

**Health and Adult Social Care Scrutiny Committee – 28<sup>th</sup> September 2011**

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

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

**2.0 Background**

- 2.1 *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 and a further update was brought to the Committee on 4<sup>th</sup> July 2011. The Health Overview and Scrutiny Committees for Walsall and Wolverhampton have each received similar updates on progress.
- 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 - Dudley, Walsall and Wolverhampton
- 2.3 Since the last update, the Abdominal Aortic Aneurysm (AAA) screening procurement has been undertaken using the NHS ‘Supply2Health’ selection process. The Invitations to Tender for the vascular hub will be sent out at the end of September. This will use a ring-fenced selection process – restricted to the three existing providers (Russell’s Hall Hospital in Dudley; New Cross Hospital in Wolverhampton; and Manor Hospital in Walsall). A full open European Union procurement exercise was considered as one of the procurement options. However the Clinical Leaders Senate took the view at its meeting on 29<sup>th</sup> June 2011 that a ring-fenced selection provides 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 will allow the development of innovative vascular services to the population of the Black Country.
- 2.4 A letter to all councillors across the three local authority areas was sent out on 23<sup>rd</sup> August 2011 by the Black Country Cluster Chief Executive, and a stakeholder letter sent out on 9<sup>th</sup> September 2011 (Appendix A). This letter addresses several of the questions previously raised by Members. In addition, the vascular review has been discussed at different stakeholder forums

(Healthcare Forum on 6<sup>th</sup> September; Black Country Cardiovascular Network on 12<sup>th</sup> September; Dudley Federation of Tenants and Residents Associations scheduled for 29<sup>th</sup> September).

- 2.5 During week commencing 5<sup>th</sup> September, the Department of Health conducted a business Gateway Review on the vascular surgery reconfiguration process. This considers the business case for change including: the deliverable benefits for patients; clinical and quality considerations; value for money; and the engagement plan adopted during the process. A wide array of stakeholders was invited to take part in the Gateway review - conducted through a series of interviews. The Dudley Health and Adult Social Care Scrutiny Committee was represented on the Chairman's behalf by the Scrutiny Officer for Dudley Council. Feedback from the Gateway Review was not available at the time of writing and so a verbal report will be offered to the meeting.
- 2.6 Virtually all stakeholder feedback so far has been supportive of the change towards a single specialist centre for vascular surgery. The most common concern expressed has been about how the creation of a single site for surgery will impact on a patient requiring an emergency AAA procedure who may need to travel a further distance than if the 3 existing sites remain in operation. The Healthcare Needs Assessment for the project summarises this concern:

*"Making a decision like this is difficult. Asking people to travel a bit further for their operation may make it harder for some people to get to the hospital, or for people to come and visit them. People often worry that it might take longer for an emergency ambulance to take them to hospital. We also need to make sure that we aren't unfair to people who live in certain communities."*

(Specialist Vascular Surgery Healthcare Needs Assessment, July 2011; p7)

- 2.6 The AAA screening programme is extremely important to this. A successfully implemented screening programme will shift the burden of admissions from emergency to elective care and reduce the overall mortality rates for patients. Currently, emergency patients do not fare well. One in four patients admitted to hospital requiring an emergency operation for an abdominal aortic aneurysm will die. Even more people die outside of hospital before they can be reached.

*"A person whose aneurysm ruptures has little chance of survival. Most people die outside of hospital. Most deaths currently occur catastrophically, and before help can be reached. Being treated as an elective patient offers a vastly superior chance of survival. Changing the ratio of emergency to elective patients can only be accomplished through earlier diagnosis. Increasing speed of delivery to hospital would have little effect. "*

(Specialist Vascular Surgery Healthcare Needs Assessment, July 2011; p23)

### **3.0 Timetable**

- 3.1 Submission of completed tenders will be required week commencing 24<sup>th</sup> October. Evaluation is anticipated to be completed week commencing 7<sup>th</sup> November, with Black Country Cluster Board approval on recommendation of the successful site anticipated week commencing 28<sup>th</sup> November.

## **4.0 Next steps**

- 4.1 Regular updates will continue to be brought to this Committee and to the overview and scrutiny Committees for Walsall and Wolverhampton.
- 4.2 Because of the nature of the reconfiguration proposals, the approach taken by the project team has been to anticipate that the Overview and Scrutiny Committees in Dudley, Walsall and Wolverhampton might consider this reconfiguration to be a substantial variation. This update and previous 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.
- 4.3 A previous suggestion for a meeting of all three Chairs has been agreed in principle but it was not possible to secure this meeting over the summer. It is proposed that the three Chairs meet at the earliest opportunity in Autumn to consider and agree on the most appropriate treatment of the vascular review for scrutiny purposes.

## **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, 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.

## **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.

## **7.0 Recommendation**

- 7.1 Members are asked to
- i. Note the report
  - 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. Agree to the Chair of Dudley Health and Social Care Scrutiny Committee meeting with the Chairs of Walsall and Wolverhampton to consider the approach to joint scrutiny of the vascular review.



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