Wiltshire Council

Health Select Committee

17th January 2013

The National Vascular Services Review – Its progress and implications for Wiltshire

1.0 Purpose and Executive summary

1.1 Purpose of the Paper

The purpose of this paper to

- Inform the Health Select Committee of the implications for Wiltshire of the national Vascular Surgical Services Review
- Seek the Committee's support for the way forward.

1.2 Executive Summary

1.2.1 This paper seeks to appraise the Health Select Committee of the progress and the emerging implications of the national vascular services review for the residents of Wiltshire.

1.2.2 The review is in response to two reports from the Vascular Society: The Provision of Services for Patients with Vascular Disease (January 2012), and Outcomes after Elective Repair of Infra-renal Abdominal Aortic Aneurysm (March 2012).

1.2.3 The target is for plans for the implementation of changes to meet the recommendations to be in place by April 2013 including a clear schedule for meeting any outstanding requirements. Each network is reviewed individually by Specialist Commissioning but they expect recommendations to be implemented in full as soon as possible. This recognised that those networks reliant on major building work or reconfiguration may not be able to be fully operational until 2014.

1.2.4 The NHS Wiltshire Primary Care Trust is presently responsible for commissioning health services in Wiltshire. This role will transfer from April 2013 to the Wiltshire Commissioning Group (CCG) In the interim the CCG is taking operational responsibility for commissioning. In April 2013, Specialist Commissioning will be taking the lead for a number of services and this will include vascular services.

1.2.5 Wiltshire Clinical Commissioning Group (CCG) believes that the potential implications of service reconfigurations presently being considered require further analysis. Clarification of the balance of benefits for patients is also required before we are able to either clearly present options or recommend a future service configuration to our population.

2.0 Proposal

2.1 Wiltshire CCG request that the Health Select Committee:

1. Notes the progress of the local work to review vascular services in line with the Vascular Society recommendations
2. Supports Wiltshire Commissioning Group's intention to work with providers and commissioners to undertake further analysis of the service and outcome factors in order to have a clear understanding of the vascular and wider service implications and to develop options to best meet the needs of Wiltshire's population
3. Supports Wiltshire Clinical Commissioning Group in clarifying the issues and options prior to developing any engagement plan.
4. Supports Wiltshire Clinical Commissioning Group in its position of obtaining and sharing this information with stakeholders prior to agreeing to any solutions proposed by the vascular networks.
5. Agrees to receive a further report from Wiltshire CCG in March 2013, prior to the transfer of responsibility for the commissioning of vascular surgery to Specialist Commissioning.

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3.0 Background

3.1 A national review of vascular services is underway following the release of the Vascular Society of Great Britain & Northern Ireland's (VSGBI) recommendations. A draft specification was issued for comment on 12th December 2012 following feedback on earlier versions.

3.2 The review is in response to two reports from the Vascular Society: The Provision of Services for Patients with Vascular Disease (January 2012), and Outcomes after Elective Repair of Infra-renal Abdominal Aortic Aneurysm (March 2012).

3.3 In March 2012 vascular surgery became a speciality in its own right. In line with many specialist services the direction of travel for vascular surgery is towards more specialist services, concentrated through a smaller number of high volume arterial centres. The VSGBI recommendations state that a minimum population of 800,000 is considered necessary for an AAA screening programme and therefore considered the minimum population required for a centralised vascular service. It is considered each vascular centre would perform at least 60 Abdominal Aortic Aneurysm procedures per year (based upon a 1 in 6 rota with each surgeon performing 10 procedures per annum.) A minimum of 50 carotid endarterectomy procedures is also indicated with an overall resultant improvement in mortality outcomes for patients. Each of these units would have improved networks into adjacent hospitals and community facilities.

3.4 Wiltshire has a population of 471,000 and has the added complication of three distinct patient flows: in the south to Salisbury NHS Trust, in the west to the Royal United Hospital in Bath (RUH), and in the north to Great Western Hospital in Swindon. Each of these flows is effectively delivered by separate clinical networks to support these services, with the hospitals linking to neighbouring units rather than with each other across Wiltshire. The impact is that none of the units are presently in a position in terms of patient numbers and clinical cover to sustainably meet the new specialist service recommendations.

3.5 The NHS Commissioning Board required that clinical networks developed proposals for the future configuration of services in their area to be presented to them in December 2012 in preparation for transfer of responsibility to the Specialist Commissioning service in 2013.

4.0 Progress to Date

4.1 Within Wiltshire a clinical lead, Dr Elizabeth Stanger and a Project Manager, Jill Whittington, have been linking to this work with public health support from John Goodall. A significant focus of this work has been in the south around services provided by Salisbury Foundation Trust, who presently deliver vascular services and the AAA screening contract, and where there may be significant implications not only for Wiltshire patients but also for wider service provision at Salisbury Hospital.

4.2 To the West of Wiltshire North Bristol Trust (NBT) United Hospital Bristol (UHB) and RUH Bath have agreed to implement an interim emergency vascular service to commence February 2013. This will mean that, where

appropriate, some emergency treatment of Wiltshire patients has the potential to take place in Bristol where a specialist on-call surgeon will always be based. When patients have recovered from their procedure, care will be transferred back to Bath or the community as appropriate.

4.3 A vascular review panel has been established for NBT and RUH together with Weston Area Health Trust (WAHT) and United Hospital Bristol to establish the most appropriate model for future delivery. This work will take place over the following 3-6 months. It will be working with CCGs and seeking the views of Wiltshire stakeholders across the review period to ensure that the highest quality of services and experience for patients is maintained into the future.

4.4 The Healthy Futures Programme Board in Bristol has designated the new Southmead Hospital to be tested as potential preferred provider for the regional vascular service. RUH Bath is currently reviewing the impact of different models of provision as part of the review supported by Bath and North East Somerset CCG, which leads the commissioning of the RUH Bath hospital services.

4.5 If the future service is delivered at Southmead, patient flows to the west would be to Bristol.

4.6 To the North of Wiltshire we understood that Vascular Services would be developing a fully centralised service based at Gloucester Royal Hospital. The travel time analysis in this paper reflects that understanding. We have now been informed that the current plan is for a hub and spoke model to be developed with the hub at Cheltenham General Hospital and spoke services to be delivered at Great Western Hospital Swindon and Gloucester Royal Hospital. (See Appendix A for outline of a typical hub and spoke model) We understand that a full scoping and impact analysis is being undertaken.

4.7 In the South of Wiltshire, a clinical network encompassing Salisbury Hospital NHS FT (SFT), Royal Bournemouth and Christchurch Hospitals NHS FT (RBCHFT) and Dorset County Hospital NHS FT (DCHFT) has proposed a networked ‘hub and spoke’ model with all vascular surgery delivered at Bournemouth (See Appendix A for initial outline of ‘hub’ services based upon a typical hub and spoke model).

4.8 This proposal would meet the vascular society guidelines and is intended to increase the ‘hub’s’ clinical team’s surgical volume, which would then exceed the Vascular Society’s minimum guidelines, with the intention of improving outcomes and ensuring full vascular emergency cover at a single site.

4.9 Within this model the proposal is that Salisbury Hospital should act as a ‘spoke’ and maintain a weekday 0900-1700 vascular presence to support outpatient services and other linked services. A full understanding of the feasibility and range of this service has yet to be reached.

4.10 Wiltshire CCG understands that a vascular service is important in the provision of a range of linked services currently provided at Salisbury including:

- Diabetic foot service
- Stroke / Transient Ischaemic Attack services

- Interventional cardiology
- Inpatient vascular emergencies
- Interventional vascular radiology
- Trauma
- General Surgery
- Plastic Surgery (N.B SFT is presently a regional plastic centre)
- Maternity Services

4.11 A Bournemouth-based vascular surgery hub was proposed by the South's clinical network to the Specialist Commissioning Vascular Surgery Review Panel at a meeting on 18th December 2012. An alternative 'twin hub' proposal, whereby SFT & Bournemouth would alternate as the hub on a rota basis, had been previously discussed as an option. The panel was unable to support this option because it did not fully meet the Vascular Society of Great Britain and Ireland (March 2012) (VSGBI) recommendations.

4.12 The purpose of the Specialist Commissioning Review Panel was to assess the robustness of plans to achieve the recommendations as detailed within the VSGBI recommendations, including the measures that will be taken locally to address the implications for non-surgical centres.

4.13 The hub and spoke model with the hub at Bournemouth, was recognised as meeting the requirements of the guidelines but with concerns on the capacity to deliver the increased services at Bournemouth, increased travel times for patients (with associated risks), the loss of interventional radiology and the impact on linked services at Salisbury.

5.0 The Wiltshire Clinical Commissioning Group Position

5.1 Wiltshire CCG clearly supports the aim of improving outcomes for patients. We recognise the value of increased volumes of activity in this specialist surgery area for this high risk group of patients.

5.2 Outcomes in Salisbury however are already good and consistently meet or exceed required threshold targets. Unfortunately clinical team rotas do not meet the new guidelines and the current service is therefore not sustainable in the long term.

5.3 Taking a Wiltshire wide view we have a number of concerns about the implications of the service reconfigurations presently under consideration:

5.3.1 The potential absence of vascular surgery services at any of our 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). This % may further increase if vascular services are based in Cheltenham rather than Gloucester Royal Hospital. This time would be still further extended if patients first travelled to their local hospital and does not include ambulance response times. Should a vascular service be provided at Salisbury this figure would drop to less than 1%. See the isochrone maps and table provided at Appendix B.

5.3.2 The ambulance service has yet to provide an impact analysis of the proposed change but more Wiltshire patients would clearly need to travel greater distances to reach hospital which is likely to create additional demand on ambulance services.

5.3.3 Current services in the south have good mortality outcomes. We are awaiting data for the north and west. Patients who wait longer for surgery may suffer increased long term morbidity as a result of organ damage and this must be balanced against any potential mortality benefits. Earlier versions of the VSGBI guidelines, upon which the options of a single site or twin site hub were appraised, had stated a minimum of 33 elective AAA repairs as being the minimum acceptable per vascular centre. In the South, where the number of operations was originally close to the recommended 33 per annum, a purely theoretical assessment of the numbers suggested that lives saved for elective surgery could increase by a maximum of 1 or 2 patients per year. This does not factor in the potential negative impact of increased travel times for emergencies.

5.3.4 There is also negative impact of loss of vascular support to other specialities at the hospital. Vascular surgery related services, affect a significant number of patients (for example the diabetic foot service, cardiac, stroke) and is yet to be fully understood and balanced with the relative benefit for complex vascular patients.

5.3.5 The longer term impact on the sustainability and services that our local hospitals will be able to provide is not yet understood.

5.3.6 It is anticipated that the proposed changes to services would increase costs to the NHS. The extent and impact are not yet fully understood.

5.3.7 As a Clinical Commissioning Group it is our responsibility to commission the best possible services for the population we serve. We are therefore continuing to work with our providers, neighbouring commissioners and specialist service commissioners to achieve a better understanding of the full range of implications of any options for future service provision. It is anticipated that this work will be completed by the end of February 2013. This will then allow us to share a clearer picture of any options with the Committee, our patients, carers and the public.

6.0 Engagement Plan

6.1 Wiltshire Clinical Commissioning Group is unable to confirm its public engagement plan until the options and implications are clearer

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.

12.0 Conclusion

12.1 Wiltshire CCG recognises that the proposed models linked to our three key hospitals works towards meeting the vascular society guidelines.

12.2 Although the drivers for change in terms of improved outcomes are understood, there appears to be limited evidence that this would improve morbidity outcomes or significantly improve mortality outcomes for vascular patients in Wiltshire. Furthermore there presently appears to be a potential risk to local provision of other services important to a large number of our patients.

12.3 Wiltshire CCG believes that there is a need for further work to understand the wider service and financial consequences of the proposed reconfiguration in this geographical area and how these could be managed.

12.4 Wiltshire CCG cannot therefore presently support the proposed model of a single site model based at Bournemouth to service the southern area until detailed risk, financial and impact analysis on other services has been carried out. We also need a greater understanding of the plans for vascular surgery in Bath and Swindon and the associated implications for the population of Wiltshire in terms of travel times and availability of vascular and vascular related services

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13.0 Background papers

13.1 Vascular Society of Great Britain & Northern Ireland's (VSGBI) recommendations. A draft specification was issued for comment on 12th December 2012 following feedback on earlier versions.

13.2 Two reports from the Vascular Society: The Provision of Services for Patients with Vascular Disease (January 2012), and Outcomes after Elective Repair of Infra-renal Abdominal Aortic Aneurysm (March 2012).

14.0 Appendices

14.1 Appendix A Proposed Services at Bournemouth Hub & Salisbury & Dorchester ‘spoke’ sites based upon a typical ‘hub and ‘spoke’ model

14.2 Appendix B Travel Times and Isochrone Maps

Appendix A

Proposed Services at Bournemouth Hub & Salisbury & Dorchester 'spoke' sites based upon a typical 'hub and 'spoke' model

Elective work at Hub

- All arterial surgery
- Complex vascular interventional radiology, including thrombolysis
- Continuation of RBH vein, outpatient, and diabetic foot services.

Elective work at the spokes will be limited to

- Vein procedures (day case)
- Outpatient clinics
- 'non-complex' vascular interventional radiology

Ward/inpatient urgent referrals will be accommodated as far as possible by the presence of a vascular surgeon at the spoke 9-5, during the working week.

Facilities at the hub

- 24/7 vascular surgery and vascular interventional radiology on-call. Supported by on-call vascular theatre teams and on-call radiographers/nursing team;
- Junior team support, including a 'Middle-grade' surgeon on-call, particularly at night (surgical assistant for emergency cases)
- Sufficient Critical care capacity;
- Vascular 'High-care' ward area;
- 'Ring-fenced' vascular unit beds;
- One-stop vascular outpatient clinics;
- Secretarial support for all surgeons;
- Vascular MDT coordinator.

Facilities at spokes

Spoke sites will become one-stop outpatient clinics for vascular patients. The aim would be to run clinics alongside diabetic foot and TIA clinics as far as possible.

There will be a small amount of vascular equipment for trauma cases, or any emergency iatrogenic vascular trauma cases.

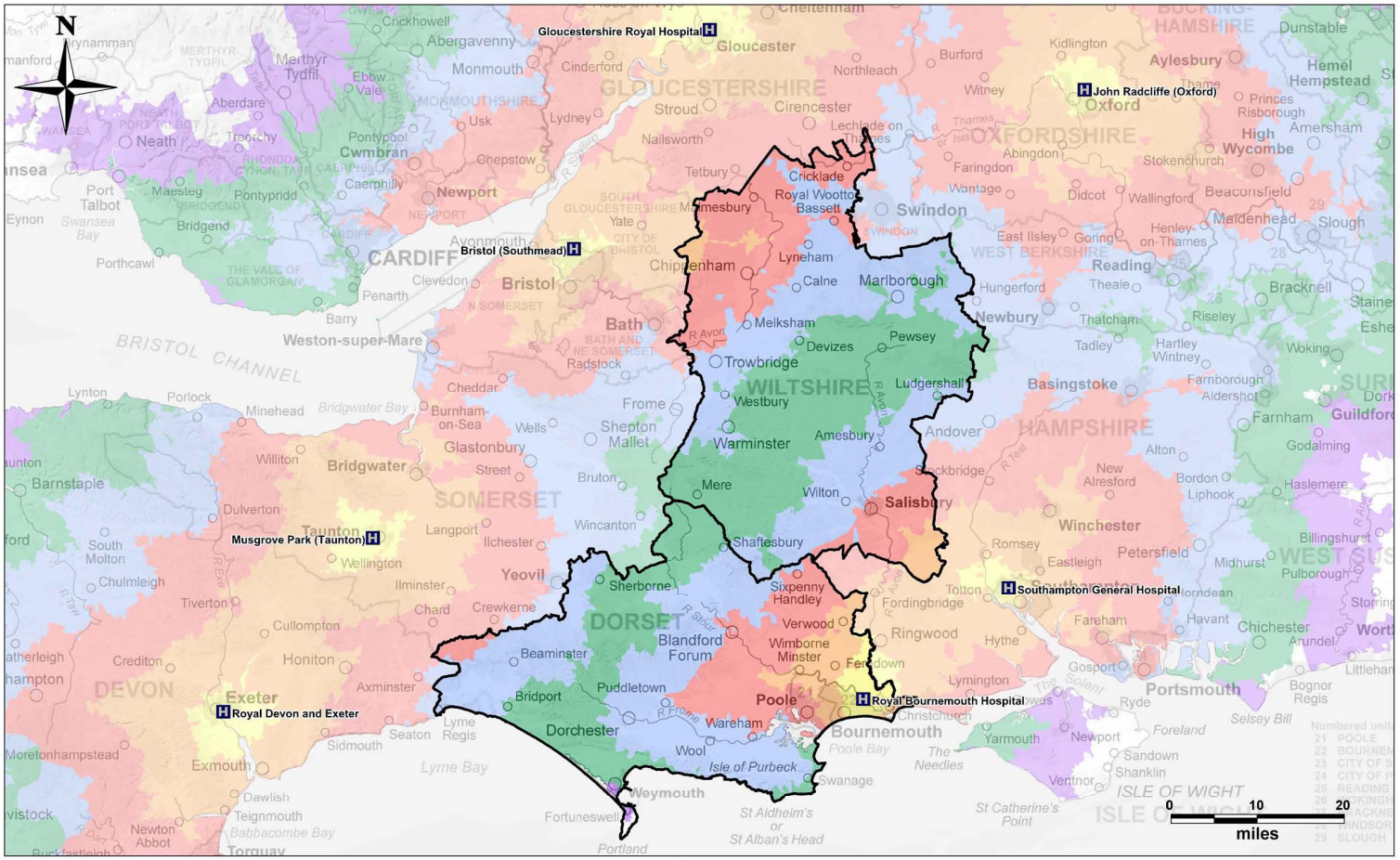
Appendix B – Travel Times

Table to show % population in each travel time band.

Total Wiltshire Population	459,835		(ONS 2010 mid-year population estimates)			
	Wiltshire population with access to Vascular Surgery hospitals					
Hospital	Average drive-time to Hub sites		Average 'blue-light' drive-time to Hub sites		Average drive-time to Hub and Spoke sites	
	Number	%	Number	%	Number	%
0-15 minutes	0	0.0%	0	0.0%	23,248	5.1%
15-30 minutes	1,832	0.4%	6,185	1.3%	51,961	11.3%
30-45 minutes	50,425	11.0%	155,382	33.8%	86,952	18.9%
45-60 minutes	191,923	41.7%	227,503	49.5%	203,996	44.4%
60-75 minutes	172,085	37.4%	70,765	15.4%	93,678	20.4%
75-90 minutes	43,570	9.5%	0	0.0%	0	0.0%
>90 minutes	0	0.0%	0	0.0%	0	0.0%
Total Dorset Population	715,042		(ONS 2010 mid-year population estimates)			
	Dorset population with access to Vascular Surgery hospitals					
Hospital	Average drive-time to Hub sites		Average 'blue-light' drive-time to Hub sites		Average drive-time to Hub and Spoke sites	
	Number	%	Number	%	Number	%
0-15 minutes	90,229	19.6%	135,589	29.5%	115,812	25.2%
15-30 minutes	181,470	39.5%	211,202	45.9%	266,369	57.9%
30-45 minutes	165,483	36.0%	129,776	28.2%	263,334	57.3%
45-60 minutes	66,688	14.5%	103,500	22.5%	63,253	13.8%
60-75 minutes	99,913	21.7%	111,891	24.3%	6,274	1.4%
75-90 minutes	86,672	18.8%	15,956	3.5%	0	0.0%
>90 minutes	24,587	5.3%	7,128	1.6%	0	0.0%
	* 1,579 added to 30-45 minutes where LSOA centroid falls outside travel isochrones					

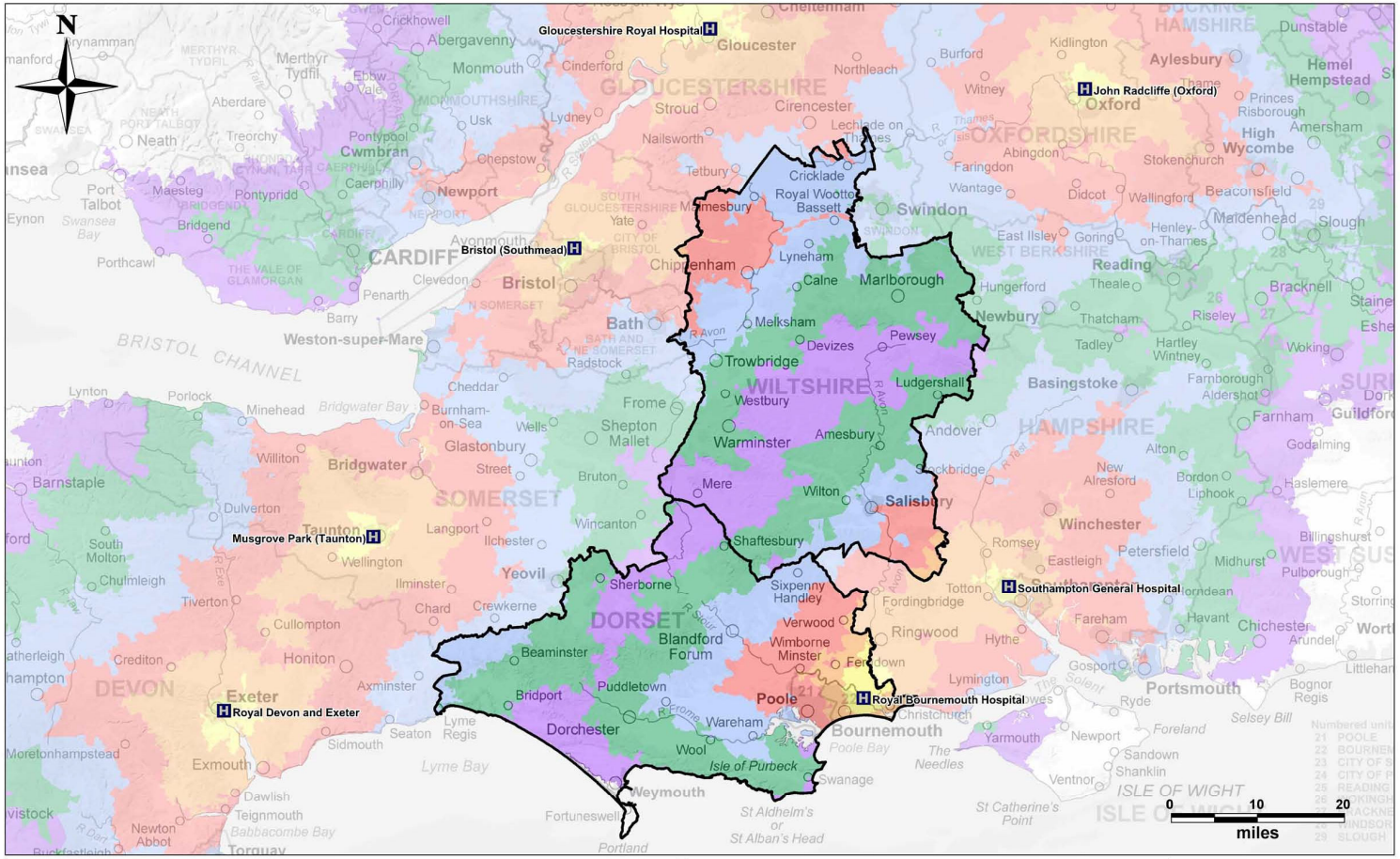
Isochchrone Maps

Isochrone map showing average **blue light** drive times for patients and carers accessing emergency services at our network and neighbouring proposed. Hubs are shown in map below.



Dorset and Wiltshire Vascular Surgery Services	Drive Times 75 to 90 Mins 60 to 75 Mins 45 to 60 Mins 30 to 45 Mins 15 to 30 Mins 0 to 15 Mins Vascular Surgery Site Dorset and Wiltshire	Avon IM&T Consortium NHS Trevor Foster - 10 December 2012 © Crown copyright and database rights 2012 Ordnance Survey 100050537 Contains Royal Mail data © Royal Mail copyright and database right 2012. X:\Wiltshire\Public Health\Vascular Surgery Access v3 (SV)\
Average Blue-light drive times to all Vascular Surgery Hub Sites (Dorset and Wiltshire)		

Average drive times for patients and carers accessing network and neighbouring proposed hubs are shown in map below.



Dorset and Wiltshire Vascular Surgery Services

Average drive times to all Vascular Surgery Hub Sites (Dorset and Wiltshire)

Drive Times

- 75 to 90 Mins
- 60 to 75 Mins
- 45 to 60 Mins
- 30 to 45 Mins
- 15 to 30 Mins
- 0 to 15 Mins
- Vascular Surgery Site
- Dorset and Wiltshire

Avon IM&T Consortium NHS

Trevor Foster - 10 December 2012

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