

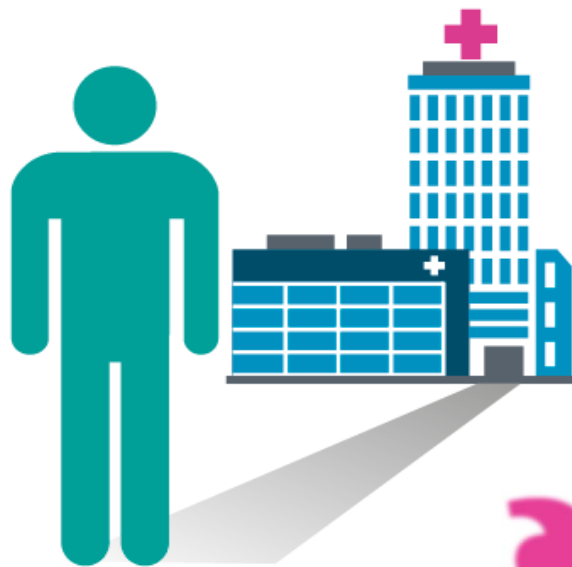
healthwatch

County Durham

Vascular services for County Durham and Darlington

Making sure vascular services are high quality and
sustainable now and into the future

March 2019





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Healthwatch County Durham

Healthwatch County Durham is the county's consumer champion for health and social care, representing the voices of current and future users to decision makers.



We listen

We listen to patients of health services and users of social care services, along with their family members or carers, to find out what they think of the services they receive.



We advise

We advise people how to get the best health and social care for themselves and their family. We provide help and information about all aspects of health and social care provided in County Durham.



We speak up

We make sure that consumers views are heard by those who provide health and social care. Wherever possible we try to work in partnership with providers to influence how they make improvements.

Executive Summary

Vascular services were provided from four vascular centres in the North East, James Cook University Hospital, in Middlesbrough, the Freeman Hospital, in Newcastle, Sunderland Royal Hospital and University Hospital of North Durham.

A review by the Northern England Strategic Clinical Network, who provides targeted health system support to improve health outcomes and reduce variation of patient care, concluded that the North East vascular service should be re-configured to a maximum of three vascular centres that provide a full, high quality vascular service, instead of four centres.

James Cook University Hospital, in Middlesbrough, and Freeman Hospital, in Newcastle, are major trauma centres so must continue to provide a full vascular service. The third vascular centre in the North East was therefore a choice between Sunderland Royal Hospital and University Hospital of North Durham.

To help make this decision, County Durham and Darlington NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust requested an independent clinical review, which was carried out by the Vascular Society of Great Britain and Ireland. This review recommended that full vascular services should be delivered from three centres, and that Sunderland Royal Hospital should be the third vascular centre.

After extensive discussions between all the NHS organisations involved, and taking into consideration the case for change report and independent review, a consensus has been reached that the third vascular centre should be at Sunderland Royal Hospital.

In preparation for implementation on the 1st May 2019, the Durham Overview and Scrutiny Committee (OSC) asked NHS England to under-take a series of listening and informing events.

It was agreed the research would also be carried out by doing a survey, developed by NHS England and Improvement. The survey was sent out to around 1200 vascular patients and was also available online to the public. The listening and informing events gave former patients, their family members/carers and interested members of the public the opportunity to talk about their experiences, give their views about the reconfiguration of services and to share what was important to them as a patient or carer.

The locations for the listening and informing events were:

- Durham City
- Spennymoor
- Stanhope
- Barnard Castle
- Darlington
- Consett

As an independent consumer champion, Healthwatch in County Durham and Darlington were asked to facilitate the events and capture feedback, collate the responses to the patient survey and to produce an independent report detailing the findings.

To assist the relevant NHS decision makers in the transition from four to three vascular centres, the following recommendations are based on the views, experiences and aspirations of patients and carers in County Durham.

Patient and family travel - The vast majority of patients told us in the survey they had travelled by car to hospital, it is unlikely this will change in the short-term. It's important that patients have:

- Good information about travel options available to hospital
- Clear information provided about patient transport, including qualifying criteria and how to book
- Details about public transport how to find information for travel to their chosen surgery centre
- Maps for car parking and the cost that will be incurred

Information provided before and after surgery - Patients told us in the survey that they had mainly received good pre and post-operative information and advice.

However, there were a significant number of patients who had not received information about agencies available to support them in the community. To ensure patients are well informed and reassured, it's important that:

- Patients are reassured that it is only the surgery that will transfer to the centres of excellence and that all other appointments will take place at their chosen local hospital outpatient clinics as before
- Patients are advised that wherever possible they will continue to be seen by their existing consultant/surgeon
- Patients and family receive information and can ask questions about the procedures being carried out, including the benefits or any risks
- Patients and family have things explained to them in a way they can understand
- Patients and family are offered leaflets or links to websites about the procedures being carried out
- Patients and carers receive information about support agencies available in the community, prior to being discharged
- Patients understand clearly about what to expect after discharge and any symptoms they need to be aware of, which might indicate there is a problem.

The report reflects the views of patients and carers on current vascular services and how these services can be improved. Therefore we would strongly recommend to the relevant NHS decision makers, that the survey is reproduced and distributed in approximately 12 months' time to patients who undergo surgery under the

revised service provision. This will enable the NHS to evidence that the surgical provision they recommended has maintained the same or improved satisfaction levels.

Highlights from our listening and informing events

We've spoken in-depth to 18 people about vascular services at events in County Durham



Patients told us the quality of the care they received was most important to them

272 patients, carers and families completed our survey



Some patients were sorry the service was moving from UHND



The trust told patients their views were important for shaping the new service



Why this work was necessary and what we did

The Northern England Strategic Clinical Network, which provides targeted health system support to improve health outcomes and reduce variation of patient care, published 'North East Vascular Services - Case for Change' in June 2014. This was to ensure that vascular services were high quality and sustainable now and into the future. The review concluded that the North East vascular service should be re-configured to a maximum of three vascular centres that provide a full, high quality vascular service, instead of the current four centres.

The reasons for this change, which will improve patient care and experience, include:

- Improved health outcomes for patients as a result of surgeons continually improving their skills and expertise by individually doing an increased number of operations
- Advances in technology and treatments and a shift towards non-invasive treatment methods - for example, the use of balloon catheters and stents - which means there is an increased reliance upon specialist interventional radiologists (who are experts in this) and dual-trained surgeons, around the clock
- The changes will help relieve a growing pressure on services
- Improve the overall sustainability of the service in the region and aid recruitment, while minimising any potential gaps in rotas and fragility within a service which is under increasing pressure
- Larger surgical teams and a full range of facilities enable an increased choice of treatments for patients
- More specialised clinicians in centralised locations will result in an increased consistency of treatment provided to patients and adequate critical care support
- Improve professional and clinical development of clinicians
- Improved post-graduate training and research opportunities
- The opportunity to meet national quality standards

Vascular services were provided in the North East at-

- James Cook University Hospital, in Middlesbrough
- The Freeman Hospital, in Newcastle
- Sunderland Royal Hospital
- University Hospital North Durham.

James Cook University Hospital in Middlesbrough and the Freeman Hospital in Newcastle are major trauma centres, which provide round-the-clock, life-saving treatment for seriously injured patients, so must continue to provide a full vascular service.

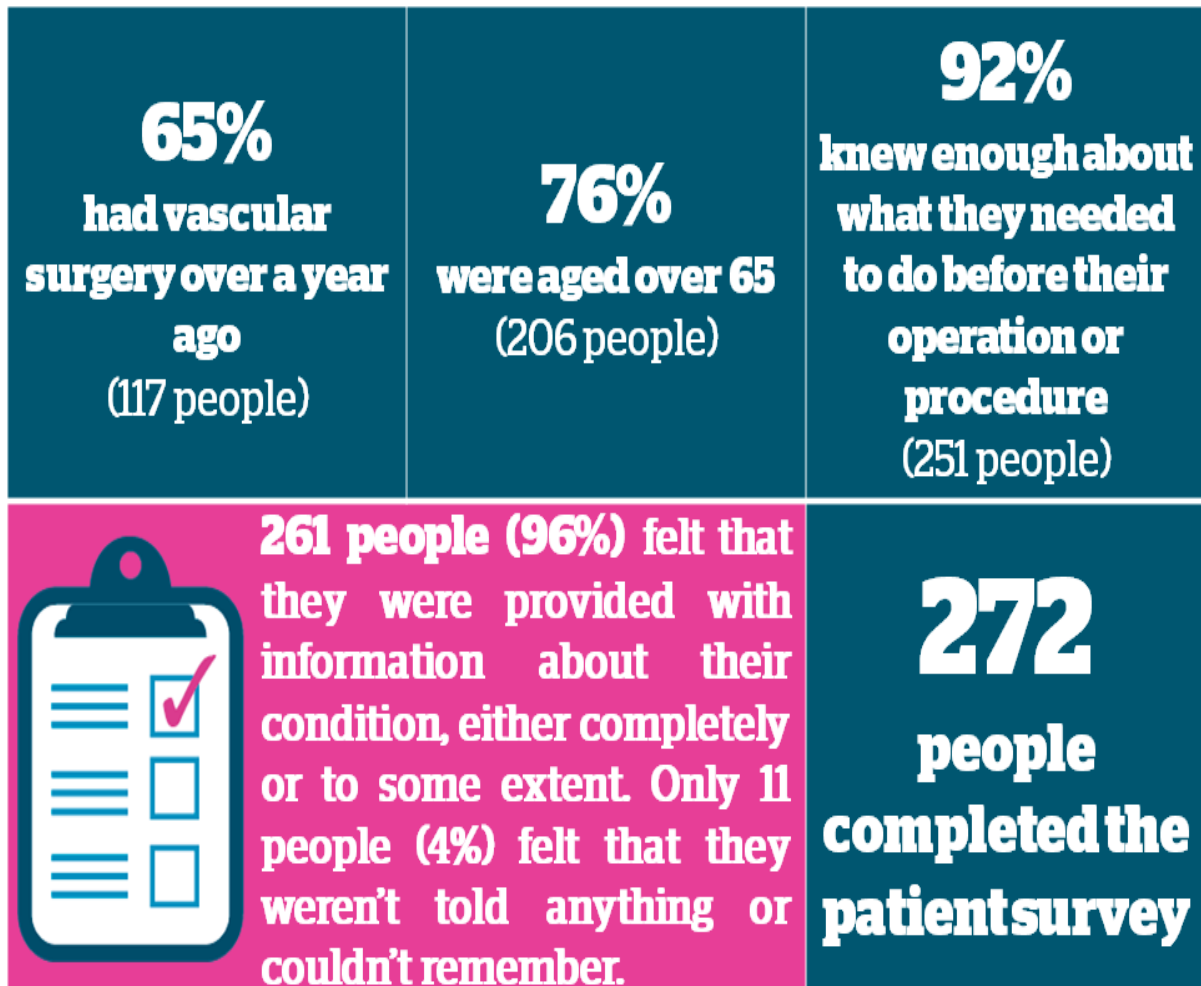
The third vascular centre in the North East was therefore a choice between Sunderland Royal Hospital and University Hospital North Durham. After extensive discussions between all the NHS organisations involved, and taking into consideration the case for change report and independent review, a consensus was reached that the third vascular centre should be at Sunderland Royal Hospital. Based on current (2017/18) patient data, it was anticipated that around ten patients a week will now have their vascular surgery at Sunderland Royal Hospital instead of University Hospital North Durham. It is also estimated that around two patients a week, who live in Darlington, would more than likely choose to go to James Cook University Hospital for their vascular surgery, due to living closer to Middlesbrough than Sunderland.

In preparation for implementation on the 1st May 2019, Durham Overview and Scrutiny Committee asked NHS England to undertake a series of listening events and informing.

Healthwatch in County Durham and Darlington agreed to facilitate six listening and informing events regarding the reconfiguration of vascular services across County Durham and Darlington. The aims of these events were firstly to learn from the patient's current experience, which would inform the transition of services from University Hospital of North Durham to the Sunderland Royal Hospital and James Cook University Hospital helping to make the transition smoother and the patient experience a more positive one. Secondly, there were opportunities for patients to ask any questions or raise any concerns they might have.

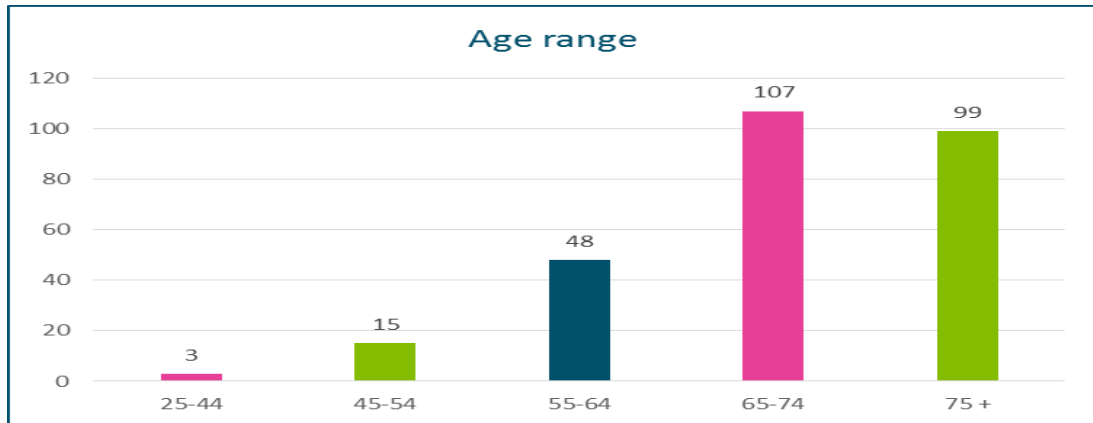
As well as the listening and informing events, a survey developed by NHS England, was sent to the identified patient cohort and also made available through the Healthwatch website (Appendix 5) This survey gathered the views of patients and public about what was important to them about providing good vascular surgery services.

Observations and findings from the survey and listening and informing events

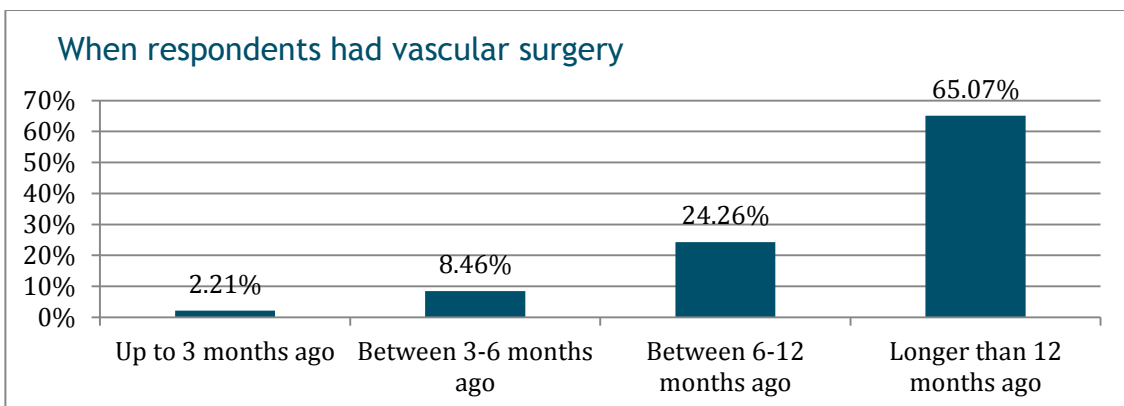
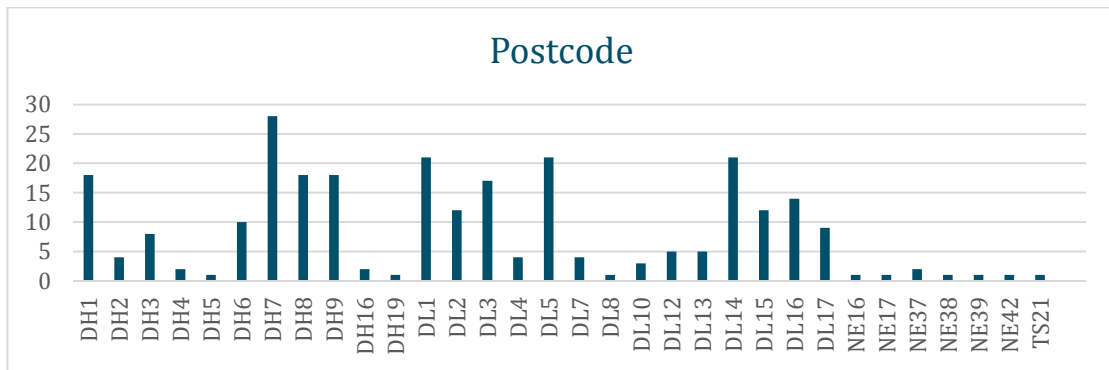


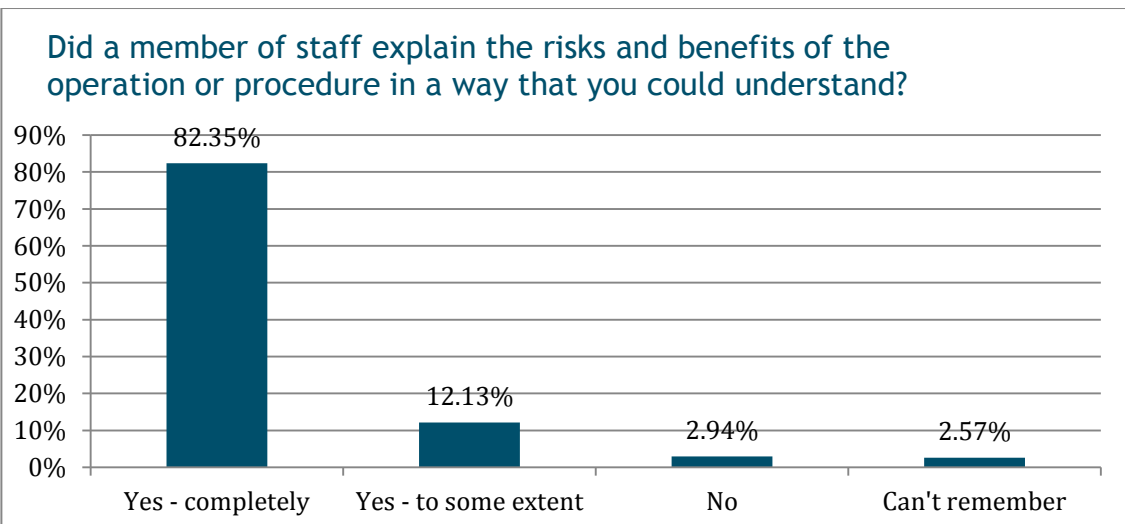
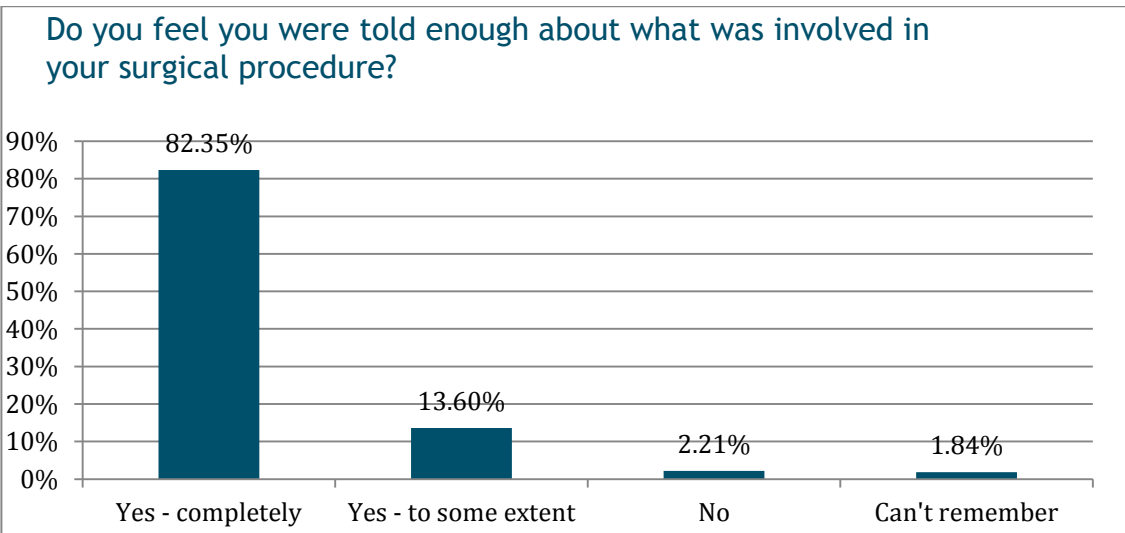
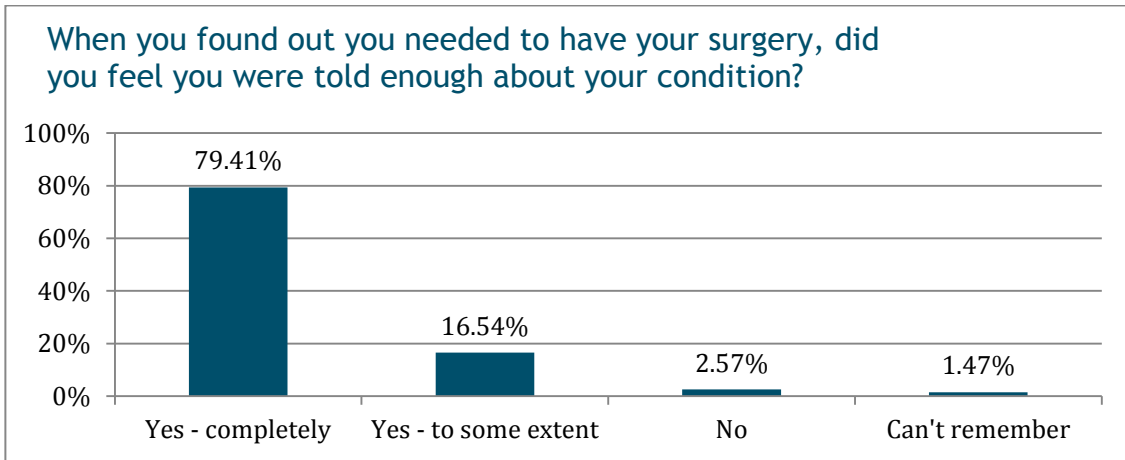
Results of survey

We received 272 responses to the survey, which was available on-line, by post and at our engagement events. 170 of the responses were from men and 102 from women. The results of the survey will allow NHS England and Improvement to identify what is working well currently for patients and where they might be able to improve the service with their revised service delivery plans. Some of the key findings are included in our recommendations. The following graphs breakdown the responses to the individual questions. Some of the responses have been utilised to inform our recommendations.

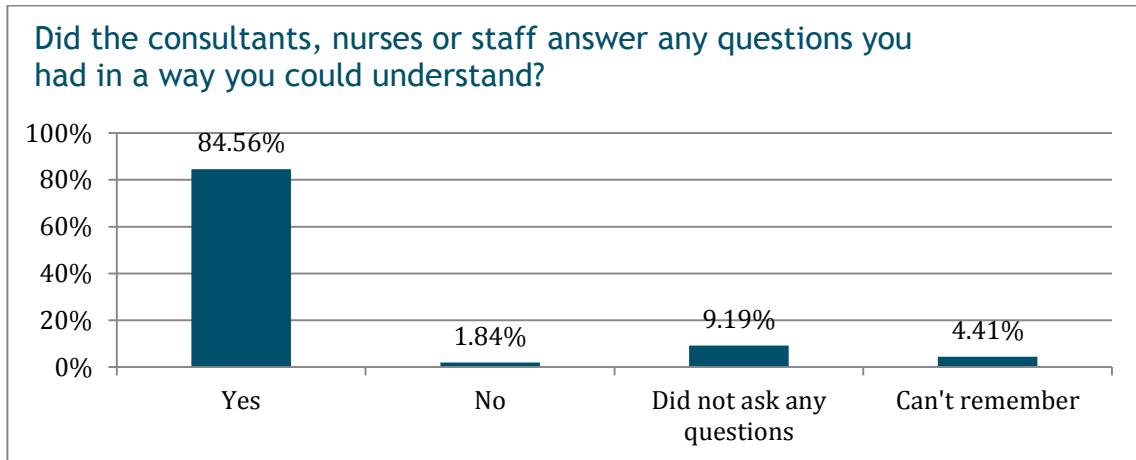


The geographical spread of the responders is represented in the postcode chart below

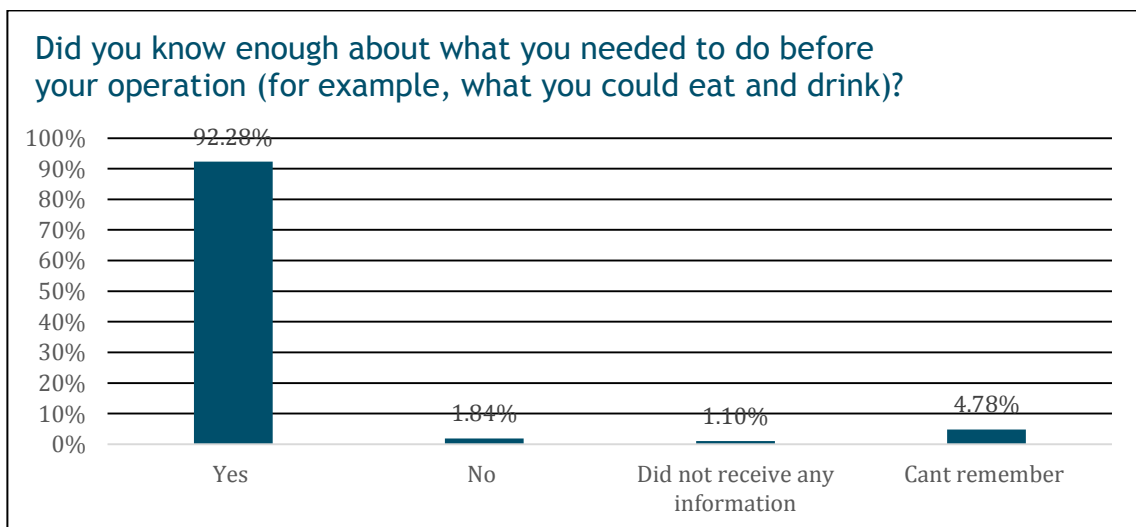
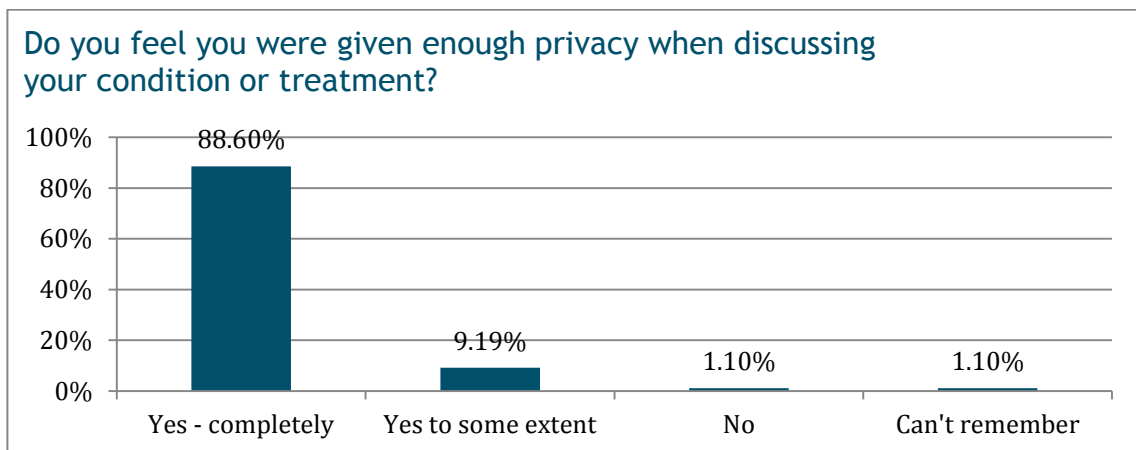


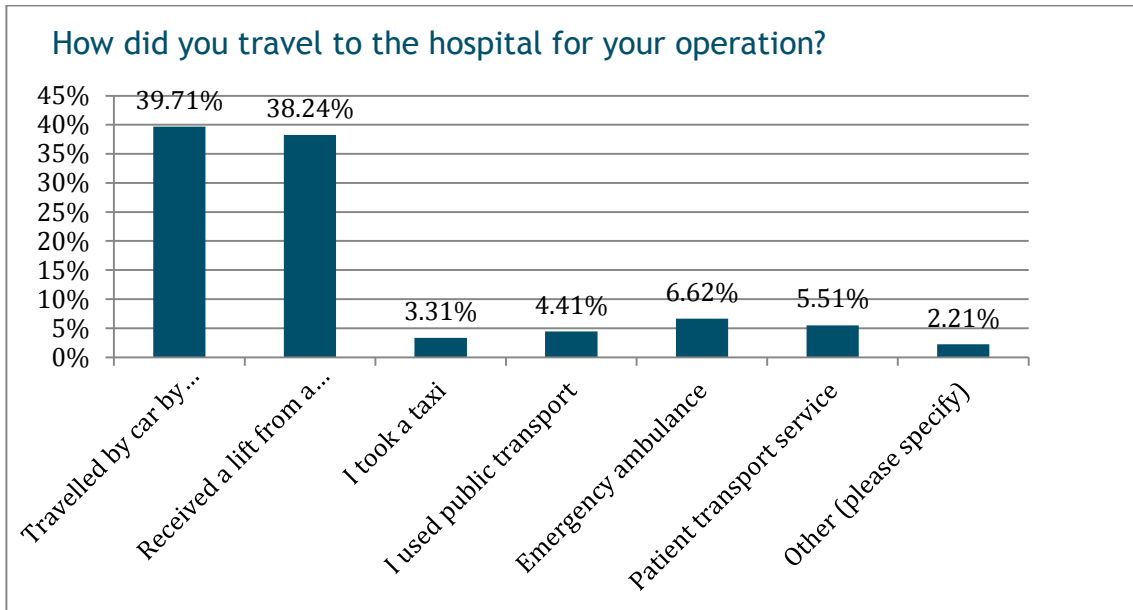


"I could not praise the day staff enough"

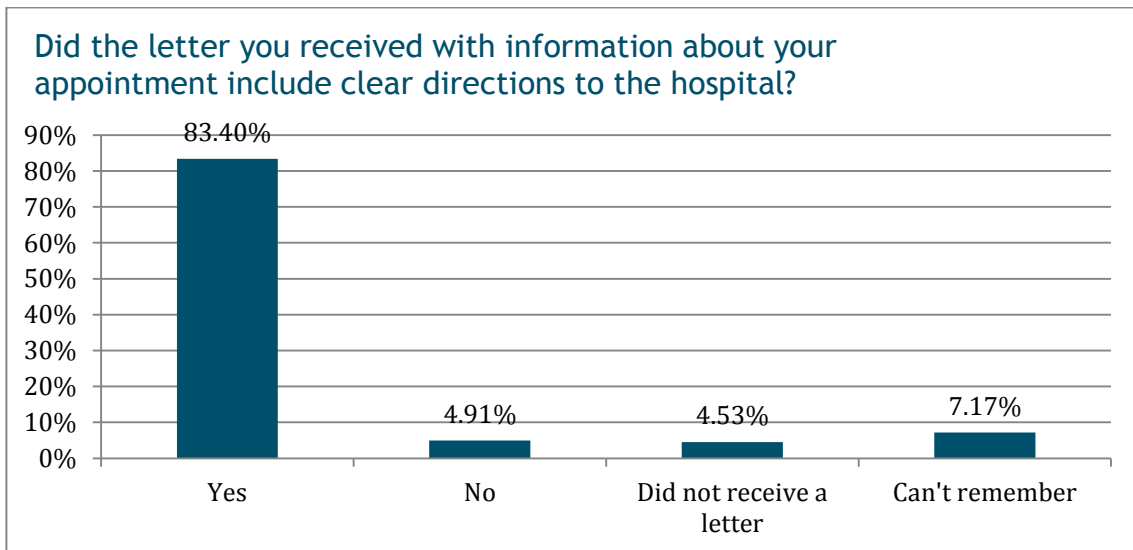


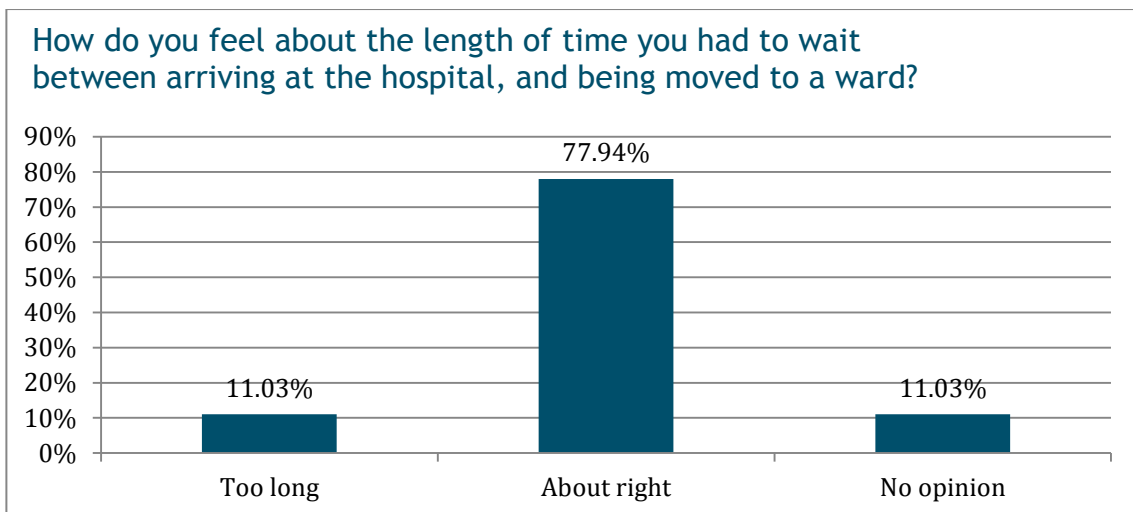
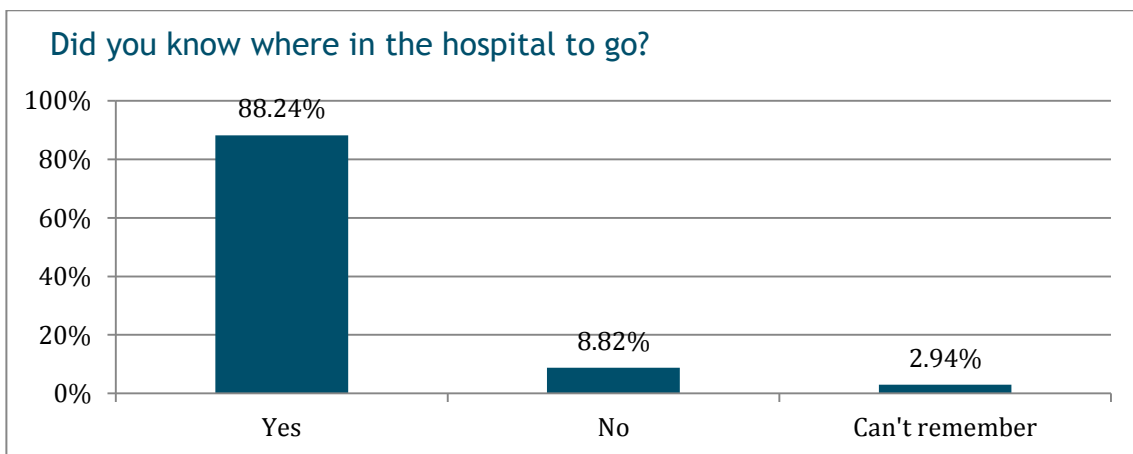
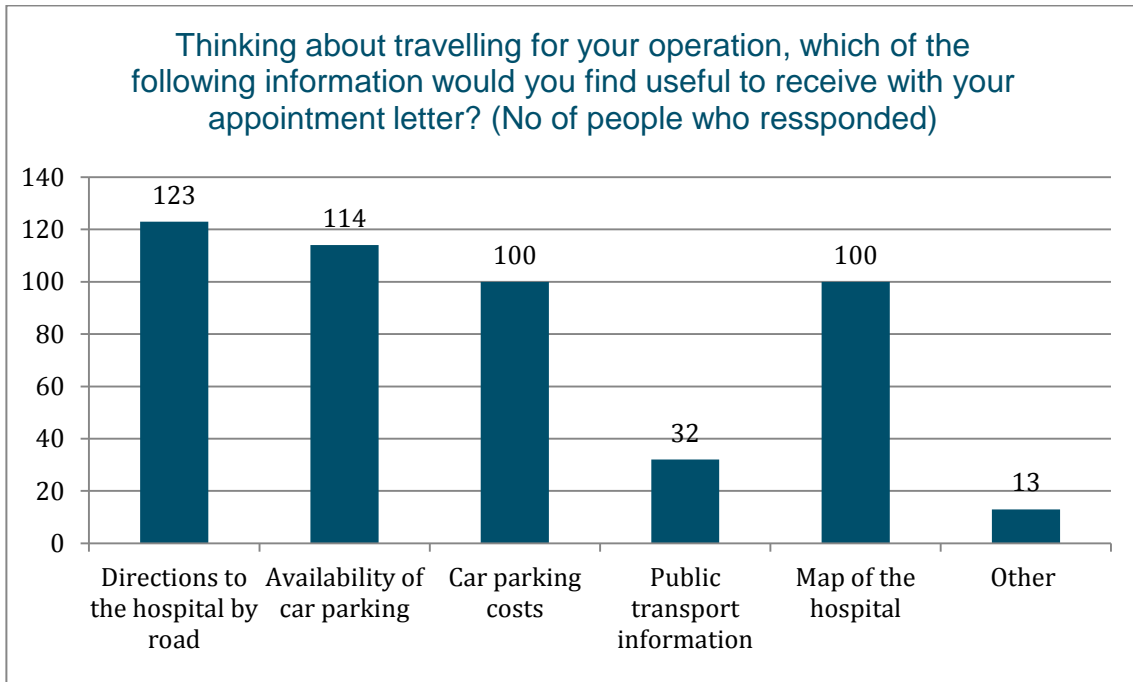
“I must say I had the best attention possible”

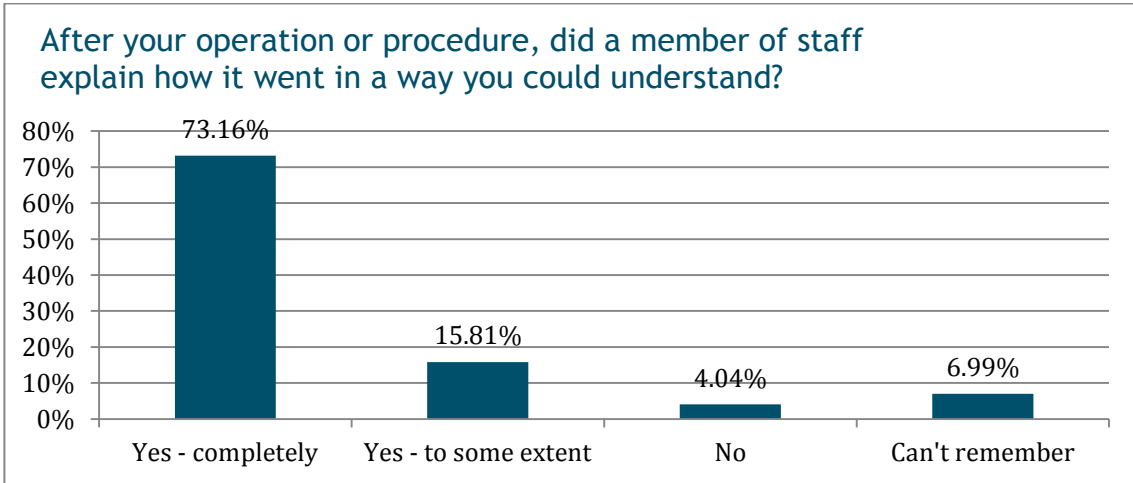




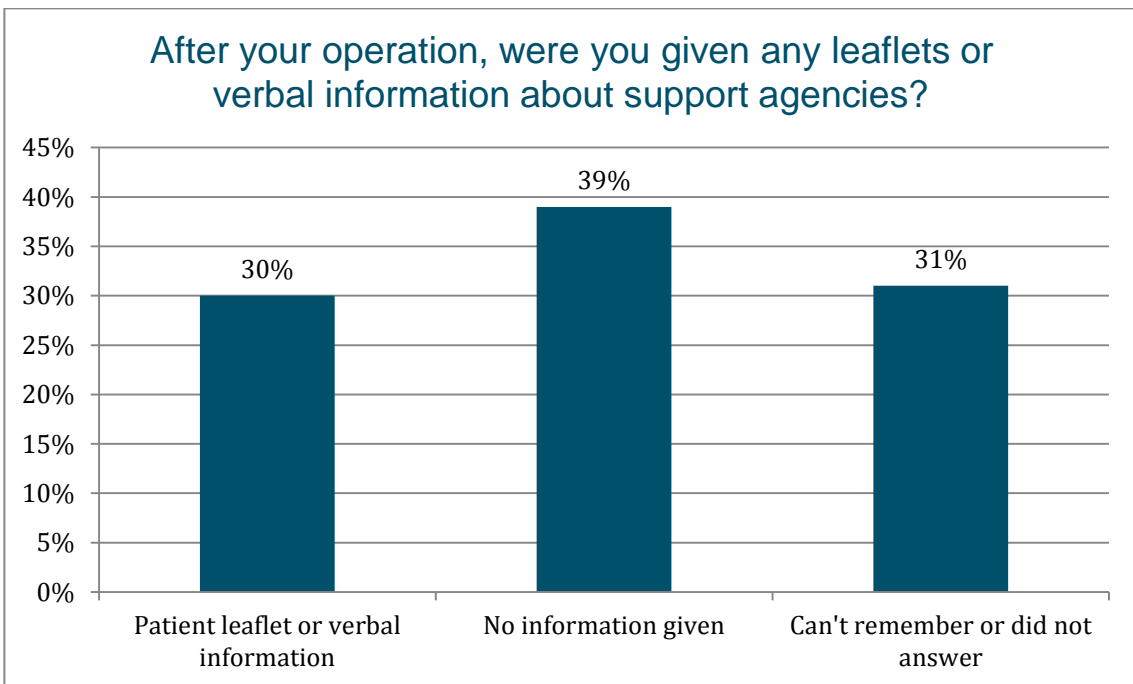
“Is this move another attempt of removing healthcare from Teesdale & Weardale?”



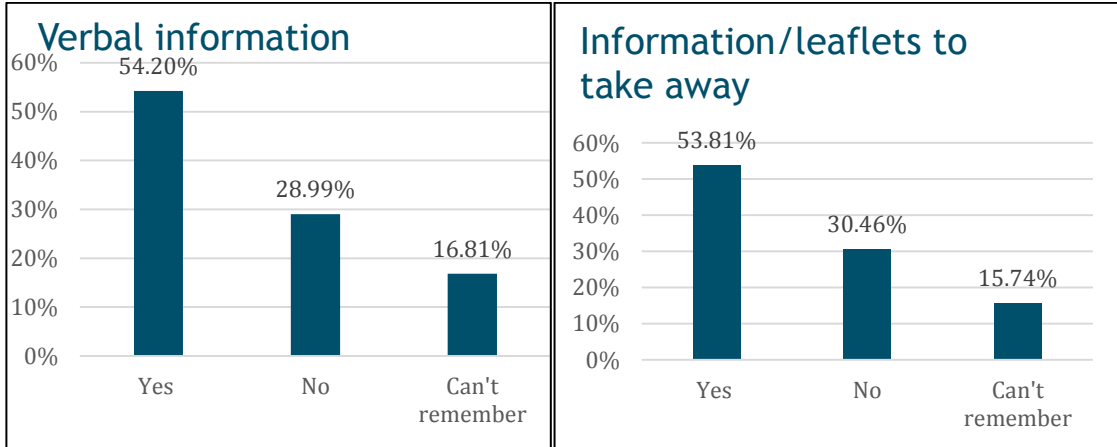




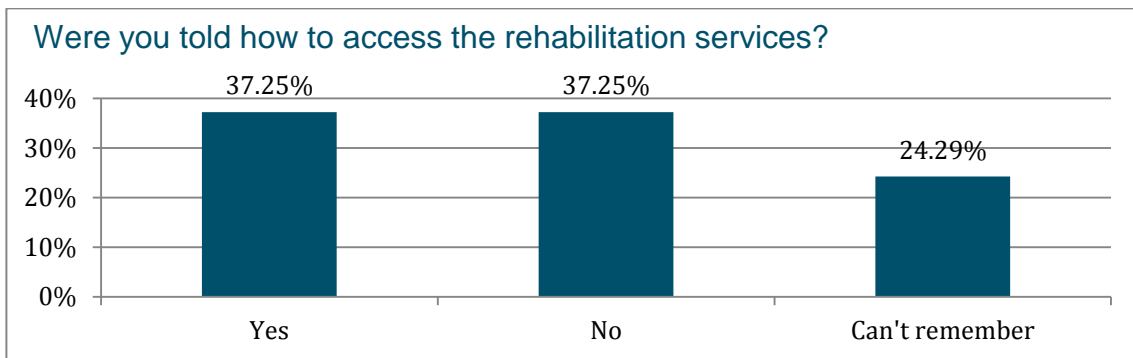
“Sadly my experience on this unit was not pleasant, short staffing to ratio of patients and their needs”



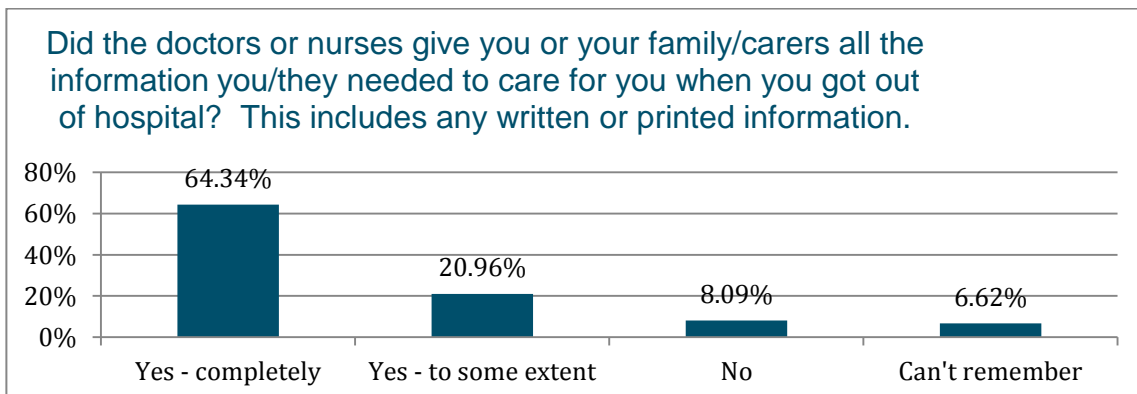
After your operation, were you given enough information about rehabilitation services you would need to access?



“A well-done operation that has worked remarkably”



“I couldn't walk with pain - I now feel as if I have a new pair of legs”



Please tell us how much you agree or disagree with the statements below:						
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/not applicable
I was well look after by hospital staff	189	73	5	1	1	2
Hospital staff showed me compassion while I was a patient	182	74	10	2	0	2
I was treated with dignity and respect while I was in hospital	192	64	9	1	1	2

Listening & informing Events

We held six listening and informing events and spoke to a total of 18 people who talked about their experiences and what was important to them.

At each of the events there was a team of representatives from NHS England, a consultant surgeon from NHS vascular services and an engagement team from Healthwatch. There was a planned agenda for each event.

1. Welcome, introduction and purpose of the event
2. Setting the scene, why services needed to be changed
3. Q & A session
4. Table discussions
5. Feedback and responses from panel
6. Closing remarks and next steps

The events were held across the county at six venues.

Event venue	Date	Number of attendees
Spennymoor	17/01/2019	2
Stanhope	23/01/2019	0
Durham	28/01/2019	5
Darlington	30/01/2019	3
Consett	13/02/2019	8
Barnard Castle	28/02/2019	0

Relatively small numbers of people attended the events which gave Healthwatch the opportunity to capture some valuable data about patient experience and below are some of the questions raised by the attendees and also the things they told us were important about accessing good care and treatment.

Question and answers from the attendees at 4 sessions:

1. Durham Leadership Centre, Spennymoor

Background: Session opened by Chris Shore, Board member of HWCD, followed by presentation by Paul Dunlop, Vascular Surgeon

One patient shared details of their experience of services at James Cook Hospital and University Hospital North Durham, as well as their individual patient journey.

Patient: Attended the event with the hope of meeting with other people who have had vascular surgery and to be able to speak about their experience and any possible side effects.

Specialist: There is a recognition that people in vascular services may not have the best mobility or travel options but there is a focus on making everything local wherever possible. The changes will also mean that there is an increased number of staff available in one centre to look at medical information.

Bigger units provide a wider range of knowledge and specialisms, which can mean different perspectives can be shared and input is more readily available. Specialist units would be more capable for doing more complex and difficult procedures.

Patient: Between the choice of Middlesbrough or Sunderland, when Durham is not an option, then James Cook Hospital is easier to get to and from their personal experience it (James Cook) provides better treatment and aftercare.

Specialist: Wards that specialise in an area (e.g. cardiothoracic surgery) give a better focus on aftercare as staff are able to be experts at what they do compared to mixed surgical wards.

Patient: Doesn't disagree with what is being done in terms of making hospitals bigger and better. Personally doesn't have any other considerations and is all for it, if the changes will mean more staff are available.

2. The Durham Centre, Belmont

Background: Session opened by Brian Jackson, Chair of HWCD, followed by an introduction from Penny Gray, NHS England that led on the presentation by Paul Dunlop, Vascular Surgeon

Q. Will surgeons move as a result of the surgical changes?

A. Yes, all contracts will be taken over by Sunderland, although day clinics will still be available at Durham. Of the five current surgeons, one will retire and one will continue part-time; the other three surgeons will work across both sites.

Q. Have travel times been taken into consideration?

A. Yes, some calculations have been done. This was one of the concerns put forward by the Overview & Scrutiny Committee (OSC). It should be remembered that the changes being made will only affect inpatients, not outpatient services. Work around travel times did look at emergencies, and comparisons were made against recommended travel time and it was assured that it was still sufficient.

Q. County Durham suffers because of its' dispersed rural communities, there are large settlements even across smaller towns and pit villages which cannot easily be served. Also, were aging populations considered?

A. All of the above was considered. Clinical practice changes will also make a difference. On numbers alone, two centres would have been enough but further considerations meant that three centres were preferable. Having specialised centres means that hospitals can ensure the staffing they need. Sunderland was felt to have more facilities already in place making it the better option.

Q. Patient experience: *"Living local, I was in hospital daily for 8 days and was under the impression that it was routine (...) for scans leading up to surgery."* What would the experience be now?

A. Initial checks would still be at University Hospital North Durham (UHND). Travel would only be required for surgery. Sunderland doesn't use the high-intensity beds - surgery would be done in the morning followed by spending time in the theatre recovery area.

Q. Clarification - consultation and diagnosis would take place at UHND?

A. Yes. Only extended treatment or surgery would be at Sunderland.

Q. Would parking be extended?

A. There shouldn't be a significant change in numbers, so it will not be necessary.

Q. Where is Sunderland Hospital?

A. It is about a mile out of the centre. It also has a bus route and patient transport can be provided.

Q. Could access for visitors be a problem?

A. Yes, although it is for anyone, everywhere. This session and earlier events have identified a need to work on providing information around access - e.g. bus routes and parking. *NB: This was also flagged up in survey responses.*

Q. What about beds - will there be an increase?

A. There is enough bed capacity and there is also a dedicated vascular ward (although this has been shared with elderly care over the winter).

Q. What is the waiting time for varicose veins?

A. Not long; it can also be done off site.

Q. What about graduate learning and nursing - trainees in UHND?

A. Medical Students attached to UHND would also move around to other sites. Nursing staff probably wouldn't see as much (vascular cases) on the wards, other than outpatients. Student nurses in Darlington are on placement from James Cook Hospital so would still have relevant theatre experience.

Q. Why do people go in for surgery at 7:30am and have to wait hours - is there a reason?

A. It was suggested that the surgeon may want to see everyone before surgery starts. Sunderland surgeries are staggered (which means that all patients do not arrive at the start of the day), although was not aware of the UHND situation. It is possible that hospital transport (shared) may need to collect and drop off everyone at the same time.

Q. What will happen to Doctor Hawthorn's patients?

A. It depends - possibly transferred to one of the other four surgeons. If inpatient treatments are not specifically vascular, it might be possible to go on the general surgical ward at UHND. If patients are transferred to another vascular surgeon, then Sunderland would be the hospital. If Doctor Hawthorn keeps patients, there may be other options available.

Q. Where would patients living in Aycliffe go?

A. Option of any. Clinics at Darlington Memorial Hospital (DMH) would probably use James Cook; clinics at UHND to Sunderland, for example, however this is not fixed.

Q. Is there any follow up required years later?

A. Not routinely - but some procedures may follow up with ultrasound for 1-2 years (for example).

3. The Dolphin Centre, Darlington

Background: Session opened by Michelle Thompson, CEO of Healthwatch Darlington, followed by an introduction from Penny Gray, NHS England that led on the presentation by Ian Nichol, Vascular Surgeon

Very informal discussions took place during the question and answer session these questions were not directly connected with the listening and informing event.

Q. What are the different type of aneurysm and what does that means as you get older.

A. There are three types of aneurysms: abdominal aortic, thoracic aortic, and cerebral. Abdominal aortic aneurysms, sometimes known as “Triple A,” are the most common aneurysms of the aorta - the large blood vessel that carries blood away from your heart and through your body.

(AAA) screening is a way of checking if there's a bulge or swelling in the aorta, the main blood vessel that runs from your heart down through your tummy. In England, screening for AAA is offered to men during the year they turn 65. Men aged 65 or over are most at risk of AAAs. Screening can help spot a swelling in the aorta early on when it can be treated. Screening for AAA isn't routinely offered to: women, men under 65, people who've already been treated for an AAA. This is because the risk of an AAA is much smaller in these groups. People can ask for a scan to check for an AAA.

Comment - More information was felt should be available to families but the word vascular may not mean much to the lay person so how would you know you needed more information if you don't know if you are susceptible.

Comment - I'm pleased with the candid conversations and as there would be little change to Darlington patients, there was little questioning about the logistics as people seemed happy to travel to Middlesbrough or Durham using various transport methods.

Q. If you have various veins what is the criteria for having them done is it classed as cosmetic?

A. The NICE guidance will give more information but if you are having trouble that you should contact your GP as this is should not be classed as cosmetic if there is a problem.

Comment - Other thing that I can remember were how good the experience was and after care still very good one particular person and I look forward to the check-ups.

4. Delves Lane, Consett

Background: Session opened by Brian Jackson, Chair of HWCD, followed by an introduction from Penny Gray, NHS England that led on the presentation by Phil Davey, Vascular Surgeon

Q. One of the things not mentioned (in the background/presentation) was emergency cases?

A. There is no evidence that being in a rural location would make any difference in the survival rates for an aneurism rupture. 9/10 patients do not survive ruptures. For the other 1/10, survival is not linked to the time of transfer to hospital.

Q. Did anyone look at populations and where people live? There is not a lot of services. Also, the reality of weather conditions.

A. Yes, detailed work was done around transfer times. It also looked at how the support services in Sunderland could not be replicated at UHND. What of emergencies? - in a nutshell, that (ruptures) is the only consideration. Work also looked at the number of patients in west Durham against that diagnosis re: transfer times - it was approx. 5 patients per annum. The reality of keeping 4 centres mean that the service will fail but it can be maintained with 3 centres. Even in the shadow of UHND, patients may not survive a ruptured aneurysm. Without Sunderland, the choices would be Newcastle or Middlesbrough.

Q. Certain assurances were given after Shotley Bridge services were transferred. Do Sunderland have capacity to take this on as well?

A. Theatres and wards are available to vascular services. Staff are to be recruited. Some changes will be needed for radiology but this is being done. Sunderland is in a much better position than UHND to accommodate the service provision. The Freeman Hospital does not do any outreach clinics/work - patients in Berwick can choose Newcastle but there is no local access. Patients in Durham have clinics available in Bishop Auckland, Shotley, Durham and Darlington.

Vascular disease management is an ongoing relationship (long-term outpatients), not short-term like some specialties. The majority of services are continuing in UHND. Usually inpatient stays are relatively short (1-3 days); longer stays would move back depending on the clinical need, e.g. a complex diabetic patient from Consett would be transferred to UHND following surgery at Sunderland (for a sustained inpatient stay).

There would still be patient choice available for clinic/centre - consideration can look at where would be best for the patient. An emergency situation would be based on ambulance control -North East Ambulance Service (NEAS).

Q. There is still a concern that services will not meet the needs of rural Durham. It is a sign of the times and a shame that we have to be here to discuss this.

A. It is a national discussion where a variety of reasons lead to centralised services, e.g. staffing, volume & outcome (*the more a team does, the better it is, increased survival, lower complication rate*) and the future for sustainable services.

Q. Has it been decided / what was this for?

A. Yes, plans have been developed following recommendations and talks ongoing with the Overview & Scrutiny Committee (OSC). This session is being used to understand concerns to improve patient experience in the future. It is also reflective of how complex healthcare needs are becoming. Patient access times and travel is something that has been thought about.

Q. Will the recent transport report affect decision?

A. No, it won't change the decision. The majority of patient care is planned. This is not saying that there won't be any impact but it needs to be balanced against the benefits.

As well as the general question and answer session, there were also three predetermined questions about vascular services and below are the responses to those questions from the people who attended all events.

Based on what you have heard today, what is the most important thing to you as a vascular patient?

- Having access to public transport to hospital from home was a concern to some patients who did not know if they were able to access Patient Transport services.
 - Parking for visitors, although it was recognised this is a problem in lots of hospitals, not just Sunderland General Hospital
 - Continuity of care- patients were concerned that the changes might mean they would be seeing a different consultant in the future. There was concern that this could cause anxiety as a result of possible changes in relationships and treatment
 - Being able to have all other appointments at the local hospital prior to and post-surgery was important for patients
-

- Patients wanted assurance that if they were at one hospital, for example UHND, and there was an emergency, that they would receive emergency treatment at that hospital if required. This was described as a “vascular catastrophe” by the surgeon and it was confirmed that patients would not be transferred in that instance, but it was also stressed that this would be a very rare occurrence
- Having a high-quality service available which give the best outcomes
- Having all the information you need before you decide to have surgery
- Having information for my family about whether a condition could be genetic

What do you think the impact of these changes will be on vascular patients?

- It was recognised by the patients who spoke that having surgical teams with appropriate staffing and high skills would benefit them as patients
- They felt that travel could be more difficult for themselves as patients as well as for visitors
- No difference for patients in Darlington

Based on your experiences, how could the information you received be improved?

- Generally people at the events thought the information prior to surgery had been good and did not see how it could be improved
- Information given whilst they were in hospital was easily accessible. Nurses and Doctors provided good information for patients and families
- Having a good relationship with Doctors and Nurses
- Information on discharge could be improved, especially relating to symptoms to be aware of if there were post-operative problems

Conclusion and recommendations

To assist the relevant NHS decision makers in the development of revised service provision for vascular services, we have the following recommendations, based on the views, experiences and aspirations of patients and carers in County Durham.

Patient and family travel - The vast majority of patients told us in the survey they had travelled by car to hospital, it is unlikely this will change in the short-term. It's important that patients have:

- Good information about travel options available to hospital
- Clear information provided about patient transport, including qualifying criteria and how to book
- Details about public transport and how to find information regarding to travel to their chosen surgery centre
- Maps for car parking and the cost that will be incurred

Information provided before and after surgery - Patients told us in the survey that they had mainly received good pre and post-operative information and advice.

However, there were a significant number of patients who had not received information about agencies available to support them in the community. To ensure patients are well informed and reassured, it's important that:

- Patients are reassured that it is only the surgery that will transfer to the centres of excellence and that all other appointments will take place at their chosen local hospital outpatient clinics as before
- Patients are advised that wherever possible they will continue to be seen by their existing consultant/surgeon
- Patients and family receive information and can ask questions about the procedures being carried out, including the benefits or any risks
- Patients and family have things explained to them in a way they can understand
- Patients and family are offered leaflets or links to websites about the procedures being carried out
- Patients and carers receive information about support agencies available in the community, prior to being discharged

- Patients understand clearly about what to expect after discharge and any symptoms they need to be aware of, which might indicate there is a problem.

Since the work carried out by Healthwatch County Durham and Darlington reflected the views patients had about the current vascular surgery services, we would strongly recommend to the relevant NHS decision makers that the survey is reproduced and distributed in approximately 12 months' time to patients who undergo surgery under the revised service provision. This will enable the NHS to evidence that the surgical provision they recommended has maintained the same or improved satisfaction levels.

Thank You

We would like to thank everyone who took the time to complete the survey and attend our listening and informing events.

Appendix 1- Some of the types of surgical procedures patients advised us had been undertaken

Various stent procedures	Vein removal
Sclerotherapy	Triple A procedure
Sealed veins	To clear arteries
Angiogram	an artery in my neck needed unblocking and replacing following a mild stroke
Various procedures for aneurysm	Treatment for varicose veins
Left leg vein blocked off	AMU
Radio frequency ablation	I had a graft in my leg it didn't work and the vein closed up now no blood gets to my toes so I get ulcers which won't heal.
Bilateral femoral bypass	endovascular abrasion
Carotid artery blocked	specialised vascular surgery
Amputation	angioplasty - twice same leg
Endarterectomy	dual lead pacemaker fitted to connect arrhythmia and brachycardia
Triple bypass	Faulty valve
To repairs ruptured duodenal artery	clean out artery vein of build-up of cholesterol etc in neck after suffering stroke
Hernia and half bowel removal	cleaning out of left carotid after stroke
Heart surgery	do not know only they wanted the veins out before they could do my knee replacement which was done 2 weeks after the veins
Had an ulcer on my left leg. Was given laser surgery to heal it	Foam sclerotherapy (follow up left leg)
procedure abandoned due to complications	right leg saphenous. Under local anaesthetic
Main arteries in both legs	I must say I had the best attention possible. I couldn't walk with pain. I feel I have a new pair of legs
Work on a vein in my left leg to relieve swelling around my ankle and foot. This procedure has been unsuccessful as my ankle and foot still swell.	laser surgery they just went in next to my knee and zapped it every 2-3 inches and that was it. I didn't know anything about it and I was awake all the time.
Blood clots I went in as an emergency. I did not know what was wrong just phoned 111	Heart bypass
Closure of faulty valve in Upper inside left leg	2016 - vascular unblocking of artery in right groin area
2013 - aorta valve replacement plus double bypass	They cleaned my veins out

Veins cut	I had the arteries in my right leg taken out, cleaned and re-placed in my left leg. I had my vein cleaned out
An artificial artery was put in my leg in April 18 in November 18 my artificial artery was narrowing. An operation in November 18	I was on the day ward where they removed all the damaged veins in my right leg from the groin to the ankle. they made 27 incisions
I had surgery on left side to clean artery as I had a mini stroke	Limb ischemia right leg
Left long saphenous vein.	Biopsy of the left eye side of head to check if any infection was in the vein and would go over to the other eye. Femoral arteries was mentioned as a possibility. The symptoms I could have only been due to high blood pressure. The results showed no problem.
Endovenous laser treatment	Coeliac axis restenosis
Benefit procedure disposal catheter	Carotid stenosis
Internal carotid artery left side neck	2017 - vascular unblocking of artery in left groin area
Toes took off left foot	Neck operation
Temporal arteritis biopsy	balloon fitted in my left side
peripheral artery bypass left leg	artery in neck cleaned out
Removal of blood clot in carotid artery	Keyhole cauterised a vein to get flow going on collapsed vein. A well done op which has worked remarkably. Well pleased with it.

Appendix 2 - What information is important for patients to know before their operation?

If you did not know enough about what you needed to do before your operation, please use the space below to tell us what we should tell people about in the future.

“I know that the NHS is stretched but more time is needed for Doctor \ patient consultation”

“Was an A &E Admission”

“There was no time for planning! Woke up in severe pain and was rushed by ambulance to hospital.”

“My appointment was booked for Darlington hospital all my pre ops was carried out there. Was informed I by telephone could I attend for my operation at North Durham and arrive by 7am my pre op was carried out once again even after informing staff my information was at Darlington. The operation was carried out under local anaesthetic which was not planned previously”

“My nurse practitioner at surgery did ECG told to go directly to Durham A&E on 11 Dec. pacemaker fitted 14 December Did not understand how serious my condition was until advised pacemaker was recommended by consultant on 13th Dec”

<p>“I had to do my own research to achieve the surgery I needed and to travel and pay for it myself”</p>
<p>“Told not to eat or drink. When I got to Durham I was told I could have eaten or had a drink as I was not given a full anaesthetic”</p>
<p>“He can’t remember anything about emergency admission or for many following days. His life was saved by a quick diagnosis in A&E a young lady doctor. The surgeon who explained the situation and carried out the operation. He, I and 2 daughters were treat with care and compassion by all the staff. Thank you”</p>
<p>“Was told by a rude and stroppy consultant about why he would not do the surgery”</p>

Appendix 3 -Comments made about vascular services

<p>Very disappointed that vascular services are moving from Durham to Sunderland. Durham was a better choice for patients in the west of the county</p>
<p>Stent-I should have had one in my lower leg but this did not happen no explanation given</p>
<p>On admission there should be a facility to give an email address (optional of course) then for surveys such as this an email could be sent out saving the NHS and the environment on paper, postage etc. Also I received this survey twice on the same day so yet more public money wasted.</p>
<p>Not long after my op I was admitted to Sunderland Royal to undergo further surgery, (not connected to previous ops) They in turn informed me they had no knowledge of any treatment at North Durham. I feel this is a major flaw in the system especially being life threatening ailments in both cases.</p>
<p>I was told after my surgery I was now on waiting list for my left leg but I had to chase this up myself and found I had been removed from the system. I eventually got a follow up appointment in October 18.</p>
<p>At the time of my operation at North Durham. I was undergoing treatment for cancer at Sunderland Royal, and was concerned when informed by north Durham that they were unable to access records from them, regarding my condition</p>
<p>I was scanned at Darlington hospital confirmed blockage of blood vessels. I asked if blocked vessels could be cleaned and I was told no that hospitals don’t use WD 40 cleaner. I was shocked so I contacted professor of vascular surgery Mr M who assisted me to get stent fitted to my femoral artery at UCH Nottingham Hospital which I had to pay for myself. Darlington only offered me an annual check with possible amputation!!!</p>
<p>I could not praise the day staff enough. From the cleaner up to the manager were very professional and happy each day to come to work</p>
<p>It is my opinion that this service should continue at Durham Hospital, how do visitors travel from Consett to Sunderland by public transport</p>

Sadly my experience on this unit was not as pleasant. Short staff regarding ratio of patients' needs.

Poor management big staff turnover especially qualified staff. Staff unhappy and under pressure so I dare not ask for anything

is this move another attempt at removing health care away from Teesdale/Weardale and 60 miles away 3 hours by public transport

The surgeon who operated on me did my pre op consultation, he was arrogant, condescending and threatening. While my veins were probably not the worse he had seen he was suggesting they were not worth operating on and I quote him. ~Let's hope the scalpel does not slip" This made me very uncomfortable and I could not believe he actually said what he said in his position. I was disgusted

I didn't have surgery I was in hospital with heart failure for two weeks. Didn't like attitude of the Cardiologist

Appendix 4 -Link to surgical procedures guide

<https://vascular.org/sites/default/files/vascular-surgery-abbreviations.pdf>

Appendix 5 -glossary of terms

Glossary of Terms

Amputation

Loss of an external part of the body, most commonly part of a limb. Can be a surgical procedure, sometimes occurs after illness / injury - "auto-amputation"

Aneurysm

A dilation of a vessel over 50% larger than the expected normal diameter

Angiogram

A scan (CT, MR or xray) which shows arteries, usually with a dye in the circulation to highlight the artery above the background bones.

Angioplasty

Angioplasty or stenting is a procedure used to treat the narrowing or blockage of an artery. This uses either a balloon to stretch the artery (angioplasty) or metal scaffold to hold the artery open (stent). These procedures improve blood flow which helps to relieve any symptoms you are experiencing. More Information

Aorta

Main artery leaving the heart in the chest curving down through the abdomen and ending with division into iliac arteries.

Artery

A blood vessel taking blood from the heart under higher pressure with a pulse. The blood is higher in oxygen, and is a brighter red colour in the peripheral arteries.

Atherosclerosis

A disease in which the inside of an artery narrows due to the build up of plaque.

Bypass

a bypass graft takes blood around a blockage allowing flow to improve beyond the blockage.

Carotid

Artery in the neck with branches to the brain, eye, face and scalp

Clinical Commissioning Group (CCG)

A group of GP practices in a local area that work together and plan and design services. Each Clinical Commissioning Group gets a yearly budget from NHS England. They also work with local council and community group to ensure everyone needs are met. Clinical Commissioning Groups (CCGs) commission most of the hospital and community NHS services in the local areas for which they are responsible.

Claudication

Cramp pain in the muscles when they are being used due to poor circulation.

Commissioning

Commissioning is the process of assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes.

Endarterectomy

Removing plaque from an artery with atherosclerosis.

Gangrene

Tissues damaged by lack of blood and/or infection which turn black.

Healthwatch

Healthwatch England is an effective, independent consumer champion for health and social care.

NHS England and Improvement

NHS England leads the National Health Service (NHS) in England

North East Joint Health Overview and Scrutiny Committee (JHOSC)

This is a Joint Committee with the North East Local Authorities. Its responsibilities include ensuring wherever possible, the needs of local people are considered as an integral part of the commissioning and delivery of health services. Review proposals for consideration or items relating to substantial developments/substantial variations to services provided across the North East region by NHS organisations.

Occlusion

Blockage of a vessel

Overview and Scrutiny Committee (OSC)

The aim of overview and scrutiny is to make decision-making processes more transparent, accountable and inclusive and to improve services for people by being responsive to their needs. For scrutiny to be effective, the process must be open, fair, constructive and positive. The aim is to challenge decisions so improvements can be made, not to apportion blame when things go wrong.

Specialised Commissioning

Specialised services are accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. They are provided in relatively few hospitals. These services tend to be located in specialised hospital trusts that can recruit a team of staff with the appropriate expertise and enable them to develop their skills.

Stenosis

Narrowing of a vessel.

Stent

A stent is a metallic open mesh tube that can be placed in a blood vessel. It is introduced in a compressed form and released in the vessel to hold it open. When there is fabric around the metal structure of the stent so that it is impervious to blood flow we call it a stent-graft. Alloys are used for stents. Most are not magnetic, and do not cause allergic reactions.

Varicose Vein

Varicose veins are swollen and enlarged veins that usually occur on the legs and feet. They may be blue or dark purple, and are often lumpy, bulging or twisted in appearance.

Vascular Services

Vascular services manage the treatment and care of patients with disorders of arteries and veins.

Vascular procedures

Vascular procedures range from the treatment of varicose veins, which can be done without the need to stay in hospital, to specialised vascular surgery which is done to reconstruct, unblock or bypass arteries to restore blood flow to organs.

Vein

A blood vessel returning blood to the heart under low pressure, many have valves in them to direct flow in one direction. The blood is lower in oxygen in peripheral veins and is darker red / purple in colour

Appendix 6 -Copy of survey



Help us to deliver high-quality patient care – your thoughts on your recent experience

We are inviting you to share your views on your experience of accessing vascular services at University Hospital North Durham.

Given your experience of staying in hospital, as a result of having vascular surgery, we would like your views on how we can help to improve patient experience. This includes whether you felt like you knew enough about your condition, your surgical procedure and rehabilitation services. We also need your feedback on the information you received and your thoughts about the staff who cared for you.

Your feedback is very valuable as it will help inform the transition of services (as explained in the enclosed letter and leaflet) from University Hospital North Durham to Sunderland Royal Hospital, as well as helping to improve the care patients receive by learning from your experience.

Please can you complete this survey by 28 February 2019, and return it in the pre-paid envelope. You can also complete this survey online by going to <https://www.surveymonkey.co.uk/r/VascularUHND>

About your surgery

1. Please can you tell us when you had vascular surgery? (Please select one box only)

Up to 3 months ago	1
Between 3 – 6 months ago	2
Between 6 – 12 months ago	3
Longer than 12 months ago	4

2. What type of vascular surgery did you have? (Please tell us in the space below)

Understanding your condition and the procedure

3. When you found out you needed to have your surgery, did you feel you were told enough about your condition?

Yes – completely	Yes – to some extent	No	Can't remember
1	2	3	4

4. Do you feel you were told enough about what was involved in your surgical procedure?

Yes – completely	Yes – to some extent	No	Can't remember
1	2	3	4

5. Did a member of staff explain the risks and benefits of the operation or procedure in a way that you could understand?

Yes – completely	Yes – to some extent	No	Can't remember
1	2	3	4

6. Did the consultants, nurses, or staff answer any questions you had in a way you could understand?

Yes	No	Did not ask any questions	Can't remember
1	2	3	4

7. Do you feel you were given enough privacy when discussing your condition or treatment?

Yes - completely	Yes – to some extent	No	Can't remember
1	2	3	

Information and communication

8. Did you know enough about what you needed to do before your operation (for example, what you could eat and drink)?

Yes	No	Did not receive any information	Can't remember
1	2	3	4
Go to Q10	Go to Q9	Go to Q10	Go to Q10

9. If you did not know enough about what you needed to do before your operation, please use the space below to tell us what we should tell people about in the future.

Arriving for your appointment

10. How did you travel to the hospital for your operation?

Travelled by car by myself / with spouse	1
Received a lift from a family member / friend	2

I took a taxi	3
I used public transport	4
Emergency ambulance	5
Patient transport service	6
Other (Please specify _____)	7

11. Did the letter you received with information about your appointment include clear directions to the hospital?

Yes	No	Did not receive a letter	Can't remember
1	2	3	4

12. Thinking about travelling for your operation, which of the following information would you find useful to receive with your appointment letter?

Directions to the hospital by road	1
Availability of car parking	2
Car parking costs	3
Public transport information	4
Map of the hospital	5
Other (please specify _____)	6

13. Did you know where in the hospital you needed to go?

Yes	No	Can't remember
1	2	3

14. How do you feel about the length of time you had to wait between arriving at the hospital, and being moved to a ward?

Too long	About right	No opinion
1	2	3

After your operation or procedure

15. After your operation or procedure, did a member of staff explain how it went in a way you could understand?

Yes – completely	Yes – to some extent	No	Can't remember
1	2	3	4

16. After your operation, were you given any information about support agencies, such as British Heart Foundation, Diabetes UK, or the Stroke Association?

	Yes	No	Can't remember
Verbal information	1	2	3
Information or patient leaflets to take away with you			

17. After your operation, were you given enough information about rehabilitation services you would need to access?

	Yes	No	Can't remember
Verbal information	1	2	3
Information or patient leaflets to take away with you			

18. Were you told how to access the rehabilitation services?

Yes	No	Can't remember
1	2	3

19. Please tell us how much you agree or disagree with the below statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know / not applicable
I was well looked after by hospital staff	1	2	3	4	5	6
Hospital staff showed me compassion while I was a patient	1	2	3	4	5	6
I was treated with respect and dignity while I was in hospital	1	2	3	4	5	6

20. Did the doctors or nurses give you or your family / carers all the information you / they needed to care for you when you got out of hospital? This includes any written or printed information.

Yes - completely	Yes – to some extent	No	Can't remember
1	2	3	

About you

It would help us to understand your answers better if we knew a little bit about you. These questions are **completely optional**, but we hope you will complete them. The information is collected anonymously and cannot be used to identify you personally.

21. How old are you?

16 – 17	18 - 24	25 – 34	35 – 44	45 - 54	55 – 64	65 – 74	75 or older	Prefer not to say
1	2	3	4	5	6	7	8	9

22. What is your gender?

Male	Female	Other	Prefer not to say
1	2	3	4

23. Does your gender identity match your sex as registered at birth?

Yes	No	Prefer not to say
1	2	3

24. Are you currently pregnant or have you been pregnant in the last year?

Yes	No	Prefer not to say	Not applicable
1	2	3	4

25. Are you currently...?

Single (never married or in a civil partnership)	1
Cohabiting	2
Married	3
In a civil partnership	4
Separated (but still legally married or in a civil partnership)	5

Divorced or civil partnership dissolved	6
Widowed or a surviving partner from a civil partnership	7
Prefer not to say	8

26. Do you have a disability, long-term illness, or health condition?

Yes	No	Prefer not to say
1	2	3

27. What is the first half of your post-code? (For example – SR1 or NE38)

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28. Do you have any caring responsibilities? (Please tick all that apply)

None	1
Primary carer of a child or children (under 2 years)	2
Primary carer of a child or children (between 2 and 18 years)	3
Primary carer of a disabled child or children	4
Primary carer or assistant for a disabled adult (18 years and over)	5
Primary carer or assistant for an older person or people (65 years and over)	6
Secondary carer (another person carries out main caring role)	7
Prefer not to say	8

29. Which race, or ethnicity best describes you? (Please select one box only)

Asian / British Asian (Bangladeshi, Chinese, Indian, Pakistani, or other)	1
White (British, Irish, European, or other)	2
Black / British Black (African, Caribbean, or other)	3
Mixed race (Black & white, Asian & white, or other)	4
Gypsy or traveller	5
Rather not say	6

Other

30. Which of the following terms best describes your sexual orientation?

(Please select one box only)

Heterosexual or straight	1
Gay man	2
Gay woman or lesbian	3
Bisexual	4

Asexual	5
Prefer not to say	6
Other	7

31. What do you consider your religion to be? (Please select only one)

No religion	1
Christianity	2
Buddhist	3
Hindu	4
Jewish	5

Muslim	6
Sikh	7
Prefer not to say	8
Other religion	9

Thank you for taking the time to complete this survey