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Rhwydwaith Fasgwlaidd  
De-ddwyrain Cymru  
South East Wales  
Vascular Network

## Frequently asked questions

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## **1. What are vascular services?**

The vascular system is the interlinked network of blood vessels (veins and arteries) that connect to the heart and lungs and provide oxygen and nutrients to all the organs and tissues of the body.

Vascular disease is any condition that affects these blood vessels.

The main aim of vascular surgical services is to reconstruct, unblock or bypass arteries to restore blood flow to organs. These are often one-off procedures that aim to reduce the risk of sudden death, prevent stroke, reduce the risk of amputation and improve quality of life.

Many patients referred to a vascular specialist do not require open surgical or endovascular intervention, but rather reassurance and lifestyle advice (lose weight, take regular exercise) coupled with measures to reduce their future risk of heart disease, stroke and amputation.

Some vascular patients require further investigation which usually involves arranging a scan of the blood vessels. Only a small proportion require intervention or surgery.

## **2. What is a vascular network?**

The aim of a vascular network is to improve patient outcomes, and ensure that services are sustainable and equitable for the population they serve. A vascular network provides coordinated vascular services for a population across a wide geographical area and involving a number of different hospitals.

Vascular services across NHS England and North Wales and West Wales have already been reconfigured into network models of care for a number of years.

## **3. What do we mean by hub and spokes?**

Most networks operate a 'hub and spoke' model of care which focuses major urgent and emergency vascular surgical procedures to be performed in one specialist hospital, the 'Hub'. Whilst minor procedures, investigations assessments, recovery following surgery and outpatient appointments still take place in local hospitals, the 'spokes'.

The crucial differences between a hub and a spoke are the seriousness of the conditions treated and the complexity of the procedures undertaken. The hub receives all vascular emergencies requiring vascular or endovascular intervention, along with all vascular inpatient urgent care. It has dedicated vascular inpatient beds in a ward staffed by nurses with an interest in vascular surgery. A spoke hospital provides everything other

than complex and emergency vascular care and has no dedicated vascular hospital beds.

#### **4. What are the benefits of the new model?**

We know that vascular surgical services at a central hub, as a part of a network, with supporting spoke hospitals, results in better outcomes for patients. We believe that the hub and spoke network model for vascular services will:

- Provide a high quality and safe service for patients
- Attract highly specialist staff
- Cope better with unexpected problems such as staff vacancies or sickness
- Provide a more collaborative approach to delivering and developing vascular services for the future
- Ensure that training and developments for staff can be shared and delivered across the region

#### **5. How many patients will these changes affect?**

The total number of people likely to need a vascular procedure across South East Wales is approximately 1250 each year. This estimate is based on the average numbers per year for vascular conditions in our region, which saw 456 patients treated at the Royal Gwent Hospital, Newport, 355 patients treated at the Royal Glamorgan Hospital, Llantrisant and 437 treated at University Hospital of Wales in Cardiff.

#### **6. Will I have to travel further for treatment?**

If you live in the area of South Powys, with your nearest emergency hospital being the Prince Charles Hospital in Merthyr Tydfil or the Grange University Hospital in Cwmbran, the answer is potentially, yes, but only if you are undergoing specialist or complex surgery and only for the surgical part of your treatment. The rest of your tests, treatments, recovery and appointments will not change and will happen where they do now - in a hospital that is more local to you. Travelling further will mean that you have access to specialist treatment and a highly experienced team.

#### **7. What happened before if you were referred for vascular surgery?**

You would receive your vascular surgery at one of 3 hospital sites namely;

- University Hospital Wales, Cardiff
- Royal Glamorgan Hospital Llantrisant
- Grange University Hospital, Cwmbran

## **8. Why do vascular surgical services need to be changed?**

We want to make sure that we provide the best care possible for people needing vascular surgery in South East Wales.

We know that:

- Vascular surgery is becoming increasingly specialised and the evidence shows that patients have better outcomes if they receive their treatment at larger specialist centres
- The Royal Surgical Colleges and The Vascular Society of Great Britain & Ireland support the view that it is no longer desirable to provide urgent or emergency vascular surgery outside a fully centralised service or a formalised clinical network with a designated single arterial centre providing a 24/7 on-site service.
- A lack of specialist staff to cover the existing vascular units means that we cannot deliver the service safely, the way we have done in the past, and provide the opportunities for staff development and training that other centralised vascular services can.

## **9. Why was University Hospital of Wales chosen as the hub?**

The University Hospital Wales site was chosen because of its position as a provider of specialist services including; major trauma, interventional cardiology and cardio-thoracic surgery. There are co-dependencies between them and vascular services. University Hospital Wales was selected as the chosen option for the hub by senior doctors from all three Health Boards.

## **10. Where are the spokes located?**

Given the need for consultant led A&E and a general surgery emergency service, the spokes for each of the areas are:

- Aneurin Bevan University Health Board – Grange University Hospital and Royal Gwent Hospital
- Cwm Taf Morgannwg University Health Board – Royal Glamorgan Hospital, Llantrisant
- Cardiff and Vale University Health Board – Temporarily at Lakeside Wing at University Hospital of Wales with the view to eventually move to University Hospital of Llandough.

It is important to note that as patients begin their recovery and rehabilitation journey, that this will be provided from a hospital/community setting which is as close to their home as possible e.g Nevill Hall Hospital or Ysbyty Ystrad Fawr.

## **11. How are vascular services delivered elsewhere in Wales?**

The population of North Wales are served by a network with Ysbyty Glan Clwyd, in Rhyl, as the Hub. Vascular clinics, investigations, diagnostics, vascular access and varicose vein

procedures are provided by three spoke district hospitals, in Betsi Cadwaladar University Health Board.

In South West Wales the population are served by a network with Morriston Hospital as the hub site and spoke services provided in several hospitals in Hywel Dda and Swansea Bay University Health Boards areas.

## **12. Do doctors support the change?**

As part of the process leading up to the engagement, for a number of years, we have spoken to our vascular teams to understand their views and receive their input. People who work within our existing vascular services tell us that they support having the service provided as a part of a vascular network with one arterial 'Hub' and a number of non-arterial 'Spokes'. We have been talking to NHS staff across South East Wales throughout the process of engagement, consultation and we will continue to consult with staff during its implementation.

**If you are a vascular patient and have any further questions, please contact your vascular team for further info.**