

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL		
<b>SUBJECT:</b>	BUSINESS CASE FOR THE DEVELOPMENT OF A VASCULAR NETWORK FOR HAMPSHIRE		
<b>DATE OF DECISION:</b>	24 MARCH 2016		
<b>REPORT OF:</b>	DIRECTOR OF COMMISSIONING OPERATIONS (WESSEX) - NHS ENGLAND		
<b><u>CONTACT DETAILS</u></b>			
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<b>STATEMENT OF CONFIDENTIALITY</b>			
None			
<b>BRIEF SUMMARY</b>			
The purpose of this item is to present the case for change for sustainable vascular arterial services in Hampshire/Isle of Wight which is consistent with the NHS England Service Specification for Vascular Services, and to brief members about the communications and engagement strategy to support the above.			
<b>RECOMMENDATIONS:</b>			
	(i)	That the Panel consider the business case for the development of a vascular network for Hampshire which now has clinical approval.	
	(ii)	That the Panel note the communications and engagement plan.	
<b>REASONS FOR REPORT RECOMMENDATIONS</b>			
1.	To progress the delivery of a sustainable vascular arterial services in Hampshire/Isle of Wight which is consistent with the NHS England Service Specification for Vascular Services.		
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>			
2.	An options appraisal for the Vascular Services reconfiguration is included in Appendix 2.		
<b>DETAIL (Including consultation carried out)</b>			
3.	A vascular network exists in Hampshire with University Hospital Southampton (UHS) as a major arterial centre (hub) and St Mary's Hospital, Isle of Wight and the Royal Hampshire County Hospital, Winchester as spokes. Major arterial surgery is currently also delivered at Queen Alexandra Hospital, Portsmouth (PHT).		
4.	Neither UHS nor PHT are able to meet the service specification for vascular services.		
5.	Attempts over several years to resolve these issues have not succeeded largely due to concerns that change would put interdependent services at PHT at risk.		
6.	A review by the Vascular Society in 2015 recommended a network solution with a single hub at UHS. This review established the clinical evidence-base		

	for change.
7.	Attached as Appendix 2 is the business case for the Vascular Services Reconfiguration. Appendix 3 outlines the Vascular Services Reconfiguration, Communications, Engagement and Consultation plan.
8.	The Panel are recommended to consider the business case for the development of a vascular network for Hampshire and note the communications and engagement plan.
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
9.	Identified in Appendix 2.
<b><u>Property/Other</u></b>	
10.	Identified in Appendix 2.
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
11.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<b><u>Other Legal Implications:</u></b>	
12.	N/A
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
13.	N/A
<b>KEY DECISION</b>	No
<b>WARDS/COMMUNITIES AFFECTED:</b>	None directly as a result of this report.

**SUPPORTING DOCUMENTATION**

**Appendices**

1.	Briefing paper
2.	Vascular Services Reconfiguration: NHS Wessex – Business Case
3.	Southern Hampshire - Vascular Services Reconfiguration, Communications, Engagement and Consultation

**Documents In Members' Rooms**

1.	None
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**Equality Impact Assessment**

Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.	No
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**Privacy Impact Assessment**

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	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.	None
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