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Vascular Surgery in Walsall, Dudley and Wolverhampton

Ward(s) All

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1.0 Background

1.1 Previous reports on the review of specialist vascular surgery in the Black Country have been considered by this Committee on 28th April and 25th July 2011. This report seeks to do the following:

- To summarise the rationale for the change in vascular services including the business case.
- To explain the reasons why the tender process for the vascular specialist centre was restricted to the three NHS providers.
- To explain the governance and decision-making arrangements in order to reassure Members of the legitimacy of the review process.
- To explain the communication and consultation process to date; the process planned, and how patient and public feedback has been considered and used to influence the review process.

2.0 The rationale for change

2.1 A report – ‘*Specialist Vascular Surgery Services for Dudley, Wolverhampton and Walsall*’, written by Sue Roberts, Project Director of the Vascular Services Reconfiguration Project - was considered by this Committee on 28th April 2011. The report explained that evidence based practice demonstrates that vascular surgical outcomes are improved when the surgical episode occurs in a single specialist centre covering a base population of at least 800,000 people. Latest evidence confirms that patients treated at specialist centres have a significantly reduced chance of dying or having a complication as a result of their operation.

Black Country residents do not currently have such a facility available and so work was underway to identify an appropriate specialist centre.

- 2.2 Sandwell and West Birmingham Hospitals NHS Trust are included with a similar configuration involving Birmingham hospital sites, and so the work required for service reconfiguration in the Black Country focuses on just three locations – Walsall, Dudley and Wolverhampton.
- 2.3 The main driver for change in the proposed service reconfiguration is the reduced mortality from Abdominal Aortic Aneurysm surgery or repair (or 'AAA'). to be achieved through the introduction of AAA screening. [AAA refers to a swelling of the main artery (aorta) in the abdomen]. Aneurysms occur most commonly in men aged 65 and older and risk is heightened for smokers. They tend to cause no symptoms, although occasionally they cause pain in the abdomen, back, or legs (due to disturbed blood flow). If untreated they can rupture and many patients die before reaching hospital. Even if patients reach hospital, chances of survival are very low. However, if detected before they rupture (usually through screening or routine examination), they can be treated through elective surgery, which carries a much lower risk.
- 2.4 A screening programme is therefore an essential component of the development of a specialist centre. Since the last update, the Abdominal Aortic Aneurysm (AAA) screening procurement has been undertaken using NHS 'Supply2Health' – an open procurement portal for health services. Bidders for the screening programme included some private sector organisations. The contract award to the Dudley Group Foundation Trust was confirmed by the Black Country Cluster Board on 27th September 2011.
- 2.5 Screening will enable a shift away from the numbers of patients receiving emergency surgery towards elective or planned surgery, thereby reducing overall mortality rates and enabling operations to take place in a safe, well equipped environment.
- 2.6 A set of key documents which have advised the development of a specialist centre – including the clinical evidence – are referenced at paragraph 7 of this report.

3.0 The Business Case

- 3.1 The main driver for the vascular review is to improve patient outcomes. This is based on clinical evidence. To become effective contributors to the National AAA screening programme, and to enable the NHS in Walsall, Dudley and Wolverhampton to positively impact on patient mortality rates, a specialist centre to perform elective surgery procedures will be required. If we do not proceed with a specialist centre, vascular patients in the Black Country will not be treated to the national standards offered to patients elsewhere in the country.
- 3.2 Financially the review is to be managed on a 'cost neutral' basis – costs are based on PBR tariffs (Payment by Results) which are the same for all providers.

The review will therefore seek to achieve better outcomes for patients based on current activity costs (the same expenditure) and will therefore demonstrate improved value for money to the taxpayer.

- 3.3 For capital set-up costs, bidders will have to confirm as part of the specification/tendering process that they have an appropriate infrastructure to provide a specialist centre service and that any further capital expenditure will be borne by the provider through income generated by contract activity.

4.0 The tendering of the vascular hub

- 4.1 The Black Country Clinical Leaders' Senate, at its meeting on 24th June 2011, considered options appraisals for the procurement of the AAA screening programme provider and the choice for the most appropriate site for the vascular hub for the Black Country Vascular Network (**copy attached at Appendix 1**)
- 4.2 In reaching their conclusion on the procurement process for the vascular hub the Senate took the following factors into account:
- i. that this is a reconfiguration of existing services, not the tendering of a new service.
 - ii. that the proposed configuration is a complex clinical and managerial challenge because many other acute hospital services need support from vascular specialists including stroke and renal services, diabetes, wound management, and these links and patient pathways need to be preserved and improved during and after the reconfiguration.
 - iii. that consultation and engagement with vascular clinicians supports the formation of a Vascular Network for Vascular Services in the Black Country staffed by the specialist vascular clinicians (surgeons, anaesthetists, interventional radiologists and vascular nurses) currently providing services from New Cross Hospital, Russell's Hall Hospital and the Manor Hospital. Without clinical support and engagement no reconfiguration will be possible.
 - iv. that consultation and engagement with senior managers (Medical Directors; Directors of Operations and Chief Executives) has also supported the reconfiguration of specialist vascular services and the creation of a network of vascular services with outpatient services, investigations, day care procedures and low risk surgical procedures being retained in local hospitals providing easier access for the majority of attendances, with specialist and high-risk procedures being centralised to improve patient outcomes. Without clinical and managerial support for these proposals the formation of the specialist vascular hub could not be achieved.
 - v. that all existing vascular services were reviewed by West Midlands Quality Review Service in 2010, and all have developed action plans to address those standards in which they were assessed to be non-compliant.
 - vi. that the an open procurement is likely to take at least 6-9 months and therefore would not deliver a decision in time to meet the national

deadlines for the implementation of the AAA screening service on 1 April 2012. This would delay benefit to Walsall, Dudley and Wolverhampton residents from the AAA screening and risk missing out on pump-priming national funding for the implementation of this service.

- vii. there is a long history in the Black Country of reviews which recommended reconfiguration of a range of acute hospital services which have failed to be implemented.

- 4.3 The Clinical Leaders' Senate concluded that the only viable option to deliver a decision on the most suitable site for the vascular hub which would be accepted and implemented by clinicians and managers in the affected providers was a process using the tools of procurement (service specification, invitation to tender, evaluation by independent experts) ring fenced to the three current providers of service

5.0 The decision-making process

- 5.1 The project plan for the review of vascular services is attached as **Appendix 2**. This sets out the governance arrangements for decision-making and the timetable for the reconfiguration process. This shows:

- The context and clinical case for change (para 3)
- Key stakeholders and overview of engagement plan (para 4.2)
- Project governance arrangements and lines of accountability (para 4.3). since the Local Collaborative Commissioning Board was disbanded the Black Country Clinical Leaders Senate has reported directly to Black Country Cluster Board.
- Project Team members and work-streams contributing to the project (para 4.4)
- The key project milestones and summary of progress to date.

- 5.2 On 27 September 2011 the Black Country Cluster Board (including members of the Cluster Executive team and Non-executive directors of all four Black Country Primary Care Trusts) agreed the award of contract for AAA Screening, following a procurement process via NHS Supply2 health to Dudley Group of Hospitals NHS Foundation Trust and the launch of the procurement process for the selection of the Vascular specialist centre. A recommendation based on the conclusion of this process is due to be made to Black Country Cluster Board at the end of November 2011 with a planned implementation date to coincide with the start date of AAA Screening in the Black Country on 1 April 2012.

6.0 Consultation

- 6.1 The project team has developed a communications and engagement plan (**Appendix 3**) which sets out an approach to engagement across key stakeholders in Walsall, Dudley and Wolverhampton.
- 6.2 The service specification for the specialist centre includes standards which have been advised by extensive patient engagement nationally, (for example through research by the Vascular Society for Great Britain and Ireland), and bidding organisations must demonstrate adherence to these and to an approach which prizes learning from patients' experiences. Section 6.2 of the service specification states:

“The vascular service must be able to demonstrate that systematic, proactive and effective mechanisms are in place for the capture of service user feedback (from both patients and carers); for the incorporation of this feedback into service design and planning; and for responding to feedback to reflect back to service users what has changed as a result. The report on patient engagement (s.8 of the National AAA Quality Improvement Programme Interim Report 2011) should be used to guide the initial tone and approach of the vascular service.

The vascular service should regularly seek patient views on the range of vascular services offered and not just for compulsory Patient Reported Outcome Measures (as recommended in the UK Audit of Vascular Surgical Services and Carotid Endarterectomy (Vascular Society BG and RCP; July 2010).

Good evidence of systematic mechanisms would include adoption of the ‘ebd’ (experience based design – NHS Institute for Innovation and Improvement; 2009) approach or equivalent which centres on 4 key steps:

***Capture the experience
Understand the experience
Improve the experience
Measure the improvement***

The vascular service will be expected, as part of regular contract review meetings to demonstrate that patient and carer feedback on vascular services has been regularly collected, analysed and reported – both through internal governance processes, and publicly – in a format which is accessible to service users. ”

- 6.3 Three separate reports have been taken to each of the three Health Overview and Scrutiny Committees since April 2011. In addition all Councillors and MPs in the three areas have received a letter explaining the review (sent out on 23rd August), and have been copied in to a stakeholder letter sent out on 9th September.

- 6.4 In Walsall specifically, the stakeholder letter has also been uploaded to the Walsall Council web page for local consultations. The stakeholder letter (**Appendix 4**) was posted to 75 Parliamentarians and e-mailed to approximately 3000 My NHS Walsall members (including Age UK, Stroke Services, the Walsall Council Public Information Officer (for onward mail-out), and the Strategic Lead for Stakeholder Engagement, Social Care and Inclusion). In response to this, the Walsall Parliament decided on 6th October to form a specific Task and Finish Group to examine the vascular reconfiguration. Their declared specific areas of enquiry are:
- i. To fully understand the specification, timescales and the procurement process for the Specialist Centre
 - ii. To understanding the planned screening service to be offered in each community
 - iii. To comment on the proposals whenever possible during the specification, procurement and implementation processes.
 - iv. To prepare an offer for MyNHS Walsall members to be directly involved with the procurement.
 - v. To disseminate any information that the group obtains to MyNHS Walsall members and where possible to residents of Walsall.
 - vi. As has been stated by Rob Bacon, Chief Executive of the Black Country Cluster of PCTs that the Specialist Centre will be operational from April 2012 it is probably that this group will need to continue until that time.
- 6.5 The vascular review was discussed at the Black Country NHS Cluster Event at the Bescot Stadium in Walsall on 22nd September (over 150 delegates in attendance); and at the NHS Walsall AGM on 26th September (approximately 30 patient representatives and members of the public).
- 6.6 The vascular review was also presented to the Black Country Cardiovascular Network at its workshop sessions on 12th September 2011 at Walsall Manor Hospital and specific questions were considered as part of the preparation of tender questions.
- 6.7 A summary of stakeholder questions raised about the review, and the responses of the project team are attached at **Appendix 5**. This table demonstrates that the engagement with stakeholders has helped to strengthen the tendering process by ensuring that stakeholders' concerns about such issues as the proposed quality of service, the competency of clinicians, and the facilities available to patients have been addressed in the procurement process. All respondents will receive a direct reply, and be copied in to the whole set of responses, consistent with the transparency required by the project team.

7.0 References

- 7.1 Many of the key documents advising and guiding the review are referred to in the service specification for the vascular specialist centre. These include:
- i. Quality Standards for people with vascular disease (West Midlands Quality Review Service, April 2010)
 - ii. Provision of Emergency Vascular Services (Vascular Society of Great Britain and Ireland 2007)
 - iii. Provision of services for patients with vascular disease (VSGBI, 2009)
 - iv. Training in Vascular Surgery and revised standards for training (VSGBI, June 2011)
 - v. The National Vascular Database Report (2009)
 - vi. UK Audit of Vascular Surgery Services and Carotid Endarterectomy (July 2010)
 - vii. Abdominal Aortic Aneurysm: A Service in Need of Surgery? (National Confidential Enquiry into Patient Outcome and Death – NCEPOD, 2005)
 - viii. IPG229 Laparoscopic repair of abdominal aortic aneurysm: guidance (NICE, August 2007)
 - ix. Specialist Vascular Surgery: Healthcare Needs Assessment for the Black Country Health Economy (Chiswell, Gillis, Jones, Barker on behalf of the Vascular project team, July 2011).
- 7.2 Further references are included in section 5 of the project plan – attached as **Appendix 2** to this report.

8.0 Recommendations

- 8.1 Members are asked to:
- i. Accept and endorse the process followed so far for the procurement of an AAA screening programme for the Black Country and for the selection of the site for the Vascular specialist centre.
 - ii. Comment on whether the engagement with the Committee to date has been appropriate to the scope of the vascular review and to suggest any additional engagement requirements if Members feel that there are gaps.
 - iii. decide whether or not the proposed reconfiguration constitutes a substantial variation or development of service that would necessitate the formation of a joint scrutiny committee with Dudley and Wolverhampton.