National Services Directorate (NSD)
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NHS National Services Scotland

minutes

Vascular Task and Finish Group

MS Teams Join the meeting now
Wednesday 11th December 2024, 15:00- 17:00

Present: **Document Reference: VTF2024**

Andrew Murray (AM)	**CHAIR** and Medical Director	NHS Forth Valley
Andrew Tambyraja (AT)	Clinical Director for Vascular surgery	NHS Lothian
Caroline Whitworth (CW)	Acute Medical Director	NHS Lothian
Christina Beecroft (CB)	Consultant Anesthetist	NHS Tayside
Christina Navin (CN)	Clinical Care Group Manager	NHS Tayside
[redacted]	Programme Support Officer	National Services Directorate
Elaine Henry (EH)	Operational Medical Director	NHS Highland
Graeme Guthrie (GG)	Consultant Vascular Surgeon	NHS Tayside
Iain MacLeod (IM)	Deputy Medical Director	NHS Fife
[redacted]	Programme Manager	National Services Directorate
John Keaney (JK)	Acute Medical Director	NHS Lanarkshire
Karen Murphy (KM)	Consultant Vascular Surgeon, Clinical Lead	NHS Fife
Keith Hussey (KH)	Consultant Vascular Surgeon	NHS GGC/ NHS Forth Valley
Kenneth Dagg (KD)	Consultant Physician	NHS Lanarkshire
Lorraine Cowie (LC)	Professional Lead Health Planning and Sustainability	NHS Highland
Margaret Meek (MM)	Director of Hospital Services	NHS Lanarkshire
Mark Allardice (MA)	Senior Programme Manager	National Services Directorate
Miriam Watts (MW)		
Moira Straiton (MS)	Associate Director Specialist Services, National Planning	National Services Directorate
Paul Bachoo (PBa)	Acute Portfolio Lead, Acute Medical Director	NHS Grampian
Paul Blair (PB)	Independent Vascular Consultant	Belfast Health and Social
Sally McCormack (SMcC)	Associate Medical Director	NHS Fife
Tamim Siddiqui (TS)	Consultant Vascular and Endovascular Surgeon	NHS Lanarkshire
Wesley Stuart (WS)	Consultant Vascular Surgeon	NHS GGC

Apologies:

Abdul Qdair (AQ)	Consultant General Surgery	NHS Grampian
Ali Marshall (AMar)	Planning Policy Lead	Scottish Government
Aris Tyrothoulakis (ATy)	Site Director	NHS Lothian
Benjamin Cooper (BC)	Vascular Nurse Consultant	NHS Grampian
Bryce Renwick (BR)	Clinical Lead Vascular Surgery	NHS Grampian

Cameron Matthew (CM)	Divisional General Manager Surgical Services	NHS Grampian
Claire MacArthur (CMac)	Director of Planning	NHS GGC
Euan Munro (EM)	Consultant Vascular Surgeon	NHS Grampian
Ewan Murray (EMu)	Strategic Planning Manager	SAS
[redacted]	Data Analyst	National Services Directorate
James Cotton (JC)	Interim Medical Director	NHS Tayside
Julie Christie (JCh)	Associate Medical Director for Surgery	NHS Tayside
Julie Greenlees (JG)	Assoc Director Vascular Services	NHS Tayside
[redacted]	Unit Operational Manager Surgical	NHS Grampian
[redacted]	Division General Manager	NHS Highland
Kirstie Tinkler (KT)	Clinical Service Manager for Vascular and General Surgery	NHS Lothian
Michelle Carr (MCa)	Chief Officer Acute Services	NHS Lothian
Scott Davidson (SD)	Medical Director	NHS GGC
Sotiris Makris (SM)	Consultant Vascular Surgeon	NHS Grampian
Stuart Suttie (SS)	Consultant Vascular Surgeon	NHS Tayside
William Edwards (WE)	Director of eHealth	NHS GGC

1 Welcome and Apologies

AM welcomed everyone to the meeting and apologies were noted as listed above.

2 Minutes from previous meeting on 18/11/2024 (paper VTF2024-13)

The minutes from the previous meeting were reviewed and agreed. CW referred to her comment in the previous minute around the accuracy of the submitted Lothian figures which were currently being reviewed locally. It was noted that a piece of work was currently underway to verify all the submitted data (including the Lothian submission).

3 Review of actions from previous meeting (paper VTF2024-14)

The outstanding actions were reviewed and updated at the meeting.

AM shared that there had been discussions at the Scottish Association of Medical Directors (SAMD) meeting around governance of the process and advised that there was a further meeting of MD/BCEs planned for 16 December.

4 Update on NHS Highland Vascular Service

EH updated that, with one consultant leaving the Highland Vascular Service, only a single substantive consultant will remain from Jan 2025. Highland continues to seek locum support, however, there is currently no locum fill. The focus is currently on securing mutual aid with Grampian and a twice-weekly MDT has been established between Highland and Grampian. EH shared that a draft paper detailing the approach to 5 workstreams including areas of high clinical risk, would be shared with the Group once finalised. A meeting with Tayside was planned for 12th December to discuss short-term, immediate support and work is ongoing with EVAR patients around arranging travel for elective cases.

EH advised that discussions were ongoing with staff who are feeling exposed. EH highlighted that Highland had been clear on the concerns around supporting 'out of hours' emergencies.

AM thanked EH for the update and praised the hard work of Highland colleagues. AM invited comments from the Group.

The following key comments were made:
GG asked, that following the recent alert issued in Tayside for Grampian emergency patients, had there been any contingency planning in the mutual aid discussions? EH shared that Highland were meeting with Grampian/Tayside MDs to plan across the North Region. AM added that MDs were aware of the clinical risks across the system.

AT highlighted that there was currently 30 Vascular Consultants working across Scotland and suggested that rather than relying on locums, Highland could ask directly for cover. EH commented that Highland was open to any suggestions, however, expressed that there was a need to be thoughtful around how such an approach would be received at an Medical Director level, given the pressures across the whole system and the impact on national capacity.

AM added that the direct approach to target vascular teams may be of benefit .

GG commented on the current risk to individuals and the service and suggested that activity should be used as a lever and immediate steps should lead to a longer-term solution. He added that trying to maintain services at Highland with locums from the existing workforce was not really a viable option.

BR confirmed that there was no capacity in Grampian to provide locum cover in Highland and agreed that formulating a longer-term solution should be prioritised.

CW commented that there was still a need for an on-site presence as not all patients can be moved, therefore, there was also a need for renal vascular access. EH commented that Highland has non-vascular IR and are looking to upskill the workforce.

EH commented that the Mutual Aid document does not define a fixed model and requested input from the clinical community to help shape the model.

PBa asked if there were any known services that have senior trainees looking for vacancies. Once the MDT mobilises, true data around the demand would be required. TS confirmed that there were seven trainees qualifying at the same time currently expected to find employment in Scotland however vacancies in the Central Belt are often more attractive than remote locations such as NHS Highland. PBa suggested the non-vascular workforce was a good target for development and highlighted NHS Dumfries and Galloway as a good example of a successful spoke service which utilises this workforce. MS confirmed that work was ongoing to develop data from Boards to feed into a dashboard illustrating the size of this non-vascular workforce in each Centre. Boards were asked to validate all supplied dashboard data but to date only Lothian had responded, once the data is validated this will feed into the Feasibility Report.

PB suggested that given the recent updates from Highland it felt like a tipping point had been reached and while frustrations associated with local changes were understood and acknowledged, patient safety was currently at risk in addition to welfare of staff and changes to address these risks should be the priority.

ACTION VTF2024-16 - EH to share Mutual Aid Paper with the Group once finalised.

5 Progress Update
5.1 Feasibility Paper SOM
5.2 Vascular Paper – agreed principles
MS updated that the Planning and Delivery Board (PDB) met on 10th December, and an update paper was presented advising on the 2 phases - Sustainable Operating Model

(SOM) and Target Operating Model (TOM) based on the principle of a network of providers in a hub and spoke model. MS highlighted the decision-making process around the SOM: Five scenarios were presented and discussed at the previous T+F meeting with the preferred option being to move to a North of Scotland model. Next steps are for a Feasibility Paper to be developed to finalise the proposed SOM and endorse the next phases. This paper will be taken back to PDB in late January/early February, and John Burns (Chair of the PDB) requested that the TOM be finalised within 4-6 months.
MS also updated on the site visit to NHS Fife who had expressed a preference for alignment to North of Scotland. The Feasibility Paper will help to determine the direction of travel.
AM thanked MS for a clear update and asked for comments from the group:

The following key comments were made:
IM also thanked MS for the clear, concise summary and for noting the concerns of Fife colleagues. It was acknowledged that Fife was keen to support the development of the model and the process.
LC referred to discussions from the MD/BCEs on 9th December and shared that discussions would continue at the Executive Group meeting on 22nd January. LC stressed the need to be open and honest about the limitations of the model.
GG asked for confirmation that the feasibility paper would take account of the limitations around additional infrastructure and MS clarified that the SOM was about "what we can do with what we have". MS added that the TOM was more about if we were to start again how would we develop the model? It was acknowledged that there was a need to factor in the current pause on capital investment.
TS commented that investment was instrumental in ensuring the success of centralisation in the West Region.
CW commented that the Feasibility Paper should consider the repatriation of patients and the necessary follow up care required as transport links can be challenging.
AM summarised that there was a lot of work going on in the background and highlighted that it was important to ensure the right decisions are made with the correct governance.
AM advised that the comments and concerns from the meeting would be shared with MD/BCEs on 16th December.

6 Target Operating Model (TOM)
PB shared that the aim was to present an initial draft TOM to the SPB and PDB in early 2025. The Group were asked to review progress, report requirements (in accordance with the SPB and SG) and agree how best to complete the initial draft document.
Consensus for 4 Arterial Networks were:

North – Ninewells Hospital and Aberdeen Royal Infirmary
West – Queen Elizabeth Hospital
South-East – Edinburgh Royal Infirmary
South-West – Hairmyres Hospital

PB shared a list of the suggested report sections and asked members to comment on roles and responsibilities, future network arrangements, spoke sites and how to address capacity and resource issues. PB suggested the formation of four subgroups (one for each arterial network) to work on specific issues (i.e. national and generic problems, consultant and trainee numbers, technology advances and standardisation of care) using an agreed template.
AM thanked PB for his summary and invited any observations, comments, questions from the Group.

The following key comments were made:
AM asked for more clarity around the proposed subgroup commitment from stakeholders and MS clarified that stakeholder mapping was required by the National Planning Team (NPT) to ensure that the right people are included in the right groups (the groups will be action focused).
No objections were made to the proposed approach.

ACTION VTF2024-17 - NPT to complete stakeholder mapping for subgroups.

TS highlighted the amount of logistical work required within this approach (i.e. the West of Scotland covering half the Scottish population) and suggested that the West could work as a network with two hubs with specific procedures being performed in each.
TS shared that Lanarkshire have a new hybrid theatre with consultants currently working across multiple sites for elective work and suggested that if the Queen Elizabeth Hospital was the receiving site a two hub model would be feasible. SS shared support for the right cases being carried out in the right locations.

SMcC agreed that it made sense to condense into fewer locations keeping arterial work and 'on call' in one or two hospitals however shared concerns around the Fife service split between Lothian and Tayside.

SS highlighted the SLA that currently exists between North East Fife and Tayside which could be used to help with logistical boundaries. SS also raised concerns around extending towards the 2 million population mark for a centre currently managing a 1.3 million population

BR reminded that Highland could offer capacity in other specialties to help free up vascular space elsewhere.

CW asked for clarity around hub and spoke models. PB clarified that spoke would not perform arterial cases but would provide outpatient clinics, pre-assessments , renal access varicose vein interventions and some amputations etc.

TS suggested that a priority should be training Highland non-medical workforce because whatever model is adopted for the North, they will be the ones who will be assessing, decision making and transferring patients (with consultant support) to other areas of Scotland.

KM agreed that it was sensible to move the medical workforce to where appropriately needed however highlighted the potential disruptive impact on current job plans and working arrangements particularly for t Fife colleagues.

ACTION VTF2024-18 - LC to speak with SAMD around the codependences of this work i.e. what needs to go first to help create capacity. AM to share comments with the Group.

AT highlighted the anticipated population influx in the Central Belt and the anticipated fall in the North and suggested the best option was at least a four centre model.

7 Summary, actions and next steps
AM summarised the meeting. Details were discussed regarding the current situation within NHS Highland and actions were ongoing across North of Scotland. The Group looked forward to seeing the Mutual Aid Paper and the SOM Feasibility Paper which will be developed for early 2025. PB had presented a clearly defined proposal for the TOM.

Next steps include creating subgroups to take forward individual workstreams.
AM to share comments and concerns raised by MDs on Monday 16th December.
MS advised that there may be work that needs to be taken forward 'offline' to feed into the Feasibility Paper and NPT will be in touch where necessary.

8 Any Other Business
No other business was discussed.

9 Date and Time of Next Meeting
Wednesday 22nd January 2022, 14:00-16:00pm

AM thanked everyone and closed the meeting.