

Recommendation on Vascular Surgery in South East Hampshire

On 26th September 2013, the Wessex Senate Council met for its inaugural meeting. The Council was asked by NHS England (Wessex) to consider three options for reconfiguration of vascular surgery in South East Hampshire:

- Option 1 Maintain two independent vascular centres
- Option 2 Network model as described in the NHS Contract for Specialised Vascular Services¹ with all inpatient surgery at University Hospital Southampton *N.B. This was the preferred option of NHS England (Wessex)*
- Option 3 Move all surgery from Portsmouth Hospitals Trust to University Hospitals Southampton

The Senate Council was asked to review these options for vascular services against national and local guidance and to advise on the potential impact on patient outcomes, co-dependencies, co-location of services and standards for inter-organisational and inter-agency collaboration.

Portsmouth Hospitals Trust presented Option 4 on the day:

- Continue the present network arrangements for screen-detected aneurysms
- Shared multi-disciplinary team for complex cases
- Shared training in vascular surgery (replicating interventional radiology model)
- Shared research
- Two way movement of complex cases: Complex EVAR to University Hospitals Southampton and Renal compromise cases to Portsmouth Hospitals
- Create the environment where a regional emergency endovascular service could be developed.

The Senate Council reviewed all of the options and found that:

The proposed options for the provision of vascular surgery in South East Hampshire did not identify a sustainable pathway and workforce, which would withstand shortages in key skills and keep up with rapid technological changes. There was a need for greater focus on the

¹ 2013/2014 NHS Standard Contract for Specialised Vascular Services (Adults) A04/S/a, NHS Commissioning Board, 2013

delivery of elective and emergency services with high quality pre and post discharge rehabilitation, re-enablement and psychological support close to where the patients live.

1. There is a need to future-proof any service change

The Senate Council noted that new national medical training in both surgical and endovascular procedures commenced this year. The first cohort of vascular specialists will be working in hospitals in 5 or 6 years' time. In the interim, there is need for both surgical and vascular interventional radiology rotas around the clock, 7 days a week.

2. Option 1

The Senate Council recognised that there were no local circumstances which would justify deviation from the service model for abdominal aortic aneurysm (AAA) as described in the NHS Standard Contract for Specialised Vascular Services². Surgeons need to be able to demonstrate assurance that they are achieving high quality outcomes. Furthermore, a larger number of surgeons would allow for enhanced care due to the ability to sub-specialise in particular areas.

The Senate Council was not persuaded that the Renal Service at Portsmouth Hospitals NHS Trust required co-location with a vascular centre. Transplant surgeons would be expected to have competencies in vascular access and should have access to further vascular surgical advice and expertise when required on occasions.

There are insufficient vascular surgeons undertaking a high enough volume of procedures and insufficient interventional radiologists to provide sustainable 24 hour specialist emergency care independently on the Portsmouth Hospitals and University Hospitals Southampton sites. Portsmouth Hospitals stated that they have organised adequate out of hours cover from a mixture of locum, vascular and renal surgeons with a vascular interest and by helping each other out in a crisis. However, this is not sustainable in the longer term, particularly when there is also a need to change the current provision of a 5 day a week vascular service to a 7 day service in both Portsmouth and Southampton without additional resources.

The Senate Council does not support two independent vascular centres for the population of South East Hampshire because the model is unsustainable in a 5-10 year time frame. This is due to a forecast reduction in the number surgical procedures due to screening and

² 2013/2014 NHS Standard Contract for Specialised Vascular Services (Adults) A04/S/a, NHS Commissioning Board, 2013

technological advances in other treatments which will reduce the need for surgery. There is also a national shortage in skilled medical, nursing and allied health care professionals. Future technological advances would require an unsustainable level of investment at both sites and there is a requirement for subspecialist expertise and for the future employment of trained endovascular surgeons.

3. Option 2 and Option 3

The Senate was concerned that the provision of vascular services other than major surgery was not adequately addressed in these options. The Senate noted the high morbidity from diabetes and the significant deprivation in areas of both major cities.

The Senate also considered the need for re-enablement and psychological support for patients and the importance of local delivery of these components of a vascular service to a patient population with mobility problems, including a significant number of amputees.

4. Option 4

The Senate recognised the potential value of a network in delivering clinical synergies. However, this option did not address the issues of sustainability in terms of 24/7 consultant rotas nor did it provide a solution to the anticipated costs of technological advances in a time of constrained resource.

Given the historical difficulties in collaboration between the Trusts, the Senate was not confident that the described arrangements were sustainable.

5. Recommendation

The Senate Council makes the following recommendations:

- 1) Services for patients in South East Hampshire requiring vascular expertise are provided by a single clinical service across the Portsmouth Hospitals and University Hospitals Southampton NHS Trusts
- 2) The single clinical service includes all vascular surgeons, vascular radiologists, together with other staff as the service and commissioners determine
- 3) The service has a single clinical director and management team who are accountable for patient access, safety, experience and outcomes of the service

- 4) The clinical director and management team are accountable for the sustainability of high quality services, research, innovation, teaching and training
- 5) The service should ensure that interventional clinicians undertake an appropriately high volume of procedures as determined by the NHS Standard Contract for Specialised Vascular Services³ and at the same time meet the challenge of providing local services to support an extended pathway into primary and community care
- 6) The service should establish, as a matter of urgency, a single rota for emergency seven day vascular assessment and interventions, including radiological, endovascular and surgical procedures and support for the Regional Major Trauma Centre
- 7) As a matter of urgency, all emergency and elective major inpatient interventions (such as AAA repair, symptomatic and ruptured aneurysm treatment) should be delivered at University Hospitals Southampton
- 8) The service should bring forward proposals, with implementation dates, for the management of carotid arterial disease and major amputations, with local assessment and re-enablement, in the light of the NHS Standard Contract for Specialised Vascular Services³, for agreement with commissioners
- 9) The service should focus on the needs of the local populations for vascular clinical care including diagnosis and day case surgery with demonstrable high quality outcomes, re-enablement and psychological support of patients as close to their homes as possible
- 10) Commissioners should regularly monitor performance and quality metrics and ensure that vascular outcomes improve in accordance with Domains 1 to 5 of the NHS Outcomes Framework. The metrics should reflect the recommendation to provide care closer to home and the extended recovery and re-enablement pathway.

³ 2013/2014 NHS Standard Contract for Specialised Vascular Services (Adults) A04/S/a, NHS Commissioning Board, 2013