Clinical Governance Framework to monitor arrangements for the provision of Vascular Surgery

Background

Following a detailed review of vascular surgical services, the SHIP PCT Cluster and local CCGs recommended that a network arrangement between University Hospital Southampton NHS Foundation Trust and Portsmouth Hospitals NHS Trust would provide the most sustainable service for patients requiring vascular surgery in southern Hampshire. Unfortunately, the 2 trusts were not able to agree on the detail of the network and it has been decided that this cannot proceed at this time and the status quo will be maintained.

Portsmouth Hospitals NHS Trust has historically relied upon St Richards Hospital, Chichester for support with its vascular rota but this arrangement is due to finish at the end of March 2012 when St Richards's consultants join the Brighton vascular network.

In order to ensure that Trusts continue to achieve optimum outcomes for patients accessing vascular surgery, there will be need to be close monitoring of adherence to the Vascular Society of Great Britain guidelines.

Current Vascular Society of Great Britain Guidelines

The current guidelines include:

- need for a 1:8 emergency rota as a large centralised unit (for a population over a million) otherwise 1:6
- *on site* emergency cover
- serving a population of 800,000 which performs at least 32 elective AAAs or 100 over 3 years
- MDT meeting involves vascular surgeons, IR and anaesthetists.
- Mortality only related to elective care: aortic aneurysm mortality of < 6% (open and EVAR).

Proposed Clinical Governance Framework

Workforce Audit

Initial and then 6 monthly analysis of Vascular and Interventional Radiologist Job Plans and Rotas to include

- Provision of 1 in 6 on site, on call rota for both vascular surgeons and vascular interventional radiologists. (currently 3 surgeons and 5 Interventional radiologists)
- Consultant vascular surgeons must be dedicated to vascular surgery rota i.e. no commitments to the general surgery rota.(currently 1 surgeon also covers renal rota)
- Arrangements for MDT involving vascular surgeons, Interventional Radiologists and anaesthetists.

Clinical Activity Audit

Initial and then 3 monthly analysis of:

- Number and outcomes of planned abdominal aortic aneurysm (AAA) procedures per surgeon (needs to be at least 32 annually per vascular centre)
- Number and outcomes of carotid endarterectomise per surgeon (CEA) (needs to be at least 35 annually per vascular centre)
- Number and outcomes for all emergency AAAs per surgeon
- Number and postcode of all patients to determine if Portsmouth Hospital NHS Trust is attracting patients from outside of Portsmouth and South East Hants (current population served 602000)

The information will initially be reviewed by the GP Cardiovascular ,one of the CCG Clinical Governance leads, Medical and Nursing Director and a representative of specialised commissioning for comment and recommendation to the SHIP Cluster Clinical Governance Committee in line with the following timetable. During the latter part of 2012/13, the CCGs and specialised commissioning will assume responsibility for the continued audit of outcomes as preparation for CCG authorisation progresses and CCG clinical governance arrangements are formalised.

Timetable for performance reporting Trusts

Indicator	Performance Reporting	SHIP Cluster Clinical Governance Committee
- Job Plan/Rota/ On Call arrangements of vascular surgeons and interventional radiologists from 1st April 2012	1st March 2012 1st October 2012 1st April 2013	15th March 2012 15th Nov 2012 May 2013
- Baseline information re number of elective procedures per surgeon	Already received - 57 planned AAA repairs (24 EVAR) - 88 carotid endarterectomise	
- Number and outcomes of planned abdominal aortic aneurysm (AAA) procedures per surgeon (needs to be at least 32 annually per vascular centre)	Q 1 10th July 2012 Q2 10th October 2012 Q3 10th January 2013 Q4 10th April 2013	19th July 2012 15th Nov 2012 17th Jan 2013 May 2013
- % of Elective AAA cases which are EVAR (should be 50% to 80% of all elective AAA interventions)	As above	As above
- Number and outcomes of carotid endarterectomise (CEA) per surgeon (needs to be at least 35 annually per vascular centre) Number and outcomes for all emergency AAAs per surgeon	As above	As above
- Number and postcode of all patients receiving vascular surgical services	Q 1 10th July 2012 Q2 10th October 2012 Q3 10th January 2013 Q4 10th April 2013	19th July 2012 15th Nov 2012 17th Jan 2013 May 2013