

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	21 December 2016
Officer	Interim Director for Adult and Community Services
Subject of Report	Briefings for information / note
Executive Summary	<p>The briefings presented here are primarily for information or note, but should members have questions about the content a contact point will be available. If any briefing raises issues then it may be appropriate for this item to be considered as a separate report at a future meeting of the Committee.</p> <p>For the current meeting the following information briefings have been prepared:</p> <ul style="list-style-type: none">• Changes to the provision of health services for individuals with Cystic Fibrosis (commissioned by NHS England)• Changes to the provision of Vascular Services (commissioned by NHS England)• Dorset Health Scrutiny Committee Forward Plan
Impact Assessment:	Equalities Impact Assessment: Not applicable: briefings provided by NHSE.
	Use of Evidence: Briefing reports, referencing wider documents and future agenda items.

Briefings for information / note

	<p>Budget:</p> <p>Not applicable.</p>
	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW Residual Risk: LOW</p>
	<p>Other Implications:</p> <p>None.</p>
Recommendation	That Members note the content of the briefing report and consider whether they wish to scrutinise the matters highlighted in more detail at a future meeting.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to help Dorset's citizens to maintain health, safety and independence.
Appendices	<ol style="list-style-type: none"> 1. Changes to the provision of health services for individuals with Cystic Fibrosis 2. Changes to specialised Vascular Services 3. Dorset Health Scrutiny Committee Forward Plan
Background Papers	None.
Officer Contact	<p>Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk</p>

Helen Coombes
Interim Director for Adult and Community Services
 December 2016

Dorset County Council



Briefing for Dorset Health Scrutiny Committee

21 December 2016

<p>Changes to the provision of health services for individuals with Cystic Fibrosis</p>	<p>Contact: Victoria White, Care Group Manager, Specialist Medicine University Hospitals Southampton NHS Foundation Trust</p> <p>e-mail: victoria.white@uhs.nhs.uk</p>
<p>1 Background</p> <p>Cystic Fibrosis (CF) is a genetic condition affecting around 10,800 people in the UK. The gene affected by CF controls the movement of salt and water in and out of cells. People with cystic fibrosis experience a build-up of thick sticky mucus in the lungs, digestive system and other organs, causing a wide range of challenging symptoms affecting the entire body.</p> <p>Services to support people with the condition are commissioned by NHS England and national specifications and standards are in place, which Trusts providing the services are expected to meet. With regard to CF, individuals have to be cared for through specialist centres treating a minimum of 100 patients with the condition; hubs with satellite centres are not recommended.</p> <p>2 Current provision of services in Dorset</p> <p>In recent years a two site / one centre model has been adopted to serve the population of Dorset, Bournemouth and Poole, with in-patient and out-patient services being provided at Poole Hospital under management from Southampton General Hospital, which is a regional centre of excellence for Wessex. At present Poole supports 54 patients with CF and Southampton supports a further 210 patients. In 2012 options to transfer care to Southampton were considered as the service was not meeting the national service specification, but a decision was made to maintain provision in Poole. However, whilst this collaborative arrangement has worked well, this will not be sustainable in the future and does not meet best practice guidance.</p> <p>3 Changes to the provision of services in Dorset</p> <p>Changes to the provision of services are now being implemented, prompted by the imminent loss of consultant cover for Poole Hospital, in addition to specialist nursing and physiotherapy vacancies. Attempts to recruit to these posts and in particular the consultant post are challenging and as of 1 February 2017 it will not be possible to continue to provide a specialist CF consultant at Poole. These changes will affect in-patients and out-patients, but it is hoped that enhanced out-patient services can be developed locally, with an increase in community-based provision. Whilst the Commissioners (NHS England) and Poole Hospital are happy with the changes, it will clearly have an impact on patients, some of whom are upset at the loss of something which is highly regarded.</p>	

At any one time, an average of 3 or 4 in-patients may be in receipt of care at Poole Hospital and an average of 10 or 12 may be in receipt of care at Southampton General. In general around 20 individual patients Dorset-wide make use of in-patient facilities over the course of a year and the length of stay can exceed two weeks. Specialist in-patient services for CF are also available at Bristol Royal Infirmary and the Royal Devon and Exeter Hospital, and some patients may choose to go there instead.

4 Next steps

The patients who will be affected by these changes are being contacted and ways in which to gather their views considered (public meetings are not an option for individuals with CF due to the risk of cross-infection).

This briefing note is presented to Members for information at short notice, due to the necessity to implement the changes to services by the time at which the consultant currently in post transfers to a new role at Southampton Hospital. If Members would like further information regarding this matter, a report can be requested from the service provider (Southampton General Hospital) for the next Committee meeting on 9 March 2017.

Briefing for Dorset Health Scrutiny Committee 21 December 2016

Changes to the provision of Specialist Vascular Services	Contact: Carol Wood, Head of Communications & Engagement, NHS England South (Wessex) e-mail: carol.wood4@nhs.net																		
<p>1 Background</p> <p>In March 2013, the National Service Specification (NSS) for Specialised Vascular Services stated that 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".</p> <p>This was based on recommendations from the Vascular Society of Great Britain and Ireland POVS12¹ 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 a requirement that all major arterial intervention is performed on the designated arterial site.</p> <p>2 Dorset and Wiltshire Vascular Network</p> <p><u>Establishment of the network</u></p> <p>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:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%;">Hospital</th> <th style="width: 50%;">Designation</th> </tr> </thead> <tbody> <tr> <td>RBH</td> <td>Royal Bournemouth Hospital</td> <td>Major Arterial Centre (MAC)</td> </tr> <tr> <td>JGH</td> <td>Jersey General Hospital</td> <td>Non-Arterial Centre (NAC)</td> </tr> <tr> <td>PHFT</td> <td>Poole Hospital</td> <td>Non-Arterial Centre (NAC)</td> </tr> <tr> <td>DCH</td> <td>Dorset County Hospital NHS Trust (Dorchester)</td> <td>Non-Arterial Centre (NAC)</td> </tr> <tr> <td>SDH</td> <td>Salisbury District Hospital NHS Foundation Trust</td> <td>Non-Arterial Centre (NAC)</td> </tr> </tbody> </table>			Hospital	Designation	RBH	Royal Bournemouth Hospital	Major Arterial Centre (MAC)	JGH	Jersey General Hospital	Non-Arterial Centre (NAC)	PHFT	Poole Hospital	Non-Arterial Centre (NAC)	DCH	Dorset County Hospital NHS Trust (Dorchester)	Non-Arterial Centre (NAC)	SDH	Salisbury District Hospital NHS Foundation Trust	Non-Arterial Centre (NAC)
	Hospital	Designation																	
RBH	Royal Bournemouth Hospital	Major Arterial Centre (MAC)																	
JGH	Jersey General Hospital	Non-Arterial Centre (NAC)																	
PHFT	Poole Hospital	Non-Arterial Centre (NAC)																	
DCH	Dorset County Hospital NHS Trust (Dorchester)	Non-Arterial Centre (NAC)																	
SDH	Salisbury District Hospital NHS Foundation Trust	Non-Arterial Centre (NAC)																	

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

Following the Vascular Society 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. As the emerging network model allowed for only one 'hub', it was agreed in December 2012 that RBH would become the arterial centre and Dorchester and Salisbury's hospitals would become 'spokes'.

In June 2012 a draft of the National Specifications, based upon the Vascular Society's recommendations, was issued. In December 2012 a Dorset and Wiltshire Vascular Network was duly recommended.

This proposed RBH as the single arterial network hub undertaking all elective arterial surgery and complex vascular interventional radiology. Salisbury and Dorchester 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 Bournemouth and Salisbury. The proposal was approved.

The first step in creating the network, was to centralise emergency on call at RBH in December 2013. A 1:7 rota was established, including vascular surgeons from Bournemouth, Dorchester and Salisbury Hospitals. Additional related out of hours procedures were also centralised at Bournemouth.

Activity to complete the programme of reconfiguration

The Dorset and Wiltshire Vascular Network Vascular Implementation Board (VIB) was established in October 2015 to oversee completion of the transfer of major arterial services to RBH.

It was clearly recognised by the VIB that a sustainable vascular service requires a minimum of six vascular surgeons and six 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.

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. When the higher than average percentage of people aged 65 years or over is factored in (particularly in Dorset), the population to be served is substantial.

Whilst Jersey and Poole do not have an on-site vascular surgical service, Dorchester and Salisbury do have their own vascular surgeons (two and one respectively, plus two general surgeons who continue to undertake some elective vascular procedures). Bournemouth has four vascular surgeons.

Bournemouth currently acts as a Major Arterial Centre (MAC) for emergency vascular services (centralised in 2013) for all hospitals. The Dorchester and Salisbury vascular surgeons make up a 1:7 emergency on call rota with those from Bournemouth (although one from the latter has been on long term sick leave).

The vascular surgeons based at both Dorchester and Salisbury carry out some elective surgery at Bournemouth and some at their own hospitals, with local surgeons providing informal emergency on call when elective surgery is undertaken. Salisbury also undertake Abdominal Aortic Aneurysm (AAA) screening on behalf of the network.

All AAA procedures have now been transferred to Bournemouth and it is planned that the small number of remaining major elective arterial procedures will transfer to RBH by a date to be confirmed. Work is also progressing to ensure that vascular services are available at all the Non-Arterial Centre sites 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.

3 Next Steps

- 1) NHS Wessex has commissioned an independent expert panel to review the current vascular services configuration and proposals of the Dorset and Wiltshire Vascular Network, 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.
- 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

Dorset Health Scrutiny Committee – Forward Plan, March 2017

Committee: 9 March 2017			
Format	Organisation	Subject	Comments
Report	The Care Quality Commission	CQC Inspections of GP surgeries in Dorset	To look at the outcomes of local inspections and the quality of GP services
Report	NHS Dorset Clinical Commissioning Group	Primary Care Commissioning Strategy	Following reports to Committee on 6 September, 14 November and 21 December 2016
Report	Dorset County Hospital	Update re action plan following the CQC inspection carried out in March 2016	Following report to Committee on 6 September 2016
Report	NHS Dorset Clinical Commissioning Group	Non-emergency patient transport services	To provide further information re progress and performance, following report to Committee on 6 September 2016
Report	Joint Health Scrutiny Committee	Clinical Services Review – update	To provide an update regarding progress, as appropriate
Report	NHS England	Changes to services for individuals with Cystic Fibrosis	To provide an update regarding progress, following a briefing to Committee on 21 December 2016 (TBC – may be a further information briefing only)
Report	NHS England	Changes to the provision of specialist Vascular Services	To provide an update regarding progress, following a briefing to Committee on 21 December 2016 (TBC – may be a further information briefing only)
Items for information or note			
Briefing	Joint Health Scrutiny Committee	South Western Ambulance Service NHS Foundation Trust	To provide an update regarding the progress and/or outcome of the Joint Committee considering issues relating to services provided by SWASFT
Forward Plan	Dorset Health Scrutiny Committee	Forward Plan – Dates of future meetings, including planned agenda items	To raise awareness of future agenda items, meetings, workshops and seminars.

Briefings for information / note

Committee: 16 June 2017			
Format	Organisation	Subject	Comments
Report	Dorset Health Scrutiny Committee	DHSC Terms of Reference	To refresh - TBC
Report	Dorset Health Scrutiny Committee	Appointments to Committees and sub-Committees	Following any changes to membership in May 2017
Report	Dorset Health Scrutiny Committee	Annual Work Programme	To agree the Programme discussed at annual workshop
Report	Joint Health Scrutiny Committee	Clinical Services Review – update	To provide an update regarding progress, as appropriate
Items for information or note			
Briefing	Dorset Health Scrutiny Committee	Quality Accounts – commentaries from Dorset Health Scrutiny Committee	Annual report
Forward Plan	Dorset Health Scrutiny Committee	Forward Plan – Dates of future meetings, including planned agenda items	To raise awareness of future agenda items, meetings, workshops and seminars.

Committee: 4 September 2017			
Format	Organisation	Subject	Comments
Report	Joint Health Scrutiny Committee	Clinical Services Review – update	To provide an update regarding progress, as appropriate
Items for information or note			
Forward Plan	Dorset Health Scrutiny Committee	Forward Plan – Dates of future meetings, including planned agenda items	To raise awareness of future agenda items, meetings, workshops and seminars.

Briefings for information / note

Agenda planning meetings (Officers' Reference Group only)			
Date	Venue	Papers required by Health Partnerships Officer	Papers dispatched by Democratic Services
13 December 2016 (for Committee on 9 March 2017)	County Hall	15 February 2017	1 March 2017

Workshops and development sessions (all DHSC Members)			
Date	Venue	Topic	Comments
February 2017	TBC	DHSC Annual work programming workshop	To consider the Committee's priorities for the coming year
June / July 2017	TBC	DHSC induction workshop	To support newly elected Members following Council elections in May 2017

Committee dates 2017: 9 March; 16 June; 4 September; 13 November

Ann Harris, Health Partnerships Officer, December 2016
a.p.harris@dorsetcc.gov.uk