

Health and Adult Social Care Scrutiny Committee – 26th January 2012

Report of the Director of Commissioning Development, Black Country Cluster

Reconfiguration of vascular services in the Black Country - update

1.0 Purpose of Report

- 1.1 This report is part of an ongoing regular update on progress of the reconfiguration of vascular services as requested by the Committee at its meeting on 6th April 2011. Further updates were brought to the Committee on 4th July 2011 and most recently on 28th September 2011. This report summarised the engagement process to date and advised members of the timetable for the award of the vascular surgery contract.

2.0 Background

- 2.1 Since the last update, the contract to provide the vascular surgery specialist centre has been awarded to the Dudley Group NHS Foundation Trust following a decision of the Black Country Cluster Board and after a ring-fenced procurement process. The Abdominal Aortic Aneurysm (AAA) screening contract has also been awarded to the Trust. Both contracts are due to commence from 1st April 2012.
- 2.2 A full open European Union procurement exercise was considered as one of the procurement options for the specialist centre. However the Clinical Leaders Senate took the view at its meeting on 29th June 2011 that a ring-fenced selection provided the optimum balance between an open and transparent process and the need to maintain the stability of both clinical services and relationships with key acute providers. In addition this allowed for the development of innovative vascular services to the population of the Black Country.
- 2.3 Because news of the contract award occurred between Scrutiny Committee meetings, an advance copy of the press release announcing the award was sent to members of this Committee as well as to the scrutiny committee members for Wolverhampton and Walsall

3.0 Next steps

- 3.1 The specification for the surgical hub emphasised the importance of working with patients and their families to ensure that the patient experience is consistently good, and that there are mechanisms in place to learn from patients where there may be lessons and opportunities for improvement. To this end, The Dudley

Group NHS Foundation Trust is keen to offer assurance in three key areas, and have, through this report, offered the following text covering:

- i. Approach to the patient journey
- ii. Mechanisms involving patients
- iii. Approach to the screening programme

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i. Approach to the patient journey

Good quality communication with patients, at all stages of the care pathway, is key to ensuring that patients' experience of the service is the best it can possibly be. This requires good, appropriately written information on different aspects of care, treatment, medication, recovery, and follow up which is tailored to particular needs of each patient.

The vascular service will take a proactive and effective approach to capture service user feedback from both patients and carers for the incorporation of this feedback into the service design and planning.

ii. Mechanisms involving patients

The Trust has wide experience in the involvement of patients in service design. As a Foundation Trust we enjoy ready access to some 16,000 FT members who represent their communities and are current or potential service users, therefore we see user involvement as central to our service planning.

The Trust sees it as essential to create a similar specific patients and carers group that has been in contact with surgical vascular surgery services to be able to benefit from direct experience of service use.

iii. Approach to the screening programme

The Black Country AAA Screening Programme is working closely with a number of stakeholders. As well as the Trust's local implementation group, a Black Country wide AAA Screening Mobilisation Group is operational involving members from across the three PCTs. We have recently appointed a screening manager who brings to the Black Country programme a wealth of experience and knowledge of the service.

The project has achieved all of the key milestones set by the national screening programme including the recruitment of the screening technicians. The next priority is securing the locations for screening across the Black Country area.

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4.0 Finance

- 4.1 No financial issues arising from this report

5.0 Law

- 5.1 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, guided this work, as well as mandatory national guidance and quality standards produced by the Department of Health and its agencies.

- 5.2 Previous consideration by this Committee of a joint meeting with Walsall and Wolverhampton health scrutiny committees has proved to be unnecessary. Walsall health scrutiny panel has resolved that the engagement process undertaken by the Vascular Project Team was satisfactory, and that the proposed changes do not constitute a substantial variation of service. Wolverhampton health scrutiny committee has also considered the engagement process to be satisfactory and has not expressed a view that the changes are a substantial variation. In these circumstances a formal joint meeting is not considered to be legally required.

6.0 Equality Impact

- 6.1 An equality impact assessment will form part of the work-stream for assessing health inequalities and the differential impact on diverse communities. The Equality Act 2010 and regulations advising the general and specific equality duties were complied with.

7.0 Recommendation

- 7.1 Members are asked to
- i. Note the report
 - ii. Comment on whether any further updates to the Committee are required.



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