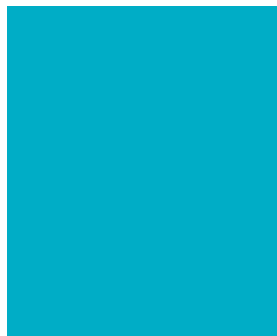


Reviewing Vascular Services



Tuesday 4th June 2013



Why review the service?

- Research shows hospitals treating large number of cases produce better outcomes (fewer deaths and complications)
- In 2009, European study showed UK had highest death rates for one type of major vascular surgery (Abdominal Aortic Aneurysm)
- Screening programme for detecting AAA states that all screen detected aneurysms must be treated in high volume centre
- Advent of new technology with lower death rates requires surgeons to develop new skills

Where are we up to?

- Reviews underway across England
- Many completed
- Locally, progress is good:
 - Arterial centre identified
 - Agreements between local hospitals and the arterial centre on what will continue to be done locally and what parts of care will be in centre
 - Arrangements in place for all surgeons to work in both local hospitals and operate in the centre
 - Aim for October implementation.

What will the new system look like?

Before:

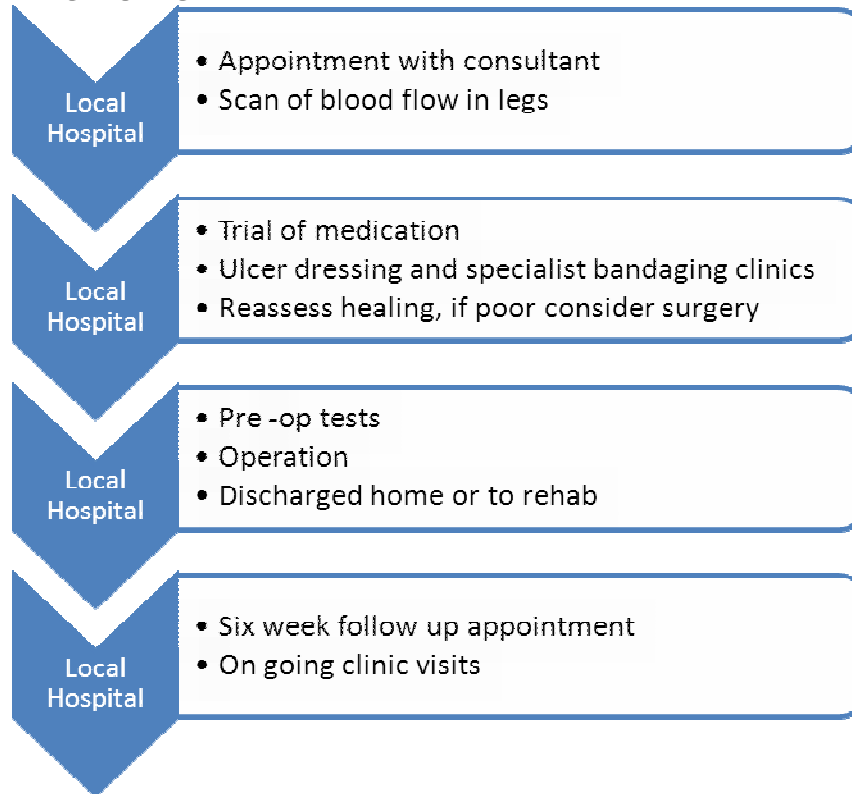
- All consultations and treatments take place in local hospitals
- Some complex cases referred on
- Vascular surgeons present most days and on call
- Rehab in local hospital

After the review:

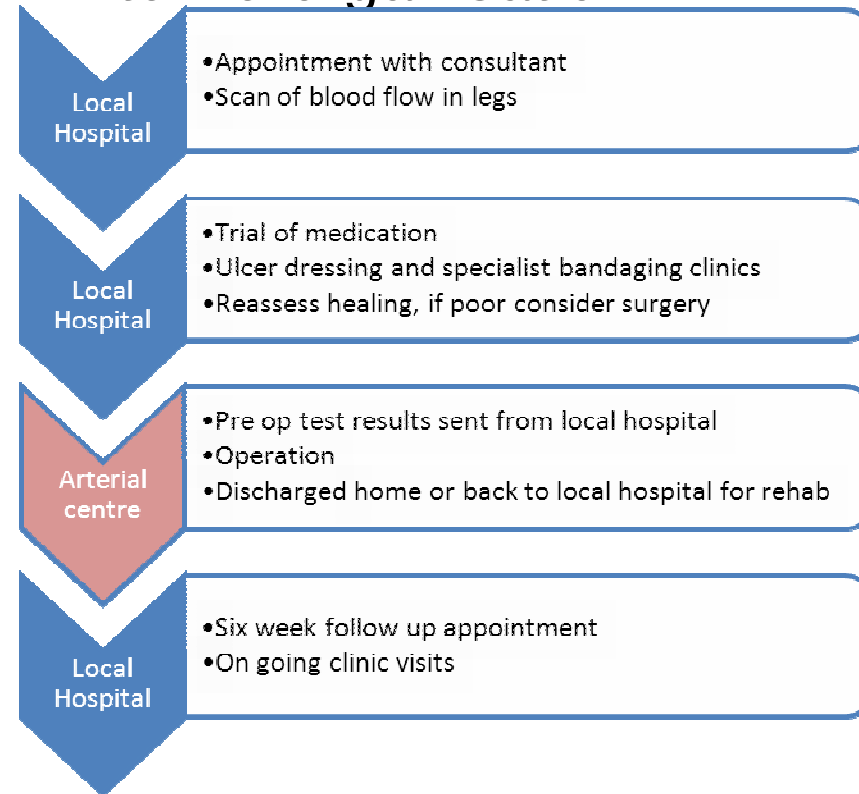
- Majority of appointments with consultant at local hospital
- Tests and investigations at local hospital
- Treatments given in local hospital
- Arterial surgery in new centre
- Vascular surgeons on call in arterial centre (as in neurosurgery, cardiac surgery)
- Vascular surgeons present in local hospitals most days in OPD.

Treatment of leg ulcers

Before



After re-organisation



Halton residents

Access - balance

- Outpatients , day cases, locally based- majority of care locally.
- You would expect to travel for a specialist service offering high quality
- Ambulance blue light- direct to centre
- Train (looks like direct connection 3 stops to hospital)
- Principles – keeping services local where possible and safe

Quality – for patients

- Strong network of care between three providers
- Clinical teams working together looking at delivering better than what went before
- Dedicated wards, theatres, and out of hours, more expertise available, clinical review
- Latest technology

Warrington Hospital

- Future **role of district general hospital** is to work within networks for specialised care
- And how **work together** and collaborate and share our workforce
- And to work with primary care in health and social care teams supporting localities
- To become **hubs for integration**
- **Learning** from vascular and now created foundations for this wider integration
- Working together on other service quality improvements