

Information for Overview and Scrutiny Health Committee 24 July 2012 Vascular Services Review

1. Introduction

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

The reconfiguration is supported by the Vascular Society of Great Britain and Ireland and the All Parliamentary Select Committee for Vascular Surgery and is intended to bring vascular surgery outcomes for patients in England up to the best levels in Europe and the world. At present, outcomes in England lag behind many of the developed countries of the world.

2. Background

Vascular services consist of treatment for conditions where there is not enough blood reaching an organ or parts of the body caused by a partial or total blockage of a blood vessel. An important part of vascular services includes treatment for aneurysms, (a fluid-filled bulge in an artery that can weaken it, causing it to leak or burst).

The initial impetus for this review across Lancashire and Cumbria arose from an unsuccessful business case being submitted for the Abdominal Aortic Aneurysm (AAA) screening programme – a programme that has to be implemented in all parts of England. The National AAA screening programme team's advice was that, to be successful, a review of the provision of vascular services within Cumbria and Lancashire needed to be completed with subsequent changes to where major surgery is undertaken.

Evaluations consistently show that the best clinical outcomes for major vascular surgery are at hospitals which perform vascular procedures more often, a conclusion supported by the Vascular Surgical Society of Great Britain and Ireland and underpinned by international evidence.

3. Current Position

The present configuration of services in Cumbria and Lancashire does not promote the transfer of patients to high-volume centres where as the evidence shows improved outcomes can be achieved if such centres are in place.

Vascular services are presently provided within the Lancashire and Cumbria on five sites and formal working networks with other areas are already in place. These present networks cross the boundaries into Wigan, Bolton, Southport and Dumfries & Galloway in Scotland.

4. Proposed Service

Agreement was reached that Bolton, Wigan and Dumfries & Galloway are included within this review (but not Southport who have joined the Mersey review). These

localities will continue to work as part of the new vascular network. This will result in a vascular service covering a total population of 2.7 million.

The Vascular Clinical Advisory Group – VCAG (made up of consultants and other clinical staff involved in the delivery of vascular services from all parts of the region) proposed a model that would see the formation of a vascular network with specialist inpatient operations being delivered on three hospital sites. Each of these sites would be known as a Vascular Intervention Centre and would all be linked together to form one clinical network. This decision was reached based on population need, geography, minimal numbers of vascular procedures needed at each site to improve outcomes and the ability to maintain surgical rotas in line with all Vascular Society of Great Britain and Ireland 2009 recommendations.

The VCAG recommendation was that one site should be in the north of the region due to geography and travelling distances. It was felt two sites were needed in the south of the network as the population coverage will be just over 2 million.

A procurement exercise has been run within NHS procurement guidelines and rules. All hospitals within the region were asked to submit bids should they wish to be nominated as a specialist vascular intervention unit working within the proposed vascular network. Under procurement rules an expert panel was assembled to assess the bids. This expert panel included vascular specialists drawn from across the United Kingdom, nominated by the Vascular Society of Great Britain. Local commissioners were also part of the assessment panel.

NHS Lancashire and NHS Cumbria Boards have received and agreed the recommendations of the procurement team which were that specialist intervention centres should be located at Carlisle, Blackburn and Preston. These centres will undertake all major inpatient vascular work. Day case work and outpatients will continue in all local hospitals within the region. These centres will be part of the vascular network of services that will improve outcomes and quality of service to patients across the whole region.

5. Engagement

Great emphasis has been placed on engagement with key stakeholders and the public with regard to these proposals. Our previous visit to the OSC exemplifies an intention to engage widely.

- LINKs meetings have been attended
- Patient/public survey carried out
- Patient interviews carried out
- GP survey carried out
- Regular media briefings
- Monthly newsletter to key stakeholders

We had over 500 responses to the patient/public survey. The majority of these were users of the vascular service. Some 75% of respondents said they would be able to travel further than their local hospital for specialist vascular services. A majority indicated that whilst convenience is important, improved outcomes and safety are vastly more important.

6. Conclusion

This short paper lays out some of the background to the Vascular services review, updates the OSC on the present situation and will be embellished in the form of a short presentation by the Clinical lead for the Vascular services review at the OSC meeting on 24 July 2012. Other review team members will be in attendance and will be happy to answer questions on the day.