

Reference:	
Report to:	Cluster Board
Meeting Date:	2 nd November 2011

CHESHIRE AND MERSEYSIDE VASCULAR SERVICES REVIEW

Lead Cluster Director:	Kathy Doran Chief Executive		Relevant PCT	All	Central & Eastern Cheshire	Warrington	Western Cheshire	Wirral
Lead Author:								
Contributors:								
Recommendation Summary:	Approve	✓						
	Note							

Purpose of Report:	To seek approval in principle from the cluster Boards of NHS Cheshire, Warrington & Wirral and NHS Merseyside to the accreditation of two arterial centres, subject to the outcome of formal public consultation.
Recommendation:	<p>The 2 Cluster Boards are asked to discuss the proposals and:</p> <ul style="list-style-type: none"> a) Accept the recommendations of the Review Project Board (paragraphs 5 and Annex A); b) Note the Impact Assessment report conclusions (paragraphs 6 & 7 and Annex B) and accept the recommendation for a review of interventional radiology; c) Endorse the recommendation of relevant Clinical Commissioning Group Chairs that the South Mersey arterial centre should be based at the Countess of Chester Hospital NHS Foundation Trust, networked with Wirral, Warrington and Whiston; d) Approve the consultation proposal with results to be reported at March Cluster Boards (paragraphs 9 & 10 and Annex C); e) Agree the proposed arrangements for implementation planning (paragraphs 11 – 13).
Next Steps:	Further to Cluster Board approval Formal Public Consultation will commence.

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DOES THIS REPORT / ITS RECOMMENDATIONS HAVE IMPLICATIONS AND IMPACT WITH REGARD TO THE FOLLOWING:

1.	QUALITY	
1(a)	Patient Safety	Yes /
1(b)	Clinical Effectiveness	Yes /
1(c)	Patient Experience (including patient and public involvement)	Yes /
2.	ADDITIONAL RESOURCE IMPLICATIONS (either financial or staffing resources)	/ No
3.	HEALTH INEQUALITIES	Yes /
4.	HUMAN RIGHTS, EQUALITY & DIVERSITY REQUIREMENTS	Yes /
5.	EQUALITY IMPACT ASSESSMENT	Yes /
Do you agree that this document can be published on the website? <i>(If not, please note that it may still be subject to disclosure under Freedom of Information - Freedom of Information Exemptions)</i>		✓

Report History/Development Path					
Report Name	Ref	Locality	Submitted to	Date	Brief Summary of Outcome

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NHS CHESHIRE, WARRINGTON AND WIRRAL

CHESHIRE AND MERSEYSIDE VASCULAR SERVICES REVIEW

INTRODUCTION

1. The purpose of this paper is to seek approval in principle from the PCT Cluster Boards of NHS Cheshire, Warrington & Wirral and NHS Merseyside to the accreditation of two arterial centres, subject to the outcome of formal public consultation.

BACKGROUND

2. A review of vascular services in Merseyside and Cheshire was established in June 2010 by the Primary Care Trust Directors of Commissioning and Directors of Finance working collaboratively. The review was chaired by Paul Brickwood Director of Finance and Commissioning of NHS Knowsley.
3. The review was designed to ensure that services in Cheshire and Merseyside achieve best outcomes for patients in line with national Vascular Society recommendations. Similar reviews are being carried out across the country. Specific goals were:
 - To provide the best possible care for our patients;
 - To ensure specialist doctors are available at all times;
 - To meet the standards set by our doctors;
 - To make sure that everyone has equal access to innovative procedures, such as keyhole techniques;
 - To be ready for the new Abdominal Aortic Aneurysm (AAA) screening programme.

THE REVIEW

4. The review Project Board met 11 times and produced a final report to commissioners in October 2011. This is attached at Annex A. This sets out:
 - Details of the process followed;
 - The involvement of the specialist vascular community in determining the clinical standards to be adopted;
 - An activity analysis;

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- Details of the public consultation – the Board held two engagement meetings, one for the public and one for NHS staff, attended by a total of 119 people. They presented proposals to the overview and scrutiny committees of every local authority in Cheshire and Merseyside, wrote to all local members of parliament and briefed three in person. They also obtained views of 1,452 members of the public and 558 staff members, which resulted in a total of 2,010 respondents via engagement meetings and an internet survey.
- The invitation to trusts for network applications and the results of that invitation

5. The recommendations are set out in full in the report and may be summarised as :

- We recommend that two networks are commissioned, with one arterial centre in each network;
- We recommend that this network (Royal Liverpool & Broadgreen University Hospitals NHS Trust, Aintree University Hospital NHS Foundation Trust and Southport & Ormskirk Hospital NHS Trust) is commissioned, and that it is implemented as soon as possible;
- We recommend commissioning services from the Mid-Mersey group of hospitals as part of a wider network including either at least one other hospital in Cheshire, or as part of the Liverpool network;
- We recommend that these discussions be brought to a conclusion, whereupon commissioners should decide whether the Cheshire network should be centred at Chester or at Warrington;
- We recommend that commissioners decide between these alternatives, taking into consideration the factors we mention;
- We recommend that an Implementation Board, led by clinical commissioning groups, is convened as soon as possible to oversee this.

WARRINGTON IMPACT ASSESSMENT

6. As part of the discussion of the potential outcome of the review related to Warrington & Halton Hospitals NHS Foundation Trust and St Helens & Knowsley Teaching Hospitals NHS Trust (Whiston), concern was expressed locally regarding the potential impact on other services if Warrington was not chosen as an arterial centre. Warrington Health Consortium (Clinical Commissioning Group) together with NHS Cheshire, Warrington & Wirral (Primary Care Trust Cluster) agreed to set up an impact assessment of the potential consequences. Although this assessment focussed principally on Warrington, it was acknowledged that the report would have wider implications for any hospital which currently provides vascular services which was not accredited as a future arterial centre.

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7. The review was undertaken by a group chaired by Helen Bellairs former Chief Executive of NHS Western Cheshire. A copy of the final report is provided at Annex B.
8. The report concludes that “risks are all, in principle, capable of being mitigated as the process moves forward. Commissioners and Trusts will need to work together, but with a strong implementation plan this is seen as feasible.” It further recommends a review of interventional radiology which considers the establishment of networked arrangements that provide in hours and out of hours response ensuring clinicians serve local Trusts regularly and have good working arrangements in all Trusts in which they work.

SELECTION OF THE SOUTH MERSEY ARTERIAL CENTRE

9. In order to respond to the recommendation that “commissioners should decide whether the Cheshire network should be centred at Chester or at Warrington”, a process was established to develop a recommendation. The Mid Mersey option based on Warrington & Halton Hospitals NHS Foundation Trust and the Wirral/Chester option based on the Countess of Chester Hospital NHS Foundation Trust were invited to make a presentation to commissioners. The Trusts were asked to set out how their Trust would lead a South Mersey vascular network where it was one of two vascular centres in Cheshire and Merseyside. Having heard both presentations and having had the opportunity to ask questions of the two teams, Clinical Commissioning Group Chairs from Wirral, Western Cheshire, Warrington and Halton came to a unanimous view that their preferred option was to recommend to the NHS Cheshire, Warrington & Wirral (Cluster) Board that the South Mersey arterial centre should be based at the Countess of Chester Hospital NHS Foundation Trust. They felt that the Chester/Wirral presentation set out a credible plan for developing a networked service for the population of Warrington, Halton, Western Cheshire and Wirral, whilst facilitating the sustainability of a full range of local hospital services. They recognised that further discussion would be needed with respect to the populations of St Helens and Knowsley and the development of appropriate clinical pathways.

CLINICAL COMMISSIONING GROUP BRIEFING

10. Clinical Commissioning Groups were briefed during the course of the review. South Mersey Clinical Commissioning Group Chairs have been involved in the selection of a preferred South Mersey centre as described above. In addition a briefing session for all Clinical Commissioning Group Chairs was arranged on 20th October to ensure that they were adequately briefed regarding the review. Those attending indicated that they were content with the proposals.

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FORMAL PUBLIC CONSULTATION

11. As has already been pointed out, the review team undertook extensive public consultation in respect of the review. This is described in paragraph 4 and on pages 7 and 8 of the report to commissioners at Annex A. It is now proposed that to complete that process, a formal public consultation document should be issued. A draft plan is at Annex C. The proposal is that the consultation should begin after both Cluster Boards have considered this paper. The results would be reported back to the March meetings of the Cluster Boards.
12. Given the extensive pre-consultation which has taken place, it is proposed that implementation planning should take place during the consultation phase with a view to being ready for implementation from 1st April 2012, subject to the outcome of the consultation. The following paragraphs set out proposals for implementation planning.

Implementation Planning Proposals

13. It is proposed that a steering group should be established to oversee the consultation process and to give leadership to the detailed planning for implementation. This would be chaired by one of the Cluster Chief Executives. It would include representation from:
 - Clinical Commissioning Group Chairs
 - North West Specialised Commissioning Group
 - Public Health
 - Directors of Commissioning for each Cluster
 - Chief Executives of the proposed arterial centres
 - Lead Clinicians of the proposed arterial centres
 - Representatives of the non arterial centres
14. The steering group would be responsible for :
 - Oversight of public consultation;
 - Signing off implementation plans including patient pathways for the “middle ground” population for whom it is not absolutely clear which centre they would naturally use;
 - Ensuring the implementation plans are reflected in contracts;
 - Making the necessary links with the introduction of the AAA screening programme;
 - Considering how best to undertake the review of interventional radiology proposed in the Warrington Impact Assessment and ensuring synergy with the development of plans for the arterial centres;

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- Making links to the Trauma Review and those implementing its recommendations

15. It is further proposed that there should be two operational implementation groups. These groups would report to the steering group. They would be chaired by the Chief Executive or nominated deputy of each of the proposed arterial centres. They would involve representatives of clinicians and Trust management in each of the Trusts with which they intend to network. Each of the groups would develop detailed implementation plans for signing off by the steering group as ready for incorporation into contracts.

CONCLUSION AND RECOMMENDATIONS

16. The process of discussion and debate and discussion regarding the future of vascular services has been detailed and thorough. We are indebted to the review project Board under the Chairmanship of Paul Brickwood. We now have a clear series of recommendations for decision. The Cluster Boards are asked to discuss the proposals and:

- a) Accept the recommendations of the Review Project Board (paragraphs 5 and Annex A);
- b) Note the Impact Assessment report conclusions (paragraphs 6 & 7 and Annex B) and accept the recommendation for a review of interventional radiology;
- c) Endorse the recommendation of relevant Clinical Commissioning Group Chairs that the South Mersey arterial centre should be based at the Countess of Chester Hospital NHS Foundation Trust, networked with Wirral, Warrington and Whiston;
- d) Approve the consultation proposal with results to be reported at March Cluster Boards (paragraphs 9 & 10 and Annex C);
- e) Agree the proposed arrangements for implementation planning (paragraphs 11 – 13).

Kathy Doran - Chief Executive Cheshire Warrington Wirral
Derek Campbell – Chief Executive Merseyside

November 2011