National Services Directorate (NSD)
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NHS National Services Scotland

minutes

Vascular Task & Finish Group Meeting
Monday 2 September 2024, 14:00 – 16:00

Virtual via Microsoft Teams
Join the meeting now

Document Reference: VTF2024

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Present:

Paul Blair (PB) - Chair	Independent Vascular Consultant	Belfast Health and Social Care Trust
Paul Bachoo (PBa)	Acute Portfolio Lead, Acute Medical Director	NHS Grampian
Scott Davidson (SD)	Medical Director	NHS GGC
[redacted]	Trainee Vascular Surgeon	NHS Lanarkshire
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	Data Analyst	National Services Directorate
Elaine Henry (EH)	Operational Medical Director	NHS Highland
Clare MacArthur (CMac)	Director of Planning	NHS GGC
[redacted]	Programme Support Officer	National Services Directorate
	Programme Manager	National Services Directorate
Andrew Murray (Amu)	Medical Director	NHS Forth Valley
Karen Murphy (KM)	Consultant Vascular Surgeon and Clinical Lead	NHS Fife
Christina Navin (CN)	Clinical Care Group Manager, Theatre Services	NHS Tayside
Bryce Renwick (BR)	Clinical Lead Vascular Surgery	NHS Grampian
Moira Straiton (MS)	Associate Director Specialist Services & National Planning	National Services Directorate
Wesley Stuart (WS)	Consultant Vascular Surgeon	NHS GGC
Andrew Tambyraja (AT)	Clinical Director for Vascular surgery	NHS Lothian
Kirstie Tinkler (KT)	Clinical Service Manager for Vascular and General Surgery	NHS Lothian
Aris Tyothoulakis (ATy)	Site Director	NHS Lothian

Apologies:

Mark Allardice (MA)	Senior Programme Manager	National Services Directorate
Christina Beecroft (CB)	Consultant Anesthetists	NHS Tayside
Michelle Carr (MCa)	Chief Officer Acute	NHS Lothian
James Cotton (JC)	Interim Medical Director	NHS Tayside
William Edwards (WE)	Chief Officer Acute	NHS GGC
Julie Greenlees (JG)	Assoc Director Vascular Services	NHS Tayside

Graeme Guthrie (GG)	Clinical Lead	NHS Tayside
Keith Hussey (KH)	Consultant Vascular Surgeon	NHS GGC/ NHS Forth Valley
John Keaney (JK)	Acute Medical Director	NHS Lanarkshire
Ali Marshall (AM)	Planning Policy Lead	Scottish Government
Margaret Meek (MM)	Director of Hospital Services University Hospital Hairmyres	NHS Lanarkshire
Tamim Siddiqui (TS)	Consultant Vascular and Endovascular Surgeon	NHS Lanarkshire
Katherine Sutton (KS)	Chief Officer Acute	NHS Highland
Caroline Whitworth	Acute Medical Director	NHS Lothian

1 Welcome, Apologies & Introductions

PB welcomed everyone; introductions were made as people spoke throughout the meeting and apologies were noted as listed above.

2 Minutes and actions from previous meeting (Paper VTF2024-05)

Minutes were agreed subject to some minor name and role amendments (i.e. Wesley Stuart and Scott Davidson).

3 Review of actions from previous meeting (Paper VTF2024-06)

All actions were reviewed and updated at the meeting.

4 Review of the Task and Finish Group

PB provided a summary of the background and purpose of the Vascular Task and Finish Group clarifying responsibility for:

- Creation of the operating model
    - Phase 1 – to address immediate risks
    - Phase 2 – develop a sustainable, concise, single plan for vascular services
- Mapping co-dependencies
- Consultation and collaboration with wider stakeholders including finance, planners etc.
- Reporting on progress to Strategic Planning Boad (SPB).

PB shared that a paper scheduled to be presented at the SPB meeting was withheld. PB explained that following a review of the meeting minutes from the task and finish group on 31st August, it was noted that the recommendations and conclusions showed a slight variance from the Scottish Government interpretation and summary of the meeting. MS added an A.O.B. to ratify the recommendations to be presented to the SPB for approval at an Extraordinary SPB meeting planned for 17 September 2024. This was to ensure members of the T+F group were comfortable with the amended minutes. These recommendations were accepted by the group and will be taken forward to the SPB.

Approach and Timelines:

- Site Visits - complete
- Task & Finish Groups, July 24-Mar25 – mobilised
- Phase 1, August 24 – Options to SPB
- Phase 1, October 24 – Recommendations
- Phase 2, April 25 – commence year plan

5 Review of the Data

GH provided a demonstration of the vascular data from four vascular Centres, information included:

- Referrals at HB level and hospital level
- Elective emergencies

- Outpatient appointments

MS explained that information was requested from each of the centres and, as it was submitted to NSD in different formats, work was ongoing to code/categorise the information into more comparable data which will be presented at the next meeting.

EH shared the Highland service experiences, prolonged challenges, serious concerns for patient safety, mutual aid and locum use. Current figures provided for cases awaiting intervention were:

- [redacted] EVAR patients identified through screening
- [redacted] complex hybrid procedures
- 150 complex Interventional Radiology (IR) procedures
- 53 miscellaneous patients on the inpatient waiting list

Concerns were:

- EVAR patients waiting more than 12 weeks (against the standard 60 days)
- [redacted] patients waiting more than 52 weeks

All agreed that immediate focus and action was needed around the Highland service/procedures/pathways and next steps would include an analysis of the data from all centres to help support longer-term population.

Comments:

BR updated that all patients with arterial issues from Orkney and Shetland were currently received in Grampian and EH added that new developments included Western Isles and Bute patients being received in Glasgow.

CMac highlighted that Glasgow had already submitted detailed data to NSD and MS confirmed that it had been gratefully received, and that further communication would be sent to all centres where gaps were identified.

AM asked if the data would be used to drive future service change and align the current identified variation in practice. PB clarified that Highland patient needs were the immediate priority and expressed a view that variation in practice would require review within the medium to longer-term plan. PB identified the Pan Scotland Complex Aortic MDT as a model which had progressed well, particularly in managing wide variations in practice.

6. Planning for short-term risks

MS reiterated that the current sustainability challenges in Highland required urgent intervention . The Group were asked to consider and agree an appropriate immediate solution for urgent referrals based on both capacity and expertise. It was recognised that it would take time and additional funding to increase trainee numbers in the long term, but a pan Scotland approach based on current resources was required to address short term and medium term risks.

Comments:

There was a discussion around guidance from the Vascular Society of Great Britain and Ireland (VSGBI) and the recommendation of 'one vascular surgeon per one hundred thousand population' . This was felt to be aspirational and not necessarily an essential requirement for estimating Consultant numbers.

BR highlighted that the data showed funding for 10 consultants operating in Lanarkshire, however, that actual number of vascular consultants working was less.
KM also highlighted a variation in the number of consultants operating in Tayside and it was acknowledged that 3 consultants also provided a service in Fife (e.g. hub and spoke models

differ across the different services). KM suggested breaking down the workforce figures in accordance with the tasks they perform.

MS gave reassurance that Fife information had recently been received and that the workforce breakdown and tasks performed would be analysed appropriately and shared in the next iteration of the data dashboard.

AT expressed concerns that using the detailed level of data for all centers (i.e. capacity versus the number of consultants/surgeons/radiologists) to show how the workload can potentially be shared across Scotland may cause confusion.
MS gave reassurance that this was this was very much a first step in the data collection process and added that the dashboard data demonstrated flexibility around the information provided. She suggested that the Group work together to agree the level of detail required to complete the population planning piece of work.
ACTION VTF07 – GH to add a 'workforce' column to the dashboard.
ACTION VTF08 – GH to validate the data with each centre then update and share with all T&F Group members prior to the next meeting on 29th October 2024.
ACTION VTF09 – PB to review the data and work with the surgeons and radiologists to produce a list of their Health Board priorities.

WS highlighted the large number of bed days required following amputation surgery as patients are not repatriated to other centres and length of stay is difficult to predict. WS added that understanding the key metrics was vitally important to allow future pathway and workforce planning (i.e. understanding theatre time, IR time, number of sessions and length of bed stay required).

There was discussion around obtaining input from IR colleagues, to get them more involvement/engagement in the process going forward. There was good understanding of the key interface role that IR provided.
ACTION VTF10 – All to provide data on how much room time is required from IR colleagues.
ACTION VTF11 – All Clinical Leads to engage with IR colleagues to seek their input and involvement in the process.

A rotating MDM was discussed and some unintended consequences for specific conditions were raised (i.e. Clinical/medical teams having to attend multiple MDMs). It was agreed that there was a need for:

- Further clarification around the ask from Scottish Government to include defined resource gaps and identified specific needs and costs.
- A clear, consistent, single plan for decisions around patient pathways and transfer between Boards, making best use of the total vascular resource in Scotland.
- Make the vascular discipline more attractive to trainees to support with capacity and resilience longer-term.

EH clarified that the plan was for vascular consultants in the Highland Service to continue outpatient clinics and also continue undertaking cases appropriate for a spoke hospital . There was a discussion around the immediate pathway for Highland emergency cases given the requirement to deliver the appropriate treatment within a 3 hour window to ensure the best patient outcomes.

AM expressed understanding that this Group would have the power to make clinical expert recommendations for change to resolve the immediate short-, medium- and longer-term risks. MS clarified that the role of the Group was to make a clear recommendation to SG around resource and costs needed to safely deliver this service in Scotland.

Suggested recommendations for additional resources required by an arterial centre to receive transfer of emergency Highland patients included secure access to 5 beds, 2 consultants and 2 specialist nurses.
ACTION VTF12 – PB to approach consultants from arterial centres individually to explore a range of options and provide a written recommendation to MS around the way forward to support Highland in the immediate term. Discussions would be based on Board priorities and the data information provided.

7. Summary actions and next steps
[redacted] provided a summary of discussions and next step actions.

Short term support for Highland:
Elective Surgery for the next 2-3 months
- Support to be arranged from each of the vascular centres with capacity
- PB to work with the supplied data and directly with the Centres to identify areas which could provide support for Highland

Emergency Surgery for the next 2-3 months
- Rotational approach to be explored
- 1 rep from each centre to provide suggested format for rotational emergency pathway

Longer term plan:
- MDM approach to be explored with the below considerations:
  - Would MDM be rotated between centres on a weekly/monthly basis?
  - Consideration for unintended consequences - Example: If MDMs are established for specific conditions this may mean attendance by Highland team at multiple MDMs
  - Need a consistent and clearly defined pathway for the transfer of emergency and elective patients
- Quantify what resource is required to accommodate demand that is surplus to what we can provide (suggestion of 5-6 beds, 2 consultants, 2 nurses, etc)
- Define gaps in resources and identify what is required and how much that will cost
- Understand what will make vascular as a discipline more attractive to trainees
- Make best use of total resources in Scotland.

7. Any Other Business
No other business was discussed.

8. Date and time of next meeting.
Tuesday 29 October 2024, 2pm-4pm.

PB thanked everyone for their invaluable input and closed the meeting.