UPDATE

Vascular Services Review in Cumbria & Lancashire

Joint Health Overview and Scrutiny Committee

Tuesday 22th January 2013

The Vascular Review Team made a presentation to the Joint Health Overview and Scrutiny Committee (OSC) on Tuesday 24th July 2012, concerning proposed changes to Vascular Services across Lancashire and Cumbria. Following on from this meeting a request was made by the OSC Chair asking for further clarity on a number of areas. A paper was produced and was due to be presented at the OSC meeting on 25th September. However University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) submitted an appeal to NHS Lancashire, and in order to not prejudice the appeal it was decided by the OSC Chair that the meeting should be postponed.

The appeal was reviewed and considered by a Local Dispute Resolution Panel appointed under the PCT's Dispute Avoidance and Resolution Process, connected to the Principles and Rules for Co-operation and Competition. Following consideration of the evidence the Panel found the procurement process to adhere to the standards expected and to be fair, robust and transparent. The appeal, which challenged the procurement process has not been upheld. Please see appendix A at the end of the briefing paper for the executive summary of the Panel's decision and findings.

Following the Panel's decision we have been asked to return to the OSC to give a further update to members about the progress of the Vascular Services Review across Lancashire and Cumbria. The paper that was due to be presented to the OSC on 25th September has been circulated to all members and provides background to the review as well as supporting evidence demonstrating public engagement and the rationale behind the review that will improve patient outcomes.

Since the publication of this paper there have been significant changes in the arrangement of vascular services nationally and from April 2013 it has been announced that commissioning of arterial vascular services will become solely the responsibility of specialised commissioners at the NHS Commissioning Board. Services will be commissioned against a national service specification. It is expected that around 50 hospitals nationally will be commissioned to deliver vascular arterial services. These services can no longer be seen as part of a standard district hospital's provision of services.

Evidence shows that the best outcomes are achieved by implementing specialist Arterial Centres with dedicated vascular teams available 24 hours a day, seven days a week. Arterial Centres have already been successfully implemented in other parts of the country and have greatly improved patient outcomes. Two out of three patients who would have died from an Abdominal Aortic Aneurysm (AAA) repair in hospital now survive as a result of implementing Arterial Centres. The evidence suggests that it is in the best interests of patients that hospitals collaborate together as a cohesive Vascular Network. This is supported by the Vascular Society of Great Britain and Ireland (VSGBI), the National Confidential Enquiry into Post Operative

Deaths (NCEPOD), and the joint All-Party Parliamentary Group (APPG) for Cardiovascular Disease, which included the APPG for Vascular Disease.

The Vascular Services Review in Lancashire and Cumbria was developed and led by the Vascular Clinical Advisory Group (VCAG), made up of clinicians from all Network hospitals and included the valued input of clinicians from UHMBT. The VCAG recommended to commissioners the development of a Vascular Network with the implementation of three Arterial Centres across the Network. This proposed Vascular Network will see complex vascular surgery carried out in future at one of three specialist Arterial Centres: Cumberland Infirmary in Carlisle, Royal Preston Hospital and Royal Blackburn Hospital.

The new Cumbria and Lancashire Vascular Network will work closely with the NHS National Abdominal Aortic Aneurysm Screening Programme (NAAASP), with the first patients being screened in January 2013.

The Cumbria and Lancashire programme will cover the populations of Blackburn with Darwen, Blackpool, Central Lancashire, Cumbria, East Lancashire and North Lancashire; a total of approximately 2.1 million people. Men are more likely to suffer from an abdominal aortic aneurysm and therefore each year approximately 13,500 men aged 65 will be invited for abdominal aortic aneurysm screening at community venues across the region. It is expected that men who are found to require treatment for an abdominal aortic aneurysm will be referred into the Vascular Network and if major surgery is required, this will take place in one of the Network's three Arterial Centres.

The new Screening Programme will greatly reduce the number of deaths across Cumbria and Lancashire through early detection, monitoring and treatment of abdominal aortic aneurysms. This means that the number of patients that will actually need specialist inpatient vascular surgery will be very small. It is expected that the number of patients presenting requiring an emergency aneurysm repair is likely to fall to just two or three cases a year from the South Cumbria area over the next ten years.

Furthermore patients will not need to travel to a hospital to be screened as they can be screened locally in the community, including in rural areas. Along with the Vascular Network this is an excellent opportunity to deliver improved, safer services with better patient outcomes across Cumbria and Lancashire.

The benefits to patients of the Screening Programme and the Vascular Network include the lowest possible mortality rates, quicker and trouble-free rehabilitation and recovery, and improved independence and quality of life. The majority of services, such as screening, outpatient clinics, day case surgery, diagnostic tests and rehabilitation services will be enhanced and continue to be delivered locally. Patients will be supported in the community to manage their condition and to prevent the development of more serious disease. These patient-centred services will be delivered across the whole of Cumbria and Lancashire, including rural areas.

However if patients have more serious arterial problems, the aim will be to refer them to their GP, local hospital, or to one of the three specialist Arterial Centres. These specialist centres will allow Vascular Teams to collaborate across the region to provide patients with the best possible care using the latest surgical advances and technology.

We believe this is an exciting new development with a focus on keeping patients well, and giving them access to a wider range of services - some closer to home and others situated in centres of real expertise. We are confident that the implementation of the Vascular Network will be extremely beneficial to patients in Cumbria and Lancashire.

We look forward to working with all Trusts across the Lancashire and Cumbria Vascular Network to develop a service that is in the best interests of all vascular patients across region.

Appendix A

Blackpool PCT

Local Dispute Resolution Panel: Vascular Services Review

EXTRACT FROM THE DECISION

Contents:

Blackpool PCT Local Dispute Resolution Panel: Vascular Services Review

DECISION

Background

Blackpool PCT on behalf of North West PCTs has constituted a Local Dispute Resolution Panel (the "Panel") constituted in accordance with Blackpool PCT's Dispute Avoidance and Resolution Process for complaints connected to the Principles and Rules for Co-operation and Competition ("the Disputes Process") in order to consider a complaint made by University Hospitals of Morecambe Bay NHS Foundation Trust ("the FT") in their letter of 6 September 2012 (Annex 3) and supplemented by a further letter of 19 November 2012 (Annex 4)

Blackpool PCT ("the PCT") on behalf of the other PCTs in the Lancashire PCT Cluster undertook the commissioning process for the review and selection of providers of Vascular Services in Lancashire and Cumbria in order to form a Vascular Network and Centralised Intervention Centres. Blackpool PCT is therefore the PCT to whom the complaint raised by the FT is directed.

Annex 1 sets out minutes of the meeting at which the complaint was accepted for consideration by the Panel and the basis upon which the Panel was constituted. The Panel so constituted and supported and resourced as set out in the minutes at Annex 1 met on 23 November to consider the complaint raised by the FT and has reached a decision as set out in this Decision.

The Panel

Chair of Panel – Roy Fisher (Non Executive Director of the PCT appointed by the NHS Lancashire Cluster Chair)("the Panel Chair")

Member - David Bonson (PCT Director of Commissioning)

Member - David Wharfe (senior manager not previously involved with the matter under dispute)(Director of Finance of NHS Lancashire Cluster).

Summary of Decision

The Panel determined as follows:

- The Panel found that the procurement process had in all material respects satisfied the requirements of Principle 2 of PRCC;

- The Panel recommended additional debrief be provided to the FT as set out below in the "Detailed Findings" of this Decision;

- The Panel determined that the procurement process had been conducted in a manner consistent with Principle 1 of PRCC ; and

- The Panel determined that the procurement process had been conducted in a manner consistent with Principle 8 of PRCC.

Framework for Decision

General

The complaint by the FT has been made on the basis that the process for the review and selection of providers of Vascular Services in Lancashire and Cumbria infringed the 3 Principles set out in the Principles and Rules for Cooperation and Competition ("PRCC"). Described below in this section. Throughout this Decision we have referred to the Principles as described and numbered in the 30 July 2010 publication of PRCC. The FT's letters refer to principles as numbered in a previous superseded edition of PRCC.

In a number of cases the Panel considered that issues raised by the FT had been misclassified against the incorrect Principle, or could be made with greater force in respect of one of the other Principles. In such cases the Panel read in to the FT's complaint that the issues were being raised in respect of the most pertinent Principle.

The Panel only has the remit under the Disputes Process to consider issues connected to the PRCC. Therefore to the extent that other concerns have been raised in the FTs letter the Panel has referred such concerns to the correct organisation for their consideration. In particular the Panel has no remit to consider issues relating to Public Engagement and Consultation.

Principle 2: *Commissioning and procurement must be transparent and non – discriminatory and follow the Procurement Guide issued in July 2010.*

The full Principle is set out at Annex 2. This is referred to as Principle 3 in the FT's letters.

The Panel has considered in summary whether:

1. a fair and transparent process been run?

2. the stated process has been followed?

3. the Procurement guide for commissioners of NHS-funded services been followed?

Principle 1: *Commissioners should commission services from the providers who are best placed to deliver the needs of their patients and population.*

The full Principle is set out at Annex 2.

The Panel has sought to judge the complaints raised by applying a cost/benefit appraisal, balancing (in qualitative as well as quantitative) terms:

1. cost: possible adverse effects of patients and taxpayers (including both financial and non-financial impacts) arising from any loss of patient choice or competition stemming from the conduct under consideration.

2. benefit: benefits to patients and taxpayers that arise from the conduct under consideration.

Principle 8: *Commissioners and providers must not discriminate unduly between patients and must promote equality.*

The full Principle is set out at Annex 2. This is referred to as Principle 6 in the FT's letters.

The Panel has sought to judge the complaints raised by applying a cost/benefit appraisal, balancing (in qualitative as well as quantitative) terms:

3. cost: possible adverse effects of patients and taxpayers (including both financial and non-financial impacts) arising from any loss of patient choice or competition stemming from the conduct under consideration.

4. benefit: benefits to patients and taxpayers that arise from the conduct under consideration.