DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL			
SUBJECT:	VASCULAR SERVICES UPDATE			
DATE OF DECISION:	29 JANUARY 2015			
REPORT OF:	INTERIM DIRECTOR OF COMMISSIONING (SOUTH)			
CONTACT DETAILS				
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STATEMENT OF CONFIDENTIALITY
Not applicable

BRIEF SUMMARY

The purpose of this report is to provide an interim update to Southampton City Health Overview and Scrutiny Panel (HOSP) on progress of the first tranche of the NHS England (Wessex) Vascular Programme, the reconfiguration of vascular services across Southern Hampshire, provided by the two hospital sites of University Hospital Southampton NHS Foundation Trust (UHS) and Portsmouth Hospital Trust (PHT). The recommendation to centralise vascular services at UHS was deferred when discussions identified gaps in impact analysis that required further work to develop a robust Business Case. Recipients are asked to note the progress made to date and the next steps to be taken. It is anticipated that the iterative feedback process and additional detailed analysis will culminate in a Final Business Case being produced in Spring 2015.

RECOMMENDATIONS:

(i) To note the progress made to date and the next steps to be taken

REASONS FOR REPORT RECOMMENDATIONS

1. To provide the Panel an update of Vascular Services within the region.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None.

DETAIL (Including consultation carried out)

BACKGROUND

4. The Vascunet 2008 report (cited in the Vascular National Service Specification (NSS)[1], identified that the UK had the highest mortality rates in Western Europe following elective abdominal aortic aneurysm (AAA) (7.9% vs 3.5% Europe). The Vascular Society of Great Britain and Ireland (VSGBI) initiated changes to improve clinical outcomes and in 2013 reported[2] that the mortality rate for elective AAA in the UK was now 2.4%. In 2013, the NSS published evidence-based models of care to continue to improve patient diagnosis and treatment, and ultimately

[1] A04/S/a 2013/14 NHS Standard Contract For Specialised Vascular services (Adults)
[2] National Vascular Registry 2013 Report On Surgical Outcomes

improve patient mortality and morbidity rates associated with vascular disease.

5. There have been several vascular reviews since 2009, which have included Southern Hampshire although there has been no implementation of associated recommendations to date. During March and April 2014 NHS Wessex consulted with the requisite four Health Overview and Scrutiny Committees and Panels, on implementing and approach that became known as 'Option 4':

   Option 4 - Establish a Southern Hampshire Vascular Network and move, on a phased basis, all major complex arterial vascular surgical procedures to Southampton. (Options for surgery following a TIA or stroke (such as carotid endarterectomy CEA) and major amputations will be considered at a later date following the successful implementation of the initial phases.)

6. Three of the four HOSCs/HASCs did not consider the plans to be a substantial change, the exception being Portsmouth HOSC which did view the proposed change as substantial and therefore requiring formal consultation.

7. Option 4, centralisation of vascular services at UHS, has not had the support of all parties, and there has been considerable media and public opposition in Portsmouth, as this model was perceived as potentially destabilising to PHT with unintended consequences not fully understood. In order to clarify the impact on individuals and organisations, work has commenced on developing a Business Case.

8. A number of vascular reviews have signalled potential capacity issues in transferring the majority of vascular services to UHS. These issues will be worked through as part of the Business Case. During this period, close attention will be paid to the quality of service of both Trusts.

9. As part of the programme management arrangements put in place to oversee this work, it was agreed to explore collaborative opportunities in parallel to undertaking the business impact analysis of the options identified. A critical first step towards collaboration was an externally facilitated clinical meeting involving the clinical teams from both UHS and PHT, which took place on 1st July 2014. At this meeting a clinical lead was elected from each trust and it was agreed that clinicians would form a joint Multi-Disciplinary Team (MDT) to develop areas of joint working between the clinical teams.

10. At the time of writing, both Trusts are meeting key service outcome measures defined in the NSS for both elective AAA and CEA procedures although compliance with all NSS measures has not yet been fully achieved. Analysis has also identified that not all outcome data specified in the NSS is compiled by the Trusts; this will be included as a contractual obligation going forwards. A detailed review of each element of the NSS has mapped current capability and performance.

Current Position

11. In discussions, two possible models of care/strategic options have now been identified :

    - UHS and PHT to remain as two arterial centres, but to collaborate to provide a single clinical service where possible; it should be noted that the number of

complex vascular patients needed to be centralised is low.

- Centralise vascular services at UHS – Move on a phased basis all major complex arterial vascular surgical procedures to Southampton (UHS) (Option 4).

12. A strategic evaluation of both options listed above is currently underway to assess impact in terms of suitability, feasibility and acceptability and as an aid for effective decision making. A first draft has been prepared. This demonstrates the areas requiring further detailed work before a final Business Case can be developed. It is hoped to produce a final Business Case in Spring 2015.

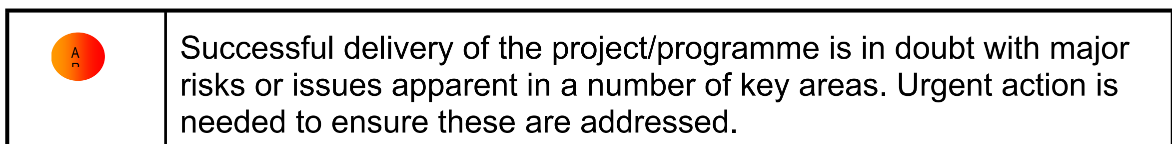
13. NHS England (Wessex) has embraced this further opportunity to agree a model for implementation. There is renewed energy and transparency across the system and opportunities are emerging that should support both UHS and PHT as providers of optimized vascular care through collaborative working arrangements.

14. The collaboration is being treated as a pilot whilst the impact assessment and Full Business Case is developed. The collaborative pilot has been approved to continue until 31st March 2015, but it is anticipated that the pilot will continue until a strategic decision has been made.

15. An update was presented to the Wessex Senate in December 2014. The Senate agreed that the collaboration was a valuable step forward and reiterated its recommendation that there should be a single clinical service across both sites with one clinical director and one rota. The Senate expressed concern about aspects of diabetic care and emphasised the benefit of ensuring that current work on improving vascular services should also include reviewing links and pathways with diabetic services.

16. The Project approach and progress is being undertaken according to the NHSE Service Re-configuration Guidelines and the project structure which has been put in place is attached at Appendix A . A Gateway review of the process was also undertaken in October 2014. The aim was to review the basic project structure and progress to ensure that best practise processes are followed. The findings are detailed below:

17. Overall The Review Team considers the Delivery Confidence Assessment (DCA) to be: **AMBER-RED.**



	Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed.

Below is a summary of the key Recommendations made by the Review Team:

Ref. No.	Recommendation	Timing
1.	Ensure that the Full Business Case is comprehensive and compelling, and follows a best practice format.	Now
2.	Review the current stakeholder analysis and create a comprehensive communication strategy and plan for Vascular Service reconfiguration.	Now
3.	Benefit realisation management plans should be developed.	By end Jan 15
4.	Any change of programme approach should be formally and expeditiously communicated to all external stakeholders, especially overview and scrutiny bodies.	Now
5.	The Programme's formal risk management processes should be reviewed and augmented.	Now
6.	A revised and detailed Programme plan should be formally communicated to stakeholders.	By end Dec 14

Next Steps

18. A copy of the first draft of the Business Case has been shared with both hospitals and feedback has been requested by 14th Jan 2015. This will be incorporated with the on-going business analysis into a second draft. The team will work with both Trusts to develop a shared understanding of both models and their impacts, ensuring that this is done in sufficient detail to enable an informed discussion with all relevant partners, Oversight Groups and the public. The team will keep HOSCs/ HASCs updated on progress.

RESOURCE IMPLICATIONS

Capital/Revenue

19. None

Property/Other

20. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

21. The powers and duties of health scrutiny are set out in the Local Government and Public Involvement in Health Act 2003.

Other Legal Implications:

22. None.

POLICY FRAMEWORK IMPLICATIONS

23. None.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	ALL

SUPPORTING DOCUMENTATION

Appendices

1.	Wessex Vascular Programme Governance

Documents In Members' Rooms

1.	None

Equality Impact Assessment

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

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)
None	