



All Party Parliamentary Group on Vascular Disease

To raise awareness of vascular disease and to encourage actions to promote a greater priority for its prevention and treatment; to encourage research into the causes of vascular disease; to advance excellence and innovation in vascular health; and to inform parliamentarians of the work of medical professionals and those who provide support services for patients and their relatives.

Minutes of the Summer meeting at 1:30pm on 3rd July in The Churchill Room, Palace of Westminster

PRESENT

MEMBERS – Neil Carmichael MP (Chair), Sir Peter Bottomley MP (Vice-Chair), Chi Onwurah MP (Vice-Chair)

OTHERS – Rt Hon Jeremy Hunt MP, Neil Carmichael MP, Lord McColl, Lord Davies of Coity, Baroness Finlay of Llandaff, Paul Goggins MP, Mr Obi Agu, Professor G Stansby, Professor Huon Gray, Suzanne Horobin, Professor Jonathan Beard, Professor Julian Scott, Mr Ian Franklin, Dr Raman Uberoi, Professor Mike Edmonds, Mr Hisham Rashid, Catriona Jennings, Dr Dare Seriki, Rebecca Wilkinson, Dr Robert Morgan, Professor George Hamilton, Dr Robert Sherriff, Dr Said Habib, Dr Konstantinos Katsanos, Ellie Lindsay, Dr Jeremy Taylor, Dr Jocelyn Brookes, Jan Jackson, Dr Erika Kashef, Dr Jonathan Valabhji, Leena Sevak, Martin Fox, Christian Pankhurst, Neil Baker, Robin Hewings, Sarah Cooper, David Dawson, Fiona Dixon, Tony Warrington, Kelly Grindley-Warwick, Ros Meek, Wayne Adams, Louise Goss, Kelly Stacey, Mark Cook, Stuart Robson, John Turner

SECRETARIAT – Melissa Barnett, Andrew Brown, James Gittings

APOLOGIES FOR ABSENCE – Rushanara Ali MP, Grahame Morris MP, Kevin Barron MP, Andrew Gwynne MP, Lord Walton of Detchant, Iain McKenzie MP, George Howarth MP, Jim Hood MP, Anne McGuire MP, Gareth Thomas MP, Stephen O'Brien MP, Lady Northover, Caroline Lucas MP, John Healey MP, Julian Huppert MP, Hywel Williams MP, Nick de Bois MP, Andrew Lansley MP, Mark Durkan MP, Phillip Lee MP, Professor Shearman, Professor Homer-Vanniasinkam, Professor Matt Thompson, Mr Jonathan Earnshaw, Candy Jeffries, Mr Ian Loftus, John Brennan, Tim Lees, Professor Naylor, Fiona Loud, Beverley Meeson, Professor Cheshire, Rachel Bell, Paul

Blair, Professor Anthony Rudd, Mr Steven Yeats, Bridget Turner, Colin Bicknell, Janet Ratcliffe, Jonathan Boyle, Professor Sidhu, Dr Iain Robertson, Andrew Platts, Dr Anita Sharma, Dr Allan Odurny, Richard Lane, Professor John Martin, Nikki Fenwick

1. INTRODUCTION FROM NEIL CARMICHAEL MP (Chair)

Neil Carmichael introduced the key speakers, and outlined the four key words which will define the concerns of the group; diagnosis, regional variance, prevention, and patient care.

2. DR ROBERT SHERRIFF – National Operations Manager of the NHS Screening Programmes, including AAA screening programme

- Dr Sherriff highlighted that prevention is the key goal of the screening programme. AAA screening has now been rolled out across England. It has also been implemented in Northern Ireland, and in Scotland and Wales by the end of 2013.
- From its start in Spring 2009 to the present, more than 500,000 men in England have been screened, with more than 6,000 aneurysms detected.
- Last year, over 400 men with large aneurysms were referred to vascular care, of which over 320 men went onto receive repairs.
- The AAA screening programme is developing its Quality Assurance Programme and now roll out is complete, is commencing publicity to raise awareness of the programme.

3. PROFESSOR JULIAN SCOTT – President of the Vascular Society of GB and Ireland and Professor of Vascular Surgery, University of Leeds.

- The Vascular Society supports the concept of openness and transparency and importantly that individual surgeons and trust take ownership of their data. Due to the relatively small volumes of cases as compared to cardiac surgery the VS believes that unit reporting is as important in reflecting the multidisciplinary approach to the care of patients with vascular disease.
- The Vascular Surgery Outcome Report was a brave step in the right direction, but lessons have been learned and need to be shared.
- Most Vascular patients have other coincidental medical conditions, including PAD.
- 97% of patients survive elective infra-renal AAA surgery and carotid surgery.
- There are significant dangers of using unadjusted mortality data, which was highlighted in the report and disregarded by some, which led to a number of surgeons being named, despite acceptable adjusted figures.
- 50% of those with an aneurysm die within 5 years; 20% of those with carotid artery disease die within 5 years.

- The biggest step forward for symptomatic carotid disease has been the speed to surgery.
- In 2012 the Vascular Society reported outcomes by unit and demonstrated that death rates for elective infra renal AAA surgery had fallen from 7.5% to 2.4% in 2012 through a combination of better working and adoption of new techniques.
- Most deaths after major arterial surgery are due to heart disease respiratory failure and multisystem organ failure and as such cannot be ascribed to a single individual.
- Going forward their needs to be greater communication between the various parties (HQIP/NHS England and Royal Colleges), allocated time in the job planning process and improved dialogue and understanding between coders and clinicians.
- The complexities of operating upon people with severe arterial disease need to be fully understood and we are keen to participate in a wider discussion with all interested parties.

4. MR IAN FRANKLIN – Chair of the Circulation Foundation

- The CF is the only registered charity whose sole purpose is to fund research into vascular disease; in 2012, £250 000 was raised, and 2013 looks to match that.
- The regional disparity of amputations is completely unacceptable.
- One of the goals of the charity is to raise the profile of multi-disciplinary teams.
- The mortality risk post-surgery for amputation is very high – it is the riskiest and most complex surgery for a vascular surgeon.
- The network is always looking for new members for support and donations.

5. PROFESSOR MIKE EDMONDS – Professor of Diabetic Foot Medicine at Kings College Hospitals & MR HISHAM RASHID – Consultant Vascular Surgeon, also of Kings College Hospitals

- Diabetes is the Black Death of the 21st century – it almost a pandemic rather than an epidemic.
- In 2013, 550 million worldwide have the condition.
- In the UK, 3.1 million people are with type I and II – by 2025, there are estimations of 5.5 million.
- There has been very little progress in the UK in bringing down amputation rates.
- Prof. Edmonds reinforces the importance of multidisciplinary teams to reduce amputations.
- Mr Rashid introduced two patients who are examples of success stories – both potentially would have lost limbs but were referred to multi-disciplinary teams in London who were able to vascularise lower limbs and improve mobility.
- Mr Rashid explained how they demonstrated the lack of public knowledge about diabetic complications with vascular disease, and that too many hospitals default to amputation without looking at other options.

6. SECRETARY OF STATE FOR HEALTH, JEREMY HUNT MP

- Mr Hunt admitted that the UK is middle-of-the-road in Europe when it comes to survival rates for 'the big five' killers, and indeed is in the bottom half when it comes to vascular disease.
- If our survival rates were the same as that of Switzerland, 29,000 lives a year could be saved.
- The Department of Health is aiming high – by 2020 we have the capability to have the best mortality rate in Europe.
- Publication of surgery survival rates is vital.
- Heart surgery in the UK has the best results in Europe – apply the same process to the other major killers, including vascular disease.
- Multi-disciplinary teams and application of the proper technology throughout the NHS are vital as many patients have several competing conditions.
- A&E need access to GP records instantly once a patient comes in – the same applies to ambulance crews who need to know a patient's medical history so as to have the best resources to save lives.
- The incidence of these conditions (stroke, vascular disease, diabetes) will double by 2025. It has also doubled in the last 12 years.
- GPs roles need to evolve into something which serves the changing population and health service; they need to be more proactive and look at a patient holistically.
- Public Health – it is vital that the population takes steps to ensure their own health through a healthy lifestyle.
- The same policy for vascular disease will be applied to the whole NHS – medical technology, the sharing of information and transparency.

7. Q&A SESSION

- Sir Peter Bottomley MP, question – beyond AAA screening, there is a lack of easily accessible information for the public to understand – this is needed to reduce emergency referrals and to catch symptoms early.
- Professor Julian Scott, answer – the Vascular Society has a new National Vascular Registry (NVR) which will go live later this year and is currently updating its website with a fully comprehensive section on vascular conditions and outcomes for the public. Further information about vascular disease can be found on the Circulation Foundation website. www.circulationfoundation.org.uk/
- Dr Neil Baker, Mr Picken and Dr Habib pointed out that there are always risks with centralising some services
- Dr Jonathan Valabhji, National Clinical Director for Diabetes and Obesity, responded to this asking – do we need to modify the way we reconfigure centralisation?

- Professor Julian Scott – Reshaping of vascular services will result in high volume centres with improved outcomes. In the case of diabetic foot disease there is not a one-size-fits-all model and the key is good communication, maintenance of skills mix and the development of the hub and spoke model. This year diabetic foot disease will be a major focus of work with a session at the annual meeting, A NECPOD programme on mortality after amputation and a focus within the audit and QI committee of the VS. Vascular Surgery became a new surgical speciality this year and has just selected the first 20 national trainees. In 6 years we will have 120 vascular surgeons in training. This is an important step forward for the future delivery of care.
- Dr Raman Uberoi – it is key to maintain interventional radiology in regional hospitals to reduce amputation. As a radiologist himself, he said many in his profession want the opportunity to do more leg and foot work.
- Lord McColl – a former surgeon, highlighted the obesity epidemic and says lifestyle choices need to be addressed to reduce the burden on the NHS.
- Professor Jonathan Beard – President Elect of the Vascular Society; highlighted the fact that vascular surgeons compared to other specialities can spend comparatively little time performing surgery and already work as part of multi-disciplinary teams.
- Christian Pankhurst – Orthotist; interest, publicity, education – these are vital for early diagnosis and prevention. Use patient groups collaboratively.
- Martin Fox – podiatrist; the majority of foot patients require early intervention when referred – the majority are not at amputation stage.

There being no further business the meeting then terminated.

Feedback on the minutes – please send to Melissa Barnett at
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