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Report of the Joint Committee on Vascular Surgery Services

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COMHAIRLE NA nOSPIDÉAL

DEPARTMENT OF HEALTH & CHILDREN

REPORT OF THE JOINT COMMITTEE ON VASCULAR SURGERY SERVICES

APRIL 2000

Comhairle na nOspidéal
Department of Health & Children

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SECTION 1 - INTRODUCTION

1.1 Arising out of applications for new posts of General Surgeon with a special interest in vascular surgery at Tallaght, Beaumont and the Mater hospitals, a joint committee comprising representatives of Comhairle na nOspidéal and the Department of Health & Children was established in 1998. Its remit was to develop a policy on vascular surgery services in Ireland. The joint committee comprised: -

Professor Brendan Drumm, Consultant Paediatrician (who chaired the joint committee)
Professor Frank Keane, Consultant Surgeon
Dr. Tom Peirce, Consultant Physician
Mr. Tommie Martin, Chief Officer, Comhairle na nOspidéal
Mr. Michael Lyons, Principal, Department of Health and Children
Mr. Vincent Barton, Principal, Department of Health and Children

The committee's report was researched and drafted by Mr. Tommie Martin.

1.2 The joint committee reviewed the literature, in particular reports on vascular surgery services in (a) Scotland May 1993[1] and May l998[2]; (b) Great Britain and Ireland October 1997[3] (the Darke Report); (c) the Republic of Ireland March 1998[4]. It also considered the Department of Health policy documents[5] (1980) on the allocation of specialist services in Dublin; the current organisation, location and distribution of vascular surgery services, units and consultant posts in Ireland; the demography and geography of the country; the organisation of health services in the seven existing health board areas and the re-organisation of health services in the Eastern Health Board area into a new Eastern Regional Health Authority with three area health boards.[6,7,8].

1.3 Representatives of the Irish Association of Vascular Surgeons; the eight health boards and the major voluntary teaching hospitals providing vascular surgery services have been consulted, some on more than one occasion. A draft discussion document prepared by the joint committee was circulated and considered by the interested parties. The feedback - which was generally positive - has been taken on board by the Joint Committee in finalising its report. Written comments from a number of individual consultant general/vascular surgeons were also received and considered. A detailed proposal from the Galway Regional Hospitals entitled "Strategic Direction of Vascular Surgical Services 1998-2003"[9] was also considered.

1.4 The joint committee wishes to record its appreciation to the many people and agencies throughout the state who assisted the committee by means of written submissions and/or consultation. The information and advice received have influenced the committees thinking.

SECTION 2 - VASCULAR SURGERY SERVICES IN IRELAND

2.1 Vascular diseases are a major cause of morbidity and mortality in Ireland. Vascular diseases are most common among the elderly and those in late middle age. As epidemiological knowledge widens, health promotion and prevention measures may reduce vascular disease. The potential control of risk factors such as lifestyle, smoking, hypertension, lipid disorders, thrombophilia and diabetes could have a positive impact on vascular disease. Vascular surgery has undergone major expansion over the past two decades. This is due to a number of factors including the increasing prevalence of vascular disease, an ageing population and technological developments, which have enabled improvements in diagnosis, investigation and management including surgical techniques. While there has been a marked increase in vascular surgical workload over recent years, it is estimated by the Irish Association of Vascular Surgeons that this trend may not continue but may reach a plateau in the next ten years. The recommendations[4] of the Irish Association of Vascular Surgeons are for the period up to 2005. Vascular surgery is currently a sub-specialty of general surgery. While most of the consultants practising vascular surgery in Ireland in 1998 also do general surgery, four practice exclusively in vascular surgery, two at St. James's Hospital, one at Tallaght Hospital and one at St. Vincent's Hospital. The position in the UK is broadly similar. Significant changes in the training of surgeons generally including those specialising in vascular surgery are also taking place at present.

2.2 Our primary consideration in developing a policy for the future organisation and development of vascular surgery services in Ireland is the desire to achieve and maintain the highest possible standards of patient care. The high proportion of emergency surgery in the sub-specialty of vascular surgery (about one third) means that the provision of 24 hour emergency cover is an important factor in determining the organisation of vascular surgery services. A review of the literature indicates that the vascular service is best provided by a team approach led by consultant vascular surgeons. Management of patients with vascular disease involves not only specialised surgeons but also consultants in other specialties with particular expertise in vascular work e.g. radiologists, anaesthetists and physicians. Specialised laboratory facilities are also required.

SECTION 3 - LITERATURE REVIEW

3.1 The main points identified from a review of the literature are set out in this section.

3.2 The 1993 Scottish Report[1] which was prepared by the National Medical Advisory Committee states that *"Clinical audit suggests that the outcome for patients is better if vascular surgical operations are performed by vascular surgeons in specialised centres"*. The report claims that *"It is likely that the experience gained in managing only a few patients per year as may occur in non-specialist units in district general hospitals is insufficient to allow provision of the highest quality of care."*

3.3 The report recommended that vascular surgery services in Scotland (population 5.1 million) be centralised into six major vascular units, with three intermediate vascular units principally because of geographical factors. The report recommended that the major vascular units should serve populations of 500,000 staffed by the wholetime equivalent of 2 to 3 consultant vascular surgeons, four junior doctors, 3-4 anaesthetists with a half-time commitment to vascular work; a radiologist with an interest in vascular radiology and a physician with an interest in vascular medicine. The emergency rota should be fully staffed by specialist vascular surgeons or consultant surgeons with a special interest in vascular surgery. Such a unit should have 30 acute surgical beds plus 5 intensive care/high dependency beds and a well equipped vascular laboratory. The implementation of these proposals would mean that hospitals currently performing a small volume of vascular surgery would no longer provide a vascular surgery service.

3.4 While promoting centralisation of services, the report pointed out that *"a delicate balance between centralisation and sufficiently wide distribution of facilities needs to be achieved so that geographical access is satisfactory for emergency situations such as ruptured aortic aneurysms and acute limb ischaemia, and also for elective situations such as outpatient attendances, arranged admissions and hospital visitors. Intermediate vascular units should have a minimum of one surgeon with a special interest in vascular surgery with at least one anaesthetist and one radiologist with a special interest in vascular surgery. The number of beds per population should be as specified for the major unit"*.

3.5 The report of the National Medical Advisory Committee was endorsed by the Scottish Health Service Advisory Council and commended to the Scottish Office Home and Health Department in May 1993. There was resistance at hospital level to the recommended changes. About 20 hospitals in Scotland continue to provide some vascular services. There are twelve full-time vascular surgeons working in four centres. The report has not been implemented and has been superseded by the Acute Services Review carried out by the Department of Health Scottish Office under the chairmanship of its Chief Medical Officer.

3.6 The Acute Services Review Report[2] proposed the development of managed clinical networks for the delivery of health services in Scotland. One of the examples of potential clinical networking it describes is that of an Integrated Regional Vascular Service (IRVS). The model proposed incorporates the recommendations of the l993 report. An integrated regional vascular service incorporating the following elements is identified:

- ✓ ideally serves a population of at least 500,000;
- ✓ provides comprehensive vascular services including round-the-clock emergency services formed by the merger of two or more vascular services in existing hospitals with emergency and high technology care being undertaken in a single centre;
- ✓ local services would be enhanced by a network of local services such as clinics, day surgery, venous surgery, post-acute care and rehabilitation. Great emphasis is laid on the minimum critical mass needed to sustain an Integrated Regional Vascular Service and the value in having an academic centre as well as acute hospital and primary care components.

3.7 The Darke report recommends that *"Like any health resource, vascular services cannot justifiably and economically be made available everywhere, but need to be focused where there is sufficient volume of work to justify the investment... Many acute hospitals are served by only one or two vascular surgeons. Whilst this has the advantage of providing an on-site vascular presence, these individuals cannot provide a comprehensive emergency rota. A consultant surgeon with a significant interest and expertise in vascular surgery would commit at least half his or her time to the care of vascular patients. Some practice it exclusively ... There is evidence that patients are better cared for by a specialist vascular team than by those without a specialist interest"*.

3.8 In relation to workload, the report states that *"a population of 150,000 will generate an appropriate clinical caseload for one consultant vascular surgeon maintaining expertise and teaching"*. Thus *"an ideal vascular unit would be a minimum of four consultant vascular surgeons catering for a population of 600,000 or more with on-call support from interventional radiologists. Approximately 30 beds would be required supported by an intensive care unit and a vascular laboratory"*.

3.9 The report goes on to state that *"where a population cannot be comfortably integrated geographically to generate sufficient size (e.g. 400,000 as opposed to 600,000), it may be necessary to compromise...their vascular workload should not fall below the threshold required to maintain expertise (50% of clinical time)"*.

3.10 The Darke report argues that while *"it is self-evident that an active Accident and Emergency Department would be best served by an in-house vascular service..... this ideal is not always possible nor indeed is it essential..... the majority of patients seen in casualty departments in need of vascular care can be transferred without compromise. Rarely, in-house surgery is necessary. Arrangements should therefore be in place for a link with the nearest vascular unit for advice and for transfer....Full support where necessary should be given to adjacent hospitals by the neighbouring vascular service. This may include outpatients, day care surgery, ward referrals and in rare contingencies in-house operating. A conurbation served by an acute hospital without vascular surgery is going to be relatively small, probably of the order of 250,000 or less. Otherwise it would in its own right justify a vascular unit"*.

3.11 The recommendations of the Darke Report have not been identified by the Department of Health in England as a priority for regionalisation.

3.12 The Irish Association of Vascular Surgeons favours specialisation and stated in their 1998 Report[4] that *"the results of vascular surgery procedures carried out by vascular surgeons are significantly better than those of non-specialists"*. The Association has pointed out that *"at present the majority of consultant vascular surgeons [in Ireland] provide a significant general surgery service, which accounts for up to 50% of their commitment. All vascular surgeons carry out general surgery with the exception of three vascular surgeons in Dublin who provide no general surgery services, elective or emergency. Any attempt to calculate the manpower requirements should be cognisant of the fact that at present the majority of consultant vascular surgeons provide a significant general surgery service, which accounts for up to 50% of their commitment ..." We see no reason why vascular surgery cannot remain under the umbrella of general surgery. In particular, however, it is essential that vascular surgery problems be dealt with by specialist surgeons."*

3.13 The Association has argued that *"there is an urgent need for three surgeon units and as the workload increases and the implications of the new surgical training becomes apparent, there will be a requirement for four vascular surgeons in many of the country's units. Vascular units should be established, each serving a designated catchment area of 300,000 to 500,000 people. Each unit should have within its boundaries at least one major vascular centre where all emergency services and the potential for endovascular intervention is available. Service to the people in a designated catchment area should be agreed by all vascular surgeons working within the unit. This provides the possibility that more than one hospital would agree a service plan for a community. Service plans would allow for agreed emergency transfers, protocols for elective treatment and the possibility of endovascular surgery and other specialist treatments being offered on one site"*.

3.14 In its summary of proposals, the Association proposed that *"eight vascular units be established each serving approximately 500,000 people. The units would provide both elective and emergency cover. One vascular surgeon would be required per 125,000 of the population. Each unit would include at least one major vascular hospital and other units by agreement"*. The Association recommended that *"two of these units should be centred on the north side of Dublin, based in Beaumont Hospital and the Mater Hospital. Traditionally the two hospitals on the north side of Dublin have accepted referrals from the north east and the north west and this referral pattern could be formalised. Two units would be established on the south side of Dublin, St. Vincent's Hospital and Tallaght/St. James's Hospitals. Elsewhere in the country units would be centred in Cork, Limerick, Waterford and Galway"*. The Association also proposed that *"the Department of Health establish rotas on the North and South side of Dublin to facilitate the rationalisation of emergency call". They pointed out that "most vascular patients who are fit for surgery can be transported quite considerable distances ..... without serious morbidity"*. The Association argued that a consultant surgeon should not be on duty on a greater than 1 in 4 emergency rota. On that basis, a unit would need to have a minimum of four surgeons and would cater for 500,000 population.

SECTION 4 – POLICY CONSIDERATIONS

4.1 In pursuing equity in service delivery, the Comhairle/Department joint committee recognises that this must be consistent with services being developed to a standard of excellence. The interests of patients are of paramount importance. Our aim is to recommend the best possible and most cost effective organisation of vascular services. The desire of health boards and large regional teaching hospitals to achieve self-sufficiency has to be consistent with minimum throughput of patients for specialists to maintain their expertise and technical skills and in the case of vascular surgery provide a reasonable 24-hour on-call rota for vascular emergencies. High quality and safe services can best be achieved by concentration of expertise and facilities in a smaller number of viable centres rather than diffusion over a variety of sites. Quality of care is related to the degree of specialisation, the level of experience and expertise and the round-the-clock availability of the multi-disciplinary vascular team. Specialist services and treatments can best be developed and delivered where there is a critical mass of workload and specialists to support top quality centres. This is the preferred option of the joint committee. It is necessary to strike a balance between the desire for locally based services and the provision of the highest quality vascular surgery service; between some patients travelling long distances and the concentration of expertise and facilities and 24 hour availability of a multidisciplinary team in a central location. Such a balance is difficult to achieve but would be helped by the provision of specialist outpatient clinics at appropriate hospitals in the catchment area.

4.2 The joint committee accepts the broad principles set out in the literature reviewed. There is a need for a 24-hour vascular service, based wherever possible on regional vascular centres. Ideally such vascular centres should serve populations of about 500,000 and be staffed by three full-time equivalent consultant vascular surgeons with on-call support from radiologists with a special interest in vascular/interventional radiology and anaesthetists with appropriate expertise as well as specialist nursing staff. Essential facilities would include about 30 beds supported by an intensive care unit, a high dependency unit and a vascular laboratory. A vascular centre of this size would provide sufficient clinical experience and consultant time for vascular training.

4.3 Not only is vascular care multi-disciplinary, it is also multi-specialty. Close, preferably on site, working relationships with many associated specialties are important. These include endocrinology/diabetes, cardiology, neurology, haematology, nephrology (including renal dialysis), accident and emergency, geriatrics, rehabilitation, prosthetics and orthotics. Vascular, cardiology, neurology and radiology specialties are related and should preferably be available on the same site.

4.4 During the consultative phase of our work, there was no fundamental disagreement with the broad principles enunciated in the draft discussion document referred to in paragraph 1.3. These had been derived to a large extent from a review of the literature and are set out in earlier paragraphs. There was consensus on the specific recommendations for five of the health board areas. However, reservations were expressed by the hospitals and consultants concerned about the practicality of some changes in respect of their particular areas as proposed in the draft discussion document. This report accommodates some of these concerns.

4.5 With due regard to the foregoing and having reviewed the literature and taken on board the formal recommendations of the Irish Association of Vascular Surgeons, feedback from the health boards, hospitals and consultant general/vascular surgeons; recognising the historical development of vascular services to their present levels in various hospitals; the current distribution of hospitals and organisation of emergency on-call services; institutional aspirations and the evolving nature of the specialty itself; the joint committee recommends that vascular surgery services in Ireland be centralised into seven vascular centres serving significant population catchments. These centres should be based in the major teaching and regional hospitals with sufficient catchment populations to allow a critical mass of workload and concentration of specialist expertise and facilities and continuous 24-hour emergency vascular cover. A population of about 150,000 is required for a consultant vascular surgeon to maintain expertise. Each vascular centre should be staffed by a minimum of three consultants devoting a majority of their time to vascular surgery to facilitate emergency rosters and for viability of the centre. Major regional teaching hospitals serving regions with dispersed populations of the order of 300 - 400,000 may justify regional vascular centres staffed by three consultants whose commitment to general surgery may be greater than in centres serving larger populations. In setting out the specific recommendations hereunder, an evolutionary approach to the achievement of the ideal is adopted. Stand-alone units serving catchment populations of 300,000 or less are not justified. Where such units exist, they should amalgamate or at a minimum co-operate in the provision of a combined service with a nearby unit.

4.6 Depending on how the specialty develops, a major vascular centre may, over time, be staffed by surgeons who devote most if not all of their time to vascular surgery. International developments in the practice of vascular surgery should be taken into account in the future planning and organisation of services in Ireland. The joint committee is of the view that a move towards full-time vascular practice should be encouraged.

SECTION 5 – RECOMMENDATIONS FOR FUTURE DEVELOPMENT OF SERVICES

5.1. The policy considerations set out in the previous section have been taken into account in devising the recommendations for the future organisation and development of vascular surgery services throughout the state. These recommendations are set out by health board area in this section. The joint committee has also taken on board the future organisation of health services in the Eastern Regional Health Authority area (EHRA) (see Appendix B) in arriving at its specific recommendations for the eastern region. It has also noted the decisions in 1980 conveyed in the reports on the allocation of specialist services in the Dublin hospitals(whereby the Minister for Health designated four regional vascular units i.e. at St. Vincent's, St. James's, the Mater and Beaumont Hospitals and a "hospital" unit at Tallaght Hospital. It is recommended that vascular surgery services in Ireland be concentrated into seven regional vascular centres serving significant catchment populations staffed by up to thirty consultants.

REGIONAL VASCULAR CENTRE - BEAUMONT/MATER HOSPITALS

5.2 **Northern Area Health Board**

(population 455,000 covering the North of Dublin City, Fingal County and North Kildare).

There are two major acute general teaching hospitals in the area - Beaumont and the Mater - and a general hospital at JCM Blanchardstown. In 1998, there were two independent vascular units located at the Mater and Beaumont hospitals, each of which was staffed by two consultant general surgeons with a special interest in vascular surgery. The hospitals are associated with different medical schools i.e. UCD and RCSI respectively. The Beaumont surgeons are also the RCSI Professor and Senior Lecturer in Surgery respectively. In addition, one of the general surgeons at Beaumont also performs vascular surgery.

5.3 **North Eastern Health Board**

(population 305,000).

There are five acute general hospitals in the area i.e. Cavan, Monaghan, Dundalk, Drogheda and Navan. There is one consultant general surgeon with a designated special interest in vascular surgery based at Cavan General Hospital with sessions at Monaghan General Hospital. Unlike most other regions, none of the hospitals in the north-east has been designated as the major regional centre serving the region as a whole. The geographical distribution of the hospitals and the absence of a major city in the region militates against this changing in the future. The traditional referral pattern from the north-east for tertiary level services has been to hospitals in Dublin, in particular the Mater and Beaumont. The North Eastern Health Board accepts that the present position will continue in respect of vascular surgery services and supports the recommendations set out in later paragraphs.

5.4 **North Western Health Board**
(population 210,000).

There are two acute general hospitals in the area - Sligo and Letterkenny. The population of the northwest does not justify the establishment of a vascular centre and the appointment of general/vascular surgeons. A proportion of the population - in particular from Donegal - has traditionally gone to Dublin hospitals or Northern Ireland for tertiary level care. A proportion of the population of Sligo and Leitrim tends to go to Dublin with a number also going to Galway. As regional/tertiary services develop at UCHG and cross-border links generally improve, these traditional patterns may change. The distances and time factors involved in covering the north-west, particularly for emergencies is a major challenge which is recognised and is being addressed by the North Western Health Board. It hopes to develop links with Belfast for vascular services as the distance to Belfast is half that to Dublin. Transfer times to Dublin are up to 5 hours. If the vascular service at University College Hospital Galway expands significantly, increased referrals from Sligo and Leitrim may arise. In the absence of strong evidence of change to date, it is recommended that the traditional referral patterns be reviewed by the North-Western Health Board and service agreements be drawn up between it and the relevant hospital authorities in Belfast, North Dublin and Galway.

5.5 The combined population of the Northern Area Health Board and the coterminous North Eastern Health Board area is about 760,000. In addition a proportion of people from the North Western Health Board area (pop. 210,000) come to Beaumont Hospital and the Mater Hospital for tertiary level care including vascular emergencies. However, the local catchment population of (i) Beaumont Hospital and (ii) the Mater/Blanchardstown combined are each of the order of 250,000 people. As it is not clear at this stage to what extent traditional referral patterns from the North-West will change, the joint committee is estimating for planning purposes that the North Dublin vascular service will cater for 800 - 900,000 people.

Recommendation.

5.6 The joint committee recommends that a combined regional vascular surgery centre albeit located on the two existing hospital sites (Beaumont and the Mater) be developed. The joint committee welcomes the recommendation from the Irish Association of Vascular Surgeons[4] and the subsequent joint letter of 24th June 1998 from the Mater and Beaumont Hospitals agreeing to establish a single on-call North Dublin rota in vascular surgery to provide emergency care for the populations of the ERHA - Northern Area Health Board, the North Eastern Health Board and the North Western Health Board. The agreement between the Mater and Beaumont hospitals which has the support of the North Eastern Health Board and

the North Western Health Board was drawn up at the instigation of and was facilitated by the joint Comhairle/Department committee. The text of the letter is as follows:-

"It is agreed that a single on-call rota in vascular surgery will be established for the north side of Dublin as soon as the appointments of the third vascular surgeons in both hospitals are in place. It is proposed that a vascular surgeon will be on-call on a one -in six rota to accept referrals for North Dublin, the North-Eastern and the North-Western Health Boards. All emergency referrals will be to the hospital (Beaumont or Mater) where the consultant on-call is based. Local protocols will be agreed in respect of in-patient emergencies which arise at the other hospital. Both hospitals have agreed to quarterly meetings involving representation from the relevant health boards which will monitor and organise both the emergency and elective vascular practice in North Dublin, the North-Eastern and the North Western Health Boards. In conjunction with the health boards concerned, consideration will be given to the provision of appropriate outreach services to the major hospital(s) in each health board area. This agreement is underpinned by the shared sessional arrangements in the proposed replacement/new appointments and is supported by all the vascular surgeons in both hospitals."

5.7. For the immediate future, elective vascular surgery will continue along the traditional pattern of referrals to the Mater and Beaumont hospitals with the combined regional vascular centre guaranteeing elective vascular surgery to the three health board areas. Over time, these referral patterns may change arising from future arrangements by the North Western Health Board as indicated in paragraph 5.4.

5.8 A complement of six consultant general/vascular surgeons will be required to serve the combined population of 800 - 900,000. These posts have now been put in place. In the context of the above agreements, Comhairle na Ospidéal in July 1999 approved two new posts of Consultant General Surgeon with a special interest in vascular surgery for the North Dublin hospitals. The structure of the new and existing posts are set out hereunder.

	Beaumont	Mater	Temple St.	RCSI	St. Luke's
Post 1	5.5			5.5	
Post 2	8			3	
Post 3 (new)	7	2		2	
Post 4		11			
Post 5		9			2
Post 6 (new)	2	8	1		

5.9 It is recommended that, subject to the agreement of the hospitals concerned and the relevant consultant, the two sessions commitment to St. Luke's Hospital in post No.5 be reassigned to the North Dublin vascular surgery service. Consideration should be given to a formal attachment for the consultant general surgeon with a designated special interest in vascular surgery based at Cavan and Monaghan hospitals to the regional vascular centre for liaison, case conferences, and academic purposes similar to that agreed between the Tullamore based consultant and St. James's Hospital. See later paragraph 5.17.

5.10 Joint consultant appointments are recommended by the committee for all vascular surgery consultant appointments to the regional vascular centre. However, in recognition of the established practice of vascular surgery on both sites and the views of the personnel involved, it is noted that existing appointments will continue to be either to the Mater Hospital or Beaumont Hospital. Future consultant appointments will be structured as joint appointments between the two hospitals with each having his/her base at one hospital and a sessional commitment to the other hospital. This will facilitate close co-operation with regard to the provision of high quality and safe elective and emergency vascular surgery to patients in the catchment area as well as academic links, teaching, research and joint audit/quality assurance. Beaumont Hospital and the Mater Hospital have indicated their agreement to this evolutionary approach. Formal service agreements between the regional vascular centre and the relevant health boards should be put in place which would include protocols for the referral of patients.

REGIONAL VASCULAR CENTRE - ST JAMES'S/TALLAGHT HOSPITALS

5.11 **South Western Area Health Board**
(population 515,000 - south-west Dublin, Kildare and West Wicklow).

There are two major acute general teaching hospitals in the area - St. James's Hospital and Tallaght Hospital - and a general hospital at Naas. Vascular units are located at St. James's Hospital, which in 1998 was staffed by two consultants and at Tallaght Hospital, which was staffed by one consultant. These three consultants practice exclusively in vascular surgery. The two hospitals are closely associated with Trinity College, Dublin.

5.12 **Midland Health Board area**
(population 205,000).

There are three acute general hospitals in the area i.e. Tullamore, Mullingar and Portlaoise. There is one Consultant General Surgeon with a designated special interest in vascular surgery based at Tullamore General Hospital.

5.13 The combined population of the South Western Area Health Board and the Midland Health Board area is 720,000. The joint committee discussed the organisation of vascular surgery services in this area with the authorities of St. James's and Tallaght hospitals, the Midland Health Board and the relevant consultant surgeons. A single integrated programme for vascular surgery albeit on two sites incorporating a service to the Midland Health Board area, provided by a team of five consultant general/vascular surgeons was proposed by the Comhairle/Department Joint Committee. The importance of not duplicating manpower or facilities was stressed. It was accepted by all parties that a joint department would achieve a critical mass and economies of scale.

5.14 An application for a second post at Tallaght was funded in 1997 by the Department of Health & Children *"on condition that agreement is reached between Tallaght Hospital and St. James's Hospital on the provision of vascular surgery services at both hospitals on a joint basis . . Such an agreement and the operation of this joint service is to be established in the context of a formal collaborative agreement between the two hospitals in relation to the provision of a range of services"*. St. James's Hospital was seeking a third general/vascular surgeon. The outcome of the meeting (January 1998) between the joint Comhairle/Department Committee and the two hospitals was that the hospitals and the three consultant general/vascular surgeons agreed to produce a plan. The plan was to set out the role of each hospital in the provision of a joint vascular service incorporating the restructuring into joint appointments of existing posts of consultant general/vascular surgeon and the creation of new posts consistent with the approach to service delivery promulgated by the Joint Comhairle/Department Committee.

Framework for Vascular Surgery

5.15 As a result of discussions between St. James's Hospital and the Tallaght Hospital - facilitated by the Dean of Faculty of Health Sciences in Trinity College Dublin - a framework document for the development of vascular surgery services was developed. This document was then considered by the Chairmen and CEO's of the two hospitals and following discussions with the Midland Health Board and the Eastern Health Board, an agreed formal document incorporating the needs of the two hospitals, the ERHA - South Western Area Health Board and the Midland Health Board was produced in August 1999.

5.16 The agreed package of proposals from the hospitals/health boards concerned envisaged a joint service based on two hospital sites at St. James's and at Tallaght with out-patient and other services at Tullamore and Naas. These are set out in the document entitled *"Establishment of a Joint Supra-Regional Vascular Surgery Service: Eastern Region - South West and Midland Health Board Areas"*. The document was welcomed and endorsed by the joint Comhairle/Department Committee. The document forms Appendix C to this report.

5.17 In September 1999, Comhairle na Ospidéal approved two new joint appointments of Consultant General Surgeon with a special interest in vascular surgery and the restructuring of the existing posts as joint appointments in the context of this joint document from the hospitals/health boards which stated inter alia that *"the five surgeons will participate in a single emergency on-call rota and protocol for the joint department based on a one in five on take arrangement"*. The required complement of consultant general & vascular surgeon posts has now been established to serve the combined population of about 720,000. The posts are structured as follows:-

	St. James's	**Tallaght**	**Tullamore**	**Naas**
Post 1	9	1	1	
Post 2	9	1	1	
Post 3 (new)	7	2	2	
Post 4	2	9		
Post 5 (new)	2	7		2
Post 6	1		10	

The agreement involves closer co-operation and liaison with the consultant general surgeon with a special interest in vascular surgery based at Tullamore General Hospital. His post (Post 6) was restructured to include a formal commitment to the regional vascular centre (1 session at St. James's Hospital).

REGIONAL VASCULAR CENTRE - ST VINCENT'S, ELM PARK

5.18 **East Coast Area Health Board**
(population 325,000 - South East Dublin, Dun Laoghaire and East Wicklow).

The major acute general teaching hospital in this area is St. Vincent's Hospital. There are also two general hospitals in the area i.e. St. Columcille's at Loughlinstown and St. Michael's, Dunlaoghaire. A joint department of surgery involving the three hospitals and the consultant surgeons is in existence. There is one vascular centre based at St. Vincent's Hospital. It is staffed by three consultant general surgeons with a major commitment to vascular surgery. One, based at St. Vincent's practices almost exclusively in vascular surgery. The other two perform general surgery at St. Michael's and St. Columcille's Hospitals respectively and vascular surgery at St. Vincent's Hospital. Both wish to increase their vascular sessions at St. Vincent's Hospital. The existing vascular centre at St. Vincent's Hospital should be maintained and developed and the vascular commitments of the consultants increased in line with service needs.

5.19 **South-Eastern Health Board area**
(population 390,000)

There are four acute general hospitals in the area - Waterford, Wexford, Kilkenny and Clonmel. Waterford is the regional hospital and the regional vascular service is located there. The first post of Consultant General Surgeon with a special interest in vascular surgery was approved in 1997 and was filled in 1999. The combined population of East Coast Area Health Board and the South Eastern Health Board area is about 715,000. The Waterford vascular centre should be augmented by the early appointment of a second general/vascular surgeon. A third post will be required when the service has developed. Until such time as the Waterford centre can provide a comprehensive round-the-clock emergency service, a formal arrangement for the transfer of patients to the St. Vincent's Regional Vascular Centre should be made between the South Eastern Health Board and St. Vincent's Hospital. Close co-operation and liaison between the vascular centres at Waterford Regional Hospital and St. Vincent's Hospital should be developed for liaison, case conferences, and academic purposes.

REGIONAL VASCULAR CENTRE - CORK UNIVERSITY/MERCY HOSPITALS

5.20 **Southern Health Board area**
(population 550,000).

There are six acute general hospitals in the health board area, three in Cork city:- Cork University Hospital which is the major acute regional teaching hospital in Munster; the Mercy Hospital; the South Infirmary - Victoria Hospital; Tralee; Mallow and Bantry. While there are two consultant general/vascular surgeons in Cork they are based in different hospitals i.e. CUH and the Mercy. A general surgeon at the Mercy Hospital also performs vascular surgery.

5.21 While a regional vascular centre staffed by four consultants based at the major acute regional teaching hospital in the area would be the ideal, this is not regarded locally as practical in view of the existence of two units, institutional aspirations and the existing pressure on space and facilities. In 1998, in response to our draft discussion document, the managements and relevant consultants in both hospitals indicated to the committee that they saw *"scope for greater co-operation between the two hospitals, including the provision of a vascular rota and perhaps a joint Department of Vascular Surgery"*. In recognition of these factors, the joint committee recommends that a combined regional vascular unit albeit located on the two existing hospital sites (CUH and Mercy) be developed. A complement of four consultant general/vascular surgeons with sessional commitments to both hospitals is required to serve the population of the Southern Health Board area. Shared emergency rosters involving all the relevant consultants should be put in place while protocols for the referral of patients - particularly emergencies - from the other hospitals in the catchment area should be developed and agreed by the relevant authorities. Recent examples of such co-operation are described in paragraphs 5.6; 5.17 and Appendix C.

REGIONAL VASCULAR CENTRE - REGIONAL HOSPITAL, LIMERICK

5.22 **Mid-Western Health Board area**
(population 320,000).

There are four acute general hospitals in the area: - the Regional General Hospital, Limerick which is the recognised "flagship" hospital; St. John's Limerick; Ennis and Nenagh. There are two consultant general/vascular surgeons in the region: - one based at Limerick Regional Hospital and one based at St. John's for general surgery who performs vascular surgery at Limerick Regional Hospital. The joint committee endorses this co-operative arrangement and recommends a third post based at Limerick Regional Hospital, which should continue to be developed as the regional vascular centre for the Mid-West.

REGIONAL VASCULAR CENTRE - UNIVERSITY COLLEGE HOSPITAL GALWAY

5.23 **Western Health Board area**
(population 350,000)

There are four acute general hospitals in the region - University College Hospital Galway/Merlin Park which is the major acute regional teaching hospital; Castlebar; Portiuncula, Ballinasloe; and Roscommon. UCHG should be developed as the regional vascular centre for the west. Vascular surgery services are provided at UCHG by one consultant general surgeon with a designated special interest in vascular surgery and by one general surgeon. The joint committee has recommended to the Western Health Board that a new appointment of consultant general surgeon with a special interest in vascular surgery be made to UCHG as soon as possible. This new post was funded recently by the Department and approved by Comhairle na Ospidéal. A further appointment should be considered when the service has developed. The recent completion of Phase 1 of the current major building project on the UCHG campus has created additional theatre space. The matter of referral patterns from the North West to Dublin, Galway and Northern Ireland and likely future trends and service agreements have been discussed at paragraph 5.4. It is recognised by the Western and North Western Health Boards that a full vascular service for patients from Sligo/Leitrim cannot be provided at UCHG until a third vascular surgeon post is created and filled. The present arrangement with the North Dublin Vascular Centre will continue for some time.

Consideration should be given by the Western and Mid-Western Health Boards to examining the feasibility of shared on-call emergency rosters for vascular surgery between the Galway and Limerick vascular centres.

SECTION 6 - CONCLUDING REMARKS

6.1 The joint Department of Health/Comhairle na nOspidéal committee has adopted an evolutionary approach in its recommendations for developing the best possible vascular surgery services throughout the country. It has noted the growth in vascular diseases over recent years and the various predictions in respect of the incidence and prevalence of the disease and treatment modalities in future years. The joint committee has taken into account the existing network of hospitals and service providers and the ideal configuration of services as set out in the recent literature in arriving at its recommendations which it believes are viable and necessary for the provision of high quality and safe vascular surgery services.

In the interests of patient care, equity in service delivery, cost effective organisation, provision of reasonable 24 hour on-call rotas for vascular emergencies by consultants, the joint committee has recommended that high quality and safe vascular surgery services can best be achieved by concentration of expertise and facilities in seven viable regional vascular centres staffed by a complement of up to 30 consultant general surgeons with a special interest in vascular surgery. Five new posts have been created during the lifetime of this joint committee. Six more are required to achieve the recommended target.

The joint Comhairle/Department committee is happy to note the significant advances which have been made at its instigation over the past year in putting into effect many of its recommendations, particularly in respect of the organisation and co-ordination of vascular services, the development of vascular surgery centres, the formal provision of emergency vascular surgery services to wider catchment populations and the establishment of new consultant posts. It hopes that the remaining recommendations will be implemented soon.

April 2000

APPENDIX A

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APPENDIX B

NOTE RE: EASTERN REGIONAL HEALTH AUTHORITY

From March 1, 2000, the Eastern Regional Health Authority (ERHA) is the statutory body with responsibility for health and personal social services for the 1.3 million people who live in Dublin, Kildare and Wicklow. The ERHA has replaced the Eastern Health Board. The ERHA's responsibilities include the strategic planning of services, commissioning of services and funding services through service agreements with three new Area Health Boards, the voluntary hospitals and other voluntary agencies. It is also charged with monitoring and evaluating the services provided by these agencies.

Three new Area Health Boards - the Northern Area Health Board, the East Coast Area Health Board, and the South Western Area Health Board - have responsibility to deliver within their own areas, the services previously provided by the Eastern Health Board. The three new area health boards, the voluntary hospitals and the voluntary intellectual disability agencies previously funded by the Department of Health will receive their funding through the ERHA on foot of agreed service plans and service agreements. The new arrangements have been introduced because the previous organisational structures were no longer suitable for the vastly increased population of the Eastern region, and the scale and complexities of the health and social service issues, in the region. The ERHA objective is to build on current achievements, to provide an integrated, seamless and co-ordinated service for the benefit of patients and clients.

The functions of the Area Health Boards are as follows:-

- ✓ To provide, or arrange for the provision of health and personal social services specified in arrangements agreed with the ERHA
- ✓ To plan and co-ordinate the provision of services in co-operation with persons providing services in the area and with such other persons as it may see fit
- ✓ To advise the ERHA on the provision of services generally
- ✓ Area Health Boards will carry out their functions subject to any general directions which may be given by the ERHA and will co-operate with the ERHA and the other Area Health Boards in the co-ordination of services in such manner as the Authority may determine from time to time
- ✓ Where Area Health Boards make arrangements with others for the provision of services, it shall put in place systems, procedures and practices to enable it to monitor and evaluate the services so provided.

APPENDIX C

ESTABLISHMENT OF A JOINT SUPRA-REGIONAL VASCULAR SURGERY SERVICE: EASTERN REGION - SOUTH WEST AND MIDLAND HEALTH BOARD AREAS

1. Background

Proposals for establishment of single Vascular Surgery Centres serving broadly based catchment populations of 500,000 plus have now been under consideration of some four/five years. Related provisions have evolved in the Eastern Region - South West and Midland Health Board areas as follows:

1.1. Seminal paper prepared by St. James's/MANCH Vascular Surgeons proposing a single site based centre

1.2. Department of Health & Children approval to a fourth Vascular Surgeon post conditional on establishment of a Joint Department to serve the Eastern Region - South West Area.

1.3. Comhairle na nOspidéal discussion document positing the possibility of a Joint Centre to incorporate the Midland Health Board in addition to the Eastern Region - South West Area.

1.4. St. James's/AMiNCH adopted paper developed under facilitation of the Dean of the Health Sciences Faculty, University of Dublin, which also posits establishment of a Joint Supra-Regional Centre.

1.5. Agreement in principle of four parties (St. James's, AMiNCH, Eastern Health Board and Midland Health Board) to pursue establishment of the Joint Department in accordance with the Comhairle and University facilitated papers. Immediate to medium term development proposals designed to facilitate progression of the Joint Department was to be pursued by the four parties.

This paper sets out provisions to apply in this regard.

2. Key provisions for the joint department

Following a number of meetings involving the four parties concerned, provisions to apply in respect of progressing the Joint Department have been agreed as follows:

2.1. The catchment area to be served by the Joint Department will cover the Eastern Region - South West and Midland Health Board areas with an estimated population of 730,000 persons.

2.2. The focus of the Joint Department will be patient centred. In order to support this position, it is proposed in the first instance that Joint Department services be developed and distributed as follows:

- **St. James's Hospital**
  Full range of Vascular Medicine and Surgery modalities with formal linkages to and service provision for the Midland Health Board.
- **AMiNCH**
  Full range of Vascular Medicine and Surgery modalities with formal linkages to and service provision for Naas General Hospital.
- **Midland Health Board**
  Services to include provision of Outpatient, Vascular Laboratory and post-procedure dressings/return visit services. Main surgery to be undertaken at St. James's.
- **Naas General Hospital**
  Provision of Outpatient and other local services to be determined where appropriate. Main surgery to be undertaken at AMiNCH.

2.3. The position as set out at 2.2. above is to be fully achieved over a two year period. Progression to the ideal of a single site centre is to be reviewed following the initial two year phase.

2.4. In order to facilitate service provision as set out at 2.2. above, the following Consultant Surgeon profile will apply in the first instance:

Surgeon Details	Sessional Commitment			
	SJH	AMiNCH	MHB (Tullamore)	EHB (Naas)
Surgeon 1 (G.S)	9	1	1	-
Surgeon 2 (D.M)	9	1	1	-
Surgeon 3 (M.F)	2	9	-	-
Surgeon 4 (D.H)	1	-	4	-
Surgeon 5 (New)	2	7	-	2
Surgeon 6 (New)	7	2	2	-
TOTAL	**30**	**20**	**8**	**2**

Pursuance of establishment of and recruitment to posts 5 and 6 are to be proceeded with immediately. In addition, some additional facilities and equipment investment requirements will apply.

2.5. Establishment and development of the Joint Department will be overseen by a C0-ORDINATING COMMITTEE comprising:

- ✓ Senior Managers to be nominated by each of the four parties
- ✓ Each Vascular Surgeon

The Committee will be chaired by one of the Vascular Surgeons. Detailed terms of reference will be developed for the Co-ordinating Committee forthwith.

2.6. It is recognised that full implementation of the immediate to medium term provisions is dependent on completion of the Consultant post establishment and appointment process and certain facilities developments (mainly at Naas). As indicated above, this process will be overseen by the Co-ordinating Committee. The following provisions are however to be effected more immediately under the aegis of the Committee:

- ✓ Development and implementation of a single emergency on-call rota and protocol for the Joint Department based on a 1-in-5 on-take arrangement. Key features of this provision will be as follows:
  - ☛ Rota to operate on a 1-in-5 out-of-hours basis with the following institutional profile:
  - ☛ SJH - 3-in-5
  - ☛ AMiNCH - 2-in 5
  - ☛ Non-inpatient emergency Vascular requirements will thus be dealt with as follows:
  - ☛ xNormal Hours: SJH + MHB -at SJH
    AMiNCH + Naas -at AMiNCH

- ✓ In-patient emergency vascular requirements will be dealt with on a similar basis to that outlined above during normal hours. Provision for out-of-hours arrangements in this regard are acknowledged to be more complex and will require more detailed consideration by the Committee. The objective in this regard however would be to develop and establish a single on-call team approach out-of-hours. It is recognised that NCHD provisions within the Joint Unit as between SJH and AMiNCH would require review and restructuring if this position was to prevail.

x *'Normal and Out of Hours'* to be defined.

- ✓ Immediate establishment of a local dedicated Vascular Out-patient Clinic for the Midland Health Board at Tullamore General Hospital to be delivered by a St. James's Hospital Consultant.
- ✓ Granting of access to Vascular Angiography facilities at St. James's for the Midland Health Board Vascular Surgeon.
- ✓ Subject to changes inherent in the above, retention of existing service referral patterns will apply until Consultant staffing and facilities development provisions permit introduction of associated modifications (Vascular Surgery: includes General Surgery with a Special Interest in Vascular Surgery in the case of the Midland Health Board).

3. AGREEMENT

The above provisions, incorporating attachments hereto, are hereby agreed by the undersigned on behalf of their respective Organisations and Vascular Surgeons.

St. James Hospital	John O'Brien,Chief Executive
Adelaide & Meath Hospital Inc. National Children's Hospital	D. McCutcheon, Chief Executive
Midland Health Board	John Cregan, Programme Manager
Eastern Health Board	Seamus O'Brien, Programme Manager.

July, 1999.