



## A Message from your Council

Your Council has been extremely busy since the summer and has produced two documents that will help shape the future of Vascular Services in the U.K., as we head into the exciting era of the new specialty of Vascular Surgery. The first is entitled *Framework for improving the results of elective AAA repair – 2011*. In 2009, the Vascular Society published a framework for quality improvement in elective AAA surgery (AAA QIP 2009). This accompanied the Provision of Services to Patients with Vascular Disease 2009 (POVS 2009) document and together they were designed to aid surgeons who may need to introduce changes to their vascular practice in order to provide high quality safe surgery to their patients.

Since 2009, the delivery of service to patients with vascular disease has changed significantly. A programme of service re-organisation is in progress and has been driven by countrywide regional reviews, the publication of volume outcome data, the introduction of the European Working Time Regulation, the establishment of a NHS Abdominal Aortic Aneurysm Screening Programme (NAAASP) and the continued progress towards specialty status for Vascular Surgery. The aim of the AAA QIP 2009 was to reduce the elective mortality for AAA repair in the U.K. to 3.5% by 2013. Publication of recent Vascunet data has suggested that we are improving, but mortality remains at 5.3%. Pivotal to success will be the establishment of high volume arterial centres.

The second document is entitled *The provision of services to patients with vascular disease 2012*, which replaces POVS 2009. This describes the models for modern vascular services which your Council believes are necessary to assist the new specialty in driving down the mortality of all patients undergoing vascular procedures in the UK and Ireland. To achieve this we will need to modernise our service and deliver world class care from a smaller number of higher volume hospital sites where patients and their complications can be managed 24/7 by consultant vascular surgeons, radiologists and anaesthetists in a world class hospital environment. This can be delivered from either a modern clinical network with a designated high volume arterial hospital or from a centralised vascular service.

A modern clinical network exists when two or more adjacent hospitals collaborate to provide patient care. Such networks should decide upon a single hospital which will provide both elective and emergency arterial vascular surgical care. Networks might be based on a local aortic aneurysm screening programme or aligned to a major trauma centre, but it is required that all major arterial intervention is performed on the designated arterial site. All vascular consultants involved in a modern clinical network should be timetabled to provide out patient and ward specialist vascular care to patients within the non-arterial network hospitals. This may include a service to amputees and to patients with chronic venous insufficiency and diabetic feet.

*continued on page 2*

## Circulation Foundation and Vascular Disease Awareness Week 2012



The Circulation Foundation has gone through a period of rebranding, and you will find enclosed with this newsletter the new brochure publicising its work. We hope that Members will be as impressed as Council at the clarity of the new posters and leaflets which have been developed under the leadership of the CF Chair Mr Ian Franklin. Delegates attending the Society's AGM will be able to view the complete new range of fundraising tools that have been designed for the Foundation this year, and also find out information on Vascular Disease Awareness Week which will take place from 19th-23rd March 2012.

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Many centralised models of care already exist and fulfil the criteria for the high volume arterial centres. They are more likely to be feasible in areas of dense population where two or more hospitals are relatively close. When centralisation occurs, outpatient clinics and perhaps day surgery should continue in the hospitals that no longer have the primary service. Where there is an adjacent hospital with no vascular service, vascular surgeons should take active steps to initiate an outpatient consulting service at the hospital and ensure pathways exist to transfer patients with a vascular emergency to their centralised vascular hospital for treatment.

We are aware of the special circumstances required of many isolated rural areas including those in the Highlands and Islands and more rural areas of the UK. In these circumstances, local arrangements should be put in place to ensure that patients living in these areas are not denied high quality vascular care delivered by a high volume arterial centre.

Your Council believes that every patient has the right to consult with a vascular specialist at their local hospital, but they may have to travel to obtain access to diagnostic and interventional facilities. Only in this way can equality of access and the patients' desire for a local service be delivered alongside the best possible elective and emergency outcomes for individual patients.

Both documents have been written by Council for you and for your patients. We have consulted widely and believe that the message we send needs to be strong in order to support 24/7 service provision in the whole of the U.K., not only for Vascular Surgery, but also for Interventional Radiology, Vascular Anaesthesia and for all other services who support the care of our patients with Vascular Disease. Both documents have been approved by your Council, but, before publication, we will be seeking your support at our Annual Business Meeting in Edinburgh on Thursday 24th November. We look forward to seeing many of you at the meeting, but in the meantime if you have any comments regarding our direction of travel please do not hesitate to email us on [office@vascularsociety.org.uk](mailto:office@vascularsociety.org.uk)

Peter Lamont has organised an excellent programme for the Edinburgh AGM and I hope that you have noticed the Lamont Tartan which decorates the advertising leaflets and the 2011 Yearbook. Please come along to Edinburgh, bring your teams, join the debate, enjoy the hospitality, but more than ever embrace your new Specialty of Vascular Surgery.

**Mike Wyatt**

Honorary Secretary

## “National audit and publication of outcome data”

### Letter from David Mitchell Chair Audit and Quality Improvement

#### Dear Members

I am writing to invite you to a symposium at the Annual Scientific Meeting in Edinburgh to be held at 17.30 – 18.20 on Wednesday 23rd November 2011. This addresses the question “**Should the National Vascular Database (NVD) publish individual surgeon’s results?**”, and will feature contributions from Alison Cook, Director of Policy and Communications at the Royal College of Surgeons of England, Ben Bridgewater, the chair of the cardiac surgical audit and yours truly, talking about your NVD outcome data.

This is an important moment for the Society as we move towards independent speciality status. The Department of Health is clearly focused on placing outcome data in the public domain and the Vascular Society is under pressure to publish such data in the near future. Recent work is showing that UK vascular surgeons are producing better outcomes after AAA repair and are moving towards meeting the NICE target of 14 days from symptom to intervention for carotid disease. We need to debate what data we place in the public domain; is individual surgeon data important,

or as we now increasingly work in large teams, should we be presenting our outcomes at the unit level?

Do you have a view on this? Are you happy for your individual data to be published? Can you see an alternative? If so, please come and join us in the Pentland Auditorium and express your views. Your Council is here to represent you **all** as members of the Vascular Society and in order to do so, we need to know your views, your concerns and your recommendations for progress. These are exciting times, but we expect a ‘bumpy ride’ as we move forward with the modernisation of our Society.

I look forward to seeing many of you in Edinburgh, but if you can’t make it, please feel free to write to me directly at [office@vascularsociety.org.uk](mailto:office@vascularsociety.org.uk)

With all best wishes.

**Mr David Mitchell, Chair**

# Vascular Challenges

For some years now, The Vascular Society has been seeking a higher profile with our political masters and regulatory authorities. Much effort has gone into lobbying agencies within the Department of Health, Parliament and the GMC, many of whom were not aware that the specialty existed, or if they did, thought it had something to do with the heart. This effort was primarily targeted at smoothing the waters for a separate specialty application for vascular surgery, which also required a major effort to garner support from all the various surgical regulatory bodies. Vascular surgeons have largely separated from mainstream general surgery, their parent SAC defined surgical specialty. Most hospitals now have separate vascular and general surgery consultant on call rotas and technological developments have driven endovascular and endovenous interventions under X-ray and ultrasound control. The skill set required to provide a modern vascular surgical service no longer resonates with that required to deliver other aspects of general surgery and the reduced working hours of trainee's mandates that they spend the majority of their higher surgical training years devoted to the acquisition of specialty specific vascular skills. As I write, the four Departments of Health within the UK (England, Scotland, Northern Ireland and Wales) have agreed to the creation of a new vascular surgical specialty. Should the Secretary of State for Health agree with that advice, the path is clear for a new specialty to be entered into Parliamentary statute and the huge effort by the many officers and members of The Vascular Society who contributed to the task will have borne fruit.

Setting up a new specialty is a complex process. Training numbers have to be allocated, training programmes designed and approved, a curriculum and examination system fit for GMC purpose established and a training selection system evolved. Such are the challenges facing the Society over the next few months and I am delighted to state that our Council members and committees are facing those challenges with enthusiasm, at a pace which can only be described as surgical. There are, however, other challenges facing the vascular surgical world, and I hope to face up to those at a series of symposia organised at the Society's Annual Scientific Meeting, to be held this year in Edinburgh at the Edinburgh International Conference Centre on 23-25 November.

One of major challenges is the recognition by central DH public health physicians that outcomes for vascular surgery are better in high volume centres. To a large extent this knowledge derives from their examination of the case for introduction of a national screening programme for abdominal aortic aneurysms, married to a desire to offer the lowest possible risk to patients treated for screen detected aneurysms. Around the country, vascular services are facing SHA reviews which seek to rationalise in-patient arterial surgery on single centre, high volume sites, whilst maintaining a local presence in adjacent hospitals' clinics to allow equity of patient access.

It is not just volume which drives outcomes. Cardiac surgery has led the way in showing how publication of individual surgeon's results can reduce mortality rates

for coronary bypass surgery. The Vascular Society is not far behind our cardiac colleagues in terms of an effective national audit system for index procedures, the National Vascular Database. One of our symposia will focus discussion on whether vascular surgery is ready to take that step and put individual hospital and/or consultant outcome data into the public domain.

Finally, a new specialty facing fast paced technological change needs appropriate facilities to be able to offer all the patient safety features that such technology offers. Around the world, vascular services are benefitting from the introduction of hybrid theatres, full on operating standard facilities with fixed, high quality radiological imaging equipment built in, the vascular surgical equivalent of a cardiac catheter lab. International experts will be bringing their experiences to our meeting and I hope will make the case to our members to go out and push for such facilities as an integral part of our new high volume centres servicing our new vascular specialty.

**Peter Lamont**, President

*This article was written for publication in the RCSEd Journal Surgeons News*

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## Vascular Society/Cook Endovascular Fellowships

**The Society is very grateful to Cook Medical for its support of six endovascular fellowship posts to the Society over the past two years. Mr Matthew Metcalfe undertook his fellowship at St George's Hospital in London and has provided the following report of his experience:**



"I completed my 6 month fellowship post at St George's Hospital, Tooting in April 2011. At the end of the 6 months I was competent in measuring EVARs off a 3mensio computer program, choosing the correct stent sizes and deploying them as the 'solo' surgeon. I also gained experience in the placement of extension cuffs and Palmaz stents. I learnt the applicability of the 'Prostar' closure device, and deployed >30 myself. I successfully cannulated

the contralateral limb during EVARs and deployed about 20 uncovered self expanding iliac stents (eg. Luminex, Zilver, Epic). Managing EVARs on a daily basis was far better than on a once a week basis (as I have experienced before). I also had the added role of being responsible for measuring up all the devices and ensuring the correct stents were available. I assisted with FEVARs and attempted a few renal cannulations. I deployed about 10 renal Atrium stents. I performed around 30 lower limb endovascular procedures, and assisted and observed another 30. I improved my familiarity with various wires, catheters and balloons. I attended weekly vascular X-ray meetings and maintained my open surgical skills.

I am currently extending my fellowship by 2 months at Guy's and St Thomas' Hospital, London. I will gain further experience with EVARs and FEVARs. I am learning hybrid techniques of combining subintimal stenting of long iliac occlusions with a femoral endarterectomy. I am gaining further experience into the open management of complex aortic surgery and infected grafts.

This was an excellent fellowship that enabled me to be competent at deploying EVARs independently. I also gained experience at lower limb angiography. I have since continued these interests and have obtained a vascular consultant post at the Lister Hospital, Stevenage commencing Feb 2012."

**Likewise Andrew Thompson chose St Mary's Hospital, London and writes:**

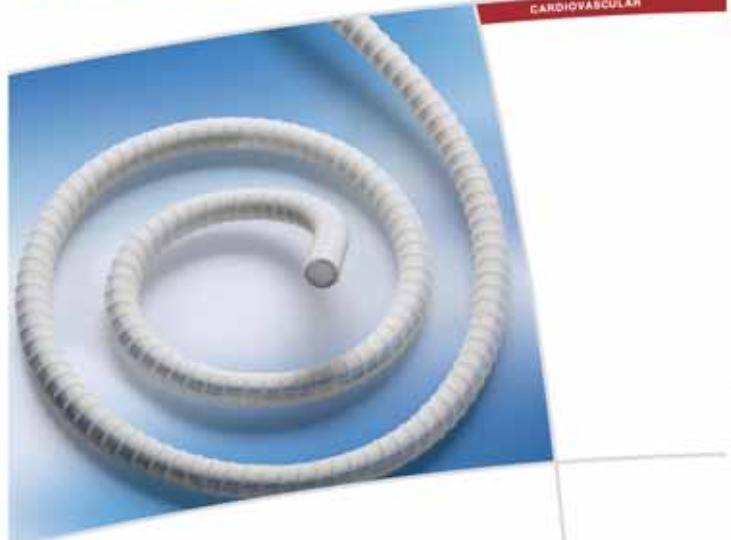
"I started my Fellowship on the first of October 2010 and I spent first six months in a pure endovascular role with a full time vascular registrar on call commitment. I was exposed to a large variety of procedures including complex thoraco-abdominal branched and fenestrated stent graft insertions. I planned and sized over forty stent insertions including EVAR, FEVAR and thoracic stents. I took the opportunity to go to several endovascular training workshops. Although during this period I was exposed to a relatively low number of simple EVARs I gained experience in managing more complex cases, which was invaluable at my stage of training. During this first six months the flexibility afforded to me as a fully funded Cook Fellow allowed me to gain training in more than one department. I would like to thank the radiology department at the Royal Berkshire NHS Trust, where I was welcomed to gain experience in peripheral endovascular techniques.

During the time from April to September I continued as the Cook Fellow but worked within the surgical department. This period saw me managing patients with thoraco-abdominal aneurysms, thoracic aortic

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disease and vascular malformations, as well as the usual vascular patient mix. This experience was of particular importance to my training, not least because of the case mix of this quaternary referral department.

I would describe my time as a Vascular Society / Cook Endovascular Fellow as a very enjoyable and positive time in my training. The independent funding afforded me the ability to seek experiences that met my needs and I am grateful for the encouragement I received from the vascular and radiology departments, at St Mary's Hospital, to do just that. In addition, I was very pleased with the easy way in which I was adopted into the department, being given responsibilities and support appropriate to my level of training from day one. During this Fellowship, my skills have increased in areas I expected, such as, the planning and placement of endovascular stent grafts, as well as many areas that I had not anticipated prior

to starting. These included open surgical techniques, care of level 2 and 3 patients, endovenous techniques, team management skills and career development. I would thoroughly recommend this Fellowship to any vascular trainee. The Vascular Society and Cook provided me with a unique opportunity to experience vascular training outside of my region. Prior to the Fellowship I would not have placed so much emphasis on experiencing a different regional attitude to the management of vascular patients, but now I am convinced it has deepened my understanding of vascular surgery and made me a better doctor. I would also recommend St Mary's as a destination for a Fellowship. What I may have gained in another institution in terms of numbers of stent graft procedures, I would have lost out three-fold in terms of the exposure to a wide variety of interesting cases.

Thank you to the Vascular Society, Cook and all the staff at St Mary's who helped make this a great year".

**The other endovascular fellows were Tahir Ali, Manj Gohel, Duncan Drury and Nick Matharu and we hope to hear from each of them in forthcoming editions of the Newsletter. Well done to you all!**

## RCS(Eng) Vascular Courses: 2012

25 January 2012

### Ruptured Endovascular Aneurysm Repair – Team Training course

29 February - 1 March 2012

### Amputations

14 - 15 March 2012

### Endovascular Aneurysm Repair Planning

11 - 12 June 2012

### Specialty Skills in Vascular Surgery

13 - 15 June 2012

### Advanced Skills in Vascular Surgery



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# Edinburgh 2011

## Annual Scientific Meeting



23rd- 25th November 2011

### Registration

On-line registration is available on the Society's AGM website <http://annualmeeting.vascularsociety.org.uk> - please register soon if you have not already done so.

The SVN and SVT are both holding their annual meetings at the VS AGM, and Members are encouraged to support their vascular nurses and vascular scientists to attend.

### Programme

The final programme is now available to download from the AGM website.

### Educational Masterclass

Places are limited for the Educational Masterclass and Members are encouraged to book early to guarantee their place. The Masterclass will focus on Rare Vascular Disorders and a copy of the JVRC book on this subject is included in the registration fee.

There will also be sessions for the Venous Forum and SARS on Wednesday morning, and the British Society of Endovascular Therapy is holding a breakfast symposium on Thursday morning at 7am.

### Annual Dinner

The Society Dinner will be held in the National Museum of Scotland on Thursday 24th November. The dinner will be informal, with a live band.

We will also be awarding the prizes for the best papers at the Annual Dinner.

All Members are encouraged to attend and bring colleagues and guests. Tickets can be booked via the on-line registration site. No tickets will be available for sale at the venue - please book your ticket in advance.

There will be no formal table plan at the Annual Dinner. Tables seat 10 guests. Only tables of 10 can be reserved on receipt of full payment. If a table is not reserved, guests will be required to arrange their own seating at the dinner.

## Welcome Drinks Reception

A reception will be held on Wednesday 23rd November from 6.20-7pm in the Conference Centre.

## Social Programme

The Society has arranged an exclusive private tour of The Palace of Holyroodhouse on Thursday 24th November at 10.30am-12.30pm, to be followed by lunch at The Wedgwood Restaurant on the Royal Mile. Further information can be obtained on the AGM website, and those interested in attending should contact the Society office.

## Hotel Accommodation

Hotel accommodation is still available and details can be found on the AGM website  
<http://annualmeeting.vascularsociety.org.uk>

## Posters

Abstract posters will be displayed in the Registration Area the Conference Centre during the meeting, and will be judged on Wednesday and Thursday. Prizes will be awarded at the Society's Annual Dinner on Thursday 24th November.

## Annual Business Meeting

The Business Meeting is scheduled to take place on Thursday 24th November at 5.30-6.15pm. An agenda and the minutes of last year's meeting are available on the Society's website. Further copies will be available at the meeting. All Ordinary Members are encouraged to attend.

Reports from the Society's Officers can be found in the Society's Yearbook, which is available on the website.

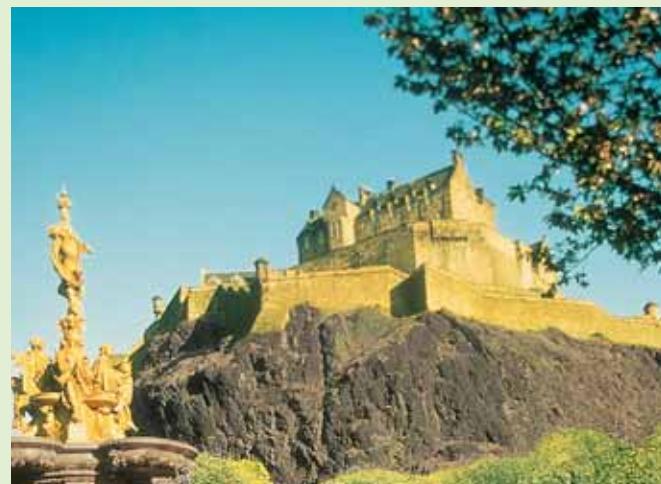
The meeting will commence with matters of Any Other Business. Members are encouraged to

advise the Office prior to the AGM if they would like to discuss any particular matters.

## Yearbook

The Society has again produced a Yearbook for Members, which will be available for all delegates at the AGM. This includes the programme of the meeting and details of abstracts to be presented. The Yearbook is now available on the Society website and Members are encouraged to look at this before the meeting.

This year, the Yearbook will not be sent to Members who do not attend the AGM but will be available on the Society's website for downloading. If Members do require a hard copy, please contact the Society office. The Society would like to acknowledge the work of Nikki Bramhill from tfm Publishing Ltd who has laboured long and hard to produce the Yearbook.



**Edinburgh  
2011**



# Lifetime Achievement Awards

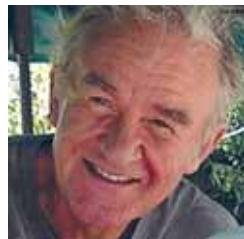
**The Society's Lifetime Achievement Award is to recognise vascular surgeons who have made a valuable contribution to our discipline but who may not have been recognised in any other way. The awards will be presented at the opening of the AGM on Wednesday 23rd November at 1pm. This year's recipients are Mr Alan Scott and Mr Tony Chant.**

## Tony Chant



Tony was born just before World War 2. As a young asthmatic he saw a great deal of the health service being in a GP's surgery on the actual day it started. He trained at St Barts, (practically unheard of in the 60's) he married as a student, had 3 sons, one of whom became a vascular surgeon. He studied under, and was house surgeon to, one of the giants of early vascular surgery, Professor GW Taylor. His research in Cardiff on venous ulceration was partly supervised by Archie Cochrane who headed the MRC unit. Following Cardiff he became registrar to another great surgeon, "Johnnie John" in Bath, and followed this with a spell as lecturer and later as consultant colleague to John Webster in Southampton. (The latter surgeons were founder members of the Peripheral Vascular Club, practically all of whose members worked single handed in District General Hospitals). He set up and hosted the first JVRC meeting in Southampton and served on the Society Council. Although publishing on a wide variety of subjects, he and his research students continually had difficulty raising the necessary money to finance these schemes. With this in mind, together with some very generous private patients, he founded a charity (the BVF), which later merged with our own Society and was re-named the Circulation Foundation. Now retired, he enjoys golf and fishing. He recalled a conversation with the late Crawford Jamieson on the golf course. When asked what they both missed most about not working? They concluded immediately that it "was the camaraderie and buzz of their colleagues in the Society". They had had great times with you all and were grateful.

## Alan Scott



As an undergraduate, Alan Scott organised and ran an expedition to the Sahara, south of the Atlas Mountains, for the MRC to collect blood samples from the socially and geographically separate Jewish populations of Tafalilet. Findings supported their biblical migration across the desert. He started learning how to do research at Babraham Animal Research Unit in Cambridge, working on wound healing, whilst also working as an anatomy demonstrator at Cambridge University. He continued the research at Queen's and Trinity Colleges at Cambridge, and later as an SHO on the professorial unit at St. George's Hospital in 1970. In 1980, Alan became a Consultant Vascular and General Surgeon at St Richards Hospital Chichester, and in 1983, had the idea of screening for AAA using ultrasound, obtaining local funding to set up a screening programme. In 1988, Alan set up the first randomised controlled trial of AAA screening. In 1995, the results of the first controlled trial of AAA screening were published, and in 1996, a grant (£4.5 million) was obtained to set up the first large multi-centre randomised controlled trial into AAA screening. The results of this study (published in 2002 and 2007) formed the basis for the decision by the US Preventative Task Force to recommend AAA screening to the US Senate, which, in 2006, made the decision to start screening throughout the USA via Medicare. In the UK, the results of the trial formed the basis for the National Screening Committee decision to recommend AAA screening to the government. A final decision to start screening in the UK was made in January 2008.

## Lister Meeting

The Royal College of Surgeons of Edinburgh will be celebrating the life and work of Joseph Lister, the pioneer of antiseptic surgery, on the occasion of the centenary of his death from 9-11 February 2012. The Vascular Society will be joining the celebrations and Professor Ross Naylor will be speaking in a symposia on Specialty Specific Aspects of Surgical Sepsis. The activities will also include the final of the Lister surgical skills competition for which entrants from all UK medical schools will be competing. Further information can be obtained from [www.lister2012.com](http://www.lister2012.com)



# Vascular Surgeons Complete Famous Shackleton Route

**On October 4th 2011, Consultant Vascular Surgeons, John Wolfe, Martin Thomas and Tom Carrell, set off across the Southern Ocean from The Falklands, dragging sledges and skiing across South Georgia (the Shackleton Route) to raise funds for the Circulation Foundation. Unlike Shackleton, they were in a boat with modern equipment and they succeeded in retracing the steps of that epic journey. South Georgia remains relatively unexplored with many unclimbed peaks. Its remoteness and harsh weather conditions will probably ensure it remains relatively unexplored for some years to come. It is not a land for the faint-hearted or ill-prepared.**

You can read the accounts of their journey on shipmate Rosie Thomas' blog at <http://southbyeight.wordpress.com> Members wishing to donate to the Circulation Foundation can do so by visiting [www.justgiving.com/John-Wolfe-Circulation-Foundation](http://www.justgiving.com/John-Wolfe-Circulation-Foundation)

We are most grateful to John for his continued support of the Circulation Foundation.



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## Mike Horrocks

Professor Michael Horrocks, President of the Society in 2007-8, is retiring from the NHS and will be holding a "dinner dance" at the Pump Rooms in Bath on 4th February 2012. Colleagues wishing to attend should contact John Hardman directly for tickets. Email: [johnhardman2@nhs.net](mailto:johnhardman2@nhs.net)

# VASCULAR EMERGENCIES

Belfast, 22-23 March 2012

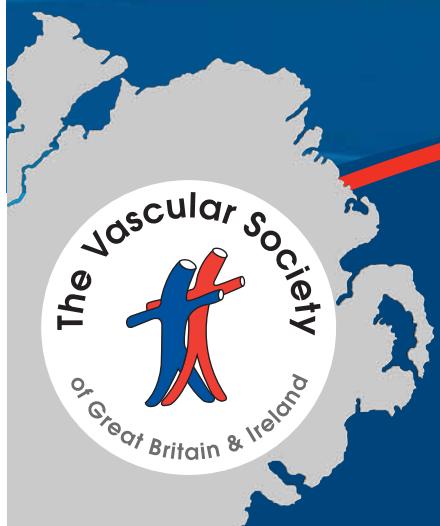
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# President for 2013-14

Professor Jonathan Beard was elected by Council as President for 2013-2014. He will assume the role of Vice-President Elect from November 2011.

Mr Tim Lees was elected Honorary Treasurer for 2012-2016. He will assume the role of Honorary Treasurer Elect from November 2011.

## Welcome to the following new members of the Vascular Society

### Ordinary

#### **Patrick Coughlin**

Addenbrooke's Hospital

#### **Philip Davey**

University Hospital of North Durham

#### **Mustafa OA Halawa**

West Hertfordshire Hospitals NHS Trust

#### **Simon D Hobbs**

Newcross Hospital

#### **Ian D Hunter**

Musgrove Park Hospital

#### **Tapan A Mehta**

Bedford Hospital NHS Trust

#### **Julie Reid**

Belfast City Hospital

#### **Nee Beng Teo**

Warrington Hospital

#### **Alok Tiwari**

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# The Vascular Society of Great Britain and Ireland

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**Professor Jonathan Beard**

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