

Case Study

Yorkshire & the Humber Wide Aortic Dissection Rota

Background

Type A aortic dissection requires emergency surgery, currently carried out in Hull, Leeds and Sheffield Cardiac Units. Each operates on patients presenting in their catchment area and the surgery is carried out by whichever surgeon is on-call. In April 2019, the proposal the Senate was asked to consider was for all patients with acute aortic dissection in Yorkshire and the Humber to be operated on by an experienced and specialist surgeon. This would require a region wide rota with one hospital, with a specialist surgeon on call, taking all patients with aortic dissection.

The Senate was asked to advise if the proposal was clinically acceptable and if the risks associated with additional travel were mitigated by providing best practice.

The Problem

The emergency surgery for aortic dissection is complex and has a high mortality of 25%. In addition, due to the difficulty in diagnosis, the time from presentation at the hospital to surgery is on average 15.2 hours. In areas which have introduced a policy for the surgery to be performed by specialist surgeons, the mortality rate has halved and the length of stay reduced by 33%.

Our Advice

The Senate strongly supported the proposals for an aortic dissection service for Yorkshire and the Humber and agreed that the proposals were clinically appropriate. We agreed that the risks of the additional travel should be mitigated by the improved pathway brought about by this change.

The Senate also advised -

- ◆ That this model should only be seen as an interim proposal to minimise the current risk and that further steps needed to be made towards a single centre Yorkshire and the Humber service
- ◆ That further detail about the whole patient journey from first call to surgery was needed. This needed to include the detail of the education package, the requirement for comprehensive audit and a dedicated aortic dissection rota
- ◆ That these proposals should be kept under review to ensure that when the NHSE Service Specification for Thoracic Aortic Dissection is published that it meets the standards set

Our Impact

“The independent clinical advice from the Senate was crucial in helping commissioners to determine if the proposal put forward was clinically appropriate and would improve mortality as suggested. Acting as a critical friend; Senate members interrogated the data and they questioned clinical opinion before reaching a decision that offered commissioners assurances that the risks involved would be offset by improving patient survival rates which allowed us to take the proposal forward”

Testimonial

“The Senate was rapid to respond from the outset of the initial commissioning inquiry for support. They worked throughout the process with commissioners and clinicians to gather the information required to provide an unbiased clinical view. Their clinical advice from verbal to the final written report was of the highest quality and the standard of engagement throughout this process has been highly professional.”



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