

## **Southampton, Hampshire, Isle of Wight and Portsmouth PCT Cluster Review of vascular Surgery – January 2012**

### **1. Background**

Since the last update to Southampton HOSC there have been a number of important developments in the progress of our proposals for vascular surgery. The purpose of this paper is to bring the HOSC up to date, prior to the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) public consultation on vascular services which will be launched later in January 2012.

### **2. Role of the SHIP PCT Cluster**

The responsibility for commissioning this service on behalf of local people sits firmly with the SHIP PCT Cluster. We must therefore assure ourselves that all proposals are clinically safe and offer the best outcomes and quality of service for local people. We will only commission a service if it can clearly demonstrate the highest possible quality for local people.

### **3. Developing options for vascular surgery**

An engagement period on proposals for major trauma, stroke and vascular surgery across the NHS South Central region was held between 23 August and 30 September. Since the engagement phase discussions have been taking place between clinicians to develop formal proposals for vascular surgery.

As a result, by November 2011 three options were emerging:

- 1) The original proposal for Southampton to become a vascular centre. Under this proposal all emergency and complex, elective inpatient vascular surgery would be performed at Southampton General Hospital.
- 2) A 'network' option for Southampton General Hospital and the Queen Alexandra Hospital in Portsmouth to share vascular services across both hospital sites. This allows a vascular surgeon to remain on site seven days a week at the Queen Alexandra to provide cover for renal and cancer services.
- 3) An option for the Queen Alexandra Hospital and St Richard's Hospital in Chichester to integrate vascular surgery provision across West Portsmouth, south east Hampshire and west Sussex.

Since then discussions have moved on, and both options 1 and 3 above have been ruled out as unviable.

Feedback from the engagement phase indicated that option one, for Southampton to become a vascular centre would have a detrimental effect on services at the Queen Alexandra Hospital in Portsmouth. In particular there was concern that renal and cancer

services would be affected without support from a vascular surgeon. As a result this option has been ruled out and will not be subject to public consultation.

Option three, for the Queen Alexandra Hospital and St Richard's Hospital to integrate vascular provision has also been ruled out. NHS Sussex and the West Sussex Hospital NHS Trust have written to us to say that they do not support this proposal because of NHS Sussex's planned changes to vascular services in light of the national guidance and retirement of one of their surgeons. St Richard's clinicians are committed to working as part of the Brighton 24/7 specialist rota providing outreach outpatient, day case and follow up services at St Richard's Hospital. As such we do not feel that this option is viable and cannot be subject to public consultation.

Under the network option clinicians from Portsmouth, Southampton, and Winchester would work together as a network to deliver a co-ordinated vascular service across a number of hospital sites. Irrespective of the place where the operation is carried out, all patients would be able to transfer back to their local hospital for their post-operative stay in the same way as patients from the Isle of Wight and Winchester are already transferred back to their local hospitals. The network option is considered viable and will be subject to formal public consultation.

#### **4. The 'stand alone' option**

In further discussion with Portsmouth Hospitals NHS Trust and Portsmouth City Council about developing vascular proposals for consultation the Trust said that it believed it could make the necessary changes to meet the standards laid down within the Service Specification in its own right, rather than in a network model with University Hospital Southampton NHS Foundation Trust or with St Richard's Hospital.

In considering this development the PCT Cluster had to take into account the fact that delivering vascular services will become much more challenging for providers in future. Portsmouth Hospitals NHS Trust would have to recruit a number of additional vascular consultant surgeons and a number of additional interventional radiologists to ensure that the Service Specification was met, and to ensure that patients could achieve significantly better outcomes than at present.

We received a detailed proposal from Portsmouth Hospital Trust on November 23 2011. Under the stand alone option it is proposed that there would be different arrangements across Southampton, Hampshire, Isle of Wight and Portsmouth. This would mean:

- Southampton General Hospital would continue as the base for a vascular network covering Winchester, Southampton, south west Hampshire and the Isle of Wight as it is now.
- Frimley Park Hospital would continue as the base for a vascular network for Basingstoke and north east Hampshire patients as it is now.

- Queen Alexandra Hospital, Portsmouth would become a stand alone vascular centre for the Portsmouth and south east Hampshire area. Patients in the Chichester area will be able to choose to have their treatment at either Queen Alexandra Hospital, Portsmouth or the Royal Sussex Hospital, Brighton

Since receiving the proposal we have been assessing its viability. Part of our assessment of the proposal has involved detailed discussions with GPs in the Chichester area and in Portsmouth, Southampton and South East Hampshire to test their views on this proposal. These discussions have been taking place in recent weeks.

The stand alone option was subject to scrutiny by an independent expert panel of clinicians on Thursday 5 January 2012. The role of the clinical panel was to review the proposal from Portsmouth Hospitals NHS Trust to act as a standalone vascular centre. In particular clinicians focused on whether the proposal was clinically safe and sustainable in the long term. Patient and public representatives were also invited to observe the deliberations of the panel and ensure that local decision-making took account of the needs of both patients and the public. The panel's decision will be made public shortly.

## **5. Public consultation**

We expect that the formal public consultation on vascular services to begin shortly. It will ask for views on both the network option and the stand alone proposal from Portsmouth Hospital Trust. We will be completely transparent about the viability of options and the reasons why any discounted options were considered unviable.

Once we have a clear view from local GPs about the options, we will take a decision about whether the stand alone or the network proposal is our preferred option for the future prior to launch of the public consultation.

## **6. Working with NHS Sussex**

As the HOSC will be aware a review of vascular services is also being carried out in Sussex. As a result the SHIP PCT Cluster has been working closely with NHS Sussex to make sure that any proposals developed for the SHIP area are compatible with plans in Sussex. This has included seeking clarification from NHS Sussex about their views on the Portsmouth/Chichester option. As outlined above, NHS Sussex is clear that this option was not developed in collaboration with them and suggests the use of clinicians who will actually be working at Brighton. For these reasons NHS Sussex has confirmed the Portsmouth/Chichester option does not have their support.

Following the decision of West Sussex HOSC that they do not feel a consultation is required on the proposals in Sussex, we have agreed with NHS Sussex that we will align engagement in Sussex with consultation across SHIP. This will make it easier for

partners and the public to understand the extent and context of these changes, whilst at the same time demonstrating that the needs of the whole population are being fully taken into account.

The HOSC are asked for their views on this approach.