Working together with the Dorset and Wiltshire Vascular Network

Briefing for Health Overview and Scrutiny

Background

1) In March 2013, the National Service Specification[1] (NSS) for Specialised Vascular Services set out there was strong evidence that death from planned surgery for aneurysm is significantly less in centres with a high caseload than in hospitals that perform a lower number of procedures".

2) This was based on recommendations from the Vascular Society of Great Britain and Ireland (VSGBI) POVS12[1] report in which they set out the need for hospitals to collaborate in a network to provide patients care. As part of this collaboration there is a requirement for the network to decide upon a single hospital which will provide both planned and emergency arterial vascular surgical care. and that all major arterial intervention is performed on the designated arterial site.

Dorset and Wiltshire Vascular Network

Establishment of the network

A Dorset and Wiltshire Vascular Network (DWVN) was established in 2010; as agreed by the then South West Strategic Health Authority and in 2012 the following arrangement for services was proposed:

	Hospital	Designation
RBH	Royal Bournemouth Hospital	Major Arterial Centre (MAC)
JGH	Jersey General Hospital	Non-Arterial Centre (NAC)
PHFT	Poole Hospital	NAC
DCH	Dorset County Hospital NHS Trust (Dorchester)	NAC
SDH	Salisbury District Hospital NHS Foundation Trust	NAC

[1] VSGBI "The Provision of Services for Patients with Vascular Disease 2012"

Following the VSGBI POVS12 report, the requirement for and need for formalisation of the DWVN was recognised, and was supported by all three Trust Management teams with the establishment of a Steering Group to oversee implementation. Sarah Hulin, vascular surgeon from SDH, was appointed Network Clinical Lead. As the emerging network model allowed for only one hub, it was agreed in December 2012 that RBH would become the arterial centre and DCH and SDH would become spoke hospitals

In June 2012 a draft of the NSS , based upon POVS12, was issued. A presentation was made by Sarah Hulin, Vascular Clinical Lead, on 18th December 2012 to the South of England Specialised Commissioning Group, South West Team, which proposed a Dorset & Wiltshire Vascular Network.

This proposed RBH as the single arterial network hub undertaking all elective arterial surgery and complex vascular interventional radiology. SDH and DCH would be spokes with weekday 0900-1700 vascular presence (including DCH renal access surgery), and elective vascular interventional radiology. This would include centralisation of the emergency rota which was then operated as a 1:7 flipping between RBH and SDH. The proposal was approved.

Wiltshire CCG presented a summary of vascular services reconfiguration proposals affecting Wiltshire patients to the Wiltshire Health Select Committee on 17th Jan 2013 and concerns were expressed about the impact of proposals on emergency travel times for 15.4% of Wiltshire patients who would fall within the 60-75 minute 'blue light' average drive time. It was noted that 24.3% of Dorset patients also fall within this range, with a further 5.1% of Dorset patients in even lengthier drive time averages.

Whilst these concerns were acknowledged, the Vascular Society of Great Britain and Ireland (VS) identified that the improved outcomes of larger specialist centres outweighed any risk of a slightly longer travel time. It was also recognised that an emergency on call rota of less than 1:6 was not sustainable.

The first step in creating the network, was to centralise emergency on call at RBH in December 2013. A 1:7 rota was established consisting of 4 RBH, 1 SDH and 2 DCH vascular surgeons. RBH also provides out of hours Interventional Radiology (IR) which is not provided at SDH or DCH and EVARs were also centralised at RBH.

Activity to complete the programme of reconfiguration

The DWVN Vascular Implementation Board (VIB) was established in October 15 to oversee completion of the transfer of major arterial services to RBCH.

It was clearly recognised by the VIB that a sustainable vascular service requires a minimum of 6 vascular surgeons and 6 vascular interventional radiologists to provide 24/7 emergency vascular on call. This was the rationale for centralisation of emergency services to one site. It was also clearly recognised that to provide elective vascular services without 24/7 on site emergency vascular services was an unacceptable risk.

None of the sites on its own has a population size which would make a 1:6 rota financially viable. Equally, there would be insufficient procedures for three sites to ensure surgeons maintained their current skill base by undertaking the recommended minimum number of procedures.

It should be noted that the Wiltshire population is supported by three different vascular networks. The northwest patients flow to Bristol as part of the Bath, Bristol and Weston Vascular Network, the northeast patients to Cheltenham as part of the Gloucestershire and Swindon Vascular Network and from the south to the Dorset and Wiltshire Vascular Network.

The population of Dorset for 2015 is estimated at 762,400 and the Community Areas (CA) surrounding Salisbury, including Salisbury itself, have a population of around 106,000 making a total of 868,400. The population of Jersey is just over 100,000 making the total population served nearly 1m. Approximately 23% of the Dorset population, however, is >65years compared to 17% nationally. The comparable figure for the 4 Wiltshire CAs is 20%. When combined this makes the comparable equivalent population of around 1.2m.

JGH and PHFT do not have an on-site vascular surgical service. DCH and SDH have their own vascular surgeons. RBH have 4 vascular surgeons, DCH have 2 and SDH has 1, plus 2 general surgeons who continue to undertake some elective vascular procedures.

The current status of DWVN is that Bournemouth acts as a MAC for emergency vascular services (centralised in 2013) for all hospitals. The two DCH vascular surgeons and one from SDH make up a 1:7 emergency on call rota with those from RBH (although one from the latter has been on long term sick leave).

DCH surgeons undertake elective AAA EVAR and AAA open procedures at RBCH but all other elective vascular surgery is undertaken at DCH. The local surgeons provide informal emergency on call when elective surgery is undertaken.

THE SDH surgeon has acted as lead for the network and undertakes elective AAA EVAR and AAA open procedures at RBH but all other elective vascular surgery is undertaken at SDH. The local surgeons provide informal emergency on call when elective surgery is undertaken.

SDH undertake AAA screening on behalf of the network.

All AAA procedures have now been transferred and it is planned that the small number of remaining major elective arterial procedures will transfer to RBCH by a date to be confirmed. Work is also progressing to ensure that vascular services are available at all the NAC sites (including SDH) to support dependent services as needed and to allow for patients to have vascular outpatient appointments and investigations carried out at the spoke sites. For elective (planned) surgery, in line with national policy on patient choice, patients in the geography can choose to access care at other hub sites.

Work is also progressing to ensure that vascular services are available at all the NAC sites (including SDH) to support dependent services as needed and to allow for patients to have vascular outpatient appointments and investigations carried out at the spoke sites. Thus, for Wiltshire patients, there will be a need to travel to Bournemouth only for their surgical procedure. This is in line with the way in which networks are operating for Wiltshire residents who use arterial services centred at Cheltenham or Bristol. For elective (planned) surgery, in line with national policy on patient choice, Wiltshire residents can choose to access care at other hub sites.

Agreement has not yet been reached with SDH for a date to transfer remaining major arterial services to the MAC, nor for NAC service level requirements to be provided on site at SDH. SDH have

two general surgeons who undertake vascular services but who have not elected to become vascular specialists and who are not part of the DWVN emergency on call rota. SDH have indicated that these surgeons (who are members of the VS but whose job plans comprise both general and vascular surgical duties) could undertake NAC vascular services at the SDH site without undertaking major arterial procedures or participating in the on-call rota.

Next Steps

1) NHS Wessex has commissioned an independent expert panel to review the current vascular services configuration and proposals of the DWVN, and to make recommendations for finalisation of reconfiguration. One objective is an assessment of the existing workforces and long term sustainability.
2) A communications and engagement workstream has been established to ensure strong public, patient, staff and clinical engagement. This group includes Dorset and Wiltshire Healthwatch. As a first step we are planning to engage with patients around what is important to them and recruit a patient reference group to support implementation of any proposals recommended by the review. Survey attached.
3) The numbers of patients affected by the services changes are small and we feel it is better to engage directly with patients and representative groups (diabetes UK; stroke association) about what matters to them before service changes are implemented..

Procedure:		**RBH**	**SDH**	**DCH**
Abdominal Aortic Aneurysm (AAA)	EL	21	3	6
	NEL	33		
Endovascular Aneurysm Repair (EVAR)	EL	42		
	NEL	6		
Carotid Endarterectomy (CEA)	EL	12	15	15
	NEL	15		
Bypass Procedures	EL	72	18	57
	NEL	42		3
Varicose Vein Procedures	EL	73	105	96
	NEL			
Major Amputations	EL	6		3
	NEL	48		3
Minor Amputations	EL	3	6	6
	NEL	12		21
Renal Procedures	EL	96		126