National Services Directorate (NSD)
Gyle Square
1 South Gyle Crescent
Edinburgh EH12 9EB
www.nsd.scot.nhs.uk

NHS National Services Scotland

minutes

Vascular Task and Finish Group

MS Teams Join the meeting now
Wednesday 19th February 2025, 14:00-16:00

Present: **Document Reference: VTF2025**

Andrew Murray (AM)	**CHAIR** and Medical Director	NHS Forth Valley
Andrew Tambyraja (AT)	Clinical Director for Vascular surgery	NHS Lothian
Bryce Renwick (BR)	Clinical Lead Vascular Surgery	NHS Grampian
Caroline Whitworth (CW)	Acute Medical Director	NHS Lothian
Christina Beecroft (CB)	Consultant Anesthetist	NHS Tayside
Claire MacArthur (CMac)	Director of Planning	NHS GGC
Elaine Henry (EH)	Operational Medical Director	NHS Highland
[redacted]	Service Manager	NHS Lanarkshire
Ewan Murray (EMu)	Strategic Planning Manager	SAS
Graeme Guthrie (GG)	Consultant Vascular Surgeon	NHS Tayside
[redacted]	Programme Manager	National Services Directorate
Karen Murphy (KM)	Consultant Vascular Surgeon, Clinical Lead	NHS Fife
Mark Allardice (MA)	Senior Programme Manager	National Services Directorate
[redacted]	General Manager	NHS Fife
Moira Straiton (MS)	Associate Director	National Services Directorate
Paul Bachoo (PBa)	Acute Portfolio Lead, Acute Medical Director	NHS Grampian
Paul Blair (PB)	Independent Vascular Consultant	NHS Belfast Health Trust
Sally McCormack (SMcC)	Associate Medical Director	NHS Fife
Sanjay Pillai (SM)	Consultant Interventional Radiologist	NHS Tayside
Stuart Suttie (SS)	Consultant Vascular Surgeon	NHS Tayside
Tamim Siddiqui (TS)	Consultant Vascular and Endovascular Surgeon	NHS Lanarkshire
Wesley Stuart (WS)	Consultant Vascular Surgeon	NHS GGC
Lorraine Cowie	Professional Lead Health Planning and Sustainability	Scottish Government

Apologies:

Abdul Qdair	Consultant General Surgery	NHS Grampian
Ali Marshall	Deputy Director of Planning	NHS GGC
Aris Tyrothoulakis	Site Director	NHS Lothian
Benjamin Cooper	Vascular Nurse Consultant	NHS Grampian
Christina Navin	Clinical Care Group Manager	NHS Tayside
Cameron Matthew	Divisional General Manager Surgical Services	NHS Grampian
Euan Munro	Consultant Vascular Surgeon	NHS Grampian
[redacted]	Data Analyst	National Services Directorate

James Cotton	Interim Medical Director	NHS Tayside
John Keaney	Acute Medical Director	NHS Lanarkshire
Julie Christie	Associate Medical Director for Surgery	NHS Tayside
Julie Greenlees	Assoc Director Vascular Services	NHS Tayside
[redacted]	Unit Operational Manager	NHS Grampian
[redacted]	Division General Manager	NHS Highland
Kirstie Tinkler	Clinical Service Manager for Vascular and General Surgery	NHS Lothian
Michelle Carr	Chief Officer Acute Services	NHS Lothian
Scott Davidson	Medical Director	NHS GGC
Sotiris Makris	Consultant Vascular Surgeon	NHS Grampian
William Edwards	Director of eHealth	NHS GGC

1 Welcome and Apologies

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

2 Declaration of Interest

AM requested any conflict of interest be declared; no conflicts of interest were highlighted.

3 Minutes from the previous meeting on 22/01/25 (paper VTF2025-05)

Minutes from the previous meeting were reviewed and approved.

4 Review of actions from the previous meeting (paper VTF2025-06)

All outstanding actions were reviewed and updated at the meeting.
ACTION VTF2024-18 ongoing - AM advised that there had been a SAMD meeting, however, the vascular work was not yet aligned. It was noted however that there is clear awareness amongst Medical Directors.
ACTION VTF2025-01 ongoing – BR and GG to provide an update on discussions surrounding a two-hub model at the next meeting.

5 National Planning Update

- **Feasibility Paper for SPB**

AM advised the Group that the Highland vascular service had effectively 'collapsed' and that 4 other Health Boards in the North had stepped up to provide support. The need for approval and implementation of a Standard Operating Model (SOM) was emphasised and AM clarified that this was a mutual aid position, and that NHS Highland would require a step-change to function as a Spoke centre in a NOS network. EH shared that currently Highland needed to 're-dock' with other Boards on a weekly basis and continue to struggle recruiting locum Consultant cover. EH added that the proposal for 2 hubs within the NoS network would benefit from a small amount of capital investment to support pathways.

MS provided an overview of the draft Feasibility Paper (proposed TOM, SOM and draft recommendations) and advised that the slides had also been shared virtually with Planning and Delivery Board (PDB) members. AM highlighted that comments/feedback on the draft Feasibility Paper should be submitted to National Planning by 12 March.
A copy of the slides noted below:

Specialist Healthcare Commissioning

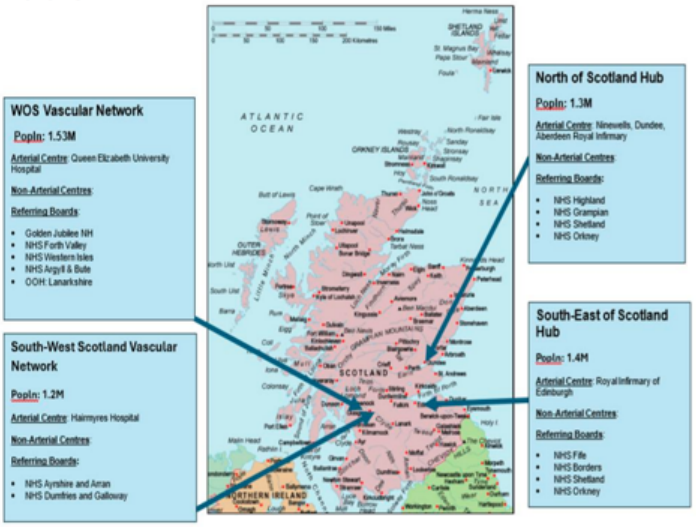
NHS National Services Scotland

Proposed Target Operating Model

- The task and finish group recommends expanding the vascular network model to establish a **North of Scotland Network** comprising of two arterial centres to address the remote and rural and current resource and infrastructure locality challenges.
- It is proposed there would be an arterial centre in Tayside working collaboratively with Grampian which will also work as an arterial centre.
- Highland would cease to be an arterial centre.
- **This would provide 4 networks with 5 arterial centres supporting the population of Scotland.**

Delivering the TOM will require realignment of the resource model to make better use of available resource and recruiting to facilitate the new model. Infrastructure changes will be required to provide an additional hybrid theatre and ward space.

This will require to be a phased approach moving to a sustainable model in the first instance. Lanarkshire's vascular consultant position has improved due to the training programme implemented and a number completing training.



General Implications

- Interdependencies with non-vascular services (Theatre space, Beds, non-vascular IR, diagnostics, AHPs, SAS, community care) are all key factors that are fundamental to implementation of the TOM.
- Recruitment, retention & training are also key. Recruitment to networks will be an essential step to ensure the right staff are in the right place.
- Investment in transport (SAS), hybrid theatres, IR kit, data collation and ward space to fully implement all of which is outlined in the final report.
- Key is clear Governance routes, pathways, prevention, early intervention, repatriation & routes into the community

SOM (immediate) TOM (2 years)

Services Scotland

Board / Provider	Requirements to deliver the SOM	SOM Implications	Requirements to deliver the TOM	TOM Implications
NHS Highland	NOS network to mobilise Pathways Repatriation principles	Cease to be an arterial centre	NHS Highland transitioned to a non-arterial site Clinical pathways, transport, repatriation & funding arrangements in place	
NHS Grampian	Form NOS network with NHS Tayside. Fife supporting as non-arterial support	Theatre access		Less complex arterial cases-novel approach under review at TAF which would make on call over 2 sites achievable (WIP as part of TOM)
NHS Fife	Support NOS network	Support NOS network	NHS Fife to align with the South-East of Scotland Network	To support the network model, additional staff will require recruited as NHS Fife will remain a non-arterial centre. This will help retain the services delivered at NHS Fife. A review with NHS Fife will require undertaken to ensure that the impact on staff is minimised and that this transition takes account of measures to reduce the impact.
NHS Tayside	Form NOS network with NHS Grampian. Fife supporting as non-arterial support	Hybrid theatre access	NHS Fife transition to SE network	Additional bed/ward capacity
NHS Lothian	Support arterial cases from NHS Fife	Support the NOS model by managing demand for NHS Fife arterial patients while developing readiness for TOM.	NHS Fife to align with the South-East of Scotland network IR space / Hybrid theatre access / finance to support Dedicated wound clinic	Recruitment to posts to the network in conjunction with NHS Fife to support the transition to the TOM
SAS	Funding & recruitment for additional double crewed A&E ambulance 24/7 located in/around Inverness area	Adapt resourcing & delivery models Defined clinical & geographic bypass criteria for certain patients with unequivocal vascular emergencies	WIP-to be modelled via ArriSIM	WIP-to be modelled via ArriSIM

Specialist Healthcare Commissioning

NHS National Services Scotland

Recommendations

1. Accelerate the implementation of the proposed North of Scotland network model, to align with the model in rest of Scotland. This will result in the first step to a sustainable operating model of four networks and enable closer delivery of best practice model of care. *The implications on Boards is set out in the detailed report and summarised on p8.* The move to this networked model of care across Scotland will result in changes that will initiate nationally instigated service change.

2. Planning and Delivery Board are asked to note that work to standardise referral pathways into the centres and agreement of repatriation protocols need final agreement. This requires to be agreed at executive level due to the implications it has on the wider functioning of all hospitals concerned.

3. To enable robust data on quality, a commitment to mandatory input to the vascular registry is essential going forward. Disparity in completion was evident particularly in outcomes. The ability to assess effectiveness of the new model and for future resource planning, this is essential. It is therefore recommended that all centres monitor reporting compliance with the Vascular Registry to allow reporting of improvement and sustainability of this model of care.

The following key comments were made:

CMcA commented that as the West of Scotland (WoS) clinicians were not available to attend the meeting, a collated response would be sent before the March deadline. It was noted that Greater Glasgow and Clyde supports Interventional Radiology (IR) in the Southwest of Scotland (SWoS) and discussions were ongoing regarding OOHs cover.

SMcC confirmed that a collated Fife response would be submitted prior to the March deadline.
SMcC commented that the first draft Target Operating Model (TOM) was not felt to be a true reflection of Fife concerns (i.e. Fife consultants are not prepared to move to Lothian) and suggested that feasibility study results for Fife should be included in the report.
MS highlighted that the paper acknowledged additional resource would be necessary before moving fully to the proposed TOM where Fife would remain as a non-arterial centre.

CW suggested that the way the report was written reflected a Fife move to Lothian was the de-facto plan. CW added that Lothian have concerns around the data used in the report which will be included in the feedback response from Lothian.

MW asked the group to be mindful that there are 3 consultants employed by NHS Fife and to be conscious of the sensitivities.

AT expressed appreciation for the work that had gone into the report, which had been needed for a long time, and requested reassurance around the Fife/Lothian 'merger' rather than a number of different options being considered. AT's view was that some of the data was inaccurate and requested clearer variable definitions be included in the redraft.

PBa commented that the report was a fantastic job and requested the need to make sure that there was agreement on Highland as a spoke model. PBa added that all other spoke models had vascular expertise.

PB shared his experience from Northern Ireland concerning initial anxieties over vascular cover for emergencies in rural spoke sites. In reality such cases were extremely rare and he gave reassurance that since forming a single hub in Belfast there had been no significant safety issues..

EH updated Highland was currently scoping for what can be done on site , however, clarified that there were no plans for OOHs cover, the inability to attract locums remains challenging with one vascular surgeon remaining in the Board.

TS commented that focus should be on the non-medical workforce and shared that the hub and spoke models in the South WoS was nurse-led (i.e. vascular nurse specialists, ANPs, podiatrists, etc.) with no full-time consultant on site.

EH expressed there is a desire in Highland to move to a nurse-led service but acknowledged the need for a bridge in the meantime moving from SOM to TOM as the traditional model had worked previously.

KM shared that the spoke service in Fife works efficiently and offered to share information/advice to Highland.

MS reiterated that the document was a draft and that the goal was to work collaboratively to agree the feasibility of the Fife service for the population of Scotland.

6 Target Operating Model (TOM)
Medium and long term planning scenarios

MS and PB presented key points for discussion: (*see Proposed TOM slide above*)

Resource Assessment

PBa highlighted the need to understand the governance and oversight of surgical trainees, also the need to factor in access to interventional radiologists, if more IR work in NoS means X-Ray dosing limitations may impact availability.

AT commented that Scotland's rates of consultants to patients was very good, Lothian have a 1:170k rate, NoS network needs to be closer to 1:100k due to geographical spread.

TS added that defining criteria may be difficult due to differences in areas of deprivation within Health Board areas. MS confirmed that NSD would pull together criteria for consideration at the next meeting.

HR Resource Assessment

MS requested ALL to double check and feedback.

Workforce

MS requested ALL to double check and feedback.

Repatriation

MS requested ALL to double check and feedback.

AM commented that escalation points were missing and need to be considered. TS offered to share South WoS paperwork (i.e. nurse specialists take responsibility for the escalation to management if bed availability cannot be resolved).

CW referenced the SEAT Repatriation Protocol where there is a place for forced repatriation, to put onus on Boards to find necessary beds.

EH commented that work to capture the movement of patients may be useful as a separate workstream.

Infrastructure

MS requested ALL to double check and feedback.

KM commented that the theatre in Fife was positioned adjacent to the IR angio-suite and offered to share an update/insight.

Pathways for Discussion

PB shared experience of the critical need to develop the roles of Vascular Nurse Specialists, Podiatrists and Vascular Scientists at Spoke sites, TS highlighted that diagnostic imaging can also be performed in Spoke sites and KM agreed the importance of vascular labs in spoke sites.

7 Summary, actions and next steps

ACTION VTF2025-02 All to respond with confirmation of data accuracy and feedback within the specified timescales to allow NSD suitable time to review the feedback.

AM suggested a circulation of the outstanding questions in a focused way, one week prior to the next meeting.

ACTION VTF2025-03 NSD will now begin mapping out and identifying outstanding questions and will circulate the list and any requests for additional information (where required) ahead of the next meeting.

It was noted that the SOM will be submitted to the next PDB meeting in March and the TOM deadline is June 2025.

8 Any Other Business

AM paid tribute to PB as this was his last T&F group meeting. PB responded by thanking the group for their hard work and that he hoped to be continuing in an advisory role until the summer

9 Date and Time of Next Meeting

Wednesday 12 March 2025, 15:30-17:00

AM thanked everyone for their comments which will be considered for the report and closed the meeting.