

Meeting of
Lanarkshire NHS Board
28th July 2010

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CONCENTRATION OF INPATIENT VASCULAR SURGERY

1. PURPOSE

The continuing changes to the scope and practice of vascular surgery resulted in a review of vascular services in 2005/06 as part of the "Picture of Health" planning process. The review concluded that inpatient vascular services would be best delivered from fewer hospitals. Further work during 2010 has led to a proposal that this service should now be concentrated on one site.

This paper, and its two Annexes, describes the case for concentration of vascular inpatient surgery at Hairmyres Hospital, and the engagement which has taken place with key stakeholders on this proposal.

The NHS Board is asked to agree that the vascular inpatient service should be concentrated at Hairmyres Hospital by the end of 2010.

2. SUMMARY OF KEY ISSUES

In June 2006 the "Picture of Health" planning process outlined the strategic intention that vascular surgery should be delivered on fewer sites. The first step toward this was taken in May 2007 with the transfer of inpatient services from Monklands Hospital, resulting in the current two-site surgical service at Hairmyres and Wishaw.

The key drivers toward this change in service were identified as:

- improved clinical outcomes for patients from the concentration of surgical expertise and experience on fewer sites;
- need for co-location of interventional radiology and vascular surgery;
- limited availability of expensive equipment to support this service.

Since that time the specialty has continued to develop and evolve as described in **Annex 1**:

- daycase rates have increased;
- multi-specialty procedures are more common and
- surgical interventions have become less invasive

Annex 1 was a briefing paper used for Stakeholder engagement and submitted to the Scottish Government Health Department.

Engagement with staff, patients' representatives and other stakeholders was carried out through a workshop on 11th June 2010. The full report on the outcome of the event is attached as **Annex 2**. Those who attended the workshop were asked to consider two issues:

1. Is a single-site service model for inpatient vascular surgery robust?
2. Which site would be the better location for such a concentrated service?

The attendees were divided into 5 groups who considered these questions in parallel sessions. The single-site model was unanimously endorsed by 4 of the 5 groups with two attendees in total expressing a preference for a two-site model. Similarly, there was strong consensus that Hairmyres was the preferred site and from 62 attendees who scored, only 2 preferred Wishaw as the single site.

The Scottish Health Council have a responsibility under CEL 4(2010) "Informing, Engaging and Consulting People in Developing Health and Community Care Services" to review the quality and scope of the engagement carried out under any health service change process. SHC have concluded that the stakeholder engagement which took place was sufficient and effective in capturing the full range of stakeholders' views on the proposal, and have submitted a formal report to that effect.

The proposal was then passed to the Delivery Directorate of the SGHD for consideration by the Cabinet Secretary. SGHD confirmed on 12th July 2010 that the Cabinet Secretary did not consider the concentration of this service to be "major" service change (as defined by CEL 4(2010)).

This leaves the NHS Board free to consider the case for change based on the merits as described in Annex 1 without the requirement for further public consultation.

The conclusions from the stakeholder event are that:

- vascular inpatient surgery would be best delivered from one acute hospital; and
- Hairmyres Hospital would provide the better location for this service.

The proposed concentration of vascular inpatient services will affect approximately 200 patients each year who are admitted for complex surgery at Wishaw general Hospital. This service change will not affect community and hospital vascular outpatient services (delivered from 9 locations) and vascular daycase surgery (delivered from the 3 acute hospitals).

3. ACTIONS

If this proposal is supported by the NHS Board, the Director of Acute Services will initiate a project team which will be tasked with completing the concentration of this service at Hairmyres Hospital. The project team will include staff side and senior clinical representatives.

The factors which will be addressed include:

- Rescheduling of theatre lists at Hairmyres to accommodate additional vascular sessions;
- Transfer of inpatient posts from Wishaw to Hairmyres under NHS Lanarkshire HR protocols;
- Consideration of the need for any further communication with GPs, patients and other stakeholders.
- Defining and redesigning as appropriate the model of in-patient vascular services including the rehabilitation component of vascular pathways
- Review of the financial framework and exploring the opportunity to improve efficiency and productivity (as a minimum, this will be revenue cost-neutral)

It is anticipated that the transfer will take place before the end of 2010.

4. CONCLUSION

The NHS Board is asked to **note** the conclusions reached by the stakeholder engagement process and **agree** that inpatient vascular services should be concentrated at Hairmyres Hospital before the end of 2010.

5. FURTHER INFORMATION

Further information on any aspect of this paper is available through:

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