12 May

Time: 4.30 – 6.30pm

Location: Dennis Sciama Building, University of Portsmouth, Burnaby Road, Portsmouth, Hampshire, PO1 3FX.

3

Newport, Isle of Wight – Tuesday 17 May

Time: 4.30 – 6.30pm

Location: Riverside, The Quay, Newport, PO30 2QR.

4

Winchester – Thursday 19 May

Time: 4.30 – 6.30pm

Location: Winchester Hotel and Spa, Worthy Lane, Winchester, Hampshire, SO23 7AB.

5

Vascular Clinics

We will have questionnaires available at Vascular Clinics. You can complete them while you are waiting for an appointment and drop the completed questionnaire off at the clinic reception.

Comment online via the NHS Consultation Hub:

If you prefer, you can let us have your views online: www.engage.england.nhs.uk



All venues are accessible.

Questionnaire

Please tear along the perforated edge and return this to a member of staff.

Are you a?

- Patient
- Carer
- Member of staff
- Organisation representing patients

Please state at which organisation:

What was your age at your last birthday?

Home town:

Postcode:

Which ethnic group do you belong to?

(Please tick one box only)

- White British
- White Irish or White Other
- Black/African/Caribbean/Black British
- Asian or Asian British
- Multiple/Mixed Ethnic Groups
- Prefer not to say
- Other (Please specify below)

Do you consider yourself to have a disability?

(The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12 month period) or substantial adverse effects on their ability to carry out day to day activities.)

- Yes
- No
- Prefer not to say

Have you (or someone you care for) been seen as a patient for any of the following?

- Screening for AAA (Abdominal Aortic Aneurysm)
- Surgery or other treatment for AAA
- Surgery to unblock the main artery in the neck (Carotid Endarterectomy or CEA)
- Assessment by a vascular surgeon following a stroke
- Limb bypass surgery for poor blood supply to the feet or legs
- Limb amputation

If yes to any of the above, have you also received care from other services?

(Please tick all that apply)

- Prosthetic limb
- Wheelchair services
- Diabetic foot care
- Physiotherapy
- Occupational therapy
- Speech and language therapy

Were you happy with the following support?

Inpatient (Treatment requiring an overnight stay)

- Yes No

Outpatient (Clinic appointment or test but do not need a hospital stay)

- Yes No

Advice and support from your GP

- Yes No

Other support services

- Yes (Please specify which below) No

Advice on how to manage your condition

- Yes No

Continued overleaf >>>

When thinking about vascular services please rank which is most important to you from 1 to 5
(with 1 being the highest and 5 being the lowest)

- The level of expertise of people treating you
- Knowing the place you are being treated has the best success rate
- Being seen by a specialised team, led by an experienced surgeon, 24 hours a day, 7 days a week
- Being treated in a place that is close to where you live so people can visit
- Being given information about your illness that is easy to understand

How far would you be prepared to travel to ensure you get the right care and treatment?

(Please tick one box)

- 30 minutes
- 1 hour
- 1.5 hours
- Over 1.5 hours

If you are a patient from Southampton, Isle of Wight or Winchester and have already been treated in Southampton, is there anything else we should take into account in addition to areas mentioned above?

If you are a patient from Portsmouth, is there anything else that we should be thinking about?

When thinking about the proposals, do you?

- Understand the need for change
- Feel confident your views will be listened to
- Have other concerns about the proposals

Is there anything else you would like to ask or mention?

Would you be interested in being involved in helping to support our doctors, nurses and other professionals in helping to create the future service by becoming part of our patient working group?

If so please provide your full address and a contact email or phone number below:

Thank you for completing this questionnaire

Your views will be taken into consideration and will help shape the final plans for vascular services in Southern Hampshire.



Please call us on:
0300 311 22 33



Email:
england.contactus@nhs.net

This information leaflet can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.