An Update on the Review of Vascular Surgery.

Background.

In 2007 the Department of Health published Our NHS Our Future which set out a vision for improving health services across the country. In 2008 South Central Strategic Health Authority responded to this report by publishing its own vision, Towards a Healthier Future. These documents set out the national and local frameworks within which stroke, trauma and vascular surgery services would be improved. In order to meet these requirements, it has looked at national best practice with the aim of improving the quality of care for patients in a way that is long lasting.

Therefore, stroke, major trauma and vascular surgery services are being reviewed by the three Primary Care Trust (PCT) clusters in the NHS South Central region which cover: Buckinghamshire and Oxfordshire; Berkshire; Hampshire and the Isle of Wight.

An engagement process ended on 30 September and the consultation period is due to start mid/ late November and will last 12 weeks.

The Strategic Health Authority NHS Sussex is also carrying out a review into vascular surgery services.

Portsmouth HOSP.

On 9 June 2011 the Portsmouth Health Overview & Scrutiny Panel looked at the preliminary plans at its meeting. The report from the SHIP PCT Cluster, which was considered by the panel at that meeting, can be read here. The minutes of that meeting can be read here.

The panel resolved that:

1. **The review of vascular surgery be referred to the Joint Health Overview & Scrutiny Committee with the recommendation to investigating including representation from West Sussex with regard to the implications of the working arrangements with St Richard's Hospital.**
2. **A report on the possible effect of the proposal on other specialties at QAH be brought to the next meeting.**

On 13 September the HOSP considered the following documents:

1. A letter from the PCT SHIP Cluster dated 2 September reminding the panel that there are three options being considered can be read here.
2. A summary of the review that was considered by the HOSP on 13 September can be read here.
3. An engagement document from South Central Strategic Health Authority can be read here.

On 30 September, the panel submitted the following feedback to the engagement process:

At an informal meeting of Portsmouth City Council's Health Overview and Scrutiny Panel, the collective informal view of those members present was as detailed below; however as this was not a formal meeting it cannot be construed as an official view. The following comments are submitted on the safe and sustainable acute services, stroke, major trauma and vascular surgery engagement:

With regard to the trauma proposals, the following actions are requested:
1. Sight of the criteria for referrals (through the trauma network)
2. Assurance on the implications for Queen Alexandra Hospital.
3. Clarification of the definition of major trauma.

Portsmouth City Council.
At the Council meeting held on 11 October, members resolved to write to the Chief Executives of NHS South Central and PCT SHIP Cluster to express the following views:
1. It has concerns regarding the consultation carried out for the review of vascular surgery.
2. It supports the creation of a single vascular surgery team across Southern Hampshire but operating in both Southampton and Portsmouth where expertise within this team is able to be used flexibly for the benefit of all residents in Southern Hampshire.
3. It has considerable concerns about the potential conflict of interest that the Head of Vascular Surgery at Southampton has in his role giving advice to the Strategic Health Authority.

What other local authority HOSPs in the region are doing.
Hants HOSC.
Extract from a report which can be found:
There have been specific concerns raised by stakeholders in the Portsmouth area about the impact of the changes to vascular services on other specialist services provided by the Trust. The document does not address these concerns and contains no firm proposals in terms of the options for configuring these services. It is not therefore possible for Members to come to a view about the nature of any changes proposed.

RESOLVED that:
1. That the HOSC responds to the engagement document setting out its expectations in terms of additional information required and appropriate clinical leadership for each service are agreed within the SHIP cluster.
2. That the HOSC is provided with clear information about the proposals for the configuration of vascular services, based on the available clinical evidence. This shall include information about the impact of any changes on other clinical services provided by the Trusts affected and will be aligned across SHA boundaries as appropriate. On receipt of this information the HOSC will be in a position to ascertain if the changes proposed in relation to vascular services are substantial in nature.
3. The SHIP cluster confirms the process for taking forward the changes proposed in relation to stroke services and how this will affect current patient pathways. This will enable the HOSC to determine if the change is substantial in nature.

4. The HOSC notes confirmation from the SHIP cluster that the configuration of Major Trauma services is as discussed at the joint South Central HOSC last July and supports the decision that this is not a substantial service change.
5. The Committee works as appropriate with other HOSCs in responding to these proposals.

The next meeting will be held on 29 November.

West Sussex HOSC.

At its meeting on 24 November, the West Sussex HOSC will consider the following aspects of the review of vascular services: the impact of any proposals for its residents; how it should be scrutinised and the views of Western Sussex Hospitals NHS Trust. Councillor Eddis has suggested that it might be useful for a member of the Portsmouth HOSP to make representation at this meeting.

The West Sussex HOSC will meet again on 19 January 2012.

Southampton HOSP.

Extract from the response to the engagement process.

In relation to vascular services whilst the panel is content with the proposal for Southampton to be a unit providing 24 hour complex vascular surgery, it is aware that concerns have been raised by stakeholders in the Portsmouth area about the impact of the changes to vascular services on other specialist services provided by the Trust.

The document does not address these concerns and contains no firm proposals in terms of the options for configuring these services. It also does not provide details of the impact on Southampton as a centre were Portsmouth to become part of a Sussex network or retain some elective complex vascular surgery.

However, the Panel is aware of the disparities in mortality rates for aneurysm surgery between the two hospitals and is concerned that the reconfiguration is based on achieving the best outcomes for patients. Therefore more clarity on the proposals in relation to vascular services is required before the Panel can take a decision.

The next meetings are scheduled for 10 November 2011 and 19 January 2012.

The Isle of Wight Council.

The Health and Community Wellbeing Scrutiny Panel will not be considering this at a formal meeting. Members believe that the proposals will have minimal impact upon the island and are therefore not raising any objection.

Portsmouth Local Involvement Network.

The Chair of the LINk met with the Chief Executive of the SHIP PCT Cluster on 17 October and a summary of the issues discussed are below:

Telephone discussion between Chair, Portsmouth LINk, and Director of Nursing, SHIP Cluster PCT – 17th October 2011

The purpose of this document is to record the concerns expressed by the Chair on behalf of the Portsmouth LINk about the proposal to centralise vascular services at Southampton as a contribution to the deliberations of the Expert Panel on 20th October. It does not record the helpful responses given by the PCT Director of Nursing on a number of the comments made.

During a forty minute conversation with Sarah Elliott, Director of Nursing (SHIP Cluster Primary Care Trust), we discussed the issue of the proposal to centralise vascular surgery at Southampton and the possible removal of vascular surgeons from QAH within the context of South Central Review of Major Trauma, Stroke and Vascular Services.

I started by saying that we are having some difficulty understanding where the issue of Vascular Surgery and the wider issue of acute care service changes stand at the moment. Also, I mentioned that being called to a meeting at just one week's notice makes things tough for our active volunteers to get to; I already have two meetings on the day planned for the 'expert panel' meeting on acute services and - sadly - our resources aren't unlimited. I continued by saying that part of our confusion stems from the fact that the Portsmouth LINk issue was (and remains) the possible withdrawal of vascular surgeons from QAH proposed by the SHA. Now, we seem to be getting emails from the SHIP Cluster PCT. Where did the SHA go to? We understand that a full public consultation has been agreed, but by whom? The PCT or the SHA? What are the timescales? Why are the Southampton and Portsmouth LINks now being asked to attend a meeting about a huge change in service that wasn't considered for public consultation before questions started being asked, for which we still believe the basic assumptions were flawed and which will be subject to public consultation. A confusing situation has developed.

I explained the Portsmouth LINk's reservations that some of the basic assumptions used in the original proposal were distorted by a failure to look at geography and population without the restraint of artificial boundaries, such as those created by adherence to SHA boundaries. This thinking disadvantages the population of Portsmouth – more so Hayling Island … and Chichester still more – by requiring them to travel longer distances for treatment. I found it hard to believe that the people of Chichester would rather travel to Brighton than to either Southampton or Portsmouth; were they consulted?

I mentioned our considerable concern that the measures would have serious implications for other forms of surgery at QAH, including renal, stroke and cancer surgery.

I stated that the Portsmouth LINk had contacted the Vascular Society directly in July in pursuit of its own research into the centralisation of vascular services and had received a useful summary of the Society's findings on 'volume-data' which indicate that better outcomes are obtained by a team that conducts a greater number of operations. However, the LINk was left worried that centralisation is being pursued without clear consideration of the deleterious effects on other forms of surgery.

Furthermore, the Portsmouth LINk understands that the future of vascular repair does not lie with what I described as 'cut-and paste' surgery but with interventionist radiology. We noted that the emailed letter from the Vascular Society stated: "The Vascular Society represents all UK Vascular Surgeons and several Interventional Radiologists…" The LINk has been led to understand that not all vascular surgeons support the way centralisation is being promoted and we would want assurance that appropriate radiological expertise is being represented in such a large service change proposal. We would like clarification of the role – if any – of the Vascular Society in the development of the SHA proposals.

I also expressed the view that the Portsmouth LINk is concerned fundamentally to understand why Southampton has been chosen as the proposed centre of excellence (evident from the emphasis given to the Southampton option during the 'engagement' process recently completed) when Portsmouth is arguably the most modern acute care facility on the south coast. The proposal makes little sense to the majority of people in the Portsmouth area.

The discussion then moved towards the involvement of the media in issues of this kind. I stated that the Portsmouth LINk was no stranger to the effects of media input or to the fact that such coverage of health issues can be helpful in raising their profiles but can also distort opinion. We also recognise that populist opinion does not necessarily represent what's appropriate to people's care needs, especially where high emotion has been generated. However, a situation has been reached where opinion in Portsmouth appears to have polarised against this change in services and, if the SHA and/or the PCT wish to convince the people of Portsmouth to the contrary, one of the ways to try to do so would be to allow people to ask questions directly of decision makers. A first opportunity could be at the LINk public meeting on 24th November, but we agreed that others would also be necessary.

I mentioned that, if the current atmosphere was allowed to continue, other opinion that currently has the status of rumour could develop at least the appearance of credibility. Examples of these that the LINk is hearing:

- That the SHA has an undeclared aim to establish Southampton as main centre for acute services on this part of the south coast, relegating Portsmouth to a subsidiary role.
- That a clinician quoted in the Southampton Echo as stating that the centralisation of vascular services at Southampton is "… win all round" is also a senior and active member of the vascular society.

Rumour is unhelpful but can become self-perpetuating if no effort is made to combat it. It also makes establishing what is appropriate patient care more difficult.
However, media coverage and rumour notwithstanding, the Portsmouth LINk believes it has reached a position from which it opposes the proposals for vascular surgery put forward in the South Central Review of Major Trauma, Stroke and Vascular Services after sampling local opinion in the Portsmouth area, internal discussion and some independent research for valid reasons that should be addressed on both clinical and executive grounds.