

# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

21 AUGUST 2012

## VASCULAR REVIEW

Report from: Neil Davies, Chief Executive

Author: Teri Reynolds, Democratic Services Officer

### Summary

This report updates the committee on the NHS Kent and Medway's proposals relating to a review of vascular surgery across Kent and Medway.

#### 1. Budget and Policy Framework

1.1 Under Chapter 4 – Rules, paragraph 22.2 (c) terms of reference for Health and Adult Social Care Overview and Scrutiny Committee has powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

#### 2. Background

2.1. The attached completed protocol questionnaire sets out the current review of vascular services in Kent and Medway. The review proposes a change of model of care for Vascular surgery across Kent and Medway, with potential centralisation of specialised vascular surgical procedures at the East Kent Hospitals University NHS Foundation Trust Kent and Canterbury Hospital site, retaining Medway Maritime Hospital as a 'spoke' site where the majority of care for Medway and Swale residents will take place.

2.2. These changes are required in order to ensure that the two current vascular surgical centres (Medway NHS Foundation Trust and East Kent Hospitals NHS University Foundation Trust) are compliant with the recently published Vascular Society of Great Britain and Ireland document (The Provision of Services for Patients with Vascular Disease 2012). All services across the South of England are currently under review.

2.3 Implementation of any changes will take place for 2013/14.

2.4 As the changes affect service users across Kent and Medway, should both this committee and the Kent Health Overview and Scrutiny Committee

consider the changes to be a substantial variation, then a Joint Health Overview and Scrutiny Committee would need to be held.

### **3. Risk management**

3.1. There are no risk implications at this stage.

### **4. Legal and Financial Implications**

4.1. There are no legal and financial implications at this stage.

### **5. Recommendations**

5.1. Members are asked to comment on the changes in vascular services outlined in the attached completed protocol questionnaire and decide whether or not the changes are a substantial variation.

### **Background papers:**

None.

### **Lead officer:**

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**Health Overview and Scrutiny**

**Health Service development or variation -  
assessment form**

In order that the relevant Health Overview and Scrutiny Committee can assess whether it agrees that a proposed service change or development is “substantial” please provide the following details.

**A brief outline of the proposal with reasons for the change and timescales**

Change of model of care for Vascular surgery across Kent & Medway, with potential centralisation of specialised vascular surgical procedures at the East Kent Hospitals University NHS Foundation Trust Kent & Canterbury Hospital site, retaining Medway Maritime Hospital as a ‘spoke’ site where the majority of care for Medway and Swale residents will take place.

These changes are required in order to ensure that the two current vascular surgical centres (Medway NHS Foundation Trust and East Kent Hospitals NHS University Foundation Trust) are compliant with the recently published Vascular Society of Great Britain and Ireland document (The Provision of Services for Patients with Vascular Disease 2012). All services across the South of England are currently under review.

Implementation of any changes will take place for 2013/14.

**Extent of consultation**

- (a) Have patients and the public been involved in planning and developing the proposal?
- (b) List the groups and stakeholders that have been consulted
- (c) Has there been engagement with the Medway LINK?
- (d) What has been the outcome of the consultation?
- (e) Weight given to patient, public and stakeholder views

Currently the commissioners are undertaking a gap analysis and developing an action plan as part of a South of England SHA review. Patient and public engagement has been via the patient representatives on the Kent & Medway Vascular and Interventional Radiology Network.

There has been no formal consultation at this point as the proposals are still being developed and the impact is not yet fully quantified. However, the impact is expected to be minimal as the majority of patients will continue to receive care locally and only a small number of patients will need to access specialised surgery at a different provider.

### **Effect on access to services**

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

The number of patients affected is currently being quantified as part of the review work. However, only those patients requiring specialised surgery will be treated at an alternative site under the proposal.

The main impact will be on Medway/Swale patients who currently have specialised vascular surgery requiring an in-patient stay at the Medway Maritime hospital. The current proposal being supported by the two Trusts is for a proportion of these patients to be treated at the Kent & Canterbury hospital.

The majority of services will continue to be provided at the Medway Maritime site with enhanced local services to support the new model where required.

A small number of patients will need to travel to Canterbury for their surgical procedure instead of Medway under the proposed model.

### **Demographic assumptions**

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

Patient flows and numbers are currently being identified, and further details will be supplied at the HASC meeting on August 21st. The main impact will be on Medway and Swale patients who currently flow into the Medway service. However, the majority of patients will continue to receive their care locally, with enhanced local services to support the proposed changes.

Patients currently treated at Kings College, London will continue to be treated in London.

**Can you estimate the impact this will have on specific groups?**

- (a) What will be the impact on children?
- (b) What will be the impact on people with disabilities?
- (c) What will be the impact on older people?
- (d) Has an equalities impact assessment been carried out of this proposal?

The impact on these groups of patients is currently being quantified as part of the review work. However, the total number of patients that will be affected by the proposed change is small. A full EIA will be undertaken as part of the South of England review.

**Choice and commissioning**

- (a) Will the change generate a significant increase or decrease in demand for a service arising from patient choice, payment by results and practice based commissioning?
- (b) Have plans been made for “financial cushioning” if additional capacity is not taken up?
- (c) Is the proposal consistent with World Class Commissioning and reflected in NHS Medway commissioning plans?

There should be no change to demand as a result of the potential change.

The Trusts are currently assessing the financial implications of any changes.

The proposal is consistent with World Class Commissioning and is being driven by a requirement to ensure safe, sustainable and robust services for the future. The review is in line with the national commissioning requirements of the NHS Commissioning Board Authority.

**Clinical evidence**

- (a) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (b) Will any groups be less well off?
- (c) Will the proposal contribute to achievement of national and local priorities/targets?

The review is in response to the recently published Vascular Society of Great Britain and Ireland document “The Provision of Services for Patients with Vascular Disease 2012” which sets out clinical standards and outcomes for vascular surgery.

The proposals should strengthen vascular surgical services for all patients across Kent & Medway.

The proposals will contribute to the achievement of national priorities.

### **Joint Working**

- (a) How will the proposed change contribute to joint working and improved pathways of care?

The proposed changes will be based on a network of care which will encompass joint working between the two main acute providers – EKHUFT and Medway FT. In addition, the pathways for pre and post care for vascular patients will be strengthened as a result of the review, with an additional focus on non-acute health services.

### **Health inequalities**

- (a) Has this proposal been created with the intention of addressing health inequalities and health improvement goals in this area?  
(b) What health inequalities will this proposal address?  
(c) What modelling or needs assessment has been done to support this?  
(d) How does this proposal reflect priorities in the JSNA?

This proposal is intended to improve health outcomes by ensuring high quality services in line with national clinical outcome standards. Centralisation of specialised surgical services will enable robust clinical infrastructure and sustainable expertise into the future.

All patients within Kent and Medway will be able to access the same quality of care.

The options for service delivery are being developed in line with the Vascular Society standards of care.

### **Wider Infrastructure**

- (a) What infrastructure will be available to support the redesigned or reconfigured service?  
(b) Please comment on transport implications in the context of sustainability and access

The proposed service will make more efficient and effective use of the expertise currently available within Kent and Medway. Both EKHUFT and Medway FT have existing infrastructures that when brought together, will result in economies of scale which will enable the Kent-wide service to be fully compliant with the necessary infrastructure to deliver the required standards. Local infrastructure requirements will be put in place to support the model, ensuring local access for the majority of patients.

The specialised surgical elements of the service will be commissioned by an expert team within the new National Commissioning Board for April 2013.

The number of patients requiring treatment at a different site in the future is small. Transport arrangements are already in place to ensure that patients can access vascular services across both providers and will be clarified as part of the detailed work over the next 6 weeks. Clinicians from Medway FT undertook surgery at the Canterbury site as part of the development of the Medway service, and therefore such transport arrangements have been proven to work in the past.

**Do you believe the outlined proposal is a substantial variation or development?**

No. The majority of vascular services will continue to be delivered locally, with a small number of patients receiving surgery in the future at an alternative site. The changes will deliver improved outcomes and a service that will be robust and sustainable into the future.

**Is there any other information you feel the Committee should consider in making its decision?**

Following the current NHS restructure, the commissioning of vascular surgery will be led by the National Commissioning Board, through a team serving the Kent & Medway, Surrey and Sussex areas. The NCB team will liaise with local Clinical Commissioning Groups to ensure that services commissioned by them meet local needs as appropriate.