

Lancashire County Council

Joint Lancashire Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 24 July 2012 at 10.00 am in Cabinet Room 'C', County Hall, Preston

Present:

Lancashire County Councillors

T Aldridge*	F Craig-Wilson
K Bailey (Chair)	C Evans
R Bailey	J Mein
M Brindle	M Welsh

Blackburn with Darwen Borough Council

Councillor R O'Keeffe

Councillor P Riley

Blackpool Borough Council

Councillor J Jones

Cumbria County Council

County Councillor B Wearing

County Councillor R Wilson

Non-voting Co-opted Members

Councillor T Harrison - Burnley Borough Council
in place of Councillor B Foster for this meeting.

*County Councillor T Aldridge attended in place of County Councillor M Iqbal for this meeting

1. Apologies

Apologies for absence were presented on behalf of Councillor A Stansfield of Blackpool Borough Council.

2. Disclosure of Pecuniary Interests

None disclosed.

3. Confirmation of Minutes from the meeting held 31 May 2012

The minutes of the Joint Lancashire Health Scrutiny Committee meeting held on the 31 May 2012 were presented and agreed.

Resolved: That the minutes of the Joint Lancashire Health Scrutiny Committee held on the 31 May 2012 be confirmed and signed by the Chair.

4. Vascular Services Review

The Chair welcomed guest speakers from the NHS:

- Dr Jim Gardner, Medical Director, Lancashire PCT
- Mr Simon Hardy, Consultant - Vascular Clinical Lead
- Alan Stedman, Associate Director, Cumbria and Lancashire PCTs
- Kathy Blacker, Network Director (Acting) - Cardiac and Stroke Network
- Dr Hugh Reeve, Chair of Cumbria Clinical Commissioning Group
- Mr John Calvey, Consultant Vascular Surgeon
- David Rogers, Associate Director of Engagement and Communications, NHS Lancashire

The report explained that the aim of the service review was to reconfigure vascular services and secure improved outcomes for patients across Lancashire and Cumbria. The Vascular Service Review formed part of the wider review being undertaken simultaneously across England.

It was proposed to provide specialist intervention services for Lancashire and Cumbria from three centres with 24 hour, 7 days a week (24/7) facilities. Bolton, Wigan and Dumfries & Galloway were also included within the review area.

It was explained that bids from five hospitals had been carefully considered and three sites had been recommended. The recommendations of the procurement team had been made in line with recommendations from the Vascular Clinical Advisory Group, following short-listing, interviews and scoring, which included assessment of risks. The approach taken was also supported by the All Parliamentary Select Committee for Vascular Surgery. The three proposed specialist intervention centres were located at Carlisle, Preston and Blackburn.

The Committee received a presentation on the current status of the review which included:

- A summary of the reasons why the review was being undertaken
- The rationale for three specialist centres
- Details of communication and engagement
- The results of a patient and public survey

A copy of the presentation is appended to these minutes.

The Scrutiny Officer drew the Committee's attention to:

- A letter from John Woodcock, MP for Barrow and Furness, which had been received by the Chair of the Committee on 23 July 2012, in which Mr Woodcock raised concerns about the proposals for vascular services across Cumbria and Lancashire; and
- An email circulated to all members of this Committee which identified key points made in a letter from University Hospitals Morecambe Bay Trust (UHMBT) to Dr Jim Gardner, Medical Director, Lancashire PCT.

Copies of these documents are appended to these minutes

Councillors were invited to ask questions and raise any comments in relation to the report, a summary of which is provided below:

- In response to a suggestion that the procurement model used by the NHS was generic and not appropriate for the geography in the Lancashire / Cumbria area it was explained that special dispensation had had to be obtained from the Vascular Society to have a centre in the north of the area that was smaller than recommended by them. The NHS said that the procurement process had been fair and all factors had been weighed very carefully.
- Members questioned the location of proposed sites commenting that Blackburn and Preston were relatively close and only approximately 20 minutes travelling distance from each other. It was suggested that Lancaster would be a closer, more appropriate option for people living in Cumbria. In response it was explained that decisions had not been taken just on the basis of geography; much careful thought had been given about risk and benefits, and the capacity and capability of the hospital to deliver services in the next 10-20 years to come.
- Regarding statistical information about outcomes after surgery, members were directed to the British Vascular Society's website on which such information had been published earlier this year. These are available via the following link:
<http://www.vascularsociety.org.uk/news-and-press/2012/77-outcomes-after-elective-repair-of-infra-renal-abdominal-aortic-aneurysm.html>
- One member commented that whilst people may be prepared to travel to receive specialist services it was more difficult for those who did not have their own transport, and he sought reassurance that the adequacy of public transport had been considered. Also for those who did have access to a car, the availability of sufficient on site car parking was important.
- The Committee was informed that the need to provide overnight accommodation for visitors who had to travel some distance had been discussed with the proposed specialist centres and would be an agreed part of the service provision. It was also intended that, as part of the implementation, tests would not be repeated at various different centres. It was expected that patients' length of stay would be reduced if they were treated at specialist centres.
- The Committee was reminded that this review was about the arrangements for major inpatient vascular work and that day case vascular care would

continue to be available from local hospitals. The need to provide specialist care from fewer sites had to be balanced against improved outcomes for patients.

- Members were very concerned about the lack of public consultation about these proposals.
- It was suggested also that the questions put to service users in the 'Patient and Public Survey' referred to in the presentation were bound to produce the 'desired' responses. It was also suggested that a survey of 503 people was a very small proportion of the 2.7 million population that would be served by the three units.
- It was explained that there had not been a public consultation nor had that been the intention, but there had been much engagement work over the past 18 months with stakeholders who understood the implications of the proposals. Also the 'Patient and Public Survey' had been largely (80%) drawn from service users as they were "experts by experience"; 503 was considered to be a high sample size which gave patient insight across the area; it had been felt that a broader survey would have been considered as not relevant by many of the general public. It was pointed out that the survey had been conducted and analysed independently. The NHS offered to share the survey data with the Committee.
- The Committee was assured that the statutory requirements for conducting a consultation were fully understood by the NHS.
- The Committee was advised that the approach to the review had been triangulated on the basis of: patient experience; clinical judgement and experience; and research evidence.
- There was concern among councillors that the removal of some services from Royal Lancaster Infirmary could have a negative, knock-on effect on other services. Also there was a population of some 160,000 people in South Cumbria and members asked for more information about how many would be expected to travel to Preston instead of Royal Lancaster Infirmary if these proposals went ahead.
- It was acknowledged that there were geographical challenges for UHMBT. The committee was assured that regular discussions were taking place at executive level.
- It was emphasised to the Committee that there were compelling reasons to establish specialist centres and such arrangements were not new to the NHS, for example, Blackpool Victoria hospital was well known to be the specialist centre for cardiac care which had achieved improved outcomes for heart patients.
- It was confirmed that there had been detailed discussions with Blackpool Victoria Hospital about whether vascular services should be 'married up' with cardiac services and it had been concluded that, whilst there was some overlap, the two teams were doing different things.
- In response to concerns that the NHS should not lose focus on non-urgent services the committee was assured that there was to be a non-recurring investment by the NHS Lancashire Board of £500,000 and also there would be a single integrated Vascular Services Network which would promote vascular services across the whole area. There would be a whole systems

approach to up-skill the workforce. It was most important that any element of 'chance' about the level of care was removed and that a standard level of care was available to all patients 24 hours a day, 7 days a week. It was intended to strengthen local delivery of services and pick up patients more quickly.

- The Committee was assured that a crucial element of the procurement for these services was that the local infrastructure did not get diluted.
- The suggestion that, in time, vascular clinics would also be moved to the proposed specialist centres was refuted; indeed the Committee was informed that there was an expectation by the NHS that there would be more, not fewer, local clinics.
- There was some discussion about travel time from Cumbria to the proposed centres and concern that actual travel time could exceed the 90 minutes anticipated. It was suggested in response that the two relevant junctions on the M6 motorway were numbers 32 and 34 and that, depending on the traffic conditions, it could be quicker to get to Preston than to Lancaster from parts of south Cumbria. The point was made also that the vast majority of surgery would be elective and not emergency.
- The Committee was assured that the NHS was aware of transport issues from Burnley to Blackburn. It was suggested that the issue of transport generally was a 'chicken and egg' situation and that it was first necessary to decide where the specialist centres would be and then address access and transport issues. Members did not agree with this view.
- There had recently been some problems regarding the ability of the Northwest Ambulance Service to meet target times and consequently this caused concern about the service's ability to get patients to the specialist centres within the required timescales. Members requested relevant data from the ambulance service.
- The NHS agreed that this was a good opportunity to look at how technology, including Telemedicine, could be used to help deliver services; the implementation fund referred to above could be accessed for this purpose.
- Overall the Committee felt that insufficient background to the proposals had been provided and that more evidence to support them should be made available. Also that a clear vision about all vascular services, including locations, should be made available in order to enable the Committee to fully and properly consider its response.
- The Committee was advised by the NHS that much relevant data and background information was available and would be provided on request. Dr Gardner requested that the Committee's requirements be set out in a letter to him.
- The Committee's attention was also drawn to a detailed and informative document produced by the Vascular Society entitled 'The Provision of Services for Patients with vascular Disease' available to download via the following link: <http://www.vascularsociety.org.uk/library/vascular-society-publications.html>
- The Chair agreed that a letter would be sent on behalf of the Joint Lancashire Health Scrutiny Committee to Dr Gardner, Medical Director, Lancashire PCT setting out the information it wished to receive for its next meeting.

Resolved: That,

- i. The report be received;
- ii. A further report be brought back to the Committee in 6-8 weeks responding to the concerns raised by the Joint Lancashire Health Scrutiny Committee; and
- iii. The information required by the Committee be set out in a letter to Dr Gardner.

5. Urgent Business

No urgent business was reported.

6. Date of Next Meeting

A further meeting of the Joint health Scrutiny Committee would be arranged within the next 6-8 weeks.

I M Fisher
County Secretary and Solicitor

County Hall
Preston



Vascular Services Review

Proposed changes to specialist Vascular Service provision in Cumbria, Lancashire, Bolton and Wigan

Dr Jim Gardner, Medical Director, NHS Lancashire
Mr Simon Hardy, Vascular Clinical Lead for Cumbria
and Lancashire



Vascular Services Review

What will it mean for vascular patients?

- Better prevention of disease
- Improved access to specialist skills
- Improved survival after limb amputation or aneurysm repair
- Improved outcomes
- A strengthening of existing clinical expertise at interventional centres



Vascular Services Review

Why a service review?

- High mortality rates in UK and locally
- Vascular reviews underway in most areas of England
- Too many small centres without 24/7 facilities and low numbers of patients procedures
- Quality driven review – not financially driven
- AAA screening programme starting this autumn across Cumbria and Lancashire and without the review patients will have to go to Newcastle or Manchester for treatment for aneurysm repair



Vascular Services Review

- Currently many of our hospitals carry out specialist vascular procedures, some with quite low numbers of operations
- Patients treated in hospitals that perform fewer such operations are at greater risk of poor outcomes
- There is the potential to improve outcomes by grouping clinical expertise in specialist interventional centres supported by a vascular clinical network



Vascular Services Review

Vascular Clinical Advisory Group

Proposed a new model to

- Create a network of vascular specialists
- Ensure wherever possible services are provided locally (outpatients, day cases, laboratory tests)
- Ensure specialist work is undertaken in nominated specialist intervention centres with 24/7 facilities



Vascular Services Review

Expert advice

- National lead for Vascular services has reviewed model and specification and praised it
- VSGB&I provided expert advisors to help with procurement exercise
- Consideration given to unique nature of Cumbrian geography and population



Vascular Services Review

Rationale for specialist centres – ideal is:

- 1 million population covered
- 95% of patients should be triaged, referred and have arrived at the intervention centre within two hours of arrival at first hospital (VSGB&I 2012)
- Specification referred to 90 minutes guideline

Proposal

- 3 hospitals providing specialist interventional vascular services
- 1 in Carlisle
- Royal Preston and Royal Blackburn in Lancashire



Vascular Services Review

Service delivery

- All hospitals presently providing vascular services will continue to provide outpatients and day surgery
- Patients attending hospitals not designated as intervention centres will transfer for inpatient surgery (elective and emergencies)
- This already happens at Barrow and Whitehaven
- Whitehaven patients will continue to transfer to Carlisle



Vascular Services Review

- Barrow patients will transfer to Preston – presently on 2 days they transfer to Blackpool and on 5 days to Lancaster
- Incidence of aortic aneurysm emergencies in Barrow area is estimated at 2 cases per annum
- Vascular services at Lancaster are not being removed completely
- Vascular surgeons will still have presence on site during the day – operational protocols to be worked up prior to implementation of changes



Vascular Services Review

Communication & Engagement

- OSC attended previously
- Regular (monthly) briefings to all media, and to stakeholders inc. LINKs
- Targeted engagement and communication:
 - GPs, Hospitals, Councillors, MPs, VCFS
- Response to queries
- GP survey
- Patient/Public survey
- Interviews with patients



Vascular Services Review

Patient and Public Survey

- 503 responses
- Majority (80%) are patients/service users
- What is important to respondents:
 - Getting the best possible treatment (96%)
 - Ensuring my safety is paramount (95%)
 - How experienced the surgeon is (91%)
 - The quickness of the procedure (75%)



Vascular Services Review

Patient and Public Survey

- 75% would **be able** to travel further than their local hospital for specialist vascular care
- 65% would **be willing** to travel further for specialist vascular care
- The majority of respondents have indicated that while **convenience** of vascular services is important, **improved outcomes and safety** are vastly more important



Questions?





John Woodcock MP

Labour and Co-operative Party Member of Parliament for Barrow and Furness
Email: john.woodcock.mp@parliament.uk

House of Commons
London SW1A 0AA
Tel: 0207 219 7008

Councillor Keith Bailey
Lancashire County Council
PO Box 78
County Hall
Fishergate
Preston
PR1 8XJ

23 July 2012

Dear Councillor Bailey,

I am writing to you in your capacity as chair of the Joint Lancashire and Cumbria Overview & Scrutiny Committee, which I understand is meeting tomorrow to consider a proposal to reconfigure vascular services across Cumbria and Lancashire.

I am extremely concerned that transferring services to Carlisle, Preston and Blackburn would lead to many more longer distance urgent and emergency transfers for patients within south Cumbria and Barrow, many of whom are elderly or diabetic.

The report raises a number of key points, which I feel should be urgently addressed:

1. These proposals should not be considered in isolation, but as part of a wider review of services within the University Hospitals of Morecambe Bay NHS Foundation Trust.
2. How extensive and representative was the public consultation in Barrow and south Cumbria? There appears to have been very little public recognition of the potential repercussions for residents in these areas.
3. What assessment of patient safety has been made given the proposals for extended urgent and emergency transfer times for patients in south Cumbria? Their transfer times would surely be greater than those recommended either nationally or by the local Clinical Advisory Group.
4. Have the effects of withdrawing these services on the remaining acute hospitals been adequately assessed and costed?
5. What assessment has been made with Northwest Ambulance Service of the increased number of longer distance emergency transfers and their capacity to deal with this?

6. How many additional transfers would be expected per year?
7. What is the impact and clinical risk for trauma patients if vascular surgical services are in future to be provided remotely with transfer times in excess of the Trauma Review recommendation of 45minutes?
8. What assessment has been made of the impact on the sustainability of acute and emergency unscheduled care provision and out of hours staffing for patients within Barrow and south Cumbria if vascular inpatient and urgent surgical services are removed from the locality and from UHMBFT?

I feel that rural and geographically remoter areas such as Barrow and Furness require different solutions or smaller units to maintain acceptable strategic cover and services. My constituents would be severely disadvantaged if these proposals were to come to fruition, and I would therefore appreciate it if these concerns could be relayed at the meeting tomorrow.

Please do not hesitate to contact me if you need anything further, and thank you in advance for your assistance.

Yours ever,
John W. Woodcock

Email to Members of the Joint Lancashire Health Scrutiny Committee 20 July 2012

Dear Councillor

Please see below the key points identified in a letter sent by University Hospitals Morecambe Bay Trust to Dr Jim Gardner, NHS Lancashire regarding their response to the consultation on the vascular services review. (the Trust have asked that this information be shared with the membership of the Committee)

- The Trust believe that the needs of the population of Barrow-in-Furness and South Lakes have not been fully taken into account
- The Vascular Clinical Advisory Group agreed a revision to the travel times to a maximum of 90 minutes but currently this cannot be achieved for some areas of the Trust's catchment population by any of the 3 designated centres
- The Trust have asked that a 4th Vascular Intervention Centre in the region be considered reflecting the geography, travel times and safety issues
- They have asked for details of the full impact assessment used to inform the consultation proposals
- They want information on how the Lancashire Units will accommodate their populations including Wigan and Bolton plus the population outlined in the proposal.

Many thanks

Wendy

Wendy Broadley

Principal Overview & Scrutiny Officer

Democratic Services

Lancashire County Council

07825 584684

www.lancashire.gov.uk

