

The National Vascular Services Review – Update to progress and implications for Wiltshire

1.0 Executive summary

1.1 The purpose of this paper is to provide a progress update on the Vascular Services Review for Wiltshire, following Wiltshire CCG's report to the Health Select Committee on the 17th January 2013. (See background papers Page 4)

1.2 This paper covers activities which have taken place and papers which have been submitted, in respect of the Vascular Services Review and its impact on Wiltshire, since the 17th January 2013.

1.3 Wiltshire CCG remains in a position where it is unable to support the Southern Vascular Network's proposed model of a single site model based at Bournemouth until detailed risk, financial and impact analysis on other services has been completed. An update was provided to the South of England Specialised Commissioning Group to this effect on 21st February 2013.

1.4 Wiltshire CCG also needs to understand in greater detail the plans for vascular surgery in Bath and Swindon.

1.5 A Wiltshire Steering Group is being set up to ensure there is a clear and shared understanding of the implications for the population of Wiltshire from each area's network plans for vascular surgery. This will cover impacts to vascular patients who are currently served by Salisbury, Bath & Swindon hospitals.

1.6 Given the current timescales of each area's plans for carrying out the required detailed analysis, Wiltshire CCG will not be in a position to assess the full impact across Wiltshire until at least September 2013.

1.7 Wiltshire CCG has invited Steve Sylvester, who is leading the Vascular Review on behalf of the South of England Specialised Commissioning Group, to meet and discuss concerns and work together to agree a way forward.

2.0 Proposal

2.1 The Health Select Committee is requested to note and approve this progress report

Author:

Jill Whittington, Service Improvement & Development Manager, Commissioning Support, Wiltshire CCG, Southgate House. 01380 733786 email: jill.whittington@wiltshire.nhs.uk

With input from:

Beatrix Maynard, Head of Commissioning and Service Improvement for Sarum, Wiltshire CCG

John Goodall, Associate Director Public Health (CVD), Public Health, NHS Wiltshire

Dr Elizabeth Stanger, Sarum Executive Director, GP Lead for Vascular Review, Three Swans Surgery, Rollestone Street, Salisbury

3.0 Background

3.1 At the Wiltshire Health Select Committee meeting on the 17th January 2013, Wiltshire CCG presented a paper which updated the committee on the national review of vascular services and the implications to the population of Wiltshire (see background papers Page 4)

3.2 The paper highlighted the concerns of Wiltshire CCG which include:

3.2.1 The impact on travel times where the potential absence of vascular surgery services at any of Wiltshire's three main hospitals would result in travel time in excess of the 60 minutes recommended by the Vascular Society. Initial analysis showed that over 15% of people in Wiltshire would not be able to access a surgical centre within 60 minutes (blue light emergency travel).

3.2.2 The as yet unknown demand on the ambulance service where more Wiltshire patients would clearly need to travel greater distances to reach hospital for vascular treatment.

3.2.3 The absence of any robust analysis which demonstrates that the benefits of a centralised specialist vascular hub outweighs the potential for increased morbidity or patients who wait longer for surgery as a result of organ damage.

3.2.4 The absence of any robust analysis for improvement in mortality rates when outcomes are already good.

3.2.5 The negative impact of loss of vascular support to other specialities at local hospitals. Vascular surgery related services, affect a significant number of patients (for example the diabetic foot service, cardiac, stroke and regional plastics centre at Salisbury) and is yet to be fully understood and balanced with the relative benefit of fewer specialist centres for complex vascular patients.

3.2.6 The longer term impact on the sustainability of services that local hospitals will be able to provide which is not yet understood.

3.2.7 The anticipated increase in costs to the NHS, the extent and impact of which are also not yet fully understood.

3.3 The Health Select Committee supported the views of the CCG and on the 8th February 2013 wrote to Ms J Howells, Interim Area Director for Bath, Gloucester, Swindon and Wilts Area team registering its grave concerns. (Attached Appendix A)

3.4 The Health Select Committee requested a progress update at its next meeting on the 14th March 2013.

4.0 Progress since the 17th January 2013

4.1 Dr Stephen Rowlands, Clinical Chair (designate) Wiltshire CCG wrote to The Vascular Society of Great Britain & Northern Ireland highlighting the issues for Wiltshire. (Attached Appendix B) To date there has been no response.

4.2 Wiltshire CCG has continued to work with Salisbury Foundation Trust (SFT) and has also had several meetings with Royal United Hospital Bath (RUH) and Bath and North East Somerset (BaNES) CCG. There is agreement to work closely together in order to understand Wiltshire wide issues

4.3 As a result a Wiltshire Steering Group is being set up. The overall aim of the group is:

- To ensure there is a clear and shared understanding of the implications for the population of Wiltshire from each area's network plans for vascular surgery
- To discuss and develop options to best meet the overall needs of Wiltshire's population

Wiltshire CCG are also extending an invitation to Great Western Hospital, Swindon

4.4 Each area's vascular clinical network was required to provide an update to Specialist Commissioning on the 22nd February 2013 summarising its current position.

4.5 Current Position South provider network:

4.5.1 The Southern provider network which consists of Salisbury Hospital NHS FT (SFT), Royal Bournemouth and Christchurch Hospitals NHS FT (RBCHFT) and Dorset County Hospital NHS FT (DCHFT) have updated that the first phase will be to transfer Dorchester vascular patients to Bournemouth, aiming for completion by the end of April 2013.

4.5.2 Bournemouth and Dorchester have initial patient view seeking sessions arranged for early March.

4.5.3 Salisbury Foundation Trust state that there will not be any movement to remove vascular surgeons from the general rota until Sept 2013 at the earliest and possibly not until April 2014, when at this point they would only see emergencies go to the specialist centre at Bournemouth.

4.5.4 Pathway mapping, detailed financial analysis and understanding impact to other associated services is on-going.

4.6 Current Position West provider network:

4.6.1 The provider network in the West consists of North Bristol Trust, University Hospitals Bristol Foundation Trust, and Royal United Hospital Bath, for patients from Wiltshire, Somerset, Bristol, North Somerset and South Gloucestershire

4.6.2 Pathway mapping is scheduled to start in April 2013 and a series of workshops is planned to consult with a wide range of interested lay people on key issues related to the provision of vascular services.

4.6.3 Plans include a detailed financial and business planning stage and includes an external assessment of the capacity at Southmead Hospital Bristol (the proposed site for the vascular hub) led by a Public Health Consultant.

4.6.4 Overall timescales indicate April 2014 for completion.

4.7 Current Position North provider network

4.7.1 Great Western Hospital Swindon is part of the network with Gloucester Royal Hospital and Cheltenham General Hospital.

4.7.2 All emergency vascular patients will be sent to Cheltenham from 1st April 2013 and current patient flow numbers are being analysed and reviewed to inform the emergency rota. Patients requiring procedures following screening are already sent to Cheltenham.

4.7.3 The remaining Swindon vascular arterial procedures will transfer to Cheltenham from September 2013 when the new radiology centre will be complete.

4.7.4 Detailed pathway mapping and analysis is being carried out to establish how other associated services e.g. diabetic foot, cardiac, stroke will be carried out at Swindon General as a 'spoke site for the North & Wiltshire patients.

5.0 The Wiltshire Clinical Commissioning Group Position

5.1 Wiltshire CCG remains in a position where it is unable to support the Southern Vascular Network's proposed model of a single site model based at Bournemouth

until detailed risk, financial and impact analysis on other services has been completed.

5.2 Wiltshire CCG also needs to understand in greater detail the plans for vascular surgery in Bath and Swindon. Given the current timescales of each area's plans for carrying out the required detailed analysis, it will not be in a position to assess the full impact across Wiltshire until at least September 2013.

5.3 Dr Stephen Rowlands wrote a covering letter to Steve Sylvester at the South of England Specialised Commissioning Group on behalf of the Wiltshire CCG, as part of its submission, re-iterating Wiltshire's position. This letter invited Steve Sylvester to meet with Dr Rowlands, Deborah Fielding, (Wiltshire CCG Chief Accountable Officer designate), and CCG commissioning and GP leads in order to discuss and understand Wiltshire CCG's concerns and work together to agree a way forward. (Letter attached Appendix C)

6.0 Engagement Plan

6.1 The newly formed Wiltshire Steering Group will work together to ensure there is a consistent public engagement plan for the Wiltshire population.

6.2 It is intended to hold initial patient view seeking sessions in order that patient experience and views can feed into the review.

6.3 The Specialist Commissioning Group will be responsible for the full public engagement in due course. Wiltshire CCG will work with them to ensure consistency.

7.0 Environmental Impact

7.1 The environmental impact of any reconfiguration options will be assessed. Current proposals would be likely to increase travel by the ambulance service and by carers and may have wider travel implications for patients

8.0 Equality and Diversity Impact

8.1 A full Equality and Diversity Impact analysis will be carried out to include the results of a full stakeholder engagement as appropriate. Current proposals, if implemented, would be likely to reduce patient choice

9.0 Risk Assessment

9.1 A full risk assessment will be carried out when the options and implications are clear. Current options may have risks for patients to include access to local services.

10.0 Financial Implications

10.1 These are not yet confirmed but it anticipated that there will be additional costs to the NHS

11.0 Legal Implications

11.1 These have not yet been reviewed.

13.0 Background papers

13.1. Wiltshire CCG's report to the Health Select Committee on the 17th January 2013



HSC_Paper_Final_Fo
r_Issue_8.1.13.pdf

14.0 Appendices

14.1 Appendix A The Health Select Committee letter to Ms J Howells, Interim Area Director for Bath, Gloucester, Swindon and Wilts Area team



HSC_Vasc letter -
signed 080213 (2).pd

14.2 Appendix B Dr Stephen Rowlands, Clinical Chair (designate) Wiltshire CCG letter to The Vascular Society of Great Britain & Northern Ireland 31.1.13



SR_Vascular Letter
Vascular Society 31 J:

14.3 Appendix C Dr Stephen Rowland's letter to the Specialist Commissioning Group on behalf of the Wiltshire CCG 21.2.13



WiltsCCG_Stephen
Rowlands-Letter_200