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NHS National Services Scotland

minutes

Vascular Task and Finish Group

MS Teams ***Join the meeting now***

Monday 18th November 2024, 14:00- 16:00

Document Reference: VTF2024-12

Present:

Andrew Murray (AM)	**CHAIR** and Medical Director	NHS Forth Valley
Abdul Qdair (AQ)	Consultant General Surgery	NHS Grampian
Ali Marshall (AMar)	Planning Policy Lead	Scottish Government
Aris Tyrothoulakis (ATy)	Site Director	NHS Lothian
Andrew Tambyraja (AT)	Clinical Director for Vascular surgery	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
Caroline Whitworth (CW)	Acute Medical Director	NHS Lothian
Claire MacArthur (CMac)	Director of Planning	NHS GGC
[redacted]	Programme Support Officer	National Services Directorate
Elaine Henry (EH)	Operational Medical Director	NHS Highland
Euan Munro (EM)	Consultant Vascular Surgeon	NHS Grampian
Ewan Murray (EMu)	Strategic Planning Manager	SAS
James Cotton (JC)	Interim Medical Director	NHS Tayside
[redacted]	Programme Manager	National Services Directorate
John Keaney (JK)	Acute Medical Director	NHS Lanarkshire
Julie Christie (JCh)	Associate Medical Director for Surgery	NHS Tayside
Julie Greenlees (JG)	Assoc Director Vascular Services	NHS Tayside
Karen Murphy (KM)	Consultant Vascular Surgeon and Clinical Lead	NHS Fife
[redacted]	Unit Operational Manager Surgical	NHS Grampian
[redacted]	Division General Manager	NHS Highland
Keith Hussey (KH)	Consultant Vascular Surgeon	NHS GGC/ NHS Forth Valley
Lorraine Cowie (LC)	Professional Lead Health Planning and Sustainability	NHS Highland
Mark Allardice (MA)	Senior Programme Manager	National Services Directorate
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

Scott Davidson (SD)	Medical Director	NHS GGC
Sotiris Makris (SM)	Consultant Vascular Surgeon	NHS Grampian
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
William Edwards (WE)	Director of eHealth	NHS GGC

Apologies:

Christina Beecroft (CB)	Consultant Anesthetist	NHS Tayside
Christina Navin (CN)	Clinical Care Group Manager	NHS Tayside
[redacted]	Data Analyst	National Services Directorate
Kirstie Tinkler (KT)	Clinical Service Manager for Vascular and General Surgery	NHS Lothian
Margaret Meek (MM)	Director of Hospital Services	NHS Lanarkshire
Michelle Carr (MCa)	Chief Officer Acute Services	NHS Lothian

1 Welcome and Apologies

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

2 Minutes from previous meeting on 29/10/2024

The minutes from the previous meeting were reviewed and agreed to be a true and accurate reflection of the meeting.

3 Review of actions from previous meeting

The outstanding action to take the Sustainable Operating Model recommendations to the Strategic Planning Board (SPB) for endorsement was closed complete. LC circulated the paper online as the SPB meeting on 26/11/24 was cancelled.

MS updated that, since the last meeting, work was ongoing to assess the feasibility of moving to a North of Scotland sustainable operating model. This was being done in conjunction with Scottish Government, through Medical Directors and Board Chief Execs and will be available for review at the next meeting.

LC provided an update from the recent Executive Leadership Group meeting around the extreme fragility of the Highland Service and highlighted that a 'Case for Change' paper was being produced as quickly as possible.

EH provided an update on the current landscape within NHS Highland Vascular Service. Points of note were:

- Last week a spike in case demand became unmanageable
- No on site/in-house IR Consultants
- Overworked unavailable consultants (e.g. having worked four consecutive weekends or having been operating for two extremely long and complex cases)
- One of the two existing Vascular surgeons has now resigned and is planned to leave post mid Jan
- Stress levels are extremely high
- Some additional Board support was made available for elective procedures (4 EVAR patients received in Grampian at the weekend)
- Currently unable to deliver any form of vascular service in Highland

EH shared that colleagues were due to meet with Chief Execs and Medical Directors later in the afternoon, however it was felt that the situation had developed beyond securing

mutual aid. It was acknowledged that there was currently no pathway(s) for hybrid procedures.
AM asked clinicians to feedback the Highland update to their Senior Management Teams for urgent support.

EH added that following multiple unsuccessful recruitment attempts to employ a Vascular Interventional Radiologist (IR) Consultant, Highland would continue with the recruitment process to try to secure a non-Vascular IR post.

Comments were:
CW highlighted the unintended consequences created by a withdrawal of a service.

BR suggested that solutions/pathways have not been produced to manage/generate any capacity within the other Scottish Vascular Centres to date. AM reiterated that the recommendation feasibility work was addressing how Boards progress and implement going forward.

MS thanked EH for providing the Highland update and added that a second group of Medical Directors and Chief Execs were looking into providing an immediate support solution. MS reiterated that in conjunction, the role of this Group was to recommend a medium to long term plan, to drive forward options to create a more sustainable, progressive, future service.

WS shared experience of past service changes and commented that usually some form of the service would remain in situ. WS highlighted the need to better describe the planned model that would operate from Raigmore.

EH made a request for any offered support and encouraged clinical colleagues to discuss ideas with their Medical Directors and Chief Execs as soon as possible.

4 Considerations for Target Operating Model (TOM)
PB presented some background information and focussed on four broad areas for discussion:1.Number and location of arterial centres 2.Consultant and trainee numbers 3.Logistics of a novel network arrangement consisting of a small and large arterial hub 4.Interventional radiology .,Current Recommendations from the Vascular Society of Great Britain and Ireland (VSGBI) concerning the increasing population size appropriate for an arterial centre and also lessons learned from the Belfast experience of a single centre serving a population of 1.9 million were presented. PB suggested that three arterial networks could be an appropriate model for Scotland: 1.Greater Glasgow and Lanarkshire , 2.Grampian and Tayside 3. Lothian. Fife patients would be managed by Tayside and Lothian.

PB stated that a minimum population size of 800,000 was based on AAA screening data and many UK vascular networks now served a population of 1.2 million or larger to ensure adequate case volumes *Comments were:*
TS shared population figures for the West of Scotland hub and commented on the vast amount of work needed around defining boundaries (i.e. beds, theatres, pathways, logistics, funding, etc.) that was required during the move to this three network model. He suggested that given current logistics four arterial networks should be the initial aim for the TOM with Greater Glasgow and Lanarkshire remaining separate. Going forward these units could merge but more time and resources would be required.
AM commented that figuring out the detail for a potential North of Scotland model could be overwhelming and gave reassurance that the details would be broken down in the TOM.

SMcC commented that Fife had a good Vascular Service and acknowledged the need for change. Concerns were noted around current lack of support for the proposal for Fife patients being treated in Tayside and Lothian. There was agreement around the general direction of travel and acknowledgement that opportunities must be explored around large arterial cases being performed elsewhere.
Post meeting note: A broader representation of Fife colleagues met with MS following the last meeting to further discuss the suggested changes to the Fife Service.

There was a discussion regarding the definition of a 'Hub and Spoke' Model (i.e. spoke sites do not perform arterial cases).

SS suggested four centres in Scotland (i.e. 1 x North, 1 x East and 2x West) and informed of an existing SLA between North Fife and Tayside that could potentially be reviewed to help redefine boundaries.

AM shared some insight into the Forth Valley SLA with Glasgow and it was recognised that a small cohort of specific procedures are treated elsewhere. AM steered discussions around looking at a population need level approach.

BR suggested that other service pressures could be taken from Highland to free up capacity in an Arterial Unit.

CW highlighted the need to reduce the number of inappropriate patient moves (i.e. patients that require assessment and do not progress to surgery) and suggested that these patients could be treated in a Spoke site.

KM highlighted the need to be mindful regards disruption to clinical working lives.

ACTION VTF2024-14 - LC clarified that the immediate focus for Scotland was the service fragility and agreed to meet with AM and SAMD around looking at reconfiguration.

TS shared learnings from past involvement in service reconfiguration and highlighted the importance of thinking about the non-medical workforce , he highlighted the critical role of vascular nurse specialists
PB asked for views on the development of a vascular network with two arterial hubs with selected cases undertaken at the smaller hub.
Comments were:
TS shared support for the proposal, however, highlighted the complexities and challenges around 'on call' workloads. BR and SS also shared support and commented that it was important to have the right cases in the right areas. PB added that a joint MDM/MDT would obtain a consensus on how and where patients should receive the most appropriate treatment/management.

AM summarised that the West, in principle, agreed to the proposal.

AT expressed confusion around some aspects of the discussion with regard to immediate help for Highland and agreed with a four centre model given a predicted population flux in Scotland with an expected increase in the Central belt and a decrease in the North.
MS clarified the aim to deliver equitable access for all NHS Scotland patients regardless of Board and logistical boundaries and reiterated that feasibility work was currently underway. The Group were tasked to develop the sustainable operating model recommendation to the Strategic Planning Board and Planning and Delivery Board for

January 2025 which will lead to the creation of a Target Operating Model for the future of the service. MS acknowledged that capital investment, additional workforce etc. would take some years to work through.

JCh highlighted the lack of IR workforce and suggested looking at a) how best to keep patients safe and b) describe what is needed to start recruiting to IR posts (i.e. reviewing existing workforce data and identifying skills to meet the changing needs).

ACTION VTF2024-15 – All invited to send any further feedback and comments regarding the TOM to nss.nationalplanning@nhs.scot by COP 25 November 2025.

PB asked for feedback on consultant and trainee numbers
Comments were:
BR shared that there were concerns within the vascular community that registrar numbers did not match the rate of retiring consultants. BR suggested approaching NES and the Deanery to help increase registrar numbers.

TS updated that, following discussion at the last meeting, he and SS were working on building a case towards increasing training numbers. There are currently 16 trainees across the whole programme with a plan to expand to 20.

PB raised the issue of vascular IR availability and highlighted that the shortage of Interventional Radiologists was a UK issue with increasing demands on IR from a wide range of specialties. He was aware that due to pressures on stroke services in some UK units that neurologists and cardiologists were taking on some IR work. Many vascular surgeons have acquired vascular IR skills, and he suggested looking at some IR procedures (i.e. hybrid procedures) that can be carried out without a radiologist being present.

BR provided some background to this practice in the North and shared support for the suggestion that some hybrid procedures do not have to be performed with the involvement of an IR Consultant (provided an MDT decides on a case-by-case basis).
SP (as an IR) was also supportive and agreed that cases must be specially selected for this pathway.

PB thanked everyone for their helpful discussion and suggestions that would be instrumental in developing the TOM.

5 Summary, Actions and next steps
AM summarised:

- There was understanding that this Group have the mandate and authority to make recommendations on how best to deliver equitable access for all NHS Scotland vascular patients.

- There was good discussion and sharing of views/ideas around what a ‘Hub and Spoke’ Service Model would look like which will be included in the TOM.

- All understood that the Scottish population should be defined by ‘patient need’ not by Health Board.

- LC to present the ‘Draft Case for Change’ paper at the next meeting for comment *(paper lists the options and reasons why it is important to do things differently)*.

- MS to update on the feasibility work progress *(feasibility is what an Implementation Plan could look like if we move to the recommended sustainable operating model).*

- All acknowledged that the Highland Service may close imminently.

- More work was required around the draft TOM, all to send any other feedback / suggestions to National Planning by COP 25 November 2025.

6 Any Other Business

No other business was discussed.

7 Date and Time of Next Meeting

Wednesday 11th December 2024, 15:00-17:00pm

AM expressed that thoughts were with NHS Highland Vascular Service at this difficult time, he thanked everyone for their invaluable input and closed the meeting.