

2 February 2012

Dear Colleague,

VASCULAR SERVICES

In my last update I promised to write to you as soon as I had received feedback from the Trusts with regards to their discussions about local vascular services.

Since the beginning of this process the PCT Cluster and local Clinical Commissioning Groups (CCGs) have listened to the concerns that have been raised about the original proposals to transfer all complex vascular activity to Southampton. In response, we modified the original proposal and asked the Trusts to work together to consider how a truly collaborative network for vascular services across the two hospital sites might work, ensuring that as much vascular activity as clinically safe is retained at Queen Alexandra Hospital.

The Trusts have been working hard to achieve this, and we have made every effort to facilitate these discussions. Unfortunately, I regret to have to report that the Trusts have been unable to reach an agreement.

The PCT Cluster and local CCGs recognise that both Trusts are working to develop services for their patients, amidst a range of challenges and different pressures. Therefore, whilst we are very disappointed with this outcome, we respect the differing positions of the two organisations.

As commissioners of vascular services, there are now limited options available to the PCT Cluster and local CCGs. We do not wish to consult local people on a model which the Trusts have said that they cannot implement. We could of course decommission vascular services from both Trusts and consult upon alternative models of care. However we believe this would be very disruptive for the organisations and the wider health system, and as such, would not in the best interests of the population at this time. The other alternative would be to push ahead with a consultation on the original 'network' model whereby all vascular complex activity is moved to Southampton General Hospital. However we have listened carefully to the views of local stakeholders and communities and are very clear that this option does not have the support of the Portsmouth and south east Hampshire community.

A positive outcome from the detailed debate and discussion with the Trusts, CCGs, HOSCs, other stakeholders and local communities over recent months is that we are now much clearer on certain aspects of the vascular service at Queen Alexandra. We acknowledge that Queen Alexandra Hospital is a large acute centre with a very large stroke service and we have also clarified the following key issues:

1. Outcomes at PHT for planned activity are better than the European average,
2. Vascular cover is required at QAH to support other specialities (including OOHs),
3. PHT does not serve the requisite 800,000 population but the number of operations performed does meet the vascular society guidelines.

This clarity has provided us with some reassurance that Portsmouth Hospitals NHS Trust is close to meeting the Vascular Society of Great Britain & Ireland (VSGBI) standards and the NHS South Central service specification and for this reason we have decided to continue to commission the current service at this time. As the service will remain unchanged we will not proceed with public consultation.

We remain committed to ensuring that the service at Queen Alexandra meets all the local and national standards not just the majority of them. This will allow us to be confident that people in this area are receiving the same quality of service as patients elsewhere in Hampshire and the Isle of Wight. We know that PHT currently does not have enough vascular surgeons to run the recommended 1 in 6 rota, nor does it currently serve a large enough population to comply completely with the VSGBI guidelines.

With this in mind, the SHIP PCT Cluster and local CCGs will be working with PHT to ensure that they have adequate consultant cover from April 2012, when the current arrangement with Chichester comes to an end.

We also know that there is a lot of change going on across the patch, and future GP referral patterns are unclear so we will continue to work with PHT to ensure that the activity levels at the Trust are maximised to ensure adequate volumes to meet the Vascular Society Guidelines. The situation will be kept under review as part of our on-going regular monitoring.

The existing network run by University Hospital Southampton NHS Foundation Trust already meets the service specification, so we're confident that people living in Southampton and south west Hampshire are already served by a vascular service meeting all current standards and we will continue to commission this service.

Finally I would like to stress that although we have not been able to secure an agreement between the Trusts at the current time, this review has been a very valuable listening exercise. We have received a great deal of useful and constructive feedback that has helped us to better understand the population that we are serving. All the views received to date have been carefully recorded and will be very valuable as we move forwards.

I hope that you will agree that we have made every effort to act on your views and ensure that our commissioning intentions for vascular services addressed the issues raised. We will ensure that all the feedback gathered will be taken into account in the future commissioning intentions of local CCGs and the new National Specialist Commissioning team.

The engagement exercise has allowed us to engage in real debate with yourselves and local communities about the sustainability of vascular services and we will continue to have discussions with local groups about this important matter as we move forwards.

I hope that this letter clarifies the position of the PCT Cluster and CCG commissioners. However, if you have any further specific queries, please do not hesitate to contact me.

Yours sincerely



D.M. Fleming (Mrs)
Chief Executive
SHIP PCT Cluster

