

## Health Overview and Scrutiny

### Briefing paper

**Title: Business case for development of a vascular network for Hampshire**

**Purpose of paper:**

- To present the case for change for sustainable vascular arterial services in Hampshire/Isle of Wight which consistent with the NHS England Service Specification for Vascular Services.
- To brief members about the communications and engagement strategy to support the above.

**Brief Summary:**

1. The last overview and scrutiny update was in October 2015, following a review by the Vascular Society of Great Britain and Northern Ireland (VSGB).  
  
Since that update, NHS England has been working with partners to develop a business case which includes an options appraisal for vascular services.
2. The business case has been assessed through NHS England's internal assurance process and a preferred option agreed. NHS England's intention is to deliver these services as a network involving University Hospital Southampton (UHS) as the hub, with Queen Alexandra Hospital, Portsmouth (PHT), and St Mary's Hospital, Isle of Wight and the Royal Hampshire County Hospital, Winchester as spokes

**Background and Key issues:**

1. A vascular network exists in Hampshire with University Hospital Southampton (UHS) as a major arterial centre (hub) and St Mary's Hospital, Isle of Wight and the Royal Hampshire County Hospital, Winchester as spokes. Major arterial surgery is currently also delivered at PHT.
2. Neither UHS nor PHT are able to meet the service specification for vascular services
3. Attempts over several years to resolve these issues have not succeeded largely due to concerns that change would put interdependent services at PHT at risk
4. A review by the vascular society in 2015 recommended a network solution with a single hub at UHS. This review established the clinical evidence-base for change

5. Since the Vascular Society Review, capacity at PHT has worsened due to difficulty in recruiting a replacement surgeon. This results in unsustainable demand in terms of workload and out of hours cover for the remaining vascular surgeons. A contingency plan is being jointly developed by UHS and PHT to support the on-call vascular surgical rota at PHT and ensure the service remains safe in the event of further reduction in capacity.
6. Issues relating to interdependent services at PHT have been addressed by describing a networked solution which will deliver a high level of vascular surgical support on the PHT site which at least matches the current provision.
7. Engagement with CCGs, clinicians and vascular surgeons in Wessex has led to strong clinical consensus around the case for change and the development of a nascent clinical network
8. UHS has developed a high-level capacity plan to deliver the required activity
9. NHS England proposes to engage with patients about their current experience of services and to consider how the evolving service model can improve that patient experience.

**Actions required:**

1. Members are asked to consider the business case which now has clinical approval
2. Members are asked to note the communications and engagement plan