

Vascular services update March 2012

Southampton and Hampshire HOSCs

Background

The SHIP PCT Cluster and its component CCGs are fully committed to commissioning a vascular service that offers all local patients the best outcomes.

In order to achieve this a Vascular Review process started in April 2010 when the NHS South Central Cardio Vascular Network prepared a specification for vascular services. In December 2010, proposals were received from Southampton University Hospital NHS Trust (UHS) and Portsmouth Hospitals NHS Trust (PHT) about how they would go about delivering a vascular service in line with the specification. These proposals were reviewed by an expert panel of independent clinicians, GPs and lay members. The panel concluded that Portsmouth Hospitals NHS Trust did not meet the specification at that time and a 'hub and spoke' model between Southampton and Portsmouth vascular services with emergency and planned complex arterial vascular surgery carried out at Southampton was the best model to meet the specification.

The SHIP PCT Cluster Medical Director facilitated some discussions between vascular surgeons and interventional radiologists across UHS and PHT with the aim of developing such a model and at the time these discussions appeared productive.

The Cluster and the Network then arranged a second Expert Panel in October 2011 to consider the output from these discussions and a proposal from PHT to develop a network with St Richards Hospital, Chichester. Having considered the proposal the Panel concluded it was "aspirational" as West Sussex Hospitals NHS Trust had not given their support to the proposal. Again the Panel's recommendation was that a single vascular service offered from the two hospital sites would provide the best chance for long term sustainable vascular services for local people.

Subsequently a third expert panel was held on the 5th January 2012 to consider a "standalone" proposal prepared by PHT which the panel felt could meet the specification if recruitment to planned posts were made and PHT were able to attract patients from West Sussex. However, the panel reinforced the benefit of a network between UHS and PHT to provide a sustainable service for the future.

During January both Trusts worked hard to develop an acceptable network model, and the PCT Cluster have made every effort to facilitate these discussions. Unfortunately the Trusts were unable to reach an agreement.

Involving local people and stakeholders

Between August and September 2011 an engagement exercise took place to test emerging options with local people. Over 6000 people commented on the proposals and a full report of this engagement is available at <http://www.southamptonhealth.nhs.uk/yoursay/safe-and-sustainable/>

The engagement exercise identified concern about the original proposals to move all complex emergency and elective arterial vascular surgery to Southampton General Hospital. In particular there were concerns about the implications for other services (such as renal and

cancer) at Queen Alexandra Hospital, Portsmouth and also a plea to recognise that Queen Alexandra Hospital was a large centre,

Local people also told us they wished to see a truly collaborative network model, with surgeons and interventional radiologists working across both sites, with some major vascular operations and complex interventional radiology retained at Queen Alexandra Hospital. In response the PCT Cluster expressly asked the Trusts to work together to ensure that as much vascular activity as was clinically safe was retained at Queen Alexandra Hospital.

While these discussions took place the PCT Cluster embarked on preparations for a public consultation. In the pre-consultation phase which ran throughout January a further 500 local people and stakeholders were directly engaged in discussion about the options that were under development. A detailed record of this activity is available on request. Stakeholders were also regularly updated through a series of letters.

During January 2012 both Trusts actively engaged in discussions with the local CCGs and the Cluster about how to work together to develop an appropriate partnership across the two hospital sites, whilst ensuring that the national clinical standards and guidelines that uphold patient safety continued to be met.

However in early February the Trusts reported to us that they had been unable to reach an agreement about how a truly collaborative model would be delivered. The PCT Cluster concluded that it could not conduct a public consultation on a model which the two hospitals were not fully committed to and as such had little choice but to cancel the plans for consultation. The Cluster wrote to all stakeholders on February 2, 2012 to inform them of this decision.

Decision not to proceed to public consultation

A positive outcome from the detailed debate and discussion with the Trusts, CCGs, HOSCs, other stakeholders and local communities was that we developed a thorough understanding of the views of the community and its stakeholders. At the same time we were able to extend our knowledge of the vascular service at Queen Alexandra and its relationship with other specialities. We have acknowledged 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 have improved since the initial review began and are better than the national target for 2013;
2. Vascular cover is required at QAH to support other specialities;
3. PHT does not serve the requisite 800,000 population but the number of operations performed does meet the Vascular Society guidelines.

This information provided us with some reassurance that Portsmouth Hospitals NHS Trust was very close to meeting the Vascular Society of Great Britain & Ireland (VSGBI) standards and the NHS South Central service specification. In addition we were conscious that the guidelines for vascular services and interventional radiology had evolved during the period of the review and were in the process of being refined by the various professional bodies. This combination of factors led to our decision to continue to commission the current service at this time.

Next steps

The PCT Cluster remains convinced that a network arrangement between UHS and PHT would provide a sustainable solution to meeting the needs of patients to deliver the outcomes for vascular patients we are seeking. As a result of the two Trusts being unable to agree this

collaborative model we are continuing to commission the existing services. This does not represent an acceptance of Portsmouth Hospitals NHS Trusts' 'standalone model' but rather is designed to maintain the status quo of service configuration for now.

Portsmouth Hospitals NHS Trust firmly believe that their vascular services can meet the Vascular Society of Great Britain standards and the local specification for vascular services and this is a firm requirement of the PCT Cluster's contract with the Trust in the next year.

Portsmouth Hospitals NHS Trust has historically relied upon St Richards Hospital, Chichester for support with its vascular rota but this arrangement is due to finish at the end of March 2012 when St Richards' consultants join the Brighton vascular network.

In order to ensure that Portsmouth Hospitals NHS Trust and indeed University Hospital Southampton NHS Foundation Trust and Frimley Park NHS Foundation Trust continue to achieve optimum outcomes for patients accessing vascular surgery, the PCT Cluster, CCGs and the Specialised Commissioning team has committed to close monitoring of adherence to the Vascular Society of Great Britain guidelines.

A clinical governance framework has been developed which will ensure effective monitoring of workforce, activity and clinical outcome requirements.

The information will initially be reviewed by the GP Cardiovascular lead for South East Hampshire CCG, one of the Clinical Governance leads for Fareham and Gosport, Portsmouth and South East Hants CCGs and the Specialised Commissioning group for comment and recommendation to the SHIP PCT Cluster's Clinical Governance Committee.

A Patient Reference Group has also been established and meets bi-monthly. It includes representatives from Portsmouth, Southampton and South Eastern Hampshire. This group will be asked to share patient experience feedback with the Cluster's Clinical Governance Committee on a regular basis.

Decision required

The Committee is asked to note the arrangements for monitoring of vascular services and advise when a further update is required.