Update Report 21/10/14
Audience: Portsmouth Health Overview Scrutiny Panel

Background, Introduction and Current Position:

1. The first tranche of the NHS England (Wessex) Vascular Programme is the reconfiguration of vascular services across Southern Hampshire, provided by the two hospital sites of University Hospital Southampton (UHS) and Portsmouth Hospital Trust (PHT).

2. The Vascunet 2008 report (cited in the Vascular National Service Specification (NSS)[1], identified that the UK had the highest mortality rates in Western Europe following elective abdominal aortic aneurysm (AAA) (7.9% vs 3.5% Europe). The Vascular Society of Great Britain and Ireland (VSGBI) initiated changes to improve clinical outcomes and in 2013 reported[2] that the mortality rate for elective AAA in the UK was now 2.4%. In 2013, the NSS published evidence-based models of care to continue to improve patient diagnosis and treatment, and ultimately improve patient mortality and morbidity rates associated with vascular disease.

3. There have been several vascular reviews since 2009, which have included Southern Hampshire; there has been no implementation of associated recommendations to date. During March and April 2014 NHS Wessex consulted with the requisite four Health Overview and Scrutiny Committees and Panels, on implementing and approach that became known as 'Option 4':

   Option 4 - Establish a Southern Hampshire Vascular Network and move, on a phased basis, all major complex arterial vascular surgical procedures to Southampton. (Options for surgery following a TIA or stroke (such as carotid endarterectomy CEA) and major amputations will be considered at a later date following the successful implementation of the initial phases.)

4. Three of the four HOSCs/HOSPs did not consider the plans to be a substantial change, the exception being Portsmouth HOSP who did view the proposed change as substantial and therefore required formal consultation to commence on 26th May 2014.

5. Option 4, centralisation of vascular services at UHS has not had the support of all parties, and there has been considerable media and public opposition in Portsmouth, to its implementation, as this model was perceived as potentially destabilising to PHT with unintended consequences not fully understood.

6. A number of vascular reviews have signalled potential capacity issues in transferring the majority of vascular services to UHS. These issues remain of concern and have been corroborated recently.

[1] A04/S/a 2013/14 NHS Standard Contract For Specialised Vascular services (Adults)
[2] National Vascular Registry 2013 Report On Surgical Outcomes

7. At the time of writing, it is understood that both Trusts now meet or exceed key service outcome measures defined in the NSS for both elective AAA and CEA procedures. Compliance with the NSS, however, has not yet been fully achieved, which reflects the situation in other parts of the UK, and differing models are emerging. A detailed review of each element of the NSS has mapped current capability against both the trusts.

8. Therefore two possible models of care/strategic options have now been identified:

    a. UHS and PHT to remain as two arterial centres, but to collaborate to provide a single clinical service where possible. It should be noted that the number of complex vascular patients needed to be centralised is low and the decision to move a patient will be made based on safety and enhanced outcomes;
    b. Centralise vascular services at UHS – Move on a phased basis all major complex arterial vascular surgical procedures to Southampton (UHS) (Postponed Option 4, requiring formal consultation) (points 3 to 5 refer).

9. A strategic evaluation of both options listed above is currently underway to assess impact in terms of suitability, feasibility and acceptability and as an aid for effective decision making. This assessment will be published in a Full Draft Business Case before 14th January 2015.

10. At the Portsmouth HOSP meeting in March 2014 the Chair of the Chichester OSC made a formal request that NHS Wessex should re-examine vascular patient flows from Chichester.

11. NHS England (Wessex) has embraced the opportunity to agree a model for implementation. There is renewed energy and transparency across the system and opportunities are emerging that may support UHS and PHT both as sustainable centres for the future, as providers of optimized vascular care through collaborative working arrangements.

12. NHS England (Wessex) representatives met with the new Portsmouth HOSP chair on 16th June 2014 when the formal consultation on Option 4 (point 3 above) was postponed pending further work. Meanwhile a collaborative arrangement was put in place to offer opportunities to improve patient outcomes through increased joint working, which continues to make solid progress in a very positive way.

13. A critical first step towards collaboration involved clinical teams from both UHS and PHT and was an externally facilitated joint multi-disciplinary team (MDT) meeting that took place on 1st July 2014. At this meeting a clinical lead was elected from each trust and it was agreed that clinicians would form a joint MDT, with the first meeting taking place on or before 15th September 2014. This collaboration is being treated as a pilot whilst the impact assessment and Full Business Case is developed ahead of the decision point. The collaborative pilot is expected to run until at least 31st March 2015.

14. Since July 2014, there have been three joint MDTs and very positive steps taken, with the clinicians cross referring patients for clinical reasons, and reviewing risks and issues and

opportunities to further the collaboration. Programme leads have been selected in each trust. Regular exception reports are reported via the new governance structure and the collaborative developments are overseen by the Vascular Implementation Board which meets monthly, which in turn is accountable to the Vascular Steering Group (Appendix A).

15. The pilot phase will be evaluated and if successful agreed collaborative proposals will be set out in a tri partite agreement and Service Level Agreement, and will be subject to formal and extensive governance approval across the system from March 2015 onwards, ahead of implementation from 1st April 2015 whilst the business case looking at the two options goes through due process.

16. NHS England continues to have oversight of the vascular plans in Southern Hampshire. The Project is scrutinised according to the NHSE Service Re-configuration Guidelines.

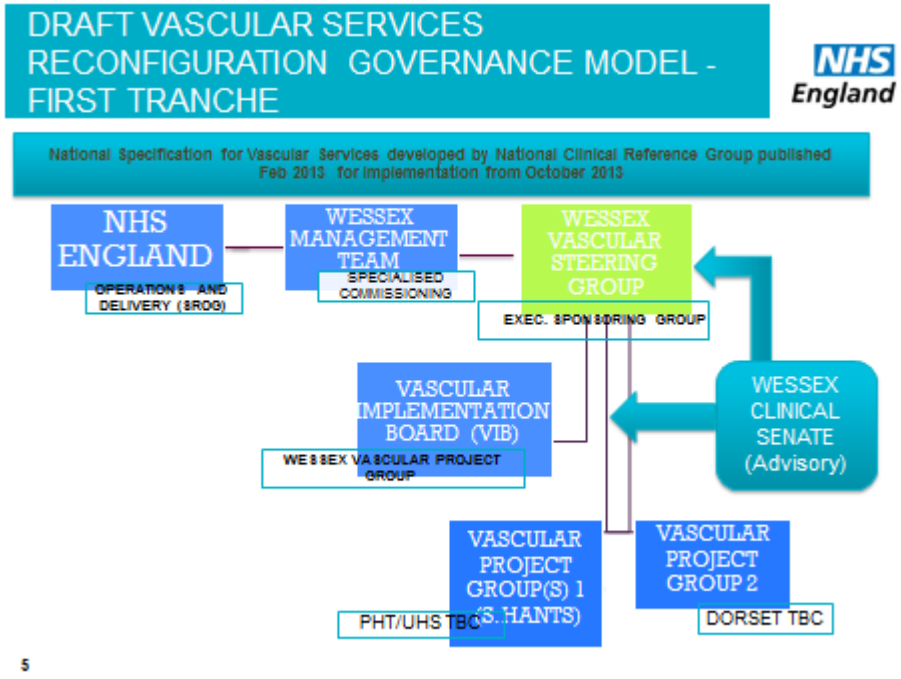
17. In addition, the Project team recently invited a Gateway Review Panel to assess the confidence of delivery. It is anticipated that the Project SRO will release an Executive summary of the findings to key stakeholders.

Key Dates (All TBC):

Portsmouth HOSP formal update	4th November 2014
Stakeholder Update (All Health Overview Scrutiny Committees/Panels)	30th November 2014
Vascular Steering Group meets	8th December 2014
Consultation with HOCS/Ps/HASCs on Draft Business Case	Jan/Feb 2015
NHS Wessex Recommendation to NHSE	March 2015
NHSE Authorisation/Decision point –	
Service Reconfiguration Oversight Group (SROG)	**Date TBC**

Appendix A Wessex Vascular Programme Governance:

18. NHS England (Wessex) has an established formal and transparent Vascular Programme governance structure for implementation of the agreed vascular services proposals. This has been agreed with our relevant stakeholders.



19. The Vascular Programme structure includes a Steering Group chaired by Felicity Cox, Wessex Area Director, with Accountable Officers from CCGs representing East and West Hampshire, and both UHS and PHT Chief Executives, as a minimum.

20. Implementation of sanctioned proposals will be overseen by the Vascular Implementation Board, which is chaired by Stuart Ward, Medical Director, NHS England (Wessex).

21. The joint UHS/PHT Clinical Operational Group (Collaborative Pilot) will report directly into the Vascular Implementation Board and the project team will ensure all plans are fully scrutinised.