

Professor Chris Imray, President



<https://www.nice.org.uk/guidance>

At a time when most health issues are dominated by the Corona virus pandemic, there is some positive news for vascular surgeons and patients. Revised NICE guidelines on the treatment of AAA have given more autonomy to the Doctor - patient relationship which recognises the individual decision making process and element of patient choice which is crucial for patients making decisions about a prophylactic treatment. We will all be responsible for the sensible implementation of these guidelines and the Vascular Society will monitor this through the NVR and in conjunction with GIRFT.

As we are all aware, balancing the advantages and disadvantages of endovascular and open surgical strategies is not always easy. At the Vice President's session at the ASM in November (should we be functioning normally by then), I aim to explore these difficulties and particularly concentrate on anatomical suitability for treatment and how that influences durability. Additionally, the session will cover guidance around conservative management for those deemed to have an insufficient life expectancy to benefit from intervention and hopefully show

how sensible practice can be right for patients and compliant with NICE guidelines. Finally, we will discuss rescue options for failing EVAR cases and the difficulties posed by this new 'disease'.

Honorary Secretary's Update



Clinical Excellence Awards – 2020 round

We wrote to our membership recently to advise that the applications process is now open. However, we have also received notification this week that the process may yet be deferred or cancelled for this year. Until we have had further clarification from the ACCEA committee, we will proceed with our approval process.

If you wish to seek a nomination from the Vascular Society, we need to receive members' ACCEA application forms to reach us **by 17-00 hrs, Friday 28th March 2020**. Any applications received after this time **will not** be considered. The downloaded pdf version of your application form should be emailed as an attachment to admin@vascularsociety.org.uk

Website

Please do visit the website regularly. The website is regularly updated and we post news items of relevance to you, as well as questionnaires you are invited to complete. Currently, there is a questionnaire on the PAD

QIF. We would be grateful if you would complete this.

https://www.vascularsociety.org.uk/professionals/news/110/quality_improvement_for_critical_limb_ischaemia_padqif

Volunteers needed

Later this year we will be repeating our workforce survey to assess the impact of the pension changes on recruitment and retirement, and to assess vacancy levels across the country. We are looking for volunteers from each unit to help us identify current vacancies. If you are the Clinical Lead for your department, do please contact us at admin@vascularsociety.org.uk so that we can direct this questionnaire to you, alternatively, feel free to nominate a colleague from your unit.

Election for the Chair of the Audit Committee

Jon Boyle will be standing down as Chair of the Audit Committee in order to focus on his role as President elect. We will be looking to elect a new chair at the next Council meeting in May. Applicants are invited from any previous member of Council who is still in active practise. If you are interested, do please contact Jon to discuss the role jonathan.boyle@addenbrookes.nhs.uk. Applications should be sent to admin@vascularsociety.org.uk.



Louis Fligelstone, Chair of the ASM Committee



The ASM Committee and elected Council Members, are working hard to deliver an, interesting, challenging and informative programme. The ASM main theme for 2020, developed by our President Chris Imray, builds on last years' Vice Presidents session, around concerns regarding Burnout and its' effects on individuals and the wider vascular team. This was well received and stimulated considerable discussion. This will be further examined and developed, with focus on human factors, the effect of less than full time training, response to traumatic experiences in the workplace, the impacts on the wider multi-professional team and collaborative working. We have attracted high profile, well respected speakers to deliver this.

In addition to the main theme, Mike Jenkins' Vice Presidents session is addressing the issue of AAA interventions following NICE guidance, the implications for assessment of patients, and implementation of the guidelines. Mike is also laying the ground for his Presidential year and theme of the changing face of vascular surgery over the next two decades. This will look at workforce and training implications, the changing nature and scope of vascular surgery. Burnout will, of course, impact on the durability and resilience of the current cohort of vascular surgeons.

2020 is the year that we are joined by the British Association of Chartered Physiotherapists in Amputation Rehabilitation BACPAR, a logical association and we are focussing on training together. This builds on our already strong links with the Society of Vascular Nurses, Society of Vascular Technology and Rouleaux Club.

The poster presentations and prize were of high quality and increased the breadth of subjects covered – this will continue again in 2020.

Additional highlights include:

- Short, to the point clinical updates
- An interactive session with the theme of ‘A bad day on call’, where challenging situations will be developed, and the delegates will be able to give their opinions as to how to progress.
- Exploring what GIRFT has achieved and consider whether there is equality or diversity in the Celtic Nations
- Resilience and teamworking – the impact on the individuals and teams

We are very pleased to have two high profile speakers in different areas of the programme who have personal experience of the importance of flexibility, team working, dealing with the unexpected – more about who and when later...

Please keep an eye on the VS website and twitter @VSGBI for updates.



Keith Jones, Chair of the Education Committee



As I write this entry it is unclear how long the postponement of educational and Training courses will be for.

The ASPIRE 5 course planned for Birmingham in April has been postponed to later in the year. Sadly the Academic Aspire course has had to be postponed as well.

The Joint Colleges statement makes it unlikely that events will restart in time to allow for the summer ASPIRE courses.

However the committee plan to work hard to ensure that the ASPIRE programme is continued once present restrictions are removed. Certainly the ASPIRE series has become a very important part in the deliver of the Vascular training, which has been recognised by the ASPIRE series being shortlisted in the “Best Pilot” category of the up-coming Leading Healthcare Awards.

Both ASPIRE 7 (preparation for the examination) and ASPIRE 8 (Preparation for Consultant practice) ran in February with excellent feedback. Their continued evolution is achieved by the incorporation of the feedback.

We are very grateful to Karim El Sakka for any running the Vascular Access course, (in March 2020) from which the feedback was excellent, and we would hope to make this a permanent fixture to the educational calendar just like the Amputation course that was due to run in May.

Jon Boyle, Chair of the Audit Committee



Capturing Device Information within the Aortic Dataset

Members will be aware that work has been going on to allow the capture of device information within the aortic dataset for sometime. In addition to device capture, at the time of implantation, we will also be adding data fields to capture re-intervention and revision procedures to allow assessment of long-term device performance and patient outcomes. We hope that after a short period of testing that these changes will go live in April or May 2020, initially as a three-month pilot.

I would like to encourage members to enter device data once these fields go live and in particular revision or re-intervention procedures. Please feedback any comments or problems, so that we can make changes and improve the dataset.

Please e-mail comments to swaton@rcseng.ac.uk

Annual Report

The Annual Report was published after a slight delay due to the General Election in December. A single hardcopy has been sent to the Clinical Lead in each unit, as these were not available at the ASM. We are working on improving

information provided within the annual report so that units can see more easily where they sit amongst their peers and changes in performance year on year.

PAD-QIF Early Implementation Centres.

The 11 centres are working closely together and sharing good practice to deliver the challenging targets set out in the PAD-QIF. The first early adopters Webinar is due in late March 2020, with further meetings planned later in the year. I am pleased that Ms Penny Birmbili commenced her post as the first Joint RCS Circulation Foundation Clinical Research Fellow in February 2020 and will be working closely with the early adopting centres PBirmbili@rcseng.ac.uk

NVR Vascunet Validation

At the time of writing, we have just made a decision to postpone the planned Vascunet validation of the NVR until Autumn 2020 or Spring 2021 as a result of the Covid-19 crisis. I appreciate the inconvenience this has caused for the nine centres that had been chosen for validation and thank them and Martin Altreuther, who had been co-ordinating the Vascunet team of validators, for their support. I very much hope we can set news dates for this important exercise in due course.

Thoracic Outlet Syndrome (TOS)

The aim of this questionnaire is to give the chance to the surgeons to express different types of TOS practice. It is to open the discussion among vascular surgeons to develop national registry for TOS interventions.

This is a short questionnaire which will take 2-3 minutes to complete. Please do take the time to complete this.

<https://surveyhero.com/c/aefde46b>