



AGENDA ITEM

5.5

CTM BOARD

SOUTH EAST WALES VASCULAR NETWORK ENGAGEMENT

Date of meeting

27/05/2021

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

Marie-Claire Griffiths, Assistant Director of Strategic Planning & Commissioning

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
27/01/2021

ENDORSED FOR APPROVAL

ACRONYMS

ABUHB Aneurin Bevan University Health Board

CHC Community Health Council

CTM Cwm Taf Morgannwg University Health Board

C&VUHB Cardiff & Vale University Health Board

RGH Royal Glamorgan Hospital

UHW	University Hospital of Wales
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda

1. SITUATION/BACKGROUND

- 1.1 This paper provides the outcome of the formal engagement which has taken place across 4 Health Boards, namely Aneurin Bevan University Health Board, Cwm Taf Morgannwg University Health Board, Cardiff and Vale University Health Board and Powys Teaching Health Board, regarding the reorganisation of localised Vascular Services into a 'Hub and Spoke' model vascular network for the South East Wales Region.
- 1.2 The current configuration of services across separate hospital sites are spread too thinly to meet the quality and safety standards set out by the Royal College of Surgeons and the Vascular Society of Great Britain and Ireland. The reorganisation of localised vascular surgery into a Vascular Network (South East Wales Vascular Network) is essential in providing a 24/7 high quality, consultant led vascular service that maintains proper clinical outcomes and patient care.
- 1.3 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 UHW and spokes remaining within Health Board footprints. For CTM the spoke site would be RGH with rehabilitation being undertaken in YCC and YCR. Clinicians agree that this is a sustainable delivery model that will provide the best outcomes to all patients within the region and best use of skill and staff as advised by the Vascular Society.
- 1.4 It is important to note Bridgend is served through the South West Wales Vascular Network which is already established and was in place prior to the Bridgend Boundary Change.
- 1.5 Between Friday 19th February and Friday 16th April 2021, the four Health Boards, ABUHB, CTM, C&VUHB and Powys Teaching Health Board (PtHB), ran a public engagement on a proposal for the reorganisation of localised vascular services into a 'hub and spoke' model Vascular Network for the South East Wales Region.
- 1.6 The vascular surgical and Interventional Radiology service for the Health Board were based in RGH until September 2020, when an urgent temporary change of service (service moved to UHW) due to a loss of specialist clinical staff.

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

- 2.1 Attached as Appendix 1 is the report: "Reorganisation of localised Vascular Services into a 'Hub and Spoke' model Vascular Network for the South East Wales Region: A Report on Public Engagement 2021".
- 2.2 The purpose of the report is to inform the CHC Joint Committee and affected Health Boards of the conduct and key findings of the public engagement.
- 2.3 Seven virtual public meetings were held as part of the public engagement. In agreement with CHCs each Health Board held a minimum of two public meetings via Teams, with Welsh translation available. There was also one Third Sector meeting and the proposals were discussed at a range of internal stakeholder meetings.
- 2.4 A total of eight people attended the two joint CTM and PtHB events. One event was held during the day with 3 attendees and one during the evening with 5 attendees in order to give the public as much opportunity to attend as possible.
- 2.5 Whilst it is acknowledged that attendance numbers were low, the event was advertised widely using both social media, posters, GP practice screens, circulation of posters to pharmacies. It should be noted that the total number of patients likely to need a vascular procedure across South East Wales is low at approximately 1250 each year (based on numbers treated across HBs in 2019). Out of Hours emergency vascular services have been provided from University Hospital of Wales, Cardiff for the entire region for a number of years.
- 2.6 A summary of the themes raised at the CTMHB & PtHB Engagement Events are:-
 - Transport and transport related costs
 - Health Board using face to face events for engagement going forward
 - Links for Bridgend questions
 - Llandough Hospital being the spoke for the University Hospital of Wales
 - Liaising with diabetic patients, national support groups and stakeholders
 - Site of follow up outpatient appointments.
 - Having two spokes in Aneurin Bevan and whether or not this was still valid after changes in the Royal Gwent as a result of the Grange Hospital opening.
 - The impact of covid recovery on the proposals.

- Obtaining views of patients who do not use IT or social media.
- Implications on Welsh Ambulance Services NHS Trust (WAST)
- Parts of Powys affected by changes

- 2.7 In total 110 people responded to the engagement via an online survey, 14 of which were from CTM. Of those who replied via the online survey, 72% agree 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.
- 2.8 It is very important to us that the public can make their voices heard throughout this service development process. We are grateful to all members of the public, staff, stakeholders, who have supported this engagement process. The contributions made by the public have provided a wealth of insight, from many differing perspectives, and will help to strengthen the service development process.
- 2.9 The CHC Executive Committee held an extraordinary meeting on 11th May and subsequently submitted comments by email. The CHC Executive Committee have a majority of members who have agreed that the Vascular Services engagement has been sufficient in CTMUHB and they do not feel the need to proceed onto consultation.
- 2.10 They believe the vascular services engagement exercise has been adequate given the current situation although it is disappointing that the responses were so low. While one of the members commented they were content with the engagement proposals for vascular services, it has been agreed with the proviso that any potential change in the future which might affect the current services for the Bridgend Area (served currently by Swansea Bay), be subject to its own full engagement and review process.
- 2.11 Powys CHC, South Glamorgan CHC and Aneurin Bevan CHC have also confirmed their support to move to implementation without the need for consultation.

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

- 3.1 As outlined in the Equality Impact Assessment and under sub themes within the report, a theme which is likely to have a negative impact on patients, relatives and carers from socio-economic disadvantaged areas is transport/travel and costs. It is anticipated that some may experience increased difficulty in travelling due to low income, disability, age, poor transport provision, lower number of households with access to their own car. Being required to travel to an unfamiliar

hospital and experience longer journey times could be particularly difficult and disorientating for people. Early transfer of the patient back to the 'local' hospital would help to mitigate long periods in unfamiliar surroundings. In addition to mitigate against the negative impact of transport it is considered that the service should promote transport links and provide easy to read information to patients, families and carers in order to make their journey as easy as possible.

- 3.2 The Covid-19 pandemic has altered the way in which this public engagement would otherwise be conducted. As a result, it has presented both opportunities and risks to the way that we engage with the public and led to a new approach which was developed collaboratively with the CHCs, and increase in the use of social media. All engagement events were held via online communication platforms such as Microsoft Teams and Zoom.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	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.
Related Health and Care standard(s)	Timely Care
	If more than one Healthcare Standard applies please list below: Safe Care Effective Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for all new, changed or	Yes
	Included in Appendix 1



withdrawn policies and services.	
Legal implications / impact	Yes (Include further detail below)
	Public Duty for Engagement & Consultation
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 Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 The Board is asked to:

- **NOTE** the content of the *Reorganisation of localised Vascular Services into a 'Hub and Spoke' model Vascular Network for the South East Wales Region: A Report on Engagement 2021*
- **CONSIDER** the views of the Community Health Council
- **APPROVE** the use of the engagement feedback to inform the implementation of the South East Wales Vascular Network
- **APPROVE** the recommendation to proceed the development without undertaking public consultation (a full business case will come to Boards in July)