VSGBI NEWS

November 2010

Data Entry and the NVD

David Mitchell

The NVD has been running since 1997 and as a web-based tool since 2005. This year has seen significant changes to the AAA section of the NVD with the introduction of the NHS screening programme. In addition, the Vascular Society has agreed to host datasets for the VASGBI and BSIR allowing much more detailed data to be collected about each procedure, as well as a detailed dataset for EVAR. The membership can be proud of the development of national clinical datasets, allowing the Society to contribute to National Clinical Audits, particularly the carotid intervention audit. Unfortunately data entry rates have been, and remain low.

Recent examination of the NVD shows that contribution rates vary from about 30% in the amputation dataset, to around 50% for lower limb bypass and AAA surgery, when rates are compared to HES datasets. The carotid intervention audit, funded by HQIP, only achieved 70% case entry in the last round, despite significant funding from the Department of Health.

As we move to specialty status and reorganise our service, we need to be seen as a professional body that puts good patient outcomes at the core of our activity

The Department of Health is focusing on National Clinical Audits this year and is particularly keen to support audits that provide data on outcome rather than process. The Vascular Society is well placed to take advantage of any available funding, but we will need to show that we can capture the majority of procedures under our care. This is also important for reporting professional standards to our patients and to underpin the revalidation of vascular specialists.

The AAA QIP has been reporting NVD entry rates compared to HES from October 2009 for the four countries of the UK. From October 2010, we will be setting standards for data entry. This will be in the form of a simple traffic light system; red denoting an unacceptably low data entry (as compared to HES), amber when the contribution is low but close to acceptable, and green indicating that data entry exceeds the minimum acceptable. The threshold levels for data entry will be agreed by Council. It is anticipated that the thresholds will rise gradually after introduction.

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Professor Sir Bruce Keogh to open the AGM

Sir Bruce Keogh is Medical Director of the National Health Service in England. He is responsible for clinical quality, policy and strategy and postgraduate education of doctors, dentists, pharmacists and clinical scientists. He oversees the work programme of the National Institute for Health and Clinical Excellence (NICE) and the National Patient Safety Agency (NPSA).

Sir Bruce was a British Heart Foundation Senior Lecturer and consultant cardiothoracic surgeon at the Hammersmith Hospital in London before moving to the Queen Elizabeth Hospital in Birmingham, where he became associate medical director for clinical governance and the cardiac surgical service lead. In 2004 he was appointed Professor of Cardiac Surgery at University College London and Director of Surgery at the Heart Hospital. He has been President of the Society for Cardiothoracic Surgery in Great Britain and Ireland. He has served as a Commissioner on the Commission for Health Improvement (CHI) and the Healthcare Commission and was knighted for services to medicine in 2003.

President's Message

This last year has been both exciting and challenging for all those involved with Vascular Services. After a long campaign to become a specialty in its own right we have recently heard that the Department of Health has approved Stage 1 (agreement to the need and principle) of the application for Vascular Surgery to become a new specialty. If the training syllabus is approved we hope to recruit our first trainees in October 2012. A new specialty will allow future trainees more time focused on gaining competencies in the full range of vascular disease management and therapy.

Concerns about poor outcome results for aortic surgery in the UK reported by Vascunet were picked up by the media and the Guardian ran a series of high profile articles about this. A lot of work has been initiated to improve these results and the development of the Quality Improvement Programme, led by David Mitchell (Chair of the Audit and Quality Committee) with the aim to halve mortality for aortic surgery by 2013 is well underway. The importance of high quality data was vividly highlighted by the media when it became apparent that many UK units were not reporting their outcomes. The importance of the National Vascular Database in obtaining this information could not have been more clearly demonstrated.

Maintaining a high profile for vascular services has been a priority. National press releases, lobbying in the Houses of Parliament and a BBC press release on the carotid audit and vascular services audit have all made an impact. This seems to be having an effect and NICE has commissioned a group to produce guidelines for Peripheral Arterial Disease and the Diabetic Foot.

The demonstration that operative volume is linked closely with outcome, and concerns with the provision of emergency services has stimulated many Strategic Health Authorities to review their provision of vascular services, moving towards larger units or networks. With the likely reduction in numbers of trainees in surgical specialties, combined with a changing role of consultants in delivering health, a future working in larger consultant teams must seem the most appealing. Coming at a time of financial austerity this is obviously going to be a difficult, but it is probably the best opportunity we will all have to ensure that vascular services are fit for purpose over the next decade.

In the year since the Research Committee was established, chaired by Professor Shervanthi Homer-Vanniasinkam, the impact has been dramatic. Working with the Circulation Foundation, research grants of nearly £100,000 have been awarded and this year, for the first time, a President's Early Career award has been established and will be awarded at the AGM to help a newly appointed consultant establish a research programme. The winner of the award worth £100,000 over 2 years, Mr Matt Bown, will be presenting his project at the SARS meeting on Wednesday morning.

I look forward to seeing you at the Society's AGM in Brighton. I am particularly pleased that Professor Sir Bruce Keogh is attending to open the meeting.

Professor Cliff Shearman

Data Entry and the NVD - continued from page 1

This information will be made available to units, and a national comparison will be published in the spring of 2011 in the first annual report from the QIP. To give Members time to improve data entry rates, the initial report will be anonymised, although unit rates, by region, will be reported. It is anticipated that from October 2011 units will have their outcomes and data entry rates published and will be named in regional comparison reports. The annual report in spring 2012 will be published with unit contribution and mortality rates made available publicly for the first time.

In 2011 we will be adopting the Quality Improvement Framework for amputation and we will be including amputation data in our quarterly reports, in addition to the current AAA and carotid reports.

As we move to speciality status and reorganise our service, we need to be seen as a professional body that puts good patient outcomes at the core of our activity. Please use this information (we will be circulating this to NHS Trust governance leads) to ensure that you re-focus efforts for timely and accurate data entry. Many vascular surgeons have commented that the data comparisons have been useful to resolve coding issues, to obtain recognition for audit activity and to secure some help towards improving local as well as national audit. If we can achieve significantly higher data entry rates, we will be able to move to a quality assurance programme to demonstrate the reliability of the data entered. This will give us a strong professional voice and authority to speak to our patients and public bodies about the standards of service. It will also put our new speciality on a strong footing.

Quality Improvement Framework for major leg amputation

The aim of the amputation QIF is to improve the early survival of a group of patients thought by many to be disadvantaged by suffering from a low priority condition which has a significant risk to their life. The original document was conceived by an invited stakeholder group, and reviewed by Council.

The draft QIF was circulated recently to VSGBI Members and over 140 of you responded to the questionnaire. Reading your comments has given a fascinating insight into the problems faced in individual hospitals, and indeed some of your elegant solutions. It is gratifying that most respondents were supportive of large parts of the QIF. A full list of the responses to the questionnaire is published on the VSGBI website.

There were areas of controversy. Many of you liked the idea of a named person responsible for co-ordinating care (who could be a doctor, nurse or one of the rehabilitation team). But several of you hated the term amputation champion, so it has been removed from the QIF. Others were concerned about trying to maximise the proportion of below knee amputations by comparing the AK to BK ratio between units. Many of you emphasised that the decision on amputation level was an individual one. Yet nationally there are big differences between units, and the rehabilitation experts on our initial stakeholder group thought some patients were disadvantaged by local practice. The aim would be to use the National Vascular Database to ensure that maximising the number of below knee amputations did not result in an increased risk of re-amputation.

Finally, many of you will have had difficulty getting appropriate operating theatre time to manage amputation in daylight hours. This, of course, is one of the main reasons for a QIF: to give surgeons locally leverage to encourage managers to ensure facilities are appropriate to care for these patients.

A small number of surgeons gave very negative responses to the whole QIF, suggesting that amputation is a general surgery procedure that could and should be done by any trained general surgeon. The stakeholder group and the VSGBI Council disagree. To have a 'head in the sand' attitude to any surgical procedure with a mortality rate as high as twenty percent (roughly a thousand deaths in England and Wales every year) is not acceptable and I trust that the overwhelming support for the QIF by most VSGBI Members will inspire and encourage the naysayers.

The QIF will be published at the time of the AGM and publicised to SHAs, PCTs and hospital Trusts. The published version will, of necessity, be quite brief, but a longer version with explanatory notes will be available on the website. The QIF will then be handed over to David Mitchell's Audit and Quality Improvement team who will ensure continued monitoring of outcomes.

I would like to finish by giving grateful thanks to all colleagues in the stakeholder group who are listed on the expanded version of the QIF on the website, and to the Council for their support and advice.

Jonothan Earnshaw

Honorary Secretary

NHS AAA Screening Programme

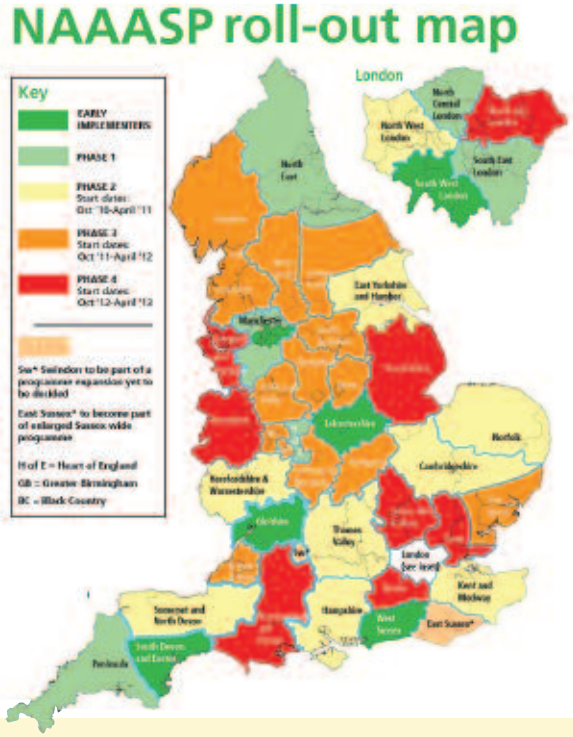
The NHS AAA Screening Programme has now adopted a more proactive approach to its implementation in order to ensure AAA screening covers the whole of England by 2013.

The Programme has been working with SHA Screening Leads to agree a mapping document that identifies potential future local programmes, associated PCTs and proposed implementation dates.

The Programme is committed to working with local organisations to ensure these implementation timescales are achieved. This approach will ensure local programmes can benefit from central funding prior to any NHS reorganisation.

Phase 2 of the Programme's national roll-out began in October 2010 and several new local programmes will 'go live' each month until the end of March 2011. Phase 3 will then begin in October 2011 and the final local programmes will be rolled out during Phase 4 from October 2012.

This approach allows new programmes the maximum time possible to screen their first full year's cohort to the end of the next full financial year. For example, a programme which 'goes live' in October 2011 will begin screening men who will turn 65 during the following financial year (2012-13) and should finish screening this first cohort by the end of March 2013.



UK Carotid Interventions Audit Round 3 Update

The number of cases has risen over the last few months, but we are still short of our target of over 90% of carotid interventions performed between 1st October 2009 and 30th September 2010.

The table below shows the differences between data submitted to HES versus the NVD for October 2009 – March 2010. All data are correct at 10am on 27th October 2010.

SHA	*HES Oct-Mar*	*Difference Oct-Mar*	*NVD Oct-Mar*	*Percentage Oct-Mar*	*Total R3 Cases on 27/Oct/2010*
East Midlands	175	-16	159	91%	343
East of England	284	-69	215	76%	433
London	290	-115	175	60%	312
North East	116	-12	104	90%	217
North West	508	-158	350	69%	645
South Central	185	-28	157	85%	262
South East Coast	167	-21	146	87%	258
South West	296	-34	262	89%	483
West Midlands	314	-150	164	52%	324
Yorkshire and The Humber	251	-65	186	74%	402
England Total	**2586**	**-668**	**1918**	**74%**	**3679**
Scotland	235	-95	140	60%	317
Wales	172	-77	97	56%	163
Northern Ireland *	N/A				159
Private	N/A				22
UK TOTAL					**4340**

The far right column is the total number of cases submitted. However for the cases to be analysed, we need them to be locked to at least phase 1. At 27th October we only have total of 3570 (82%) cases that have been locked to at least phase 1.

Please submit all your carotid interventions (procedure codes L29.4, L29.5 and L31.4) to the UK Carotid Interventions Audit, and lock them to at least phase 1 by 15th December 2010. A two week data checking period will then take place, before the data analysis will commence in January 2011.

If you have any queries then please email Sam Waton at cia@rcplondon.ac.uk or phone 0203 075 1518. The UKCEA will have a stand at the Vascular Society Annual General Meeting in Brighton, and look forward to seeing you there.

Chronic Cerebrospinal Venous Insufficiency (CCSVI)

Ian Franklin

The concept of CCSVI burst on to the multiple sclerosis blogosphere in 2007, following reports which suggested that multiple sclerosis (MS) was caused by blocked or stenosed veins in the neck. Comparison was made between the tissue changes seen in lower limbs with venous hypertension and the changes seen in the brain in MS patients. This was followed by a small prospective study of patients treated by balloon angioplasty of venous stenoses. Most experienced significant improvement in their symptoms, especially those with the relapsing-remitting variety of MS.

The prospect of a radical new theory regarding the cause of MS, linked to a possible cure has been greeted with enormous enthusiasm by patient support groups. Multiple websites exist devoted to promulgating research on CCSVI. T-shirts are available with the MS-CCSVI-UK banner, and a global CCSVI awareness day was held on 5th May 2010. Unfortunately in the UK, this clashed with our General Election. Treatment for CCSVI with balloon angioplasty and stenting of the venous stenoses, termed the "liberation" procedure, is only available in a handful of centres, mostly abroad. Most British patients treated so far have travelled to Poland or Bulgaria.

The response of the scientific community has been mixed. Several publications have refuted the existence of the condition and failed to identify any venous anomalies in MS patients. There is no standardisation of duplex or MRI imaging protocols for assessing the intracranial and neck veins. There are reports of patients experiencing severe complications of interventional procedures for CCSVI. Many authorities have concluded that such interventions should be discouraged until there is better evidence of their efficacy. The published literature is currently inconclusive and insufficient to judge whether CCSVI causes or exacerbates MS. It is unknown which patients might benefit from treatment and at what stage in their disease.

The VSGBI acknowledges the need for treatment of patients with MS but recognises that such patients are vulnerable and should be protected from unproven therapies. It is recommended that any interventional treatments for CCSVI should only be performed in the context of careful clinical trials with close collaboration between interventionist and neurologist.

Ali Bakran

Ali Bakran died unexpectedly while on holiday on Friday, 27th August. Ali was well known and had passionate views about many aspects of vascular access surgery and renal transplantation. He was appointed as Consultant Transplant and Vascular Surgeon to the Royal Liverpool University Hospital in 1989. Although an eminent transplant surgeon it was in the field of vascular access that he established his International reputation. Amongst his many vascular access roles, he was Founding President of the Vascular Access Society of Great Britain and Ireland and President of the Vascular Access Society from 2001 to 2003. Ali's enthusiasm, dedication and commitment will be long remembered by his patients, colleagues and friends.

Remodelling Vascular Services in London

Nick Cheshire & Matt Thompson

The vascular component of last year's London Cardiovascular Review focused on improving outcomes for patients undergoing arterial intervention. A clinical expert panel of surgeons, radiologists and allied professionals from around the capital met for the first time in October 2009 and published the Case for Change in January 2010. At the time the project began, over 20 hospitals around the city were regularly treating arterial patients, but 75% of the workload was occurring in the six largest units – meaning a lot of hospitals doing small numbers.

Literature review demonstrates a clear link between improved outcome and higher surgical volumes; real-time data from hospitals not only proved that point in London, but also showed that bigger units use resources more efficiently (Fig1). The clinical expert panel, supported by the project patient panel, thought the present distribution of work was not conducive to best outcomes and stated as such in the case for change - which can be found on the website, details below.

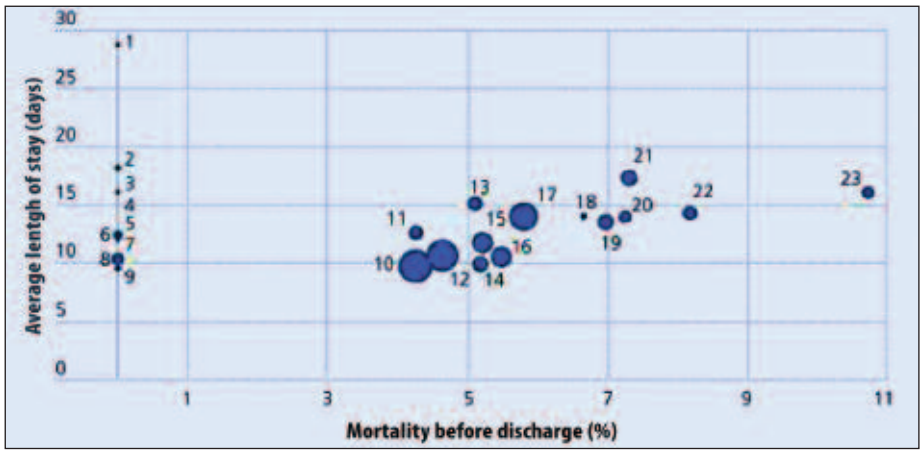


Figure 1. *Volumes of abdominal aortic aneurysm surgery (represented by the size of the bubble) over the five year interval 2003-2008 in London hospitals, plotted against in-hospital mortality and post-operative length of stay. Data source: HES inpatient*

The London Commissioning Group received the Case for Change in December 2009 and felt that the evidence for stopping low volume providers was so strong that minimum volume and operational standards were needed in the 2010/11 contracting round. As a result, from April 2010 the distribution of arterial surgery across London has begun to change.

The full proposed Model of Care was published in August 2010 and suggests arterial surgery be centralised into five units with monitoring of outcomes, efficiency and new technology. In line with new guidance on the need to demonstrate GP, patient, public and local authority engagement, the model is currently being presented widely and, to date, has received support from GP groups (such as Londonwide LMCs, London PEC Chairs) as well as LINK groups and local authority Overview and Scrutiny Committees. Following the engagement period, the project will be handed over to London commissioners for full implementation next year.

See: www.csl.nhs.uk and click "cardiovascular and cancer models of care" to see the full documentation and complete the online questionnaire.

Nick Cheshire - Vascular Unit, Imperial College, London W2 1NY nick.cheshire@imperial.ac.uk

Matt Thompson - St George's Vascular Institute, Blackshaw Rd, London SW17 0QT matt.thompson@stgeorges.nhs.uk

Lifetime Achievement Award

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 award will be presented on the Friday at the AGM and this year's recipient will be Professor Brian Hopkinson.

Brian was a consultant vascular surgeon at Queen's Medical Centre in Nottingham where he practised for thirty years. Brian was a smart diagnostician, an excellent surgeon, and was blessed with a caring attitude towards his patients. Yet most surgeons know "Hoppy" for his enquiring mind and enthusiasm for innovation. In true Hunterian style Brian has at various stages been at the forefront of vascular research into venous insufficiency, thrombolysis for acute leg ischaemia and latterly, endovascular approaches for the treatment of aortic aneurysm. Together with a host of collaborators he has built the department in Nottingham into a world renowned endovascular unit, which was credited with performing the first EVAR done in the UK. It is acknowledged that Brian has pushed back the boundaries of vascular treatment in many areas, including EVAR for ruptured aneurysm. His enormous contribution was recognised when he became a Professor of the University of Nottingham in 1996, a reward for achievements in vascular treatment and research. Even in retirement Brian is reluctant to relax and he has been associated with innovative designs of new endovascular grafts. He is, without doubt, an excellent and worthy recipient of a VSGBI Lifetime Achievement Award 2010.

Vascular Society/Cook Endovascular Fellowships

Thanks to the generosity and support of Cook Medical, the Society is again able to offer financial support for 3 endovascular fellowships. These posts will provide further opportunities for trainees in the UK and Ireland to gain valuable endovascular experience in their training programmes. A number of centres have bid to host the fellowships and a call for applications from trainees has been circulated. Funding of up to £60,000 will be available for each post starting after November 2010.

Vascular Allograft Bank Update

The Vascular Allograft Bank in Liverpool now has a stock of cryopreserved femoral arteries ready for immediate use. Unfortunately the level of interest from vascular and transplant surgeons has been much lower than anticipated and a decision has been made to suspend further development of this project.

The Vascular Allograft Bank is a casualty of the cost-containment exercises that are playing out through the NHS: the low rate of issue of arterial grafts from the bank has meant that further retrieval and processing of arterial allografts cannot be justified.

Consequently, development work on producing aortic allografts has also been suspended at this time. It is unlikely that a similar national project will be attempted in the UK in the foreseeable future.

For enquiries regarding cryopreserved femoral arterial allografts please contact the NHS Blood and Transplant National Order Line on: 0845 607 6820 or follow the link www.nhsbt.nhs.uk/tissueservices/products/bloodvessels/Blood_Vessels/

Dominic Dodd

Consultant Vascular Surgeon, Sheffield

President for 2012-2013

Professor Julian Scott was elected by Council as President for 2012-2013. He will assume the role of Vice-President Elect from November 2010.

Honorary Members

Dr David Campbell from Harvard, USA, and **Professor Jim Reekers** from the Netherlands will be awarded Honorary Membership of The Vascular Society at the AGM.

RCS(Eng) Vascular courses: 2011

Amputations - 26 & 27th Jan 2011

EVAR planning - 02 & 03 March 2011

Specialist skills in Vascular Surgery - 13 & 14th June 2011

Advanced skills in Vascular Surgery - 15th & 17th June 2011

Vascular Access for Dialysis - 20 & 21st Sept 2011 (provisional)

Modern Management of Varicose Veins - 18th October 2011 (provisional)

For further information, visit www.rcseng.ac.uk/education/courses/specialty/vascular.html or email education@rcseng.ac.uk

Educational bursaries for vascular surgeons (trainees) funded by Maquet

The Royal College of Surgeons of England is awarding 10 educational bursaries of up to £500 each funded by Maquet. The bursaries are available to trainees who wish to attend one of the following vascular surgery courses held at the Royal College of Surgeons of England.

Specialty skills in Vascular Surgery
13 - 14 June 2011

Advanced Skills in Vascular Surgery
15 - 17 June 2011

For further details, please visit the Maquet stand at Vascular Society AGM, 24th to 26th November 2010 at the Hilton Brighton Metropole, Brighton.

AGM, Brighton: 24-26 November 2010

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 final programme is now available to download from the website.

Annual Dinner

The Society Dinner will be held in the Hilton Brighton Metropole on Thursday 25th November. The dinner will be informal, with a live band, 8 lane scalextric and fun fair stalls. We will also be providing a photo booth where fun or formal group photographs can be taken for purchase at the meeting. 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 meeting registration form. 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 24th November from 6.30-7.15pm in the Conference Centre.

Social Programme

No trip to Brighton is complete without a visit to the town's fascinating Lanes or historic Royal Pavilion. A half day tour is available which includes a walking tour of The Lanes - a labyrinth of narrow, brick-clad streets and twittens, with their many restaurants, pubs and individual shops selling jewellery, antiques, and designer clothes - followed by a visit to the Royal Pavilion, the magnificent palace once home to three British monarchs. This will take place on Thursday 25th November. The cost is £20 and bookings should be made via the registration website.

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 Upper Gallery at the Conference Centre during the meeting, and will be judged during the meeting on Wednesday and Thursday. Prizes will be awarded at the Society's Annual Dinner on Thursday 25th November.

Evening symposia, sponsored by Ethicon

Ethicon Biosurgery has arranged a symposium on Wednesday 24th November from 6.30-7.15pm on The management of bleeding and its impact on outcomes in vascular surgery. Registration is free, but delegates are asked to email ethiconbiosurgery@its.jnj.com or telephone 07778 333500. Complimentary refreshments will be provided.

Breakfast Symposia

A breakfast symposium will be held on Thursday 25th November at 7am-8am, on Current Medical Treatment for PAD. You do not need to register separately for this symposium as it is included in the meeting registration fee. However, if you are interested in attending, it would be helpful if you could please indicate this on your registration.

Annual Business Meeting

The Business Meeting is scheduled to take place on Thursday 25th November at 4.30-5.30pm. 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.

The Circulation Foundation

Rudding Park Golf Day 2010

The Circulation Foundation held its Charity Golf Day on Friday 25th June 2010 at Rudding Park in Harrogate, Yorkshire. 12 teams of golfers headed out into the sunshine and made their way around the award winning course.

There was strong competition; however the winning men's team of **Peter Grant, David Berridge, Stephen Gilbey and Mark Elliott** romped home with a respectable score of 93, followed closely by **Vince Smyth, Nick Shaper, Nick Chant and Isaac Nyamekye** who scored 90 points.

The winning ladies team of **Jane Gilbey, Barbara Dall, Kay Berridge and Dympna Ryan** scored a commendable 84 points, with **Sara Baker, Debbie Phillips, Julie Romaines and Deborah Rackusen** hotly on their heels with 82 points.

A drinks reception and fundraising dinner was held in the evening, which generated over £10,000 for the

Foundation. We would like to thank **Mr David Berridge, Professor Michael Gough, Professor Julian Scott, Mrs Moira Gough, Mrs Anne Johnson, Mrs Nikki Dewhirst** and **Mrs Sally Bucktrout** for organising this wonderful event.

And finally thank you to everyone who came to the event and who donated or won any of our auction and raffle prizes.

Research Grants Programme 2010

Over the last year the Foundation has overhauled its grant application procedure. The new Research Committee, chaired by Professor Homer Vanniasinkam, has significantly increased the standard of applications for the awards. We are pleased to announce the following awards for 2010:

Circulation Foundation Clinical Research Fellowship - £20,000

To support research in any area of arterial or venous disease either in basic science or in clinical medicine or surgery

Hemanshu Patel: UCL, Royal Free for his research into Toll-like receptors: a search for reducing muscle damage caused by poor circulation to the legs.

The Mary Davies Research Fellowship - £25,000

Funded by Mr George Davies in memory of his mother, to support research activity in either clinical or basic science research in any area of arterial vascular disease:

Ankur Thapar: Imperial College London for his research into contrast ultrasound to predict the chance of strokes.

The Owen Shaw Award - £3,000

This annual award has been made possible by the kind donations of the late Mr Owen Shaw and is awarded for a study related to the rehabilitation of amputees.

Cleveland Barnett: Nottingham Trent University, for his research into using the Nintendo Wii™ to improve balance in lower limb amputees. This project aims to see if using a games console designed to train balance, improves balance and posture in amputees. Also, the project will use motion capture technology to see how balance changes following the use of the games console.

SVN Award - £7,500

The SVN research grant is awarded to a member of the SVN specifically to enable them to undertake research in their chosen area of vascular disease.

Louise Allen: Vascular Publication Portfolio

Research-based articles on topics relating to vascular disease and the vascular nurse specialist:

1. Risk factor management of patients with vascular disease
2. Nurse-led varicose vein clinic
3. The dimensions of a vascular nurse specialist

Vascular Disease Awareness Week 2011

Following on from the success of our first ever awareness week "Are your legs killing you" in March this year, the Circulation Foundation will be holding its annual awareness next year from the 7th to the 13th March 2011.

The week, entitled 'Best Foot Forward' will raise awareness of the dangers of vascular disease among members of the general public, especially those with diabetes.

The Spring Meeting, held in conjunction with the Vascular Society, is one of the week's flagship events and will take place on Thursday March 10th at the King's Fund, London. Health professionals will share and explore their various disciplines, including diagnosis and treatment of Diabetic Foot, prevention of re-ulceration, and rehabilitation of patients following amputation.

The meeting will be followed by a fundraising dinner at the King's Fund.

Icicle Bicycle

Mr David Mitchell and Professor Jonathan Beard are getting on their bikes and riding from London to Brighton for the Vascular Society AGM!

They are undertaking this gruelling 54 mile ride, to raise funds and awareness of the Circulation Foundation's "Are your legs killing you" campaign to reduce lower limb disease in the UK. This is a brilliant example of Members of the Society helping raise funds and awareness of the Circulation Foundation. You can sponsor them here at www.justgiving.com/Jonathan-Beard

They will be setting off from the Houses of Parliament on Monday 22nd November at around 12 noon. If you would like to join them on this bike ride, please contact the CF office.

London Marathon 2011

We have 2 places left for the London Marathon 2011. Dennis Harkin represented the Society in this year' event and raised over £4000! Running in this iconic race is an excellent way to raise both funds and awareness for the Foundation. Please contact the CF office for more information, first come first served!

The Circulation Foundation
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London WC2A 3PE
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F: 020 7430 9235
E: info@circulationfoundation.org.uk
www.circulationfoundation.org.uk

The Vascular Society of Great Britain and Ireland

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Mr David Mitchell

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Professor Shervanthi Homer-Vanniasinkam

Chairman, Professional Standards Committee:
Professor Michael Gough

Chief Executive:
Ms Jeanette Robey

Welcome to the following new members of the Vascular Society

Ordinary

David W Birchley	Royal Devon and Exeter Hospital
Matthew J Bown	Leicester Royal Infirmary
Kevin Conway	Royal Glamorgan Hospital
Zahid Khan	Walsall Manor Hospital
Ganesh Kuhan	Queens Medical Centre, Nottingham
Reza Mofidi	James Cook University Hospital
David Murray	Manchester Royal Infirmary
William D Neary	Southmead Hospital
David A Russell	Leeds Vascular Institute
Mahmoud M Salman	Sherwood Forest Hospital

Affiliate

Mark D Kay	Heartlands Hospital Birmingham
Tim Stansfield	Western General Hospital, Edinburgh
Peng F Wong	Freeman Hospital