Improving vascular services in East Suffolk, North East Essex and the Colne Valley:

A public engagement exercise by the Five Rivers Vascular Network

Engagement exercise closes on **23 December** 2011

Contents

Dear Consultee

The vascular surgeons at Ipswich and Colchester hospitals have had a close working relationship since 2007, under the name of the Five Rivers Vascular Network.

We are driven by clinical excellence and giving patients the best possible treatment and care.

The Vascular Society of Great Britain and Ireland aims to halve the mortality rate for abdominal aortic aneurysm (AAA) surgery in the UK by 2013. It has developed a framework for the improvement of quality for elective, or planned, AAA repair. This currently recommends that hospitals undertaking fewer than 100 elective AAA repairs over three years should not continue to offer these procedures, as this is the level needed to develop and sustain clinician expertise for better patient outcomes. It is anticipated that this threshold will increase to 50 elective AAA procedures per year in the future or 150 over three years.

We recognise that, as separate clinical units, Ipswich and Colchester cannot individually achieve these volumes of activity into the future

Our proposal to integrate the two existing vascular services into one service will improve clinical quality and help to ensure the long term future of vascular care for patients in north east Essex, the Colne Valley and east Suffolk. Through the formation of an integrated service, expertise in vascular surgery will continue to be fostered and sustained in the local area. This will reduce the likelihood of services being transferred to larger hospitals further away, like Cambridge or Norwich, at a later date.

As a team of vascular surgeons we firmly believe in this proposal. We have carefully reviewed the options and have taken external advice in reaching our view. We are all of the opinion that the future of vascular services for east Suffolk, north east Essex and the Colne Valley can best be secured by consolidating our major surgical work for the patients we serve at Colchester General Hospital. However, most patients will not see a change as the majority of vascular patients are outpatients or day cases and these people will continue to receive care and treatment at their local hospital in Ipswich or Colchester.

In addition, an integrated vascular service will mean that there will be a local screening service for abdominal aortic aneurysm (AAA) for men in their 65th year. This will help reduce deaths from abdominal aortic aneurysm through early detection. We think it is extremely important to offer this screening, which is part of a national programme, as it has the potential to save lives and reduce the numbers of people having to have emergency vascular surgery. We are delighted that the National AAA Screening Programme has approved our integration plans. Their decision means we will be able to offer AAA screening locally after integration.

Because of these plans, we will install state of the art technology which will mean patients in east Suffolk, north east Essex and the Colne Valley will have a gold standard level of care for vascular services.

Many aspects of patient care and treatment will stay the same under the integration to a single service and most people will not notice a difference. But for those patients, staff, partners and communities who will be affected (directly and indirectly), we are keen to hear how you think our proposal will affect you and are asking you to help us ensure it is implemented well.

We are extremely grateful to you for your participation.

Yours sincerely

Isam Osman
Consultant Vascular Surgeon
Ipswich Hospital
Five Rivers Vascular Network

Chris Backhouse
Consultant Vascular Surgeon
Colchester Hospital
Five Rivers Vascular Network

Alan Cameron
Consultant Vascular Surgeon
Ipswich Hospital
Five Rivers Vascular Network

Adam Howard
Consultant Vascular Surgeon
Colchester Hospital
Five Rivers Vascular Network

Abdusalam Abu-Own
Consultant Vascular Surgeon
Ipswich Hospital
Five Rivers Vascular Network

Sohail Choksy
Consultant Vascular Surgeon
Colchester Hospital
Five Rivers Vascular Network

1. Executive summary

➔ *This section gives an overview of the whole integrated vascular service project and the engagement process.*

1.1 What is the Five Rivers Vascular Network?

Ipswich and Colchester hospitals have been working together, as the Five Rivers Vascular Network, since April 2007 to provide an emergency – or unplanned – vascular surgery service for people living in the areas of east Suffolk, north east Essex and the Colne Valley. The two hospitals, their primary care trusts (PCTs) and clinical commissioning groups have reviewed vascular surgery to determine how it could improve patient care if the most complex surgery were to be centralised on to one site.

The Five Rivers Network provides vascular care to the population of north east Essex PCT, the eastern part of Suffolk PCT and parts of Mid Essex PCT in the Colne Valley. In total the network serves a population of some 750,000.

1.2 Why has the Five Rivers Network decided that local vascular services need to change? What are the drivers for this change?

The main reason for the review of vascular surgery has been to improve patient outcomes, following evidence that hospitals which perform greater numbers of complex vascular surgery have significantly lower mortality. Although both hospitals have good outcomes already we want to achieve even better results for our patients.

The Vascular Society of Great Britain and Ireland aims to halve the mortality rate for abdominal aortic aneurysm (AAA) surgery in the UK by 2013. It has developed a framework for the improvement of quality for elective, or planned, AAA repair. This currently recommends that hospitals undertaking fewer than 100 elective AAA repairs over three years should not continue to offer these procedures, as this is the level needed to develop and sustain clinician expertise for better patient outcomes. It is anticipated within the profession that this threshold will increase to 50 elective AAA procedures per year in the future – or 150 over three years. Both hospitals were aware that it needed to plan for that, as Ipswich is carrying out 27 planned AAA repairs a year and Colchester 48 a year.

We are not alone in reviewing the way in which major vascular services are provided. Around the country most regions will be doing such a review because a significant number of hospitals do not have enough vascular surgery patients to meet the profession's national standards for improving clinical outcomes and reducing mortality.

Another issue we want to consider is the local introduction of a national programme of screening to test all men in their 65th year who might have an

abdominal aortic aneurysm. The screening will help reduce deaths from AAA through early detection. Colchester and Ipswich hospitals individually cannot introduce the new screening programme locally as neither has the necessary recommended population within their separate catchment areas. The integration of the two units will give a combined population of around 750,000 which is acceptable to the national screening committee and we are delighted that the National AAA Screening Programme has approved our integration plans. Their decision means that we will be offering AAA screening locally following integration.

The Five Rivers Network has taken a clinically-led approach to determine how vascular services should best be delivered in the east Suffolk and north east Essex and Colne Valley areas. This process included an investigation of options by consultants from Ipswich and Colchester through "The Future Service Model" and an independent review by an impartial expert. The recommendation on reconfiguration has itself been reviewed by the Department of Health's National Clinical Assessment Team (NCAT).

1.3 Why can't services stay as they are?

Through "The Future Service Model" the Five Rivers Network considered, among the options available, whether it was possible to keep vascular services as they currently are – being delivered separately at both Colchester and Ipswich hospitals with on call arrangements for emergencies. While this might appear to be more convenient to patients in both localities in the short-term, in the light of national guidance on minimum numbers, the Five Rivers Vascular Network believes this not to be viable in the mid- and long-term, and not in the overall interests of patients.

The benefits of integrating vascular services provided in Ipswich and Colchester also mean that local communities will have services nearer than would otherwise be possible. The new national standards for vascular services are based on clinical evidence which shows that hospitals which perform a greater number of complex vascular surgery procedures have significantly better clinical outcomes. Individually, our two hospitals do not have enough patients to support services that meet these national standards. Unless we integrate our services, patients would have to travel to larger centres such as to Cambridge and Norwich for more complex vascular surgery and local services would be eroded.

Keeping vascular services as they are would also mean that the Five Rivers Vascular Network would be unable to meet the nationally set criteria to be able to offer AAA screening to men aged 65 in the local area. This is a clinical priority for the Five Rivers Network, as evidence shows it would reduce deaths through early detection.
The Five Rivers Network has decided that, based on these clinical needs, major vascular services at Colchester and Ipswich hospitals cannot stay as they are, and have to be integrated. This means that there will be one vascular service delivered out of both hospitals.

1.4 How will an integrated vascular service work? What will be different for patients?

Integration means one of the two partner hospitals will become the main site for the service; this main or centre hospital will coordinate the service being delivered to patients in east Suffolk and north east Essex and the Colne Valley and will treat inpatients having more complex vascular surgery. Complex surgery procedures include all vascular emergencies and major elective surgery such as AAA repair, carotid endarterectomy and lower limb bypass surgery. These procedures are required by a relatively small number of patients each year (see 1.5 below).

For some patients, this will mean going to the centre hospital for their operation, even though it is not their nearest hospital. However, much of their care will still be delivered at their local hospital such as their outpatient appointment and investigations and in some cases patients will be transferred back to their local hospital for recovery following surgery.

Most patients using vascular services in Ipswich and Colchester will not notice a change as a result of the new integrated vascular service. The vast majority of vascular patients are outpatients or day cases and will continue to receive care and treatment at their local hospital, so will not be directly affected. It is only major surgery that will go to the centre hospital.

1.5 How many major operations each year are carried out?

Based on the current annual number of planned operations, it is likely that 87 people from the east Suffolk area each year would have to have major arterial surgery and be affected by this change. For those in the Colne Valley and north east Essex, 114 individuals would be affected. See the table below.

	Ipswich Hospital	Colchester Hospital
Elective abdominal aortic aneurysm repairs	27	48
Elective carotid endarterectomy	32	40
Elective major limb salvage operations	28	26
Total	87	114

Operations per year, averaged from 2008-10

1.6 How has the Five Rivers Network identified which hospital should be the main hospital for the service?

Following the Network's agreement in principle to integrate services and centralise complex surgery to a single vascular service, the next stage was for the Five Rivers Network to agree which hospital, Colchester or Ipswich, should become the central site.

This decision was clinically-led and informed by an independent review. The review was conducted by Professor Michael Gough, a consultant at Leeds General Infirmary and Professor of Vascular Surgery at University of Leeds and past president of the Vascular Society of Great Britain and Ireland.

Following Professor Gough's review the Department of Health National Clinical Assessment team (NCAT) review was conducted by Tony Giddings, retired general and vascular surgeon from Guy's and St Thomas' Hospitals and previous President of the Association of Surgeons of Great Britain and Ireland. The purpose of the NCAT review was to assess the clinical rationale for the reconfiguration of major surgical work.

The NCAT review concluded that "the reconfiguration of Vascular Surgery Services is an appropriate aim".

Professor Gough's review recommended that taking many factors into consideration "the needs of the vascular service would be best served by centralisation at Colchester".

The Five Rivers Network considered the NCAT review which concluded that integration was clinically appropriate, and Professor Gough's review recommending Colchester as the central site, and all the related issues involved. The Five Rivers Network has come to the view that the best clinical option for an integrated vascular service for east Suffolk, north East Essex and the Colne Valley is that Colchester Hospital should be the site which delivers the most complex vascular surgery and be responsible for coordinating AAA screening for the whole area.

The main reason for this is that Colchester Hospital already provides major complex surgery for more patients than Ipswich. This means it has good foundations to develop this aspect of an integrated service. In particular, it will allow investment in state of the art facilities at Colchester Hospital.

Both Colchester and Ipswich hospitals will continue to deliver the care and treatment to their local patients that do not fall into the complex inpatient category.

Based on an annual average of vascular inpatients treated at Ipswich Hospital, clinicians believe that approximately 87 patients having planned complex vascular surgery from east Suffolk a year will be directly affected as a result of this service integration. However, doctors strongly believe that the

benefits of better clinical outcomes for patients significantly outweigh the inconvenience of additional travel.

1.7 What Five Rivers Network is asking of you.

The Five Rivers Network wants to hear your views about how the proposed changes might affect local people.

Doctors believe that an integrated service will enhance services for patients for clinical reasons. However, the Five Rivers Network acknowledges that integrating vascular services into one service is likely to have implications for some patients, patients' families, carers and staff.

The work to integrate vascular services for east Suffolk, north east Essex and the Colne Valley has been clinically-driven from the start. Doctors believe it will result in higher quality treatment and better patient outcomes. The Network wants to ensure that patient care is the best it can be, that the experiences of patients and families will be good as possible under the new service, that staff are supported through the transition, and that the needs of diverse communities in Suffolk and Essex will be taken into account.

This is why the Network is having a period of discussion and engagement with local patients, carers, community groups and staff.

1.8 When will the engagement take place?

The vascular services engagement opens on **3 October 2011.**

The vascular services engagement closes on **23 December 2011.**

2. Vascular services

➔ *This section describes what vascular surgery is and which medical conditions are treated by vascular services.*

2.1 What are vascular services?

Vascular services are the delivery of vascular treatment, care and surgery to patients. Vascular surgery involves treating patients with disorders of the arteries, veins and lymphatics. It is concerned with the prevention of:

- Death from ruptured aortic aneurysm
- Stroke due to carotid artery disease
- Lower limb amputation from peripheral arterial disease
- Venous ulceration in the lower limb

The broad categories within vascular services are:

- Surgery for vascular disease
- Interventional radiology for vascular disease
- Outpatient and ambulatory/day case services for vascular disease

Surgery for vascular disease includes a range of arterial and venous reparative and reconstructive surgery for the treatment of aneurysm and other abnormal blood vessels, limb ischemia, carotid artery disease, peripheral and visceral arterial disease, thoracic outlet surgery and venous disease. Surgery can also include vascular access work both for patients with cancer and patients with kidney failure going on to dialysis.

Interventional radiology for vascular disease involves both diagnosis of arterial disease and a range of minimally invasive image-guided techniques for stenting and repair of vessels for treatment of the same range of diseases.

In addition, to the categories set out above, it is important to note that vascular services support and contribute to a range of other clinical specialties particularly diabetes, stroke, renal and cardiology and vascular radiology (particularly interventional) for non-vascular surgical disease.

2.2 Vascular vocabulary

Abdominal Aortic Aneurysm (AAA)	When the large blood vessel that supplies blood to the abdomen, pelvis, and legs becomes abnormally large or balloons outward.
Amputation	Is the removal of a limb by surgery.
Aneurysm	Is a bulge in a blood vessel that is caused by a weakness in the blood vessel wall.
Cardiology	Is the branch of medicine which deals with the diagnosis and treatment of heart diseases.
Carotid artery disease	The carotid arteries provide the main blood supply to the brain. There carotid arteries are located on each side of the neck under the jawline. Carotid artery disease is a condition in which these arteries become narrowed or blocked. When the arteries become narrowed, the condition is called carotid stenosis.
Day case	Patients and treatment that does not require an overnight stay in hospital.
Diabetes	Is a condition where the amount of glucose in the blood is too high because the body cannot use it properly. This is because the pancreas does not produce any insulin, or not enough, to help glucose enter the body's cells – or the insulin that is produced does not work properly.
Elective	Refers to treatment and surgery which is planned in advance. Elective patients are 'planned' patients.
Emergency	Refers to unplanned and serious cases (as opposed to **elective** cases).
Endovascular aneurysm repair (EVAR)	Is surgery to repair an aneurysm in the aorta (the largest blood vessel in your body) to stop it from bursting. EVAR is also known as stent grafting, as it involves inserting a graft mounted on slender metal tubes (**stents**).
Inpatient	Patients who have major procedures, or serious health issues, which result in them staying in hospital over night.
Interventional radiology	Is a subspecialty of radiology in which minimally invasive procedures are performed using image guidance. Some of these procedures are done for purely diagnostic purposes (e.g. angiogram), while others are done for treatment purposes (e.g. angioplasty).
Limb ischemia	Occurs when there is a lack of blood flow to a limb. It is usually due to either an embolism or thrombosis of an artery in those with underlying peripheral vascular disease.
Lymphatics	Small thin channels similar to blood vessels that do not carry blood, but collect and carry tissue fluid (called lymph) from the body to ultimately drain back into the blood stream.
Outpatient	Patients who have an appointment at the hospital, but who do not stay over night.

Peripheral arterial disease	Occurs when plaque builds up in the arteries that carry blood to the head, organs, and limbs. Plaque is made up of fat, cholesterol, calcium, fibrous tissue, and other substances in the blood.
Radiology	The branch of medical science dealing with the medical use of X-rays or other penetrating radiation.
Renal	Related to kidneys.
Stenting	Inserting artificial 'tubes' into a natural passage/conduit in the body to prevent, or counteract, a disease-induced, localised flow constriction.
Stroke	Is a serious medical condition that occurs when the blood supply to part of the brain is cut off.
Thoracic outlet surgery	Treatment for thoracic outlet syndrome (TOS) which is a condition caused by compression of the nerves or the vein and artery that emerge from the chest at the root of the neck.
Vascular	Related to blood vessels.
Vascular disease	Is mainly caused by hardening of the arteries (atherosclerosis) due to a thickening of the artery lining from fatty deposits or plaques (atheroma).
Venous disease	Includes blood clots, deep vein thrombosis, superficial venous thrombosis or phlebitis, chronic venous insufficiency, varicose and spider veins and **ulcers**.
Venous ulceration	Are wounds that are thought to occur due to improper functioning of venous valves, usually of the legs.
Vessels	The blood vessels are the part of the circulatory system that transport blood throughout the body.
Visceral arterial disease	Visceral artery disease refers to the narrowing of the arteries that supply blood to the intestines, spleen and liver. Atherosclerosis is the hardening of the arteries due to plaque and fatty deposits building-up on the artery wall, and causes the narrowing of the arteries. Sometimes these arteries develop aneurysms.

2.3 Who's who in local vascular services

Who	What
Colchester Hospital University NHS Foundation Trust	'Colchester Hospital' is a healthcare provider.
East of England Ambulance Service NHS Trust	Provider of ambulances in the region.
Five Rivers Vascular Network	Partnership of vascular clinicians and commissioners which is leading the project to integrate vascular services.
Clinical commissioning groups	Refers to the new responsibilities of GPs and other clinicians to lead on the commissioning ('buying') of healthcare services. Clinical commissioning groups will take over many of the PCTs' responsibilities soon.
Ipswich Hospital NHS Trust	'Ipswich Hospital' is a healthcare provider.
NHS East of England	The strategic health authority for the region; it is the 'layer' between the Department of Health and local healthcare commissioning.
NHS Mid Essex	Is a commissioner of healthcare in the local area, meaning it 'buys' local services (also called a primary care trust or PCT).
NHS North East Essex	Is a commissioner of healthcare in the local area, meaning it 'buys' local services (also called a primary care trust or PCT).
NHS Suffolk	Is a commissioner of healthcare in the local area, meaning it 'buys' local services (also called a primary care trust or PCT). It does not buy services for Waveney.
Vascular Society of Great Britain and Ireland	Is a registered charity founded to relieve sickness and to preserve, promote and protect the health of the public by advancing excellence and innovation in vascular health, through education, audit and research. The society represents and provides professional support for more than 600 members, including vascular surgeons, vascular radiologists and others.

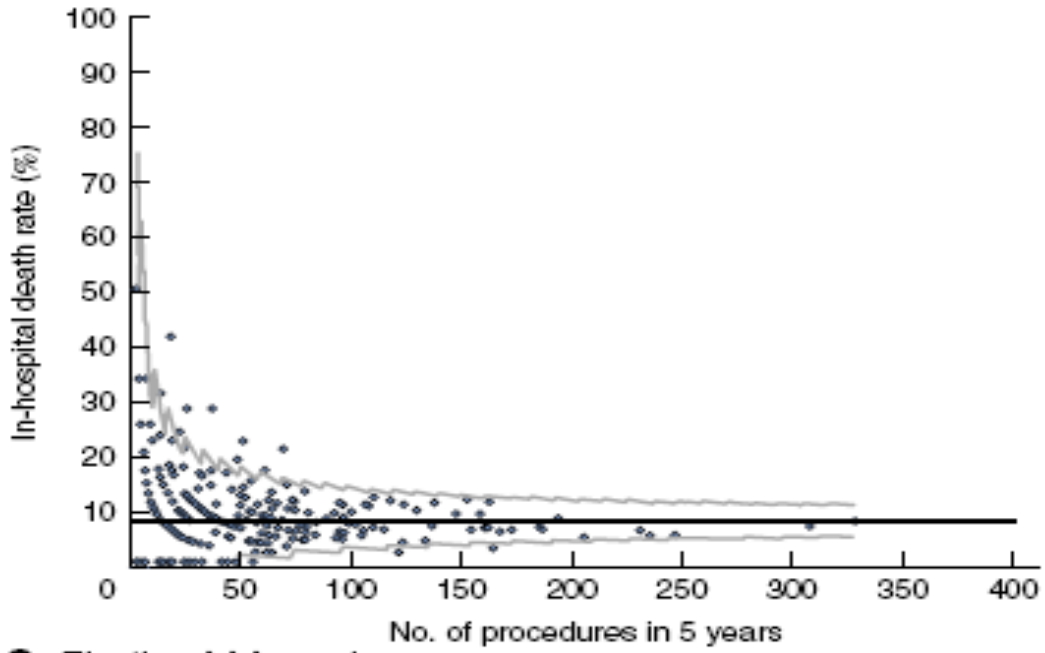
3. Support for change in a national context

➔ *This section gives some examples of national evidence and expertise which has informed the Five River Vascular Network in its decision-making process.*

3.1 The importance of 'volume' in vascular services

The Vascular Society of Great Britain and Ireland aims to halve the elective mortality rate (to 3.5%) for AAA surgery in the UK by 2013. It has developed a system to improve the quality of elective AAA repair. It recommends that hospitals undertaking fewer than 30 elective AAA interventions per year should no longer offer these procedures; this is the level needed to develop and sustain clinician expertise. This is likely to move to 50 interventions per year in future.[1]

In vascular disease, evidence is becoming stronger that there are more positive outcomes for patients where there is a higher volume of interventions for AAA and carotid disease.[2] The volume outcome effect can be seen clearly in the following graph from a report in the British Journal of Surgery – Epidemiological study of the relationship between volume and outcome after abdominal aortic aneurysm surgery in the UK from 2000 to 2005.[3]



a Elective AAA repairs

[1] The Vascular Society for Great Britain and Ireland http://www.vascularsociety.org.uk/
[2] AAA Quality Improvement Programme http://www.aaaqip.com/aaaqip/evidence-base.html
[3] Holt PJE, Poloniecki JD, Loftus I, Michaels JA, Thompson MM. Epidemiological study of the relationship between volume and outcome after abdominal aortic aneurysm surgery in the UK from 2000 to 2005. *Br J Surg.* 2007;94:441–8.

The use of interventional and minimally invasive techniques is a rapidly developing area within vascular services and this is expected to continue. National Institute of Clinical Excellence (NICE) published Guidance (TAG 167) in February 2009 recommending endovascular aneurysm repair (EVAR) as a treatment option for infra-renal abdominal aortic aneurysms. It also highlights the need for endovascular aneurysm repair to be performed only in specialist centres. There is likely to be a further shift towards endovascular repair of aneurysms over coming years as studies have shown it can reduce mortality following treatment,[4] but again it requires the 'critical mass' of procedures to be taking place.

3.2 The case for AAA screening

Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. They can then be offered information, further tests and appropriate treatment to reduce their risk and / or any complications arising from the disease or condition.

A national programme of screening for AAA is being introduced on a phased basis across England for men aged 65 (men will be invited to attend during the year they become 65), with the aim of reducing deaths from AAA through early detection. Older men can also request a screen if they have not been screened previously.

The impact of AAA screening will be an increase in activity for elective aneurysms and a gradual decrease in activity for emergency aneurysms.

To be eligible to be an AAA screening programme a number of criteria need to be met. The criteria are set out in the 'Essential elements in developing an Abdominal Aortic Aneurysm (AAA) Screening & Surveillance Programme' National Screening Committee (2008) which can be found at the following website http://www.library.nhs.uk/SCREENING/ViewResource.aspx?resID=260861. The criteria include meeting the requirements of the Vascular Society's 'Framework for Improving the Results of Elective AAA Repair'.

For more information about the NHS AAA Screening Programme please visit http://aaa.screening.nhs.uk.

[4] Greenhalgh et al., Lancet 2004: Sep 4-10;364 (9437)818-20 / Lee et al., J Vasc Surg 2004, 39:491-6

3.3 A local response to the national context

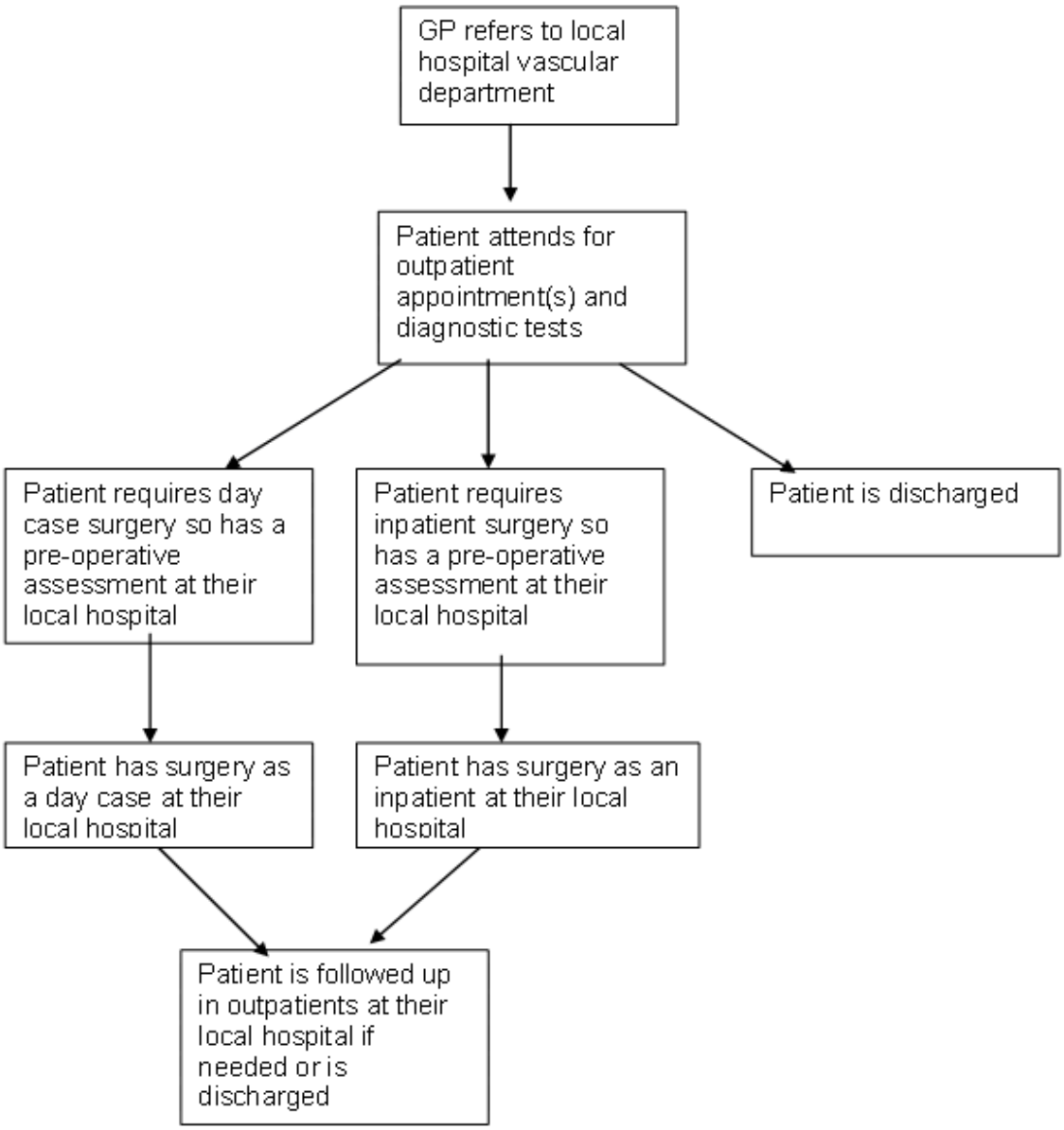
- Although Ipswich and Colchester hospitals in the Five Rivers Network area currently perform the minimum numbers of required AAA repairs this will not be the case in the future to meet national standards. By combining into one integrated service, and for this surgery to happen all on one site, they will have a 'critical mass' of patients, i.e. enough patients to make a local vascular service viable in the long-term, and clinically safer.
- An integrated service means that patients in east Suffolk, north east Essex and the Colne Valley will be more likely to be able to access new vascular procedures locally in future, including developments in endovascular repair (EVAR) of more complex aneurysms such as fenestrated endovascular repair (EVAR) of aneurysms and thoracic endovascular aneurysm repair (TEVAR).
- Because of improved radiological specialist cover, EVAR will be able to be offered to more of the suitable emergency patients in line with emerging clinical practice
- An integrated service means that the Five Rivers Network will meet the criteria to offer AAA screening in the local area to men aged 65.

4. What an integrated vascular service will look like

➔ *This section gives diagrams outlining the 'clinical pathways'. A pathway is what actually happens to patients when using vascular services. The current and proposed pathways are shown for comparison.*

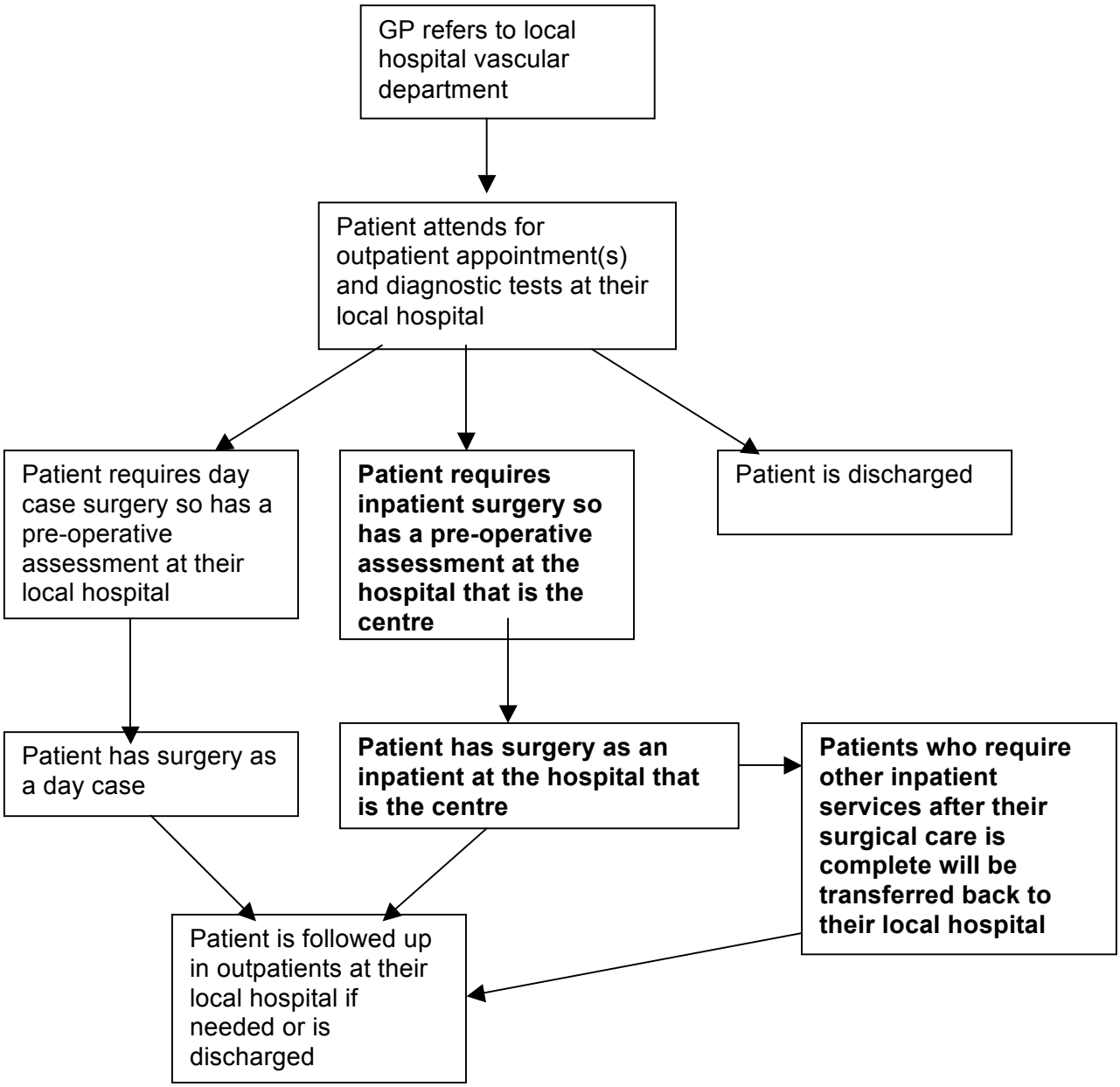
4.1 Clinical pathways for elective (planned) patients

Elective: Current



Elective: Proposed

Items in **bold** are the changes from the current pathway



How is this different for elective patients?

- Elective vascular patients from the east Suffolk area who need inpatient surgery will go to Colchester Hospital for a pre-operative assessment and for their surgical procedure.
- Elective vascular patients from the east Suffolk area who need other inpatient services after their surgical care is complete can be transferred back to their local hospital for these.

How is this different for emergency patients?

- It is envisaged that when the integration of vascular services is complete, changes to emergency arrangements will come into place. Upon all elements of vascular integration being in place emergency patients will be transferred to Colchester Hospital in an emergency ambulance, where these patients will receive inpatient care and/or surgery.
- If emergency vascular patients within Ipswich Hospital are, based upon a clinical decision, considered not sufficiently stable to transfer to Colchester Hospital, the on-call vascular surgeon will come to Ipswich Hospital instead. There will also be cases where, once stabilised, patients will be transferred on to Colchester Hospital.
- Emergency vascular patients who need other inpatient services after their surgical care is complete will be transferred back to their local hospital for these.

5. The impact of an integrated vascular service

➔ *This section suggests who could be directly and indirectly affected by the proposed service, and therefore who might have an interest in responding to this engagement. It also outlines the predicted effects, positive and negative,of the changed service.*

5.1 Who will be affected by integration?

The Five Rivers Vascular Network wants to hear from anyone who feels that the change to an integrated vascular service could affect them (or the community they represent), both directly and indirectly. People who could have an interest in this issue might include, but is not exclusively limited to:

- Carers
- People with diabetes
- Elected representatives
- Heart patients
- Hospital community
- Kidney patients
- NHS partners
- Older people
- Patients' families
- Primary care
- Public
- Staff
- Statutory partners
- Stroke patients
- Transport services
- Vascular patients
- Voluntary sector
- Vulnerable and marginalised communities

5.2 Summary of key points

The main reason for the review of vascular surgery has been to improve patient outcomes. Clinical evidence shows that hospitals which perform greater numbers of complex vascular surgery have better patient outcomes including significantly lower mortality. Although both hospitals have good outcomes already we want to achieve even better results for our patients.

As an integrated service, the Five Rivers Vascular Network will also be able to meet the nationally set criteria to provide local Abdominal Aortic Aneurysm (AAA) screening for men aged 65. This is a clinical priority for the Five Rivers Network, as evidence shows it would reduce deaths through early detection. Unless the services in Ipswich and Colchester are integrated, it is likely in the future that services such as complex vascular surgery will need to transfer larger centres such as Norwich or Cambridge to ensure patient care meets higher clinical national standards.

Integration will allow further development of the Endovascular aneurysm repair (EVAR) programme to include more complex cases such as fenestrated EVAR and thoracic EVAR. Patients with more complex needs will then be treated in a local not regional hospital.

It should be stressed that most patients of vascular services will not notice a significant change to the way their care and treatment is delivered following integration because:

- The majority of vascular patients are outpatients or day cases. They will continue to receive care and treatment at their local hospital, either Ipswich or Colchester.
- Elective and emergency vascular patients in the north east Essex and the Colne Valley areas who need inpatient services will continue to receive these from Colchester Hospital, which is their local hospital.

However, integration is likely to have direct implications for some patients, patients' families and staff. In particular, elective and emergency vascular patients in the east Suffolk area who need inpatient services will receive these at Colchester Hospital.

Benefits of an integrated vascular service

- An integrated service is in a better position to offer the best quality of care, develop the latest techniques and improve clinical standards.
- It is expected that the greater volume of vascular surgery performed at a single site will mean better clinical outcomes for patients.
- The new service will have state of the art equipment which will improve care, treatment, overall patient experience and clinical outcomes.
- Integration of vascular services is the best clinical decision because local expertise will be developed and sustained. A larger vascular unit will encourage the retention and recruitment of high quality staff.
- Integrating teams of specialists at both sites will strengthen the service.
- Ipswich and Colchester hospitals will be able to offer AAA screening to men aged 65.
- It will allow further development of the Endovascular aneurysm repair (EVAR) programme to include more complex cases such as fenestrated EVAR and thoracic EVAR. Patients with more complex needs will then be treated in a local not regional hospital.
- It secures the long-term future of vascular services for east Suffolk, north east Essex and the Colne Valley, rather than these services moving to centres further away, such as Cambridge and Norwich. This will ensure a local service for the population.

Issues that need to be considered

- A small number of elective patients in the east Suffolk area, and their families / carers, will need to travel further but this will be planned with the families.
- Some families / carers of emergency patients in the east Suffolk area will need to travel further. Since 2007, some patients have already experienced this because the surgeons have worked together to share this emergency work.
- Staff at Colchester and Ipswich hospitals will need to change their working practices to accommodate integration of the surgical procedures, and manage a time of transition. Integration will further strengthen opportunities for professional development – it will create a staff body that is big enough to sub-specialise and so be in a strong position to offer new, very specialised treatments. It is also easier in a bigger staff to manage the necessary ongoing training and development that ensure our local service is up to date with the very latest techniques.
- Staff in the ambulance service will need to change their working practices for the integration, and to manage the transition. The Network is working closely with colleagues in the ambulance service.

6. How can I take part in the Improving Vascular Services engagement?

➔ *This section describes how you can give your views on the whole integrated vascular service*.

The Five Rivers Vascular Network is keen to hear all views, suggestions and feedback to help ensure the successful implementation of the integrated service. Members of the Network wish to fully understand how the new service will affect local people and allow an opportunity for full discussion of resulting issues.

There are a number of ways people can give their views on the proposal for an integrated vascular service in east Suffolk and north east Essex. You can complete a questionnaire (attached to this document), send in a written submission or attend an engagement event in person.

All responses must be received before the engagement closes on 23 December 2011.

Completed hardcopy questionnaires and letters can be posted to:

Improving Vascular Services Engagement
NHS Suffolk
Rushbrook House
First Floor, Communications
Paper Mill Lane, Bramford
Ipswich, Suffolk IP8 4DE

Now complete the questionnaire online by clicking the following link:
http://www.suffolk.nhs.uk/vascularservices
Send emails to: comms@suffolkpct.nhs.uk

Attend one of the scheduled public events:

Date	Time	Venue
Tuesday 11 October 2011	6.30 – 8.00 pm	Lecture Theatre, Postgraduate Centre The Ipswich Hospital NHS Trust
Monday 17 October 2011	6.30 – 8.00 pm	Postgraduate Medical Centre Colchester General Hospital

For more information, or to enquire about arranging a special meeting or focus group in your local area on the issues raised in this engagement, please contact **Tel: 01473 770014**.

English

If you would like a short summary of this document, or the whole document in another format – such as EasyRead, large print, Braille, Audio – and / or translated into another language, please contact us on 01473 770014.

Polish

Jeśli chcieliby Państwo otrzymać krótkie podsumowanie niniejszego dokumentu lub cały dokument w innym formacie- np. EasyRead, dużą czcionką, w alfabecie Braille'a, w formacie Audio – oraz/ lub w innym języku, prosimy o skontaktowanie się z Nami pod numerem telefonu 01473 770014.

Chinese [MANDARIN]

如果您希望获得该文件的简短摘要或者全文其他格式—例如简易版、大字版、盲文版、音频版—以及/或者翻译为其他语言，请拨打 01473 770014 联系我们。

Bengali

যদি আপনি এই নথিপত্রের একটি সংক্ষিত সার, বা সম্পূর্ণ নথিপত্র অন্য কোন ফরম্যাটে - যেমন সহজেই পাঠ যোগ্য, বড় প্রিন্ট, ব্রেইল, অডিও – এবং / বা অন্য কোন ভাষায় অনুবাদ করা অবস্থায় চান, অনুগ্রহ করে আমাদের সঙ্গে ০১৪৭৩ ৭৭০০১৪ নম্বরে যোগাযোগ করুন।

Portuguese

Se pretende obter um pequeno resumo deste documento, ou todo o documento noutro formato – como EasyRead, letras maiúsculas, Braile, Áudio – e/ou traduzido para outro idioma, por favor contacte-nos através do número 01473 770014.

Kurdish

ئەگەر دەتانەوێت کورتەیەک یان هەمووی ئەم بەڵگەیەتان لە فۆرماتێکی تردا وەکو ئیزی رید، چاپی گەورە، بریل، بە دەنگ - و/ یان وەرگێڕدراو بۆ سەر زمانی کوردی هەبێت، تکایە بە ژمارە تەلەفۆنی 01473 770014 پەیوەندیمان پێوە بکەن.

Farsi

اگر مایلید خلاصه ای کوتاه یا کل این سند را به فرمت دیگری مانند ایزی رید، چاپ درشت، بریل، صوتی – و/ یا ترجمه شده به زبان فارسی داشته باشید، لطفا با شماره 01473 770014 با ما تماس بگیرید.