

## 2<sup>nd</sup> Survey of Vascular Society membership of the current status of vascular services

18th September 2020

### Background

- The CV 19 pandemic has affected emergency and elective vascular service provision
- From March 2020 there has been a major change in the delivery of services
- Resources (theatres, theatre staff, surgeons, juniors, interventional radiologists, nurses, vascular anaesthetists, vascular technologists) were initially redeployed, and there has been variable restoration
- Guidance for indications for intervention have changed (on VS, GIRFT and NHSE guidance)
- With a decline in CV19 prevalence, 'restarting' services has begun
- Local and regional data is somewhat lacking and understanding where to focus resources and efforts is dependent on identifying bottlenecks and common themes

### September Questionnaire

**Q 1: Has your theatre capacity been restored to its original elective capacity?** /59 responses

- |                 |          |              |
|-----------------|----------|--------------|
| • 100% capacity | 19 (32%) | (Aug 20/101) |
| • > 50%         | 28 (47%) | (Aug 48/101) |
| • <50%          | 12 (20%) | (Aug 20/101) |
| • NCEPOD only   | 0 (0%)   | (Aug 5/101)  |

**Q 2-5 Waiting time for surgery for AAA surgery.**

- *These questions were answered by all respondents.*
- *Not knowing the accuracy with which the questions were answered (possibly from memory vs checking against actual waiting lists) means it is only appropriate to report the generality of the responses.*
- *The responses showed whilst there were areas of good practice, there were also units where there were significant apparent issues regarding increased waiting times for AAA surgery post CV19.*
  - *The AAA wait times for surgery appear to be growing in most units with ongoing reduced theatre capacity a major cause.*
  - *The other potential compounding factor is the emerging backlog of AAA patients who were not screened/surveyed during CV lockdown.*

**Q 6: Are you offering elective lower limb revascularisation for claudicants?** /59

- |       |    |     |
|-------|----|-----|
| • Yes | 31 | 52% |
| • No  | 28 | 48% |

**Q 7: Has your venous practice been restored?** /59

- |         |    |     |
|---------|----|-----|
| • Yes   | 18 | 30% |
| • No    | 37 | 63% |
| • Other | 4  | 7%  |

**Q 8: In your unit, have face to face clinics been fully restored?** /59

- |       |    |     |
|-------|----|-----|
| • Yes | 10 | 17% |
| • No  | 39 | 63% |

- Other 10 17%

**Q9: In your unit, has your normal pre-op work up for elective vascular patients been restored? /59**

- Yes 29 49%
- No 24 41%
- Other 6 10%

**Q10: In your unit, have the vascular ward staffing levels been fully restored? /59**

- Yes 42 71%
- No 14 24%
- Other 3 5%

- We are very grateful to all those who have responded. The 59 responses have a broad geographic distribution.
- Figures are given firstly as absolute numbers and secondly as a percentage
- Whilst access to elective operating lists is improving slightly, 68% of units have still not returned to pre-CV19 elective capacity.
- There are no units now using only NCEPOD lists for vascular patients.
- Caveats re AAA wait times:
  - Individual responses are possibly from impression or memory and have not been verified.
  - Unit identification is not always clear eg 'London'.
  - Pre-CV19 unit capacity is not known.
  - A large number of patients waiting in a high volume unit may not be as worrying as a smaller number in a low volume unit.
- The re-opening of the NAAASP screening/surveillance program can be predicted to further add patients requiring intervention.
- The 8 week target from diagnosis of AAA to surgery has been breached by almost all units since the start of CV lockdown.

### **Summary**

- The survey gives key contemporaneous impressions on the current challenges facing the restoration of vascular services and areas that need to be looked at in more detail.
- Based upon the two VS membership surveys to date, we feel restoration of elective vascular capacity remains the key priority.
- More detailed and verified data regarding waiting time for AAA surgery would help inform the restoration of vascular services.

**Chris Imray and Sophie Renton**

**18<sup>th</sup> September 2020**