

# Dorset Health Scrutiny Committee

**Dorset County Council**



Date of Meeting	9 March 2017
Officer	Pauline Swann, Vascular Programme Manager, NHS England South (Wessex)
Subject of Report	<b>Changes to the provision of Specialist Vascular Services</b>
Executive Summary	<p>A briefing paper regarding changes to the provision of specialist vascular services across Dorset and Wiltshire was provided for Dorset Health Scrutiny Committee on 21 December 2016. Members requested further information and this report provides an update of progress.</p> <p>The Vascular Society of Great Britain and Ireland (VS) undertook an independent expert review of the current vascular services configuration and proposals of the Dorset and Wiltshire Vascular Network, the final recommendations from which will be presented to the Vascular Steering Group on 13 March 2017.</p> <p>In summary, the Vascular Society were supportive of the direction of travel and believed that the Dorset and Wiltshire Vascular Network would provide a strategically sustainable vascular network for the patient cohort within Dorset and Wiltshire. From a patient safety and service perspective, they emphasized the need to complete the transfer of all major elective arterial procedures to the Major Arterial Centre (at Royal Bournemouth Hospital) as soon as possible.</p> <p>Communication and engagement with a range of stakeholders is being undertaken and it is intended to establish a patient reference group to support implementation of any proposals recommended by the review.</p>
Impact Assessment:	Equalities Impact Assessment: N/A – Report provided by NHS England

## Changes to the provision of Specialist Vascular Services

	<p>Use of Evidence:</p> <p>Report provided by NHS England</p>
	<p>Budget:</p> <p>None (for DCC).</p>
	<p>Risk Assessment:</p> <p>Current Risk: LOW (for DCC) Residual Risk: LOW (for DCC)</p>
	<p>Other Implications:</p> <p>N/A</p>
Recommendation	That Members note and comment on the report.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.
Appendices	None.
Background Papers	Briefing paper to Dorset Health Scrutiny Committee, 21 December 2016 (please see agenda item 61): <a href="#">Briefing reports DHSC 21 December 2016</a>
Officer Contact	<p>Name: Pauline Swan, Vascular Programme Manager, NHS England South (Wessex)</p> <p>Email: <a href="mailto:pauline.swan1@nhs.net">pauline.swan1@nhs.net</a></p>

### 1 Background

- 1.1 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".
- 1.2 This was based on recommendations from the Vascular Society of Great Britain and Ireland POVS12<sup>1</sup> report in which they set out the need for hospitals to collaborate in a

<sup>1</sup> VSGBI "The Provision of Services for Patients with Vascular Disease 2012"

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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.

### 2 Dorset and Wiltshire Vascular Network

#### **Establishment of the network**

- 2.1 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	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)

- 2.2 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 Royal Bournemouth Hospital (RBH) would become the arterial centre and Dorchester and Salisbury's hospitals would become 'spokes'.
- 2.3 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.
- 2.4 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.
- 2.5 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**

- 2.6 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.

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- 2.7 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.
- 2.8 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.
- 2.9 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.
- 2.10 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.
- 2.11 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).
- 2.12 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.
- 2.13 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 Progress Update

- 3.1 The Vascular Society of Great Britain and Ireland (VS) undertook an independent expert review of the current vascular services configuration and proposals of the Dorset and Wiltshire Vascular Network, to make recommendations for finalisation of reconfiguration.

They visited Bournemouth and Salisbury sites, with plenary sessions and individual sessions with key personnel from Dorchester and Poole as appropriate. They also had a tour of the on site vascular facilities and met with the vascular teams.

## **Changes to the provision of Specialist Vascular Services**

The draft report was reviewed at the Vascular Implementation Board on 13<sup>th</sup> February 2017 and recommendations and responses will be presented to the Vascular Steering Group on 13<sup>th</sup> March 2017, after which the final report will be issued to stakeholders.

In summary, the VS were supportive of the direction of travel and believed that the DWVN would provide a strategically sustainable vascular network for the patient cohort within Dorset and Wiltshire. From a patient safety and service perspective, they emphasized the need to complete the transfer of all major elective arterial procedures to the MAC as soon as possible.

- 3.2 The new job plans for network surgeons at RBH were implemented from the beginning of January 2017 and all DCH elective procedures have now transferred.
- 3.3 The communications and engagement workstream established to ensure strong public, patient, staff and clinical engagement is in place. This group includes Dorset and Wiltshire Healthwatch. A patient survey began on 1<sup>st</sup> January 2017 and is planned to run for three months. Following this, it is intended to establish a patient reference group to support implementation of any proposals recommended by the review.
- 3.4 The numbers of patients affected by the services changes are small and we are engaging directly with patients and representative groups (diabetes UK; stroke association) about what matters to them before further service changes are implemented. We are undertaking an audit of 16/17 patient numbers to end March 2017 to ensure volume data is current and confirm capacity planning at the MAC.

### **4 Next Steps**

- 1) Complete internal review of VS recommendations and issue final report to stakeholders.
- 2) Implement VS recommendations as appropriate, within the umbrella of CSR approved proposals.
- 3) Complete service level definitions at NACs and sign off pathways and protocols.
- 4) Transfer remaining major elective vascular procedures to MAC.