

● PICKER EXPERIENCE NETWORK AWARDS 2026

FROM INSIGHT TO IMPACT



PREMIERE

Giving a Voice to the Vascular Patient

South East Wales Vascular Network | CEDAR, Cardiff University | The VERN Collaborative | The Circulation Foundation | NIHR

Led by Miss Maram Darwish (Nottingham University Hospitals NHS Trust), Prof. David Bosanquet (Aneurin Bevan University Health Board), and Dr Kathleen Withers (CEDAR)

A Widening, Underserved Population



15–20%

of UK adults aged 55–75 show evidence of peripheral arterial disease on objective testing



21.2%

PAD prevalence in high-income countries by ages 80–84 — rising sharply with age



38,601

major lower-limb amputations recorded in England in just one decade (2008–18)

*Nationally, PROMs and PREMs collection is mandated for just two procedures in the entire NHS — hip and knee replacement. Vascular surgery, treating some of the **sickest, highest-risk** patients in the hospital, has none. That is the exact gap PREMIERE was built to close.*

Sources: Boylan et al., BJGP Open (2024); BJS Open (2024, 2026); Independent Medicines and Medical Devices Safety Review (“Cumberlege Review”, 2020)

THE PROBLEM

High Stakes. Invisible Experience.

Vascular pathways are fraught with chronic pain, complex multidisciplinary hand-offs, and the profound fear of limb loss.

As highlighted by James Lind Alliance priority setting, patients feel moved from one team to another without anyone truly joining things up.

We were effectively treating the vessel — but losing the patient.



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Families feel moved from one team to another without anyone truly joining things up.

Laura Shields
Patient Representative, Circulation Foundation

Why Generic PREMs Failed Vascular Patients



High-level satisfaction only



Captures shared decision-making



Misses pathway complexity



Tracks hand-offs & continuity of care



Ignores the emotional burden



Measures pain & discharge support



No actionable surgical data



Feeds National Clinical Improvement (NCIP)

Listening First: Co-Producing the Foundation



17

Patient & carer
interviews



3

Vascular units
involved



15

Healthcare professionals
in focus groups



1

Patient Advisory
Group (PAG)

Guided by COSMIN methodology, PPI was embedded from the earliest conceptual stage — qualitative interviews and focus groups identified the domains that mattered most to patients, and the Patient Advisory Group directly shaped the tool's accessible design.

Dave Cox — Lived Experience at the Table



PATIENT CO-APPLICANT

Dave Cox

Dave brings direct, lived experience of multi-limb amputation to PREMIERE's governance. He has been integrated into the study steering group since before development began — actively shaping the project's direction and serving as a study co-author.

- ✓ Active governance and equal partnership on the steering group
- ✓ Shaped the tool so it asks the questions that actually matter to patients
- ✓ Aligned the project's priorities with the James Lind Alliance's patient-identified priorities

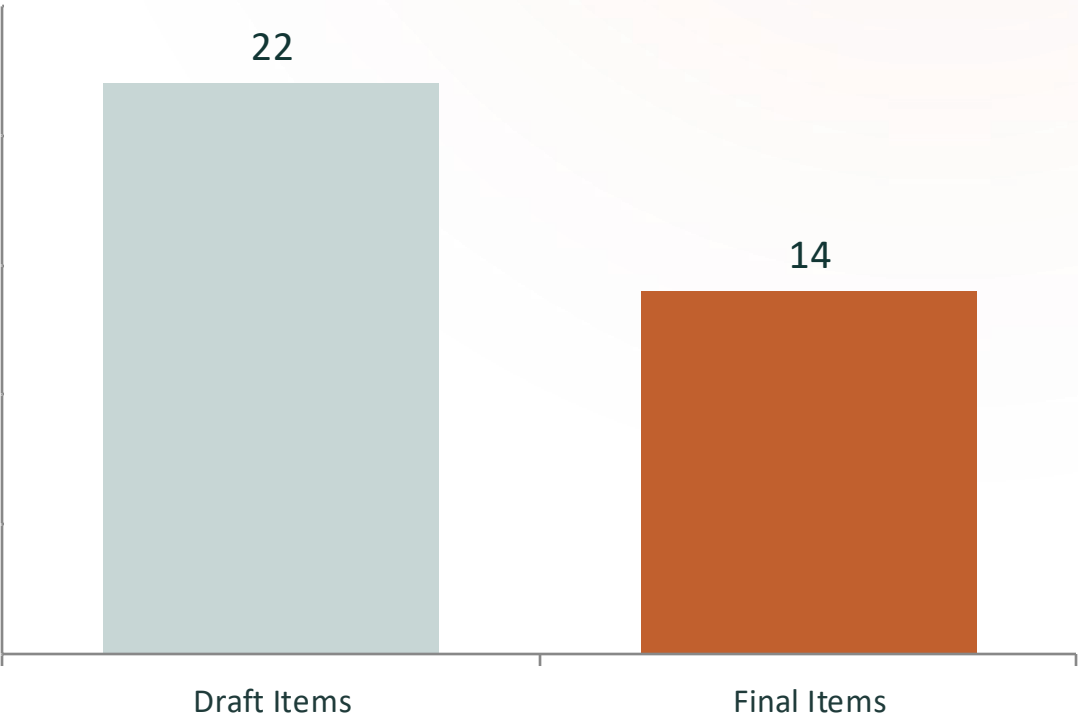
From Voices to a Validated Instrument

240

Patients — psychometric validation across NHS Wales

Achieved an overall COSMIN quality rating of A (avg. 6.1) — rigorously tested for construct validity, reliability, and clinical sensibility.

Item Reduction Through Validation



THE TOOL

The First Vascular-Specific PREM



14

Concise items



5

Clinical domains



1

Meaningful voice

Designed for feasibility. Ready for integration into routine clinical workflows without adding burden to the NHS workforce.

7 min

average completion time

82.1%

of patients completed it independently

FROM EVIDENCE TO ACTION



Insight is not enough. We demanded impact.

£320k+ NIHR Research for Patient Benefit grant secured, launching the PREMIERE-Implementation national feasibility study.

Funded by
NIHR | National Institute for
Health and Care Research



Scaling Nationwide via the VERN Collaborative



Activating 15–20 diverse NHS vascular units

Simultaneously, testing routine digital and paper-based delivery across contrasting NHS workflows.



Bypassing traditional siloed rollouts

Using the Vascular and Endovascular Research Network (VERN) as a ready-made national delivery partner.



A 24-month evaluation

of feasibility, workflow integration and real-world transferability across urban, rural and socioeconomically diverse populations.

Empowering Every Patient Across Every Barrier

Digital-first, not digital-only — zero voices lost to the digital divide.



NHS App & Secure SMS

Efficient, low-friction digital data collection at scale.



Ward-Level QR Codes

Immediate, low-burden access at the point of care.



Paper Formats

Available in 5 priority languages, plus Welsh.

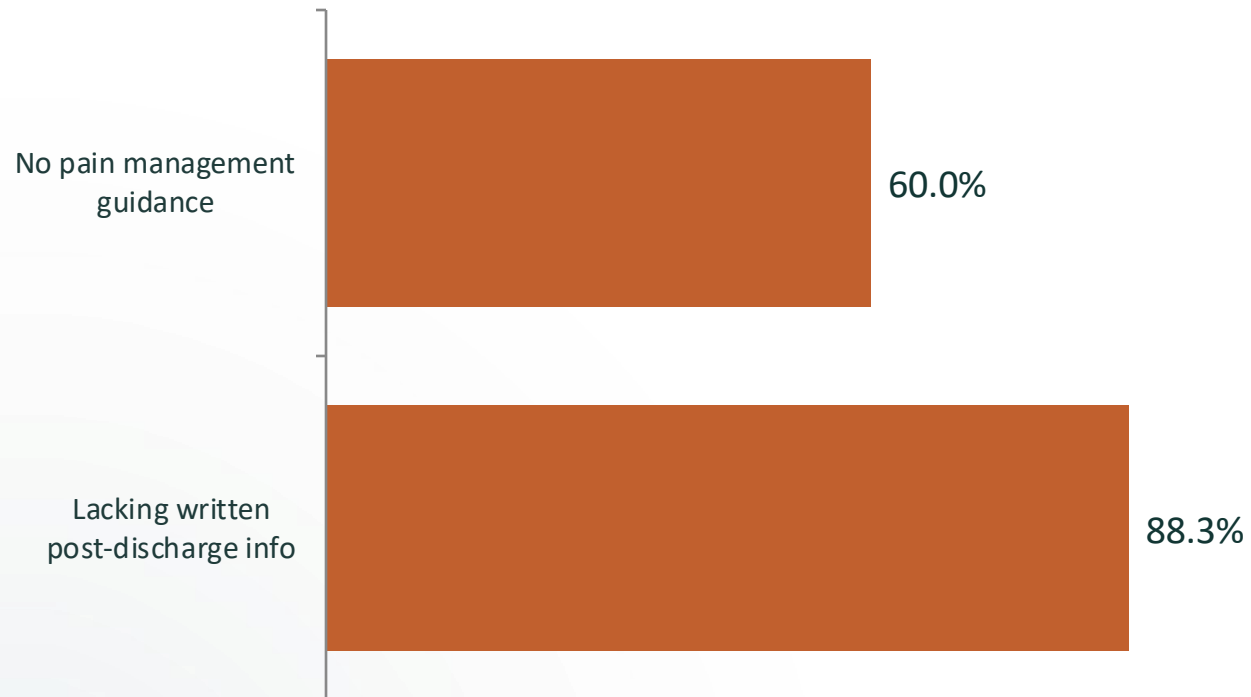


REDCap Database

Secure, unified backend across all delivery routes.

Real-Time Data for Real-Time Improvement

Powered by Normalisation Process Theory — turning reflective monitoring into local clinical dashboards.



$$r = -0.36$$

PREM scores dropped significantly for patients with longer hospital stays.

These floor effects gave services their first tangible, data-driven targets — dedicated pain-management leaflets and revised discharge protocols, tracked in real time.

Embedding Patient Experience in National Policy

Aligned with:



National Vascular Registry (NVR) · Getting It Right First Time (GIRFT) · NHS Outcomes & Registries Programme (ORP)

Supported by national clinical leadership to transition from isolated feedback loops to equitable, UK-wide benchmarking.

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*If we benchmark surgical mortality,
we must also benchmark compassion.*

REDCap infrastructure feeds local clinical dashboards straight back to NHS trusts.

Backed by National Leaders



Fully supportive — the work is critical to expanding PROMs and PREMs use nationally, chiming exactly with the Cumberlege (IMMDS) Review's call for wider patient-reported measurement.

Prof. Tim Briggs & Will Pank, NHS England ORP, GIRFT

Strongly endorsed on behalf of the Vascular Society — recognising that vascular patients' needs cannot be reliably extrapolated from research in other specialties.

Prof. S.R. Vallabhaneni, Chair, VSGBI Research Committee

The first study to develop Patient Reported Experience Measures specific to vascular patients — addressing one of the most important outcomes of all: the patient experience.

Miss Rachael Forsythe, Chair, The Circulation Foundation

The Vascular PREM Journey

From patient care to national impact, in six steps

The Vascular PREM Journey: From Patient Care to National Impact

Step 1: Site Recruitment



15-20 Diverse NHS Units Activated: Recruited via the VERN network to represent urban, rural, and socioeconomically diverse populations.

Step 2: Patient Care



Targeted Vascular Care Episodes: Adults receiving inpatient surgery or follow-up care are invited to share their experience.

Step 3: Inclusive Data Capture



14-Item PREM Survey Completion: Flexible delivery via QR codes, paper, or assisted completion in five priority languages.

Step 4: Local Feedback Loops



Real-Time Clinical Dashboards: Aggregated data is sent back to units immediately to drive local service improvements.

Step 5: Feasibility Evaluation



Assessing Barriers & Inclusivity: Analyzing 450-500 responses to ensure the tool is accessible and sustainable in routine practice.

Step 6: National Integration



Scaling to National Registries: Integration into the NHS App and national audits (NVR/ORP) for UK-wide benchmarking.

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*That's why I feel this PREM is so important... If teams listen to what patients tell them — and act on it — the care pathway can become **safer, more respectful, and more compassionate**. That would be a truly meaningful legacy for people like my mum.*

Laura Shields

Patient Representative, Circulation Foundation

