

Honorary Secretary Newsletter

February 2024

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Getting Financially Fit for 2024

Mon 19th Feb 6.30pm

The 45min webinar will include Understand your NHS pension; Get your Budget in shape; Plan out your goals; Review your insurance; Keeping on top of your borrowing; Review your saving and investments; and Review your Will. [Click here to register](#)

Navigating the 2024 Lifetime Allowance Changes

Mon 4th Mar 6.30pm

Join us for a 45-minute webinar diving into the key aspects of the UK's upcoming pension reforms. As we approach the abolition of the Lifetime Allowance (LTA) in April 2024, understanding its impact on your financial planning is more crucial than ever, especially for those in the NHS Pension Scheme. End of the LTA; Navigating Tax-Free Cash and Lump Sum Limits; and LTA protections. [Click here to register](#)

Annual Scientific Meeting in Dublin

The Dublin ASM was hugely successful and one of the best attended ASMs in recent years.

The Society would like to thank Ciaran McDonnell for championing Dublin as a venue, Douglas Orr who chairs the ASM Committee and Executive Business Support (EBS) for delivering such a fantastic meeting. There were over 1,000 registrants across all the allied vascular societies.

Feedback received on the meeting has been overwhelmingly positive.

Highlights were the talks by invited speakers Dr Alan Lumsden (Houston Methodist, USA), Prof Kak Khee Yeung (VU University Medical Centre Amsterdam, The Netherlands) and Dr Anahita Dua (Massachusetts General Hospital, USA). Dr Dua's talk on leadership in the President's session was one of the most talked about of the conference.

The BJS lecture by Prof Yeung will be available to view on the BJS Academy website. The academy director is Mr Jonathan Earnshaw, past Secretary of this Society and past England AAA Screening Lead, and we are pleased to continue this relationship alongside the development of the [JVSGBI](#).



<https://www.bjsacademy.com/academy>

The 2024 ASM will be back in Brighton (Hilton Brighton Metropole). Andy Garnham has themed the meeting around building complex teams and sustainability in surgery.

Venous Forum Survey

Prior to the 2023 ASM, the Venous Forum in conjunction with the Vascular Society and Rouleaux Club surveyed members and trainees on their views around performance of surgical procedures by different non-medically qualified staff groups. The survey's main focus was on venous interventions. This survey closed 3 days prior to the ASM, and the results were presented in the two Venous Forum sessions.

The inclusion of these results was a late addition to the programme. The high response rate to the survey and the strength of feelings expressed in both the results and verbal feedback showed how emotive a topic this is. The Venous Forum, Vascular Society and Rouleaux Club recognise that the dissemination of these results should have been handled more sensitively, including taking more time for review and reflection. The ASM committee will look at how we include a '*late breaking session*' in the ASM programme to allow open discussion of active, and often contentious, issues.

On behalf of the Vascular Society, I would like to assure members, trainees and our non-medical colleagues, including nurses and physician associates, who are members of our vascular MDTs that we will learn from this for future surveys. The Executive held an Exceptional Meeting immediately following the ASM to discuss this issue and have been working with each affiliated vascular society President to ensure everyone affected has been supported.

This does not take away from the strong message from trainees and consultant vascular surgeons that they have worked hard to reach a position where they are trusted by patients to safely perform venous procedures. And that trainees are deeply concerned about the impact of any change in the delivery of venous interventions on training.

Medical Associate Professions (MAPs)

The role for MAPs (Physician Associates – PAs – and Anaesthesia Associates – AAs) was discussed at the Surgical Forum in January where the trainee association presidents and SAC chairs joined the FSSA and Surgical Royal College Presidents.

In case you missed it the Vascular Society published a statement regarding MAPs in December:

https://www.vascularsociety.org.uk/_userfiles/pages/files/News%20resources/VS%20Statement%20On%20Medical%20Associate%20Professionals%20-%20December%202023.pdf

This statement recognised the role of Physicians Associates (PAs) within the extended surgical team but not their role as surgical practitioners. We felt this distinction is important for patient safety.

Safe surgery requires knowledge, skills and experience (*a national curriculum & robust assessment process*); national regulation (*registration & process for when things go wrong*); collection of outcome data (*audit*); formal oversight of practice (*governance*); research; teaching; continuing professional development; and annual peer review (*appraisal*). These elements are not yet in place in the UK for PAs.

The AA PA Order passed in December in Westminster and Scottish parliaments for the registration for PAs by the General Medical Council (GMC). The GMC is designing the processes and policies needed to make regulation possible and will consult on this this year.

<https://www.gmc-uk.org/pa-and-aa-regulation-hub/map-regulation>

PA regulation is anticipated to begin before the end of 2024.

Joint working groups (FSSA/Royal Surgical Colleges)

The Vascular Society is represented on working groups of the Federation of Surgical Speciality Associations (FSSA) and Surgical Royal Colleges (Extended Surgical Team Working Group) by Andy Garnham, Ansy Egun and Bridget Egan. They will help develop the framework for the PA role within vascular MDTs. This will need to encompass scope of practice, assessment, continuing professional development and career stages.

Andy, Ansy and Bridget will consult regularly with the allied vascular societies, including the Rouleaux Club, as this work progresses.

Superficial venous interventions

The drive for the recognition of vascular surgery as a speciality came from the need to improve patient outcomes through access to specialist care. This included the management of superficial venous disease. In March 2012, when vascular surgery was recognised as a speciality in the UK, venous surgery meant open ligation and avulsions. Patient management has been transformed in the 14 years since with most venous procedures now performed by less invasive endothermal ablation and ultrasound guided foam sclerotherapy.

The Venous Forum Survey has highlighted that consultants and trainees have concerns about varicose vein procedures being performed by other professional groups. This is largely driven by concerns regarding patient safety, but also recognises the immediate impact on training in venous disease, management of any change and the longer-term impact on vascular surgeons, such as, loss of a subset of vascular practice and loss of private practice income.

In the background to these changes is the reality that people living with venous disease in the UK are not receiving good care. The All-Party Parliamentary Group on Arterial Disease (AAPG) Report '[Growing Problems, Shrinking Workforce](#)' and a [study](#) looking at Clinical Commissioning Group (CCG) compliance with NICE guidance ([NICE CG168](#)) highlight most of the current issues.

Vascular Society venous working group

A working party is being convened by the Society, chaired by Paddy Coughlin (Education and Training Committee Chair), to define the standards and scope for venous practice within the extended vascular surgical multi-disciplinary team. The allied Vascular Societies will be invited to participate.

The terms of reference for this group are to provide a strategic vision for venous intervention across the UK and Ireland, including standards for training, audit of practice, research and education.

A guide for establishing a nurse-delivered venous intervention service

The Society of Vascular Nurses (SVN) published their guide for establishing a [nurse-delivered venous intervention service](#) last year. This document recommended that being able to perform venous treatments is a part of an Advanced Nurse Practice (ANP) role. For nurses in these roles a training period of 6-12 months is suggested to become competent. This includes training in ultrasound with an ultrasound mentor. For the procedural skills, a mentor and clinical supervisor are recommended, and the procedures described. How to train, be assessed and show competence at each stage of the procedure are left to the nurse and clinical supervisor.

The SVN leadership are to be commended for producing a clear and concise document showing how they got to where there are now and where they would like to be in the future. There are a small number of centres where this is being done well. Our concern is that the approach described in this document is the Benner's 'novice to expert model' lacks the rigour of independent assessment, a national curriculum and formal mechanism for outcome reporting (see safe surgery above).

ANPs have long held roles delivering clinical endoscopy. To perform this role an ANP requires nurse registration (RGN, Royal College of Nurses), JAG accreditation (through Royal College of Physicians) and non-medical prescribing (NMP, accredited programme delivered by a Higher Education Institutions).

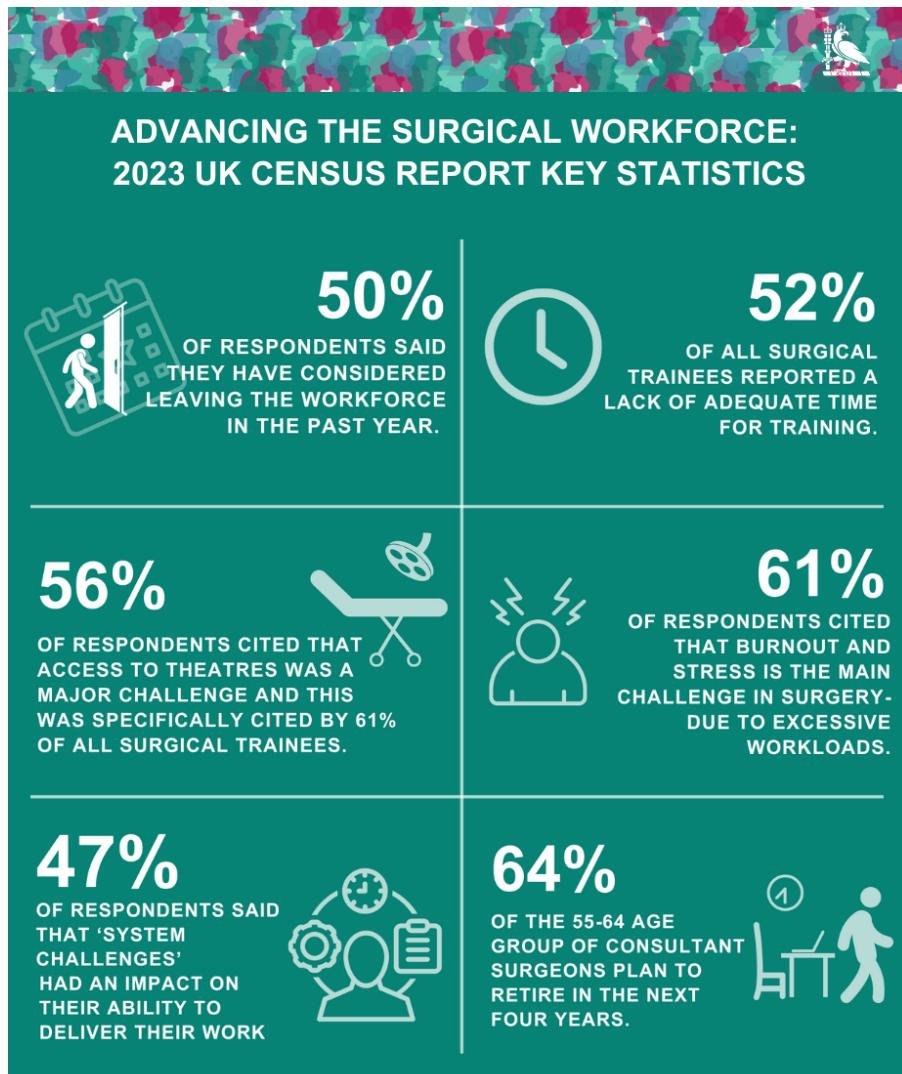
There are clearly diverse views and opinions in this area of practice. The key is that the patient gets timely intervention performed competently and with appropriate structures in place for clinical governance. This work would be best taken forward with multi-professional engagement in which the Vascular Society works together with the allied vascular societies.

Done well it can provide a framework for other advanced practice interventions.

RCS England Workforce Census

Thank you to everyone who contributed to this work. It has provided a politically invaluable landscape of the UK surgical workforce including the extended surgical team.

The findings highlight that changes are needed:



Many of the findings we knew already through our three yearly vascular surgery specific workforce surveys. Key learning points from the RCS England report can be summarised as:

1. ***Increase productivity***

1.1 Urgently increase operating theatre capacity by ensuring that theatre spaces are used to their maximum capacity. Reducing the administrative burden on consultants and enable them to spend more time on clinical activities. Significantly increase the number of theatre staff being recruited. Ensure sufficient operating theatre estate and infrastructure. Increase the number of surgical hubs and ringfencing beds for elective surgery. Work with the Royal College of Anaesthetists to call for increased investment in the anaesthetic workforce.

2. ***Sustainable workforce***

2.1. *Increase the consultant surgeon workforce by:*

Increasing training numbers across all surgical specialties and prioritise training opportunities for those in designated training programmes to meet future service requirements and reflect the demand for flexible working. Providing targeted plans for all surgeons considering retirement to improve retention.

2.2 Work with NHS trusts and health boards to develop a national focus on policies and guidance that have a beneficial impact on the wellbeing of surgeons. This should include work around bullying and harassment; sexual misconduct; flexibility and less than full time (LTFT) working; and improving the working environment (i.e., providing places to rest, hot meals, spaces for personal study and facilities for parents returning to work.

3. ***Change the way we work***

3.1 Facilitate transformation in the outpatient setting with dedicated administration time for new ways of working, including time for triage, advice and guidance.

3.2 Invest in the wider theatre and extended surgical team (EST) to undertake specific roles, underpinned by national standards as defined by the surgical royal colleges and surgical specialty associations, so as to support the delivery of surgical services.

3.3 Work with NHS trust organisations and health boards to develop and implement national job planning guidance to reflect stage of career as well as specialty specific and emergency/elective variations in practice.

3.4 Ensure that there is contracted and protected time for educational and clinical supervisors to train all members of the surgical team.

3.5 Promote the integration of SAS surgeons and LEDs within the surgical team, and ensure their inclusion in service planning, education and leadership opportunities.

You can read the full report on the RCS England website:

<https://www.rcseng.ac.uk/standards-and-research/surgical-workforce-census/>

Website and Renewals

The new Society website is on track for completion by mid 2024.

Due to a change in the way the payment system works we will not be able to process 2024 renewals through the new platform. Your renewal for this year will therefore be through the existing system and you should have received an email informing you of this.

Please note also that after a long period without an increase in subscriptions the annual cost for full members will increase to £300 *. Full membership includes access to discounts on ESVS membership and the British Journal of Surgery. There has been no fee increase for affiliates or associates.

National Consultants Information Portal (NCIP)

The vascular NCIP dashboards are now live. We are grateful to Jon Boyle and Arun Pherwani working closely with the NCIP team to achieve this target. We now have a set of dashboards which give consultants information on their clinical outcomes at a patient level, across their whole practice, reaching back to 2017.



Key features of the NCIP Portal include:

- A '**Whole Practice**' view, allowing consultants to see their surgical activity and pseudonymised patient records across all their providers in one consolidated view.
- A '**Clinical Leads**' view, enabling consultants who are specialty leads to view the NCIP data for all consultant peers in their unit, supporting them in their quality improvement role.
- Functionality to export data from NCIP, which can be used to streamline clinical audit and support appraisal as well as providing information for mortality and morbidity meetings.
- Procedure dashboards including venous, thoracic outlet, and vascular access.
- Long term (1 year) outcome data.

Council is keen to stress that NCIP, based solely on HES data, supports but does not replace data collection through the National Vascular Registry (NVR).

A recording is available on the NCIP website (about halfway down on the right) of the vascular surgery [launch event](#).

If you have not done so already register now to access NCIP:

<https://gettingitrightfirsttime.co.uk/national-rollout-of-ncip-portal-to-consultant-vascular-surgeons-is-now-under-way/>

For NCIP related queries or support please email England.ncip@nhs.net.

Patient information

Patient choice regarding superficial venous treatment

NHSE has also published a decision-making tool for patients to help them make their own choice regarding superficial venous treatment options:

<https://www.england.nhs.uk/wp-content/uploads/2024/01/PRN00250-dst-making-a-decision-about-treatment-for-varicose-veins-v3.pdf.pdf>

Intermittent claudication infographic

The Circulation Foundation infographic has been translated into fifteen languages in addition to English and is available to download from the CF website.

Please disseminate the availability of this resource via Integrated Care Systems (ICSs) and your local communities.

<https://www.circulationfoundation.org.uk/exercise-intermittent-claudication>

Aortic Dissection Charitable Trust Patient Insurance Guide

The Trust and the British Insurance Brokers' Association (BIBA) have written an Aortic Dissection Patient Insurance Handbook, please click to visit the dedicated resource page:

<https://aorticdissectioncharitabletrust.org/courses/insurance-advice/>

Prof Dame Averil Mansfield – “Life in Her Hands”



Professor Dame Averil Mansfield is past President of the Vascular Society (one of only two female Presidents). After a career as a surgeon in Liverpool and at Imperial College, London, she went on to become the UK's first ever female professor of surgery.

Averil was awarded a CBE in 1999, an NHS Heroes Lifetime Achievement Award in 2018 and a Damehood in the King's Birthday Honours in 2023.

Dame Averil was also the founding chair of the Royal College of Surgeons of England's Women in Surgical Training (WIST) committee.

Dame Averil's book about her life is available now
(EBURY SPOTLIGHT | 23rd FEBRUARY 2023 | £20.00 | ISBN 9781529149968 | HARDBACK.)

I can highly recommend it as a read:

“On one occasion, we were responding to a man who had fallen into the hold of a grain ship and broken his leg. I was expected to go down a pole into the ship to administer analgesia before he could be rescued. The ‘audience’ of ship workers delighted in telling me that there were rats the size of dogs down in the grain. The other problem was that this was the era of the mini skirt, and you can imagine what that meant. Following the incident, I instituted the purchase of some ‘Casualty Officers Emergency Dungarees’ as an addition to the kit.”

FEBVS Examination

The next FEBVS Examination will be held on the 12th June in Porto, Portugal, in connection with Porto Vascular Conference 2024 and 31st IUA World Congress. The Application Form is available at <https://uemvascular.com/febvs-examination/>. The deadline for applications is the 28th February.

Your views matter!

This was not meant to be so long a newsletter. It simply reflects all the work the Society is doing on so many issues. The new website will have a bulletin board section, until then please pick up the phone, email or grab me for a chat at the Charing Cross Symposium.

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