

# Review specialist vascular services: summary of patient and public feedback at 10 listening events July 2015

## Listening events

For the early engagement on specialist vascular services by NHS England, the South East Commissioning Support Unit was commissioned to facilitate 10 public listening events. These took place during July 2015, which were combined and publicised with a series of listening events about stroke services in Kent and Medway. These took place in each Clinical Commissioning Group area (some having more than one to reach local residents) although the numbers were small overall, 64 people took part in the discussions about vascular services. There were a range of people who had used vascular services, their family, interested members of the public with some clinicians, CCG lay reps and commissioners.

Event attendees viewed a presentation setting out what the services consisted of, the national guidance by the vascular society, the challenges faced by services meeting this and the risks around workforce. Participants then had the opportunity to put questions to the specialist commissioners.

Following this, attendees were invited to discuss their responses to the presentation and the issues this brought up during the question and answer session. Then, in small groups facilitated by engagement staff, the attendees were able to discuss what patients wanted or expected of specialist vascular service.

## Patient Quotes

- “ Nothing could have been improved in hospital, but discharging me was so slow and the trip back home was exhausting and uncomfortable with the pain “
- “ Because of having used a centre with specialist staff I would want that quality again “
- “ Fix my problem without killing me”
- “The most important thing is the way I was treated by staff and the doctors”

## Patient experience of services

Generally those patients who had used the services locally or in London centres were very complimentary about the skills of the doctors and treatment they received from the staff.

There were a couple of issues raised around the speed of referral and diagnostic tests.

Screening services were raised at several events: whether they were effective enough? Despite men over 65 being the target of screening not everyone present who fit this criterion had received their letter.

Participants also asked who could request screening, and whether women should receive it. Patients also suggested that preventative steps should be promoted to patients and the risks they ran in ignoring it should be highlighted, particularly for diabetics given the high levels of amputations reported.

### Emerging Themes

#### **Vascular Services not joined-up**

Patients and carers commented that when having a series of diagnostic tests, assessments, consultant visits, procedures and aftercare there is a lack of co-ordination among the different locations, services and providers.

Participants felt there should be clinical networks and better joined up working with other clinical disciplines – such as diabetes care, urgent care and maternity. So patients received better joined up services and staff had more support across different disciplines and specialties.

#### **Importance of assurance/reassurance of ‘best’ specialist service**

Patient commented on ‘Googling’ consultants while waiting for tests and referrals and wanting to be reassured that specialists were the ‘best’ or ‘top’ in their fields.

Participants felt that having access to a specialist vascular team or centre was the most reassuring in a life threatening situation, and having good access to such a service in Kent and Medway was vital.

The need for high calibre staff with the specialist skills, and capacity to deliver the service 24/7 was the most important factor in the service model.

## **Multi-faceted decision-making process**

Patients and carers highlighted the importance of:

- Workforce and the possibility of attracting the best specialists to Kent
- Speed of access to specialist care seems vital
- Considering the specifics of local populations when planning and designing options for vascular services as the review goes forward.
- Patient/clinical choice needs to be recognised many people look to large London hospitals as centres of excellence – they can't be forced to ignore that
- Considering transport networks, especially given the recent difficulties due to operation stack

## **Case for change**

Participants were concerned about the current circumstances, and felt the review needed to explore options for the way forward including:

- One service readily accessible to everyone by having a central location
- Considering a collaborative between the two local services
- The potential population growth in Dartford
- The feasibility of altering the flow of patients to London, whilst other participants were adamant that this would not be democratic as it ignored patient choice, the reliance and recognition of large London hospitals by resident populations currently using this service, and the clinical referrals and relationships which supported it.
- Participants ruled out the idea of relying totally on London and believe it's important to have a service in Kent and Medway
- Commissioners stressed that we still had a lot of detailed work to do before options could be considered.

## What patients want from a positive service model is:

- We do want choice, but there are a lot of factors which will influence that choice, so we need good information to assess and make that choice.
- Information and communication is very important particularly for anxious family and carers
- A strong, consultant team with the relevant support staff
- People need support particularly following amputations, and to know what assistance is available
- Speedy access if emergency, and smooth access for elective care – no more poor appointment systems
- “best treatment possible, as quickly as possible” alternatively “if only 10% of vascular services are emergencies what difference does a timeframe make”
- Joined up working between services