

Trust Board Meeting – 28 November 2013

Title of the Paper:	Development of Vascular Services at West Hertfordshire Hospitals NHS Trust	
Agenda item:	TB Item 87/13	
Author:	Bernie Bluhm Chief Operating Officer and Deputy Chief Executive	
Trust Objective:	Achieving continuous improvement in the quality of patient care that we provide and the delivery of service performance across all sites	
Purpose: The purpose of this paper is to outline the strategic development of the vascular service and seek support in principle for its development.		
Previously Discussed And Date For Further Review (list relevant committees) Executive Committee		
Benefits To Patients And Patient Safety Implications Improved patient pathway and outcomes through centralisation of specialist services in line with National Standards.		
Risk Implications for the Trust (<i>including any clinical and financial consequences</i>):		Mitigating Actions (<i>Controls</i>):
Risk to associated clinical services if the vascular service does not centralise. Risk to risk and reputation to the Trust with NHS England if withdraw at this late stage		Ongoing discussions with NHS England and ongoing business case development.
Links to Board Assurance Framework, CQC Outcomes, Statutory Requirements N/A		
Legal Implications: (if applicable) N/A		
Financial Implications: (if applicable) Capital allocation for development of a vascular theatre as part of future business case development.		
Communications Plan (if applicable) N/A		
Recommendations: The Board is asked to agree in principle the centralisation of specialist vascular services at West Hertfordshire Hospitals NHS Trust and support the development of the business case for approval of resources, revenue and capital.		

Trust Board 28 November 2013

Vascular Service Development

Presented by: Bernie Bluhm: Chief Operating Officer and Deputy Chief Executive

1. Purpose

- 1.1 The purpose of this paper is to update the board on the service development of the vascular service and seek support for its development in principle.

2. Background

- 2.1 The East of England Operational Oversight Group (OOG) of the specialised commissioning group (SCG) in 2012 carried out an options appraisal for the reconfiguration of vascular services for people living in Essex and Hertfordshire. The purpose of the reconfiguration was to improve outcomes for vascular surgery; particularly aneurysm repair. It was envisaged that whilst all Trusts concerned would continue to provide vascular surgery, all arterial and emergency procedures would be provided at a smaller number of specialist arterial centres in line with The Vascular Society Provision of Vascular Services Guidance 2012.
- 2.2 The Trust responded to the consultation and expressed its desire to be the designated arterial centre for Hertfordshire in November 2012.
- 2.3 The commissioners and NHS England have completed their review and nominated West Hertfordshire Hospitals NHS Trust (WHHT) as their preferred provider subject to the Trust confirming capital investment as outlined in its original submission.

3. Analysis/Discussion

3.1 The Case for Change – The National Picture

In recent years, there have been growing concerns that death following abdominal aortic aneurysm (AAA) repair is higher in the UK than many other countries and that the UK has the worst outcomes for AAA surgery in Europe. The Vascular Society of Great Britain and Ireland (VSGBI) aims to halve the mortality rate for AAA surgery in the UK by 2013 and has developed a comprehensive framework for the improvement of quality for elective (or planned) AAA repair. This recommends that hospitals undertaking fewer than 100 elective AAA repairs over three years should not continue to offer these procedures, as this is the level needed to develop and sustain clinician expertise for better patient outcomes.

In the past, up to 50% of patients with vascular disease who have needed urgent or emergency vascular surgery have been managed by a general surgeon. For the first time it is now accepted that consultants who have not undertaken specialist training in vascular surgery no longer have sufficient experience to offer an emergency vascular service. Another key driver is the local introduction of the national programme of screening to test all men in their 65th year as they are at increased risk of arterial disease.

3.2 The Case for Change – West Hertfordshire Hospitals NHS Trust (WHHT)

Given the evidence that specialisation and centralisation can drive quality outcomes, there is a strong case, based on quality for change in service provision in the sector, towards consolidation of skills and case-load in fewer centres with greater patient volumes. There is also evidence that suggests that consolidated vascular services can be more economically efficient (an “economy of scale” effect).

WHHT provides well established specialist services that are fundamental to providing vascular services with stroke, cardiology and satellite renal services on site with a number of departments also reliant on having vascular surgery on-site in order to deliver safe patient care. These include Gynae-oncology, colorectal surgery, and urology; these would be directly affected if vascular services were not commissioned at WHHT.

WHHT was successfully awarded vascular screening centre status in 2012, which will directly impact improved patient outcomes by early detection and treatment.

3.4 Financial Importance

In 2012/13, the Trust’s vascular surgery team carried out 1,310 spells and generated £3,967M income. The loss of this income to the Trust by not developing the service would be a risk to its financial stability. It is anticipated that the screening programme that started in 2013 will lead to an improved activity position by year end of 2014.

3.5 Key steps to deliver the Vascular Service

- Detailed business planning to ensure patient safety and ensure value for money for the pathway and phasing plan over the next 1-3 years.
- Engagement with East & North Herts to establish vascular network, establish what workforce changes consultation process is required and agree key milestone dates.
- Design and build a dedicated vascular theatre and with associated enabling and decant works.
- Recruitment campaign for consultant posts required that cannot be provided by the network including specialist training post.
- Liaise with CCG and specialist commissioning re programme, patient information and handover of service to ensure an integrated pathway transition.
- Develop a marketing strategy to attract new business; expansion around the geographical boundaries to attract new business.

4. Recommendation

- 4.1 In summary; the development of the specialist vascular service is a fundamental component of the Trusts strategic direction to be an “ excellent district hospital”

- 4.2 The Board is asked to agree in principle the centralisation of specialist vascular services at West Hertfordshire Hospitals NHS Trust and support the development of the business case for approval of resources, revenue and capital.

Name of Director Presenting: Bernie Bluhm
Chief Operating Officer and Deputy Chief Executive
14 November 2013.