

Briefing

Move of carotid endarterectomy surgery from Wycombe Hospital to the John Radcliffe Hospital

25 August 2016

Background

In May 2016, NHS England submitted a brief to Buckinghamshire HASC on the Thames Valley Vascular Network. This brief set out the changes to date in relation to the centralisation of vascular services in the Thames Valley and highlighted the requirement for Buckinghamshire Healthcare NHS Trust to take the final step to become fully part of the Vascular Network, completing the last phase of its development across the region. This last phase requires the move of carotid endarterectomy surgery from Wycombe Hospital to the John Radcliffe Hospital on 1 September 2016. A carotid endarterectomy is a surgical procedure to unblock a carotid artery, which, if left untreated, can lead to a stroke.

The previous and current HASC chairs have also been separately briefed by the recently retired medical director of NHS England South (South Central). No objections were raised at any of these meetings.

This change means that patients requiring carotid endarterectomy surgery will now be treated at the John Radcliffe Hospital rather than Wycombe Hospital, where they will have access to a specialist vascular team 24 hours a day, 7 days a week.

Patients will only be asked to travel for these procedures where there is clear evidence of benefit in doing so – namely for complex procedures. All other services will continue to be delivered locally, with patients receiving their pre-operative care and follow-ups at Wycombe Hospital to reduce the need to travel.

Vascular surgeons will continue to offer day surgery at Wycombe Hospital (such as for varicose veins) and run outpatient clinics, including diabetic foot clinics, from Wycombe, Stoke, Amersham and Chalfont Hospitals. Abdominal aortic aneurysm (AAA) screening will continue to be provided as before with no change to this service.

These changes are based on national clinical guidance and best practice and are important to ensure the safety of patients and ongoing provision of these services. Research shows that there is evidence of improved outcomes for patients when treated in large centres by a highly trained specialist team caring for a high volume of

patients. This means that staff are able to carry out enough complex procedures to maintain and improve their skills and consistently provide safe, quality care.

Local surgeons and clinicians have been working together to prepare for this migration and plans are in place to ensure the John Radcliffe Hospital has the capacity and flexibility to cope with the additional volume of patients, which is expected to be 60 to 100 patients per year.

Arrangements have also been made to monitor the move to providing complex vascular surgery at the John Radcliffe Hospital, including gathering and analysing patient experience.

The Buckinghamshire Healthcare NHS Trust (BHT) stroke unit is a high performing unit and has good working relationships with the vascular surgeons at the John Radcliffe Hospital, Oxford.

The new arrangements will not impact stroke services at Wycombe Hospital as the quality of this interaction and referral pathway will be unchanged.

The move of carotid endarterectomy surgery will not impact on interventional radiology either. Surgery to prevent stroke caused by carotid artery disease (carotid endarterectomy) is provided by vascular surgeons, not interventional radiologists. Interventional radiologists provide a wide range of elective and emergency interventional procedures and only a proportion of these are vascular.

Communications activity

In preparation for the move of carotid endarterectomy surgery from Wycombe Hospital to the John Radcliffe Hospital, a suite of communications materials has been developed. These have been informed and reviewed by a patient representative who has been involved with this programme of work since 2010, as well as clinicians and communications leads from Buckinghamshire Healthcare NHS Trust, Oxford University Hospitals NHS Foundation Trust and NHS England, together with representatives from Thames Valley Vascular Network.

These materials include:

- Press release
- Patient poster
- Copy for local trusts and clinical commissioning groups (CCGs) to include on their websites / intranets and in their patient and staff newsletters
- Stakeholder brief
- Frequently asked questions
- Twitter messages.

The appropriate materials have been shared with the following stakeholder groups:

- Buckinghamshire MPs
- Healthwatch Buckinghamshire

- Buckinghamshire media
- South Central Ambulance Service NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust
- Oxford University Hospitals NHS Foundation Trust
- West Berkshire, Buckinghamshire and Oxfordshire CCGs
- Age UK Bucks
- Aylesbury Vale Stroke Club
- British Heart Foundation
- Bucks Stroke Support (Stroke Association)
- Diabetes UK, Aylesbury Vale

Feedback and queries relating to these changes are being monitored and where possible, meetings are being offered with any individuals who have additional questions. Communications activity will continue in the lead up to and in the initial stages of go live, with the intention of developing case studies of those patients who have carotid endarterectomy surgery under these new arrangements.

Patient pathways pre and post change

Principles of proposed changes

- Treat all symptomatic patients within 14 days where clinically appropriate
- Keep as local as possible
- Streamlined communication pathway between clinicians at Bucks and OUH
- As little disruption to current practice as possible and practical

Current Bucks pathways

1. Outpatient pathway

Patient referred to Bucks for outpatient clinic

- ➔ Bucks outpatient clinic + clinical investigations (eg. Duplex scan)
- ➔ If clinically appropriate, date for surgery arranged at Bucks

2. Inpatient pathway

Patient has stroke/TIA

- ➔ Hyperacute Stroke Unit (HASU) at Wycombe Hospital
- ➔ Vascular specialist (consultant, nurse, specialty doctor) review patient +/- clinical investigations
 - If clinically appropriate, date for surgery arranged at Buckinghamshire Healthcare NHS Trust

3. Follow up care arrangements

Bucks patient have outpatient appointments with both a vascular surgeon and stroke physician after their treatment.

Proposed new pathways

1. Outpatient pathway

Patient referred to Bucks for outpatient clinic

- ➔ Bucks outpatient clinic + clinical investigations (eg. Duplex scan)
 - ➔ If clinically appropriate, date for surgery arranged on next available theatre list for either Bucks consultant at the John Radcliffe Hospital
 - If Bucks consultants' theatre lists are full, Bucks Vascular team to liaise with on-call Consultant of the Week at John Radcliffe Hospital to arrange surgery on next available theatre list
 - ➔ Patient comes in to John Radcliffe Hospital through Theatre Direct Admissions (meaning they are admitted on the day of their surgery) or inpatient stay night before

2. Inpatient pathway

Patient on Hyperacute Stroke Unit (HASU) at Wycombe Hospital

- ➔ Vascular specialist (consultant, nurse, specialty doctor) review patient +/- clinical investigations
 - ➔ If clinically appropriate, date for surgery arranged on next available theatre list for either Bucks consultant at the John Radcliffe Hospital with transfer to the John Radcliffe Hospital the night before
 - If Bucks consultants' theatre lists are full, Bucks Vascular team to liaise with on-call Consultant of the Week at John Radcliffe Hospital to arrange surgery on next available theatre list and transfer the night before

3. Repatriation pathway

- ➔ Where appropriate, discharge directly back home from John Radcliffe Hospital.
 - ➔ If patient needs ongoing inpatient care, on-call Consultant of the Week refers patient back to Stroke Physicians or Stroke Nurse of the Day (SNOD) at Wycombe Hospital to find out whether to discharge back to;
 - HASU at Wycombe Hospital
 - Rehabilitation Ward (Ward 9) at Wycombe Hospital

4. Follow up care arrangements

The Vascular Ward 6a team will email the patient's discharge summary back to the Bucks Vascular team to make follow-up appointment (as is currently in place for all Buckinghamshire patients having surgery at the John Radcliffe Hospital).

The Vascular Ward 6a team will email the discharge coordinator/ward clerk/shift coordinator at John Radcliffe Hospital to ring SNOD at Wycombe Hospital to let them

know where patient is going (eg. HASU, Rehab ward, home) and ask them to make follow-up appointment with Stroke Physician.

PROMS update

Approach

A mixed-methods approach to investigating patient experiences in the network was chosen, entailing a questionnaire sent to all patients in the network and qualitative interviews with a specific patient cohort. By doing this, all patients in the network are given a chance to provide feedback and the network team can also probe more deeply into particular areas of interest.

Patient feedback questionnaire

The questionnaire is posted to each inpatient treated in the Thames Valley Vascular Network whose primary cause for admission was a vascular condition, starting with those discharged in May. Patients are posted this questionnaire in a monthly mail-out with an addressed envelope to return it.

Items on the questionnaire are mostly modified versions of items taken from validated questionnaires with some novel items created to inquire into networked care across organisations. The questionnaire had significant input from the Vascular Network Group Patient Representative. A number of different teams reviewed the questionnaire for content, phrasing and format, such as the Communications Team and Patient Experience Team of Oxford University Hospitals NHS FT and the Clinical Audit Team and Patient Experience Manager of Buckinghamshire Healthcare Trust.

The response rate of patients is approximately 30% to date. Analysis of the data is ongoing.

Qualitative patient interviews

The network team decided to focus on patients treated for urgent conditions such as critical limb ischaemia and diabetic foot ulcers, including those who undergo amputations for these conditions. This was for a number of reasons:

- Some of these patients could be managed locally in their local hospital, such as Royal Berkshire Hospital or Stoke Mandeville Hospital. By focusing on this group, any impact that the centralisation of services might have on patient experience could be investigated.

- These patients are often transferred and repatriated between different sites; therefore, focusing on these patients should examine how this particular aspect of networked care affects patients.
- These patients often have prolonged inpatient stays in hospitals, and so would conceivably have thoughtful and considered insights on how the inpatient experience might be improved.
- As these patients are urgent cases but not emergencies, these patients may have less positive experiences of care when there are bed capacity issues.

The Network Manager undertook to interview a minimum of three patients from each trust on different pathways in order to compare experiences across the network. By August 25th seven interviews were carried out with patients, and in some cases with their partners too.

Advice and support has been provided by several qualitative researchers from the Nuffield Department of Primary Healthcare, University of Oxford and also qualitative researchers in the health and social care field from Manchester Business School, University of Manchester.

Clinical involvement

The Vascular Network Group has been involved in this project since it was initiated in 2015. Clinicians across all of the trusts in the network and the Vascular Network Group Patient Representative have been instrumental in identifying aspects of patient experience and outcomes to be investigated in the questionnaire (eg. distance for family to travel, issues with repatriations) and also focusing the qualitative interviews on patients with urgent lower limb conditions.

Patient involvement

The Vascular Network Group Patient Representative set the direction of this project from the outset, and continued to contribute after the Network Manager took responsibility for implementing the project. Numerous iterations of the patient feedback questionnaire were trialled with inpatients on Ward 6a, the vascular ward at the John Radcliffe Hospital, which significantly influenced the final content and format of the questionnaire.

Authorisation across all trusts

This project was authorised as a Clinical Audit/Service Evaluation by Oxford University Hospitals NHS Trust. The Royal Berkshire Hospital Research and Development department and Buckinghamshire Healthcare NHS Trust Clinical Audit department both signed this work off as a Clinical Audit. Both the RBH and BHT Caldicott Guardians have approved sharing patient information for this research.