

**Health and Adult Social Care Scrutiny Committee – 4<sup>th</sup> July 2011**

**Report of the Director of Community Engagement and Primary Care**

**Reconfiguration of vascular services in the Black Country - update**

**Purpose of Report**

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 6<sup>th</sup> April 2011.

**Background**

2. *A report – ‘Specialist Vascular Surgery Services for Dudley, Wolverhampton and Walsall’*, written by the Director of Partnerships and Service Development at NHS Dudley - was considered by this Committee on 6<sup>th</sup> April 2011. The report explained that evidence based practice demonstrates that vascular surgical outcomes 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 and so work was underway to identify an appropriate specialist centre
3. 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 - Dudley, Walsall and Wolverhampton
4. 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 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’)].

5. Part of this project has therefore included the establishment of an Abdominal Aortic Aneurysm Screening Implementation Group. The aim of the group is to meet the NHS Operating Framework 2011/12 requirement which states the phased implementation of the National Screening Programme is in progress, with complete coverage planned by the end of 2012/13.
6. Dr Tony Collins (Deputy Director of Public Health Dudley) and Mr R Pathak (Dudley Group Foundation Trust) are leading the development of the business case in consultation with the Black Country Vascular Network and Public Health representatives. The group has agreed the timeline to achieve implementation of the programme by March 2012. This requires submission of the local Business Case to the National AAA Programme Centre by end of July 2011 and appointment of the local Programme Director and Co-ordinator by end of September 2011. To be able to meet these timescales means that it is essential that the service specification for the AAA screening programme is agreed as soon as possible and distributed to potential providers.
7. It has been recommended by the Clinical Leaders Senate at its meeting on 1<sup>st</sup> June 2011 that there is no need for the AAA screening centre to be co-located with the vascular surgery hub and that they can be tendered separately ensuring that the National AAA Screening Programme Quality Assurance standards are met.
8. A Healthcare Needs Assessment of Specialist Vascular Surgery has been undertaken by Dr Christopher Chiswell, Specialist Registrar in Public Health to inform the decision making process for the reconfiguration of services towards a surgery hub. This provides a commissioner and provider analysis of specialist vascular surgery activity and considers the impact on travelling distances and times of reconfiguration to any one of the existing providers. On the basis of this analysis no one provider emerges as an obvious choice and conversely no provider is assessed as unsuitable. Figure1 below is an extract from the needs assessment:

**Figure 1 – summary of AAA surgery activity 2009-2011 by commissioner and provider.**

|                         | THE DUDLEY<br>GROUP OF<br>HOSPITALS | WALSALL<br>HOSPITALS | THE ROYAL<br>WOLVERHAMPTON<br>HOSPITALS | OTHER TRUSTS | Grand Total |
|-------------------------|-------------------------------------|----------------------|---|--------------|-------------|
| DUDLEY PCT              | 71                                  | 0                    | 3                                       | 8            | 82          |
| WALSALL TEACHING PCT    | 0                                   | 38                   | 13                                      | 6            | 57          |
| WOLVERHAMPTON CITY PCT  | 1                                   | 1                    | 59                                      | 0            | 61          |
| SANDWELL PCT            | 10                                  | 1                    | 5                                       | 48           | 64          |
| SOUTH STAFFORDSHIRE PCT | 5                                   | 6                    | 25                                      | 0            | 36          |
| OTHER                   | 1                                   | 0                    | 5                                       | 0            | 6           |
| Grand Total             | 88                                  | 46                   | 110                                     | 62           | 306         |

9. Other work streams are continuing and include:
  - i. Analysis of the financial value of the work to be transferred to the hub from both a commissioner and provider perspective.
  - ii. Clinical criteria for the service specification for the hub.

- iii. A scoping exercise with provider Trusts to consider issues of collaboration and competition arising from the reconfiguration proposals – this will help to inform the final service specification.
- iv. Option appraisal on evaluation and selection process. The Clinical Leaders Senate has emphasised that the process selected must be open, transparent, independent and credible. To facilitate this, clinical members of the evaluation panel will be recruited from outside the West Midlands region.
- v. Communication and consultation. This work is being co-ordinated across the three areas by Steve Corton, Head of Community Engagement at Dudley PCT. The Overview and Scrutiny Committees at Walsall and Wolverhampton have now considered initial reports on the reconfiguration.

### **Next steps**

- 10. Regular updates will continue to be brought to this Committee. Members may wish to advise the Project team on approaches to consulting patients and the general public about the reconfiguration proposals and the appropriate timing for this.
- 11. Because of the nature of the reconfiguration proposals, we anticipate that the Overview and Scrutiny Committees in Dudley, Walsall and Wolverhampton might 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. Wolverhampton OSC has suggested that an informal meeting of Chairs could be held (possibly in July or August) in order to discuss how best to engage scrutiny in the process across all 3 areas.

### **Finance**

- 12. No financial issues arising from this report

### **Law**

- 13. 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.

### **Equality Impact**

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

### **Recommendation**

- 15. Members are asked to

- i. Note the report
- ii. Consider if the Committee wishes to advise the Project team on any particular approaches to consultation with patients and the general public about these proposals.
- iii. Consider and advise on the suggestion from Wolverhampton OSC that the three Chairs meet informally to consider an appropriate way to engage scrutiny in the development of these proposals across the three areas.



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