

# Sustaining and protecting spoke sites post centralisation. South EAST Wales VASCULAR Network

## Project Background:

Vascular disease affects the circulatory systems which includes arteries, veins and lymphatics.

In July 2022, a major service change was initiated where 4 health boards amalgamated to form the South East Wales Vascular Model.

All patients requiring complex vascular care would be admitted to the Hub. When medically fit from a vascular perspective they would be discharged home or if there were ongoing medical needs they would be repatriated to spoke hospitals nearer home.

This would result in ABUHB having no vascular inpatient beds and non vascular wards receiving repatriated vascular patients with ongoing medical requirements.

## Project Aims/Objectives:

To deliver ongoing educational support mechanisms to ensure patient safety and support non vascular wards with educational tools to provide equity of care to these patients.

To improve knowledge, skills and competencies to non vascular nursing staff to improve rates of inappropriate referral or readmission to the Hub.

Work within prudent healthcare principles and sustain a competent workforce

## Project Approach:

Team meetings were conducted to inform staff and listen to their concerns. ABUHB has 10 spoke hospitals across a huge geographical area. The project focused on larger spoke hospitals and an intention to roll out to other spoke hospitals.

Key stakeholders identified potential problems around education, teaching packages, skills development and additional would management knowledge.

## Project Outcomes:

Centralisation underwent several postponements and significant delays, with the model taking effect from 18<sup>th</sup> July 2022. Limited data is available currently.

Digital education packages have been concentrated on 2 main spoke sites which have taken the majority of repatriated patients.

The vascular web page is accessible to all ABUHB sites and ongoing practical site training with complex wounds has developed staff competency to allow them to take these patients.

Feedback from staff is that they feel they have a safety net with these patients and as the vascular nursing team have remained accessible, many unnecessary readmissions have been avoided.

## Project Impact:

Better collaborative working has developed across the vascular nursing team and spoke sites.

## Key Conclusions:

It is hoped that developing this new service delivery with digital education and teaching, these rates of referral will decrease and a sustainable knowledgeable workforce would continue.

By spoke staff competencies improving, it is hoped patient flow will continue and discharge of patients will be trouble free.

The scale of the project is significant and it would benefit from having a full time clinical role.

## Next Steps:

- Continue to collect data.
- Continue developing the web page and digital teaching packages across all spoke sites to ensure equity of care and offset any safety issues.
- To establish team meetings across spoke sites every two weeks ensuring safety and governance concerns are discussed.
- Support other health boards in Wales to adopt this model of service delivery if different specialties have to centralise.

