



The Future of **Vascular Services** in South East Wales



WHAT ARE VASCULAR SERVICES?

Vascular disease is any condition that affects the network of your blood vessels. This network is known as your vascular or circulatory system. The main aim of vascular services is to reconstruct, unblock or bypass arteries to restore blood flow to organs. These are often one-off procedures, mainly to reduce the risk of sudden death, prevent stroke, reduce the risk of amputation or improve function. Vascular services also provide support to patients with other problems such as kidney disease.

Vascular disorders can reduce the amount of blood reaching the limbs, brain or other organs – for example, this can cause severe pain walking or strokes. Additionally, vascular abnormalities can cause sudden and life threatening blood loss if abnormally enlarged arteries burst. Vascular specialists also support other specialties, including major trauma, cardiology, diabetic medicine, stroke medicine, kidney dialysis and chemotherapy.

WHY ARE WE TALKING ABOUT VASCULAR SERVICES?

There are lots of challenges facing these services, making them difficult to run from all of the current hospital sites. These include:

- A growing need for the service
- Standards that say there is a need for a larger population to be served that is currently the case across our hospitals
- Unable to meet all of the quality standards required
- Difficulty in getting and keeping the workforce needed
- Services are spread too thinly across South East Wales
- Patient outcomes could be better

We would like to join our services up in a better way. By doing so, we would have similar arrangements to those already in place in South West Wales and North Wales.

WHO IS INVOLVED IN THIS PROGRAMME?

This engagement opportunity is being jointly led by all of the health organisations that secure vascular services for their populations:

- Aneurin Bevan University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Powys Teaching Health Board

The populations affected are:

- Blaenau Gwent, Caerphilly, Monmouthshire, Newport, and Torfaen
- Cardiff and the Vale of Glamorgan
- Rhondda Cynon Taff and Merthyr (Bridgend is part of the South West Wales Network)
- South Powys (other parts of Powys served by South West/North Wales Networks as well as networks in England)

THE FOCUS OF THIS ENGAGEMENT/ CONSULTATION

The future configuration of vascular services in South East Wales. Specifically:

To start a discussion with citizens across South East Wales about how vascular services are organised in the future.

It aims to share information about:

- What vascular services are
- Which people may be in need of vascular care
- How vascular services are provided now
- The challenges facing vascular services at the current time
- The options we have started to consider about how we could respond to these challenges
- What may be the advantages and disadvantages of any future transformations

WHO NEEDS VASCULAR SERVICES?

Patients who receive vascular services may have:

- Had a stroke and are at risk of having further strokes
- Blocked arteries in the legs causing pain which may deteriorate further and threaten the leg
- A bulge in the wall of the body's main artery which needs repair to prevent it rupturing
- Untreated or untreatable arterial blockages which mean they need an amputation

There are approximately 1300 appointments/operations undertaken every year in the South East Wales area.

HOW ARE SERVICES PROVIDED NOW?

Services are provided from

- University Hospital of Wales, Cardiff
- Royal Glamorgan Hospital, Llantrisant*
- Grange University Hospital, Cwmbran

*At the time of writing there is an urgent temporary arrangement in place for Cwm Taf Morgannwg University Health Board residents. Patients are currently being seen in either Aneurin Bevan University Health Board or Cardiff and Vale University Health Board as the service became undeliverable at the end of 2020.

HOW DO SERVICES PERFORM?

A measure of how well organisations do is kept and reported by the National Vascular Registry. They report against 5 key areas:

- An **abdominal aortic aneurysm** (AAA) is a bulge or swelling in the aorta, the main blood vessel that runs from the heart down through the chest and tummy
- A **carotid endarterectomy** is a surgical procedure to unblock a carotid artery
- Peripheral artery bypass is surgery to reroute the blood supply around a blocked artery in one of your legs
- Angioplasty is a procedure to open narrowed or blocked blood vessels that supply blood to your legs
- Major lower limb amputation

Our doctors have been talking about the services for some time...

"We do ok on the outcomes but think we could do better by changing the way our services are organised."

"We don't have the right number of people to treat to keep the skills we need by working separately."

"Developing a networked arrangement for vascular services would bring South East Wales into line with other parts of Wales."

"It would be better if we could do all of the operations in one place to make best use of workforce and keep the right level of skill."

In fact, their discussions go back as far as 2014...

Taking into account national guidance and best practice, they looked at the best way to organise services.

They assessed all of the options possible against the following:

- Quality & Safety (highest priority)
- Acceptability
- Strategic Fit
- Sustainability (ability for the services to be fit for now and the future)
- Access
- Achievability

They reached a collective agreement...

The best way to provide vascular services in the future would be via a hub and spoke model.

- This would mean that all major vascular operations are done in one hospital
- It would not change people going to their local hospitals for any work/advice before an operation or after the operation for recovery and rehabilitation
- It would mean best use of skill and staff
- Most importantly, it would mean better outcomes for patients

HAVE WE GIVEN THOUGHT TO WHERE THE HUB MAY BE?

Yes – there are lots of things to consider which include the need for a range of other services to be on the same site (for example, major trauma services).

Having made considerations and reviewing the location of those other services, the best fit for a hub is University Hospital Wales, Cardiff.



WHAT ABOUT THE SPOKES?

Spoke hospitals will be maintained at:

- Royal Gwent Hospital and Grange University Hospital
- Royal Glamorgan Hospital
- University Hospital Llandough and University Hospital Wales

Rehabilitation will continue to take place through all communities and local hospitals across the region.

WE WANT TO HEAR WHAT YOU THINK OF THE PROPOSED CHANGES...

The document you have just read is a summary of a much larger piece of work. If you are interested in more detail you can access it in our 'Full Document' via the designated web page or by contacting us.

We would like to hear your thoughts on the information we have shared. This public engagement opportunity runs for 8 weeks from Friday 19th February – Friday 16th April 2021.

Please provide us with feedback by completing the online survey via the below web pages: www.abuhb.nhs.wales/sewalesvascular www.cavuhb.nhs.wales/sewalesvascular www.cwmtafmorgannwg.wales/sewalesvascular www.pthb.nhs.uk/find/sewalesvascular

Alternatively, you can fill out the form below and send it to us in two ways: By scanning it, or taking a good quality photo and emailing it to us at sewalesvascular@wales.nhs.uk

Posting it to the below address: ENGAGE WITH US Woodland House Maes-y-coed Road Cardiff CF14 4HH

To speak to a member of the team for more guidance please call: 02921 836068

QUESTIONS

| 4 | OLS | | | | |
|----|---|--------------|--|--|--|
| 1. | From reading this discussion document, do you have a good understanding of wha vascular services are? | | | | |
| | Yes | No | Not sure | | |
| | Further co | mments: | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2. | From read | ling this do | cument, do you understand how services are currently organised? | | |
| | Yes | No | Not sure | | |
| | Further co | mments: | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| 3. | | | cument, do you have an understanding of the challenges that are ular services? | | |
| | Yes | No | Not sure | | |
| | | | | | |

Further comments:

| 4. | Is there any other information you think we should consider in order to decide whether we should move towards a networked arrangement for Vascular services in South East Wales? | | | | | | | | |
|----|---|--------------|------------|---------------------------|---------|----|--|----------|--|
| | Yes | No | Not sure | | | | | | |
| | Further cor | mments: | | | | | | | |
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| | | | | | | | | | |
| 5. | 5. Do you agree/disagree with the national evidence and recommendation from the clinical option appraisal that a hub and spoke model would improve vascular services and patien outcomes in South East Wales? | | | | | | | | |
| | Agree | Disagre | ee | Not sure | | | | | |
| | What other | r informatio | on would b | e useful for | you her | e? | | | |
| 6. | What are y | | | e hub being s on other | | | | of Wales | |
| | Please shar | e your view | /S: | | | | | | |

| 7. | Would you agree/disagree that spoke arrangements need to have a consultant led ED a an emergency surgery response on site? | | | | |
|----|--|--------------------|--|--|--|
| | Agree | Disagree | Not sure | | |
| | Please comme | ent or let us know | what additional information would be useful here: | | |
| 8. | Subject to you | ts? | bove, would you agree/disagree with the suggested spoke | | |
| | Agree | Disagree | Not sure | | |
| 9. | | | the process that has been followed to date to consider the ar services in South East Wales? | | |
| | Please share y | our views: | | | |
| 10 | • | | n you think we should consider in order to decide whether tworked arrangement in South East Wales? | | |
| | Agree | Disagree | Not sure | | |
| | Is there other | information we co | ould supply that would help here? Please comment: | | |

| 11. Do you have a view on the options that have been considered as part of this? Are there others we should consider? | | | | | | | | |
|--|---|----------|----------|--|--|--|--|--|
| | Agree | Disagree | Not sure | | | | | |
| | Further comm | nents: | | | | | | |
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| | | | | | | | | |
| 12 | 12. Do you have any comments on the process that is being undertaken to consider the best configuration of vascular services in South East Wales? | | | | | | | |
| | Please commo | ent: | | | | | | |
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| 13 | 13. Do you have an alternate view on the proposals put forward within this document for the configuration of services? | | | | | | | |
| | Agree | Disagree | Not sure | | | | | |
| | Further comm | nents: | | | | | | |
| | | | | | | | | |

MONITORING QUESTIONS

Age: 18-24 25-34 35-44 45-54 55-64 65 and over

Gender: Male Female Prefer not to say

Prefer to describe self as:

Postcode:

Which of these best describes your ethnic group?

White

Mixed/multiple ethnic groups

Asian/ Asian British

Black/ Black British

Arab

Prefer not to say

Other

Please tick the option the best categorises you as a respondent:

Current / previous patient

General public

Staff

Stakeholder

Carer of a current/previous patient

Have you attended or are you planning to attend one of the engagement events?

Yes No Maybe

Do you consider yourself a fluent Welsh speaker?

Yes No Maybe

