AGENDA ITEM
2.1.7

CTM BOARD

SOUTH EAST WALES VASCULAR NETWORK ENGAGEMENT

Date of meeting	(28/01/2021)
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
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Presented by	Clare Williams, Executive Director of Planning & Performance
Approving Executive Sponsor	Executive Director of Planning & Performance
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Management Board / Executive Team	23/10/2019 28/10/2019 08/06/2020 19/08/2020 11/01/2021	ENDORSED FOR APPROVAL

ACRONYMS	
CHC	Community Health Council
CTM	Cwm Taf Morgannwg University Health Board
PCH	Prince Charles Hospital
POWH	Princess of Wales Hospital
RGH	Royal Glamorgan Hospital
UHW	University Hospital of Wales

1. SITUATION/BACKGROUND

1.1 This report sets out a proposal for the management of engagement and consultation in respect of proposed changes to vascular services in South East Wales.

1.2 Work has been underway for many years regarding the sustainability of vascular services in South East Wales. It remains the only region in the UK without a formal network in situ, although clinicians have worked well together over time to enable joint arrangements to be put in place, particularly a well-established out of hours collaborative on call.

1.3 There is a range of guidance and reference points that propose that a networked arrangement is the most appropriate configuration for vascular services which is a view supported by clinicians across the 3 provider Health Boards. Significant work has been undertaken through clinical teams in exploring potential future options for the delivery of the service in the area, and these were first articulated in a clinical option appraisal undertaken in 2014.

1.4 With a strong rationale, clinicians through their work over many years have arrived at a consensus opinion for a hub and spoke model, with the hub being at University Hospital of Wales (UHW) and spokes remaining within Health Board footprints. The spoke arrangements are proposed as follows:

	Step up spoke (acute phase)	**Step down spoke (rehabilitation phase)**
Aneurin Bevan University Health Board	Grange University Hospital, Cwmbran	Royal Gwent Hospital, Newport
Cardiff & Vale University Health Board	University Hospital of Wales, Cardiff	University Hospital Llandough, Vale of Glamorgan

Cwm Taf Teaching Health Board	Royal Glamorgan Hospital, Llantrisant	Ysbyty Cwm Cynon, Mountain Ash Ysbyty Cwm Rhondda, Rhondda

1.5 The guidance on changes to NHS services in Wales proposes a two stage process to the management of change that requires consultation and engagement. It should be noted that there is also provision in the guidance for the management of urgent temporary change which is a situation that applies to Cwm Taf Morgannwg (CTM) who had to make this arrangement for Vascular services during Covid19 as the service became unsustainable.

1.6 The proposals set out below seek to enable good governance and management of the change as well as enabling the temporary arrangements in place for CTM to be formally engaged and consulted upon.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Proposal for the management of engagement and potential consultation

2.1.2 Over the past two years programme arrangements have been developed around vascular surgery and most recently, an engagement and consultation work-stream has been formed as part of the overall governance structure.

2.1.3 During October 2020, a report was shared with the Vascular Joint Executive Board which outlined a potential approach to engagement and consultation on the proposals for the service. This was supported and a two stage process of engagement followed by consultation agreed, subject to appropriate engagement with Community Health Council colleagues.

2.1.4 Organisations that need to be part of the consultation and engagement are Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, CTM and Powys Teaching Health Board, as commissioners of these services for their local population. It will also be the responsibility of these organisations to lead the programme of engagement and consultation in their respective areas, however overall co-ordination will be held within the programme structure.

2.2 Focus of consultation and engagement

2.2.1 Further to the decision made by Joint Executive Board for a two stage process, a workshop was held on 17 November 2020 to agree the scope of the engagement and consultation and also to have discussions that would inform the gaps in a skeletal draft consultation document.

2.2.2 As a result of these discussions, it was agreed that the scope of the engagement phase would be to

- Inform people what vascular services are and how they are currently organised
- Explain the challenges facing the services
- Engage in discussions about potential/only viable option and aid understanding on this
- Hear what is important to people in this discussion prior to a period of formal consultation

2.2.3 It was noted that given the extensive work that had been undertaken on a clinical option appraisal and formulation of ideas regarding a hub and spoke model of delivery, that this information should also be shared at the engagement phase. This would offer as much information as possible in order to explore with members of the public, and interested stakeholders views on the process that has been followed and whether there is any other information that should be considered.

2.2.4 To confirm this as the basis of the exercise, clinical colleagues were asked to revisit the clinical option appraisal, and confirm that the conclusion remained valid for the current time. Confirmation was given that the option appraisal remained relevant, and in fact that the preferred option had now been strengthened since the location of the Major Trauma Centre was situated at University Hospital Wales.

2.2.5 As this approach goes beyond the normal parameters of an engagement process, questions that are posed to support the discussion on the future configuration of vascular services in South East Wales are proposed as:

- From reading this discussion document, do you have a good understanding of what vascular services are?
- From reading this document, do you understand how services are currently organised?
- From reading this document, do you have an understanding of the challenges that are currently facing vascular services?

- Is there any other information you think we should consider in order to decide whether we should move towards a networked arrangement for Vascular services in South East Wales?
- Do you agree/disagree with the national evidence and recommendation from the clinical option appraisal that a hub and spoke model would improve vascular services and patient outcomes in South East Wales?
- What are your thoughts on the hub being identified as the University Hospital of Wales Cardiff given the dependencies on other services that are located there?
- Would you agree/disagree that spoke arrangements need to have a consultant led ED and an emergency surgery response on site?
- Subject to your view on the above, would you agree/disagree with the suggested spoke arrangements?
- Do you have a view on the options that have been considered as part of this and are there others we should consider?
- Do you have any thoughts on the process that has been followed to date to consider the future configuration of vascular services in South East Wales?
- Do you have an alternate view on the proposals put forward within this document for the configuration of services?
- A draft discussion document for purposes of engagement is attached at Appendix 1. Note the inclusion of a jargon buster, a questionnaire and an equalities impact assessment as part of the pack.

2.2.6 All Health Boards have well established mechanisms through which they enable cascade and delivery of engagement and consultation materials and these will be used for this programme too. There are also national groups and professional bodies that would need opportunity to engage and consult and these are being profiled within the programme. Given that the engagement and consultation will be happening within a Covid19 context, different ways of engaging the population will need to be established and could include, virtual drop-ins, Facebook lives, videos etc.

2.3 Potential Timeline

2.3.1 The consultation needs to be signed off by all individual Health Boards and be discussed with the Board of CHCs/local CHCs. This means a complex governance arrangement to navigate with Board dates being key dependencies. The following sets out the next available dates:

ORG	PUBLIC BOARD MEETING
Board of CHCs	13th January 2021
Aneurin Bevan University Health Board	27th January 2021

Cardiff & Vale University Health Board	28th January 2021
Cwm Taf Morgannwg Teaching Health Board	28th January 2021
Powys Teaching Health Board	27th January 2021

2.3.2 Based on these dates the following timeline is possible, subject to appropriate resourcing:

Preparation of engagement materials	Mid December 2020	
Draft shared and signed off at vascular steering group	23rd December 2020	
Informal testing of approach with local CHCs and members of vascular governance structure	End of December	
Vascular joint Exec Board (for decision and approval)	06 January 2021	
Agreement of final process at Board of CHCs	13th January	
Board considerations	27th and 28th January 2021	
Translation (approx. 2 weeks)	Mid Feb	
Commence engagement	15th February 2020 - 29th March (6/8 weeks)	
Outcome of engagement to Boards & CHCs and approval to move to consultation	Board of CHCs CVUHB ABUHB CTMTHB PTHB	14thApril 2021 27th May 2021 26th May 2021 26th May 2021 27th May 2021
Subject to approval from Boards to proceed – translation (approx. 2 weeks)	Mid-June	
Commence consultation	June 18th 2021 (period of 8 weeks)	
Consultation ends	August 13th 2021	
Analysis and mitigations	End of August	
Back to CHCs	Date to be received	
Back to Boards	September Boards	

2.3.3 It will be important to keep an open dialogue between Health Boards and CHCs throughout.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 One of the biggest challenges to all organisations at the current time, is the ability to engage people who are not connected electronically (digitally excluded). It is suggested that in this regard, that a letter and hard copy of the discussion document is shared with existing patients and a telephone number offered for contact and discussion. As people are still attending super markets, there is also potential to put a flier in the community board section offering a telephone number contact too (this is likely to mean 'call back' from a member of the project team, rather than immediate discussion).

3.2 The development of a vascular network delivered through a hub and spoke model is the preferred option for clinicians across the South East Wales region. All Health Boards are committed to considering this and will as appropriate reflect that commitment within their IMTP and annual financial planning processes.

3.3 Engagement costs will be split between Health Boards. There is an element of risk to the availability of resource, both within the programme and at Health Board level to implement the arrangements at pace, however this is being worked through with new posts due to some on line shortly.

3.4 Cross Health Board engagement/consultation programmes are complex and need to navigate a number of decision making structures to comply with both programme and organisational governance arrangements. These have been plotted within this report, and result in the timeline proposed. The core documentation materials have been prepared and subject to approval through varying structures will be used to prepare the additional materials referenced in the main body of the report.

3.5 CTM have requested to the CTM CHC that the urgent temporary change remain in place until the completion of the regional engagement and consultation. CTM CHC were supportive of this and we have remained in contact with them confirming our organisational to a programme implementation timeline that supports the required engagement and consultation process

3.6 Due to the urgent temporary service change in place CTM rapidly put in place the spoke service arrangements and pathways that were developed by its internal steering group pre Covid-19. The primary components of the spoke arrangements are;

- Royal Glamorgan Hospital is the primary Spoke site
- UHW Consultant of the week available for phone consultations
- 2 times a week full MDT Ward Round (not funded at present).

- 3 times a week routine clinics with designated Hot slots for urgent referrals
- Ward care will be provided by Diabetic Team with MDT Ward/Hot Clinic input as required
- Rehabilitation provided through existing community hospital teams or COTE team in RGH

3.7 The patient pathway remains the local front door with a medical assessment undertaken for all presentations except for the high risk symptoms of White cold pulseless foot and Severe or critically ischaemic limb where the patient will go directly to UHW.

3.8 Work will continue to refine and embed the pathways until October 2021 this includes the Hot Clinic model, MDT Ward Round and further development of a networked rehabilitation model.

4. IMPACT ASSESSMENT

	Yes (Please see detail below)
Quality/Safety/Patient Experience implications	There is strong evidence that case volume influences patient outcomes with the highest volume hospitals (which undertake 57% of all elective Abdominal Aortic Aneurysm Repairs) have mortality rates under half those seen in hospitals with lowest Abdominal Aortic Aneurysm procedures. A minimum population of 800,000 is considered necessary for a AAA screening programme and is often considered the minimum population required for a centralised vascular service. This is based on the number of patients needed to provide a comprehensive emergency service, maintain competence among vascular specialists and nursing staff and the improvement in patient outcome that is associated with increasing caseload. CTM have been working closely with Cardiff & Vale UHB to ensure the minimal

	impact on patient care since September 2020. Following an urgent temporary service change CTM rapidly put in place the spoke service arrangements and pathways that were developed by its internal steering group pre Covid-19. These pathways continue to offer care closer to home where clinically safe. The patient pathway remains the local front door with a medical assessment undertaken for all presentations except for the high risk symptoms of White cold pulseless foot and Severe or critically ischaemic limb where the patient will go directly to UHW.
Related Health and Care standard(s)	Effective Care
	If more than one Healthcare Standard applies please list below: The implementation of the vascular centralisation is consistent with or meets the themes outlined in the Health & Care Standards for NHS Wales. The proposed future service model for vascular surgery services in South East Wales includes a number of recommendations and published evidence including the Department of Health, Vascular Society of Great Britain and Ireland, Royal College of Radiologist, the National Confidential Enquiry into patient Outcome and Death, and relevant NICE Guidance.
Equality impact assessment completed	No (Include further detail below)
	To be completed
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.

Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below) Financial implications currently being worked through as part of the development of a business case to be submitted to Health Boards.
Link to Main Strategic Objective	To ensure good value based health care and treatment for our patients in line with the resources made available to the Health Board
Link to Main WBFG Act Objective	Service delivery will be innovative, reflect the principles of prudent health care and promote better value for users

5. RECOMMENDATION

5.1 Board is asked to **APPROVE** for public dissemination;

- The proposed timeline of the two stage public engagement and consultation process.
- Appendix 1 – Engagement Core Document
- Appendix 2 – Equality Impact Assessment
- Appendix 3- Vascular Summary Document