VVAPPG Open Meeting - Examining the impact of the PAD QIP on improving services
Thursday 26th January 2023, 9:00am-11:00am via Microsoft Teams
Executive Summary

Aims and Objectives

- To raise general awareness of the Peripheral Arterial Disease Quality Improvement Framework (PAD QIF), particularly within payers, providers, and commissioners.
- To raise visibility on the patient-centric benefits of working within the PAD QIF, particularly in those areas not within the Peripheral Arterial Disease Quality Improvement Programme (PAD QIP) pilot sites.
- To share experiences of being a pilot site within the PAD QIP.
- To share experiences of those areas who were not involved in the PAD QIP and learn how they are working to facilitate lower limb salvage quality improvements locally.

Agenda

9:00 – 9:05am	Welcome, Secretariat
9:05 – 9:10am	Welcome, Chair
9:10 - 9:40am	Overview of the PAD QIP, Vascular Society for Great Britain and Ireland • **Arun Pherwani,** Consultant Vascular Surgeon, Chair Audit & Quality Improvement Committee Vascular Society for Great Britain and Ireland (VSGBI) • **Eleanor Atkins**, NVR Clinical Research Fellow – Royal College of Surgeons (RCS) England **Panagiota Birmpili**, NVR Clinical Research Fellow – Royal College of Surgeons (RCS) England
9:40 - 10:10am	Experiences in improving limb salvage services in your area • **Andrew Thompson** and **Emily Chan**, Vascular Unit, York and Scarborough Teaching Hospitals NHS Foundation Trust • **Matthew Thomas**, Vascular Unit, Newcastle Upon Tyne Hospitals NHS Foundation Trust
10:10 – 10:55am	Panel discussion and Questions
10:55 – 11:00am	Chair's closing remarks
11:00am	Close

Speakers

Arun Pherwani, Consultant Vascular Surgeon, Chair Audit & Quality Improvement Committee Vascular Society Great Britain & Ireland (VSGBI)
Eleanor Atkins, NVR Clinical Research Fellow – RCS England
Panagiota Birmpili, NVR Clinical Research Fellow – RCS England
Andrew Thompson and **Emily Chan**, Vascular Unit, York and Scarborough Teaching Hospitals NHS Foundation Trust
Matthew Thomas, Vascular Unit, Newcastle Upon Tyne Hospitals NHS Foundation Trust

Executive Summary

The Secretariat opened the meeting with an apology from the Parliamentary Chair of the All-Party Parliamentary Group (APPG), as well as an introduction to the session, the key themes and objectives, and the speakers.

Alongside the Vascular Society, the VVAPPG brought together examples of pilot sites, and those who worked outside the PAD QIP to deliver improvements to their services, to share their experiences with stakeholders within the vascular community and the wider health and care space.

The Secretariat also noted that a summary of this meeting would be sent around to attendees, as well as providers and commissioners in the NHS, including in newly created ICS structures.

Presentations
Vascular Society of Great Britain & Ireland

Arun Pherwani opened with an introduction to the National Vascular Registry (NVR) and an overview of the scale of work being undertaken by vascular surgeons, as highlighted in the NVR Annual Report from 2022.

He also touched on the impact of the Get It Right First Time (GIRFT) Programme report from Michael Horrocks in 2018 that aims to reduce variation, length of stay, infection rates and costs in vascular surgery.

Mr Pherwani then gave an overview of the PAD QIF and its aims, as well as an update on VSGBI in 2022, and the work of the PAD QIF fellows, Eleanor Atkins, and Panagiota Birmpili.

Eleanor (Ellie) Atkins provided an overview of Chronic Limb Threatening Ischaemia (CLTI) and how patients reach vascular surgery assessment. She noted the particular challenges that CLTI raises with patients, particularly the risk of losing limbs or dying, and the challenge of raising awareness of CLTI compared with other diseases and conditions, like cancers.

Ellie discussed the referral pathways, including the challenges with delays in the pathway, and the steps taken to try to refine and improve this. This included process mapping of 12 vascular units across the country, where they worked with 45 participants to map current referral pathways in detail.

This mapping categorised referral processes into three key themes: surgeon-led pathways; vascular specialist nurse-led pathways; and podiatry-led pathways, where vascular surgeons were only involved once CLTI had been confirmed in the patient. This work found inequalities, particularly between diabetic and non-diabetic patients, as well as between arterial and non-arterial centres in the same network.

Their conclusions were that there was large variation in vascular centres in referral, triage, and assessment processes for suspected CLTI, and that diabetics and those referred to arterial centres had access to quicker pathways. The most efficient pathways must be identified, and their features shared widely to improve performances across the NHS. Further work is planned with vascular clinicians, primary care clinicians and patients to understand the barriers and facilitators of these processes.

Qualitative interviews with 13 vascular clinicians supporting this work found early themes around the need for increasing awareness of and education on CLTI; requirement of a referral pathway to be accessible and streamlined; challenges around lack of resources; and the inequalities noted above.

Panagiota (Penny) Birmpili spoke about addressing the delays to treatment for patients with CLTI, with reference to quantitative and qualitative analysis of the results of the PAD QIP, and identified interventions which could help with achieving the targets of the framework. The PAD QIP included quarterly performance updates, webinars, online QI resources and data collection systems, as well as a range of networking events for 13 pilot sites.

Using examples from the pilot sites, Penny noted some local changes which helped to deliver on the targets. These included:

- Daily triage of referred patients by vascular clinicians, in collaboration with podiatrists.
- Expedited review in urgent "hot" clinics with same day Duplex/CTA imaging, dedicated CLTI slots, and virtual wards.
- Regular multi-disciplinary team (MDT) meetings between International Radiologists (IR) and Vascular clinicians, as well as patient optimisation by anaesthetists.
- Access to dedicated vascular IR sessions and increase in urgent surgical lists for treatment.

Through this work, they found that participating centres managed to increase the proportion of patients revascularised within 5 days of admission by 7%, and reduced length of stay by 2 days. Non-pilot sites also improved the proportion of patients revascularised within 5 days of admission by 4%, but there was no change in length of stay.

Factors that enabled the successful implementation of these changes, identified in qualitative interviews with 16 healthcare professionals from the pilot centres, included peer comparison, networking and data collection done through the programme; team working and multidisciplinary collaboration; and the belief that the changes would benefit the patients. On the other hand, factors that hindered the implementation of changes included the scarcity of organisational resources; lack of financial incentives at national level; and the limited senior leadership support from providers. The COVID-19 pandemic had a mixed effect, as in some centres it provided an opportunity for change with minimal resistance, while in others it was a competing priority and led to staff shortages.

Participating Trusts on the programme were:

- Cambridge University Hospitals NHS Foundation Trust
- Gloucestershire Hospitals NHS Foundation Trust
- Hull University Teaching Hospitals NHS Trust
- Liverpool University Hospitals NHS Foundation Trust
- Manchester University NHS Foundation Trust
- North Bristol NHS Trust
- St George's University Hospitals NHS Foundation Trust
- The Royal Wolverhampton NHS Trust/Dudley Group (Black Country Vascular Network)
- University Hospitals Birmingham NHS Foundation Trust
- University Hospitals Dorset NHS Foundation Trust
- University Hospitals of Leicester NHS Trust
- University Hospitals of North Midlands NHS Trust
- York Teaching Hospital NHS Foundation Trust

Arun Pherwani presented to delegates on the CQUIN based on PAD QIF targets, and its aim to improve outcomes for patients. He highlighted the background to the CQUIN, how it works in practice, and examined the CQUIN indicators in acute settings, flagging the editorial in the Journal of Vascular Societies of Great Britain and Ireland (JVSGBI) '*The Vascular PAD-QIF CQUIN: what it is, why is it important, what does it mean for vascular units?*'.

Expected benefits of achieving the CQUIN include improved quality of care and better patient outcomes, including mortality and major amputation rates, and an improvement in patient experience overall. It also ensures a focus from organisational leadership on vascular surgery services, leading to improved allocation of resources, and consistent efforts across the country to improve timelines to revascularisation of those with CLTI.

Mr Pherwani also noted that the CQUIN had been renewed by NHS England for the upcoming year, having demonstrated improvements in care for patients, particularly those hit during the pandemic.

He noted the importance of improving the awareness of PAD, and the impact that the GIRFT report, PAD QIF and CQUIN have had in this regard, as well as support from organisations such as the Circulation Foundation and others.

He highlighted that this work was saving limbs and saving lives.

Andrew Thompson outlined the experiences of his vascular unit, including how the demographics, facilities, resources and staff contribute to how the services are shaped and delivered for patients. He also discussed the role of the pandemic in helping to implement some changes in the way that services were delivered.

Andrew discussed the CLTI pathways which they have introduced, including community, high-risk clinics and through multi-disciplinary teams, as well as the 'Virtual Vascular Wards', which ensure access to inpatient speed investigations and treatment whilst at home.

Emily Chan spoke about York Hospital's experience with the CLTI CQUIN 2021-2022 and the PAD QIF and some of the resulting data points. The hospital found that the virtual vascular ward was key to providing improved services and the pressure of the CQUIN improved inpatient pathways.

Emily noted that with pressure to improve inpatient pathways, the unit found that the virtual vascular ward lists negatively influenced the hospital administration data. This demonstrated that the entire pathway must be focused on and provided with suitable resources and facilities to ensure the targets of the CQUIN are met. The unit has used this data as leverage within their Trust to implement a 2 week cancer style fast track pathway.

Matthew Thomas spoke about the experiences of their vascular unit in Newcastle Upon Tyne Hospitals NHS Foundation Trust, and how they have worked to improve services outside of the PAD QIP pilot site support structure.

He noted that although the QIF targets are challenging, the unit did their own internal audits on practice to collect data and highlight areas which needed improvements to see better outcomes for patients.

The two biggest issues for them were timely provision of imaging for inpatients, and outpatients being able to access appropriate and timely operating space.

The unit also examined referral pathways for patients with CLTI to track referral to treatment times and measures standards of care. Collaboration with other teams within these processes was vital to their success, as well as learning from other areas across the country – not reinventing the wheel; but adapting resources and practice to meet local needs.

Their unit also introduced a CLTI nurse specialist into the team, which has helped to improve the outputs of the service, including pathway management. He has built on clinical skills to extend his role into nurse-led assessments, requesting radiology imaging and prescribing. He is now part of the ward-based clinical teams and attends emergency daily vascular clinics, one stop imaging and assessments for CLTI. Progress in meeting the targets of the CQUIN have improved in the last quarter, as Nick is embedded into his new role.

Two additional measures which are being considered and developed are extending the working day or increasing the number of days in which clinic can take place. They have also considered a 7 day week, to provide 6 days of lists which include Saturdays.

They have also considered moving away from elective lists and have 8 all day lists – 4 of those become urgent and dedicated to those on tight targets and urgent need to be revascularized, like CLTI patients. There is also the recognition that CLTI patients need to be looked after urgently, so they could be seen by anyone, regardless of who they are managed by within the clinical team.

However, a range of challenges continue to put pressure on the service, including increased workload; more advanced PAD patients requiring hybrid interventions; competition within the Trust for resources; and continued need to prioritise patients with varying needs.

Q & A

There was further discussion and questions on a range of topics, including:

- The value of multi-disciplinary teams, and the need to cooperate with colleagues to improve outcomes for patients.
- Building rehabilitation into pathways.
- Workforce issues at all points of the patient pathway, and challenges around retention of staff to ensure effective services. This was flagged as a national issue.
- Providing useful international comparators to stimulate discussions and assessments of outcomes for patients, which can lead to changes in policy and therefore in priorities for services.
- The need for better data in this area, and the need for data coordinator support to allow clinicians to prioritise care for patients over more routine administrative tasks.
- Early detection of CLTI in the community and introducing further training for colleagues across the pathway to support earlier recognition and management of at-risk patients.
- Simplifying pathways for patients as they are found to be in need of intervention.
- Podiatry expertise with vascular assessments, and how as a workforce they can support vascular surgeons in the assessment of patents with CLTI.

Key Findings

- The CQUIN and the PAD QIF/PAD QIP have made significant progress in delivering positive outcomes for patients.
- Pilot sites have demonstrated the challenges that vascular units are facing in saving limbs and lives and have provided useful examples of good practice which can be shared across the country to try to improve outcomes for CLTI patients.
- Cooperation and communication across the patient pathway and better utilisation of multi-disciplinary teams can help to deliver better practices and better outcomes for patients.
- There is often no need to reinvent the wheel in terms of delivering improvements in vascular units. There is good practice taking place, and sharing this information and these examples will allow vascular units to adapt good practice to meet the needs of their areas and the patients who live within them.
- Early intervention leads to better outcomes for patients, and there is a need to embed education around CLTI within all parts of the pathway, including community services, to ensure patients who are at risk are seen early, and interventions made sooner.
- Data is incredibly important for measuring outcomes, but also for ensuring that services can adapt to changing circumstances.

Meeting Output

This summary will be shared with Officers of the VVAPPG as well as other Parliamentarians, including those from the PAD QIP pilot sites, and those who have engaged with the VVAPPG on this issue, alongside key decision makers with ICS structures, the NHS and the Department of Health and Social Care.

We look forward to engaging further with colleagues and supporters from the VVAPPG to support key work in delivering better outcomes for CLTI patients across the county to save limbs and save lives.

Financial report

There were no costs incurred through this event. It was held virtually, and all speakers spoke on their own time, without financial remuneration.

Financial support is provided by the following organisations and is recorded in the APPG register:

- Medtronic Ltd
- Boston Scientific
- L&R Medical
- Becton Dickinson

Please note that these costs do not include the professional fee to Healthcomms Consulting.

Contact

For further information relating to any information contained within this report please contact the secretariat: roger@healthcommsconsulting.co.uk