

BRIEFING NOTE

TO: Health Scrutiny and Performance Panel

DATE: 28 April 2011

Specialist Vascular Surgery Services for Dudley, Wolverhampton and Walsall

1.0 Purpose of Report

1.1 To advise members about early work that is underway to consider the reconfiguration of vascular surgery services across Dudley, Wolverhampton and Walsall and the reasons for this. The report indicates that the proposals, when they emerge, may constitute a substantial variation of service in which case a formal consultation with the Committee would be required under s244 NHS Act 2006. Furthermore the need for a joint OSC with Wolverhampton and Walsall should be anticipated if required.

2.0 Background

2.1 *Vascular surgery includes the following types of operations:*

- *Abdominal Aortic Aneurysm surgery or repair (or 'AAA'). This refers to a swelling of the main artery (aorta) in the abdomen. Aneurysms occur most commonly in individuals between 65 and 75 years old and are more common among men and 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. If detected before they rupture (usually through screening or routine examination), they can be treated through elective surgery, which carries a much lower risk. There are two approaches to surgery – open surgery ('open') or using a form of 'key-hole' surgery ('EVAR').*
- *Carotid Endarterectomy. This is a surgical procedure used to prevent stroke by correcting a narrowing (stenosis) in the common carotid artery which supplies the head and neck with oxygenated blood. 'Endarterectomy' is the removal of material on the inside ('end-') of an artery.*
- *Amputations.*

2.2 Evidence based practice, reflected in the West Midlands Quality Review Service (WM QRS) standards, demonstrates that vascular surgical outcomes (both for elective and emergency surgery) are improved when the surgical episode occurs in a single centre of excellence 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 a local specialist centre available.

2.3 This base population of 800,000 is also required to run an AAA Screening Programme. It represents the number of patients needed to maintain competence among vascular specialists and nursing staff and the most efficient use of specialist equipment, staff and facilities. An AAA Screening Programme Office can be located at a different site to the inpatient surgery site as most of the screening will be undertaken in community settings, like other screening tests eg breast screening and cervical cytology screening.

2.4 *An AAA Screening Programme is being introduced in the Black Country. One of the outcomes will be the identification of more patients requiring preventative, elective inpatient surgery. It is imperative therefore to ensure that surgery services are optimally configured to provide the best treatment outcomes for patients. This is the key driver behind plans to reconfigure inpatient services. Patients receiving elective treatment for an asymptomatic condition must be offered the best possible outcomes and these can only be achieved at a specialist centre.*

2.5 *In the Black Country, there are currently four locations for vascular surgery:*

- *Dudley Group NHS Foundation Trust*
- *Walsall Hospitals NHS Trust*
- *The Royal Wolverhampton Hospitals NHS Trust*
- *Sandwell and West Birmingham Hospitals NHS Trust*

Sandwell and West Birmingham Hospitals NHS Trust are included with a similar configuration involving Birmingham hospital sites, and so the discussion in this report focuses on just three locations - Dudley, Walsall and Wolverhampton. Applying nationally based estimates to our population levels, across these three areas, suggests that around one hundred AAA procedures per annum will be required.

2.6 No single unit in the Black Country can currently fulfil the quality standard with the current configuration of provision, or meet the required population size to deliver best possible outcomes. In parallel with changes in service configuration there is a corresponding change in the nature of specialised surgery with vascular surgery becoming a 'sub-speciality' in its own right. This means that in future, vascular surgeons will only undertake vascular procedures and will not have dual qualifications which would enable them to undertake non-vascular interventions.

2.7 *The challenges surrounding the current configuration of services are not unique to the Black Country. The process of reconfiguring specialist vascular surgery services to deliver best quality care is being repeated across the West Midlands, and has already been undertaken in other parts of England and Wales.*

2.8 *The main driver for change in the proposed service reconfiguration is the reduced mortality from AAA to be achieved through the introduction of AAA screening. As a result, over time, the majority of operations for AAA repair will be planned – thereby*

reducing the proportion of emergency procedures required. The access to out-patient, day case and rehabilitation services should be unaffected and the quality of these services should be improved.

2.9 *In order to look at the overall model of vascular services within the geography of the three PCT areas, health representatives from commissioner and provider organisations met in Autumn 2010 to consider the way forward. From this meeting it was agreed to establish a project with a number of work-streams which would contribute to the production of a commissioning plan for Specialist Vascular Surgery Services. These work-streams include:*

- *Agreement about the clinically-led criteria for judging where the inpatient site should be.*
- *Specification of the clinical model (including how services would operate across the sub-region and the dependencies between them).*
- *Healthcare Needs Assessment to understand trends, and evaluate how different sites may affect inequalities, or disproportionately affect certain populations.*
- *Capacity assessment – looking at current activity and predicted growth as well as workforce and skills availability.*
- *Public and patient involvement and communication planning (including work with OSCs and local LINKs).*
- *Health Inequality Impact Assessment*
- *Final decision-making process – looking at how this is set out, ensuring it is transparent, inclusive and acceptable to all stakeholders.*

2.10 *This work is at an early stage but will need to progress speedily. A clear outcome is that emergency vascular surgery and some complex in-patient elective procedures will be located at one of the three hospital sites. The work-streams above will all contribute towards a determination of where this should be and with a clear rationale why.*

2.11 *Because of the nature of the changes, we anticipate that the Overview and Scrutiny Committees in Dudley, Walsall and Wolverhampton will consider this reconfiguration a substantial variation, and so this report (and subsequent reports) will form part of a formal consultation with the Committee arising from s244 of the NHS Act 2006 and the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002.*

2.12 *At an appropriate time it is proposed that a joint OSC is held (s245 NHS Act 2006) for Dudley, Wolverhampton and Walsall to consider the progress of the work-streams described above.*

2.13 *Project milestones and outputs are attached at Appendix 1 and the project lines of accountability are set out in Appendix 2.*

3.0 Finance

3.1 No financial issues arising from this report

4.0 Law

4.1 The Duty to Involve patients and the public under s242 of the NHS Act 2006; to formally consult Overview and Scrutiny Committees under s244; and the convening of a joint OSC (s245), as advised by the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, will guide this work, as well as mandatory national guidance and quality standards produced by the Department of Health and its agencies. The Equality Act 2010 and regulations advising the general and specific equality duties will also be complied with.

5.0 Equality Impact

5.1 An equality impact assessment will form part of the work-stream for assessing health inequalities and the differential impact on diverse communities.

6.0 Recommendation

6.1 Members are asked to

- i. Note the report
- ii. Advise on how they wish to be kept informed of progress as this work develops
- iii. Give consideration to a joint OSC with Wolverhampton and Dudley local authorities.



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