The Pennine Acute Hospitals NHS
NHS Trust

Setting up a service for peripheral arterial disease in North Manchester

Poor outcomes for cardiovascular disease, an outdated service model and the need to manage resources more effectively, convinced a team of clinicians in North Manchester to redesign services for diagnosing, treating and managing peripheral arterial disease.

"The NICE guideline gave focus to our plans to redesign services for patients in North Manchester and enabled us to plan a more coherent and effective approach to the management of peripheral arterial disease."

Martin Fox, Vascular Specialist Podiatrist, Pennine Acute Hospital Trust

Using NICE guidance to redesign services

Peripheral arterial disease (PAD) happens when arteries narrow, causing poor circulation. It mainly affects arteries taking blood to the legs. Clinicians involved in PAD in North Manchester identified it as a key risk factor in the area's high rate of CVD morbidity and mortality. They were frequently seeing the consequences of late diagnosis and under-management of PAD, resulting in avoidable amputations and vascular related deaths, inappropriate referrals to hospital and resources being wasted.

A team of vascular nurse specialists and podiatrists wanted to improve early detection and long term management of PAD and save costs by reducing unnecessary hospital referrals. Using the NICE guideline on lower limb peripheral arterial disease (CG 147) they commissioned a community-based service which:

- encouraged early referral of cases of PAD
- offered an appointment within one month at a choice of five locations
- carried out non-invasive, PAD assessments and diagnosis
- educated patients on CVD and the risks of not treating leg circulation disease
- worked with other teams to promote healthy living (e.g. exercise and quitting smoking)
- ensured severe or deteriorating cases were referred to vascular surgeons

Benefits of managing PAD in the community

Since setting the service up, the team has already begun to see positive results. Patient surveys have shown high levels of satisfaction with the choice of location, the prompt offer of appointments, the clinical treatment plans and the written and verbal information provided about PAD and the service.

They have also developed a database to help identify the PAD population, manage PAD patients in the community and devise individual treatment plans for them, involving their GP and other community teams (best medicines, supervised exercise, stop smoking, weight management, diabetes etc).

Overall they found that, of the patients diagnosed with PAD, 80% could be managed in the community through GP care and healthy living programmes and only 20% needed to see a vascular specialist in hospital. This has resulted in a 40% cost saving to the health and social care system and has freed up hospital resources for those who needed them more. There have also been positive trends around CVD rates in the area because more people are considering and engaging in lifestyle changes than they were before.

Importance of a multi-disciplinary approach

The North Manchester team identified a number of key learning points as they developed the service, which included:

- the need to work with all teams involved in PAD care to develop an integrated clinical pathway to classify patients and plan treatment accordingly
- importance of engaging with hospital vascular teams before starting any service redesign
- need to develop a common approach to tackling PAD, which is endorsed by all clinicians
- ensuring the staff who deliver the service have the right level of knowledge and skills in CVD and lower limb vascular disease
- clinical diagnosis, health education and promotion and treatment for PAD are essential to effective delivery
- organisations should make use of existing clinical expertise and knowledge about lower limb care (podiatrists, tissue viability, leg ulcer and vascular nurse specialists)

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