

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL		
<b>SUBJECT:</b>	VASCULAR SERVICES UPDATE		
<b>DATE OF DECISION:</b>	31 JANUARY 2013		
<b>REPORT OF:</b>	DIRECTOR OF NURSING SHIP PCT CLUSTER		
<u>CONTACT DETAILS</u>			
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<b>STATEMENT OF CONFIDENTIALITY</b>			
N/A			

### **BRIEF SUMMARY**

Changes were recommended to the vascular service pathways as a result of guidance developed by both The Vascular Society of Great Britain and Ireland (VSGBI) and The National Confidential Enquiry into Patient Outcome and Death (NCEPOD). They stated that the best outcomes are achieved in specialist vascular units with dedicated vascular teams available 24 hours a day, seven days a week, using new technologies that improve clinical outcome.

The Overview and Scrutiny Panel and the Cluster PCT have been concerned to maintain the momentum of the emerging development of a vascular services network between University Hospitals Southampton and Portsmouth Hospitals NHS Trust

This paper reports progress since the last Overview and Scrutiny panel on the 29<sup>th</sup> November 2012

### **RECOMMENDATIONS:**

- (i) The Panel support the continued development of the network

### **REASONS FOR REPORT RECOMMENDATIONS**

- 1. To update the panel as requested.

### **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

- 2. None

### **DETAIL (Including consultation carried out)**

- 3. **Commissioning Intentions 2013/14**

Debbie Fleming has written to the two trusts clarifying which vascular procedures will be commissioned from each trust for the coming financial year. These commissioning intentions have been developed in line with the new national specification for vascular services and detail the changes in patient flow in line with the specification.

Commissioners have been receiving reports from the Medical Directors of the trusts. It is understood that there is a further meeting between the Vascular Surgeons on the 29<sup>th</sup> January and an update on that meeting should be available to the HOSC on the 31<sup>st</sup>

January.

#### 4. **Strategic Planning Group Meeting**

This took place on the 12<sup>th</sup> December 2012. The meeting received the national service specification that had been published for consultation that day. This is very similar to the

draft specification that came out in July, with the exception of a suggestion that amputation procedures might not move to the arterial centres until 2015. The service specification is appended to this report and if accepted as it stands by NHS

Commissioning Board after consultation, is likely to support the development of the network.

PHT and UHS agreed to produce a more detailed action plan and to share their joint rota and job plans. Three work streams were proposed:

- Development of ambulance protocols and training
- Split tariffs or alternatives for repatriation of amputees for rehabilitation, (or alternative financial arrangements)
- Development of agreed pathways as listed in the service specification

### **RESOURCE IMPLICATIONS**

#### **Capital/Revenue**

5. None

#### **Property/Other**

6. None

### **LEGAL IMPLICATIONS**

#### **Statutory power to undertake proposals in the report:**

7. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

#### **Other Legal Implications:**

8. None

### **POLICY FRAMEWORK IMPLICATIONS**

9. None.

KEY DECISION? Yes/No

WARDS/COMMUNITIES AFFECTED:

**SUPPORTING DOCUMENTATION**

**Appendices**

1.	NHS Commissioning Board Service Specification for Vascular Services
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**Documents In Members' Rooms**

1.	N/A
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**Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes/No
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**Other Background Documents**

**Equality Impact Assessment and Other Background documents available for inspection at:**

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	N/A
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