

Role: GIRFT National Clinical Lead for Vascular Surgery

Service and team

Getting It Right First Time (GIRFT) is an NHS improvement programme designed to improve the quality of care within the NHS by reducing unwarranted variation.

By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts and systems, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings. GIRFT is also leading the High-Volume Low Complexity (HVLC) programme, addressing elective recovery post Covid-19, across six specialties throughout England.

Importantly, GIRFT is led by frontline clinicians who are expert in the areas they are reviewing. This means the data that underpins the GIRFT methodology is being reviewed by people who understand those disciplines and manage those services on a daily basis. The GIRFT national workstream team visit every trust carrying out the specialties they are reviewing, investigating the data with their peers and discussing the individual challenges they face. Both local and national recommendations are shared across the specialty and with the regional team together with verified best practice.

The GIRFT team works with Trusts and Integrated Care Systems (ICS) supporting the implementation of GIRFT best practice pathways, local and national recommendations in order to deliver top decile performance across a range of specialties/sentinel metrics.

The role of GIRFT National Clinical Lead is to:

- Provide clinical advice and leadership to identify unwarranted clinical variation within the specialty at national, regional, system and trust level.
- Provide clinical advice and leadership to identify best practice standards across the specialty; and
- Provide clinical advice and leadership on the development of appropriate clinical data/metrics to underpin continuous improvement and achievement across the specialty.
- Work with GIRFT SMT, NHSE Specialised Commissioning and clinical stakeholders to develop and deliver the programme’s ambitions to reduce unwarranted clinical variation and improve the quality and value of healthcare services ensuring clinical focus and credibility.
- Support GIRFT in the successful design and delivery of interventions and resources to support system, professional and clinical procedure pathway changes at a national and local level.

The appointment is offered on a fixed term SLA of 12 months at 0.2 WTE.



Key role specifics and responsibilities

- To provide national influence and clinical leadership to the health system, to the Department of Health & Social Care and Ministers, focussing on improving outcomes for patients and carers
- To work with clinical, and operational, colleagues at all levels to pursue the transformation of services required to recover elective services in an equitable way and contribute to the overall reduction of waiting lists.
- Lead regular specialty meetings with provider-level and system-level colleagues to agree improvement priorities and review progress, with a key focus on the core improvement metrics on quality and productivity as set out by the GIRFT Vascular Surgery services programme.
- Build effective relationships with other national clinical specialty or programme leads and senior clinical leads from relevant Colleges / etc.
- Using benchmarked data, the role involves reviewing process, quality, and productivity in every service in England.
- The successful candidate will also support the team's work in developing pathways, understanding theatre efficiency, and promoting best practice.

Workstream Objectives 2023/24

Reinstate the Joint Vascular Programme Board (Joint VPB) with Specialised Commissioning including representation from relevant groups and societies. This will include the following:

- Carry out a paper-based review exercise to understand current vascular service provision and to establish the immediate priorities for the Board to manage.
- Establish a sub-group of the Board to complete a focused piece of work to identify circumstances in which the Provision of Vascular Services (POVS) recommendations should not be applied to ensure national consistency in the development of Networks, and exceptions. This proposal was supported by the Board prior to the pandemic.
- The development of a standardised approach to network management and governance. This is related to funding flows for networks.
- Consideration of a best practice tariff to incentivise trusts against a set of criteria for specific procedures, e.g. Amputations and angioplasty.
- Re-engage with Society for Vascular Nursing regarding the work that was ongoing around a 'good practice vascular nursing guide'.
- Workforce development – nursing and interventional radiology
- Re-engage with the CRG to establish an update from the Complex Stent Device Working Group
- Develop appropriate metrics to measure performance via benchmarking on the Model Health System
- Resume work on gathering data around patient experience to support improvements in clinical care
- Develop prioritisation methodology based on risk for optimum list scheduling.

Implementation of outstanding national report recommendations

- Review of hub and spoke networks to establish progress since the joint VPB was paused.
 - Review of compliance with the minimum requirements of the service specification/POVS for activity levels and 24/7 staffing;
 - Timeliness of intervention: all the index procedures for specialised services have defined timelines (AAA; CEA; lower limb revascularisation for CLI).
- Development of best practice case studies based on good practice evidenced during deep dives
- Re-establish development of the National Clinical Technology Advisory Panel for Vascular Surgery (procurement action)



- Engage with the NVR in collaboration with the JVPB to develop guidance on vascular coding and recording
 - Consider development of guidance for improved collaboration between surgeons and coders.

Identify, agree and develop appropriate pathways for relevant vascular conditions

Key Relationships (Internal and external)

Key Relationships

Operational colleagues may include but are not exclusively limited to:

- Colleagues within the project and programme management job family, the directorate and NHSE.
- NHSE Regional Teams
- NHSE Specialised Commissioning
- Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs) etc.
- Commissioning support organisations.
- Royal Colleges and Specialist Societies; including the Vascular Society for Great Britain and Ireland, British Society of Interventional Radiology and the Society for Vascular Nursing.
- Clinical Reference Group
- NHS Trusts and NHS FoundationTrusts.
- Relevant national policy leads.
- Local Government.
- Provider organisations
- Department of Health & Social Care (DHSC).
- Care Quality Commission (CQC).
- National Institute for Health and Care Excellence (NICE)
- Patients and their representatives and the wider public where appropriate.

