NHS Southampton, NHS Hampshire, NHS Isle of Wight and NHS Portsmouth (SHIP) PCT cluster carried out an engagement on proposals for major trauma, stroke and vascular surgery between 23 August and 30 September 2011. West Sussex Health Overview and Scrutiny Committee (HOSC) is considering the proposals and process for reviewing vascular services, as these may impact on West Sussex residents. Whilst a full engagement report is publicly available, this summary of the feedback received relating to vascular services has been produced by the West Sussex Scrutiny Officer for West Sussex HOSC members’ consideration.

1. Overview / Summary

- The purpose of the engagement process was to hear the views of local people (patients, clinicians, public) and use these to help develop any formal proposals which would be the subject of a full public consultation at a later date.
- The engagement covered proposals to improve services for people who experience a stroke, major trauma or vascular surgery.
- The engagement involved a range of stakeholders and a questionnaire was produced to capture feedback. Views were also submitted by letter, email and petition. The responses can be broken down as follows:
  - 44 letters from members of the public
  - 14 letters representing the views of organisations
  - 19 e-mail responses
  - 7 separate petitions with 276 signatures in total
  - 6,184 Portsmouth News ‘Keep it at QA (Queen Alexandra Hospital)’ letters
  - 44 completed online questionnaires
  - 90 completed online clinical questionnaires

- Responses were received from the following areas:

<table>
<thead>
<tr>
<th>Response</th>
<th>SHIP</th>
<th>Berkshire</th>
<th>Bucks &amp; Oxon</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>On line</td>
<td>44</td>
<td>11</td>
<td>38</td>
<td>-</td>
<td>93</td>
</tr>
<tr>
<td>Hard copy</td>
<td>58</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>61</td>
</tr>
<tr>
<td>Emails</td>
<td>19</td>
<td>7</td>
<td>-</td>
<td>-</td>
<td>26</td>
</tr>
<tr>
<td>Petitions</td>
<td>7 (276 signatures)</td>
<td>-</td>
<td>-</td>
<td>7 (276 signatures)</td>
<td></td>
</tr>
<tr>
<td>Portsmouth News letters</td>
<td>6184</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>6184</td>
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<tr>
<td>Clinical online site</td>
<td>90</td>
<td>39</td>
<td>32</td>
<td>6</td>
<td>167</td>
</tr>
<tr>
<td>Total</td>
<td>211 excluding Portsmouth News letters &amp; petitions</td>
<td>60</td>
<td>70</td>
<td>6</td>
<td>347 excluding Portsmouth News letters &amp; petitions</td>
</tr>
</tbody>
</table>
The proposals for major trauma and stroke were broadly well received by all stakeholders, with requests for further information on the impact of the proposals from some.

The proposals for vascular surgery prompted the largest amount of feedback and comment. In particular, concerns were expressed about the option for some vascular services to move from Portsmouth to Southampton.

It is recognised that further detail on the options for vascular surgery is required before stakeholders and the public can make a fully informed decision. It is therefore recommended that a formal public consultation be undertaken on vascular services once proposals have been fully developed and assessed by a newly convened expert panel.

2. Summary of vascular proposals affecting West Sussex residents

- Southampton General to become vascular centre providing 24 hour emergency and complex inpatient vascular surgery
- Queen Alexandra Hospital (QA), Portsmouth to retain day cases, diagnostics and outpatient provision

Two further ideas were presented for discussion regarding QA:

- QA could provide emergency and elective complex inpatient vascular surgery for their current population and also for the population of Chichester, which is in the South East Coast region. South East Coast providers are currently reviewing vascular surgery in Sussex. If a proposal involving Chichester and Portsmouth were to be favoured by the Sussex Review, it would need to meet the South Central specification for vascular surgery.
- Some elective complex vascular surgery is retained at Portsmouth. This would have to be agreed between the QA and Southampton General Hospitals, and with local commissioners. If a proposal was forthcoming, it would need to meet the South Central specification for vascular surgery.

3. Engagement responses relating to vascular services affecting West Sussex residents

a) Online questionnaire (44 responses in total)

Overall 62% of respondents to the questionnaire agreed with the vascular proposals for SHIP area (17% disagreed; 21% don’t know). Other relevant responses are set out below (N.B. the figures may not add up as there were a number of “no responses”; the figures below are totals not percentages).

- **Do you agree with proposal to establish 3 units providing 24 hours vascular surgery services** (one of which is Southampton General Hospital)? (27 agree; 11 disagree). Comments: The majority of respondents who disagreed with the proposal felt that vascular services should be retained at QA.
- **Do you agree with proposals for Portsmouth, Winchester, Southampton and Isle of Wight?** (27 agree; 11 disagree). Comments: The majority of those who disagreed felt that vascular surgery should not be moved from Portsmouth to Southampton. Some felt the increased travel time would have a detrimental effect on patient care, whilst others felt that the status quo should be maintained with services being improved at each location.
- **Additional comments** re. vascular proposals: 4 people highlighted their preference for vascular surgery to remain at QA, including one who felt the option
to collaborate with Chichester was the best way forward. The remainder were more
general comments around the broad principle of concentration of services, which
was considered logical, but with the caveat that patient care is not detrimentally
affected, and a plea for full consultation on the proposals.

b) Clinician responses (167 responses in total)

- Strong theme was concerns about the vascular services in Portsmouth:

  "Specialist stroke and vascular services are already provided in Portsmouth to
  exactly the same level as Southampton. There is not the capacity available in
  Southampton General Hospital to cope with the increased workload that closing
  Portsmouth would create. There is no provision to cope with renal patients in SGH"

  "...I am not in support of the South Central geography. This report pays little
  attention to Chichester just 12 miles from Portsmouth and isolated from
  Worthing..."

- 55% of respondents agreed with the proposal to establish three units providing 24
  hours vascular surgery (one of which would be Southampton General Hospital).
  However, there was a quite a strong ‘no’ (38%). Of these, most were clinicians
  from the Portsmouth or Hampshire area, although it should be noted that these
  aren’t directly representative of the views of local clinical commissioning groups.

  "Portsmouth Hospital has excellent Acute Stroke Services. Vascular surgery should
  remain on site as we perform emergency and elective major general surgery to
  include oesophagectomy and renal transplant. We have excellent outcomes for
  vascular surgery and it is essential for patient safety to have rapid access to
  vascular surgeons for elective work. Transferring emergency surgery to outlying
  centres will cost patient lives”.

- 24% agreed with vascular proposals for Portsmouth, Winchester, Southampton
  and Isle of Wight (25% disagreed; 38% don’t know). All those who disagreed
  were from Portsmouth or Hampshire.

  " There is a considerable amount of major head and neck (H&N) surgery including
  microvascular reconstruction in Portsmouth. Occasionally a vascular surgeon
  (often at short notice) is required. If a vascular surgeon is not available, then the
  H&N surgeons in Portsmouth would not be happy with centralisation. Traditionally
  Portsmouth is linked with Chichester. This is the case for major H&N surgery – all
  undertaken in Portsmouth. Losing vascular services has the potential to destabilise
  this practice”.

- Additional comments made are set out below:

  "The central south coast is not like Oxford which is surrounded by 360 degrees of
  land. The artificial SHA boundaries are not considering the traditional relationships
  such as with Portsmouth and Chichester......A major reorganisation especially in
  vascular services should include these hospitals in the planning. We must not plan
  medical services on artificial NHS boundaries, these are not patient boundaries”.

  "The conclusion of the Acute Services Review for Sussex, combining the hospitals
  in Worthing and Chichester in one Trust is illogical and not in the best interests of
  patients. Chichester should develop closer links with Portsmouth and Worthing
closer links with Brighton. Western Sussex NHS Trust provides too few specialist services to be a credible entity in its own right. Furthermore, the population sizes of Chichester and Worthing in the context of the geographical locations of neurosciences and cardiothoracic services in Brighton and Southampton suggest Worthing should look to East Sussex for these services and Chichester should look to Hampshire.”

• **Qualitative analysis of clinical responses to questionnaire regarding vascular services in Portsmouth:** most of the narrative comments raised concerns about vascular surgery. However, there were also a significant number of comments about renal services requiring onsite emergency access to vascular surgery. There were several comments about the need for access to vascular surgery for trauma units as opposed to major trauma centres. This was also strongly linked to services in West Sussex and the importance of exploring the option of working together. There were also several comments on the general theme that the change to provision of services at Southampton rather than Portsmouth would be detrimental to patients to the east of Southampton.

c) **Analysis of other responses (SHIP Cluster)**

A number of responses were received in addition to the formal questionnaire, including letters, emails and petitions. The largest number of responses was as a result of the Portsmouth News ‘Keep it at QA’ campaign which focused on the proposals for vascular surgery. It requested readers cut out a proforma letter, sign it and return it to the PCT Cluster. In total, 6,184 Portsmouth News letters were received. In summary, this letter requested that 5 points be taken on board:

- We believe moving the surgeons will have a detrimental effect on emergency healthcare for people in Portsmouth and the surrounding areas
- We want QA’s vascular surgeons to stay where they are
- We as patients do not want to have to travel to Southampton for vascular surgery
- We do not believe that a six week engagement document is adequate
- We want a proper public consultation – which would include more options, asking for more public input and be available for three months.

In addition, some respondents attached additional comments providing their own personal views in more detail. The majority of these reiterated the view that vascular surgery should not be moved from the QA to Southampton. The reasons for this view included:

- QA is a ‘super hospital’ and therefore should have the full range of specialities including vascular surgery
- The distance to travel to Southampton is too far, particularly for elderly or very ill patients and their relatives
- Having surgeons in Southampton rather than Portsmouth will have a detrimental effect on patient care and could risk lives

A selection of some of the comments is provided below:

“*What is the point of a ‘super hospital’ without ‘super surgeons’ to save the patients?”*

“The difference from travelling 2 miles from home to the QA and in excess of 20 miles through urban traffic to Southampton could be the cause of death.”
"As a vascular patient I would like the surgeons to stay at QA. When you are in a lot of pain you don’t want to go to Southampton, we need our surgeons here."

In addition to the Portsmouth News letters, a further 58 letters were received: 44 from members of the public and 14 representing the views of organisations. In addition, 19 emails from members of the public were received. The feedback from members of the public via letter or email focused almost exclusively on the proposals for vascular surgery and reflected the same concerns highlighted above.

The views submitted on behalf of organisations were more wide-ranging and responses relating to vascular services are set out below:

- Both Hampshire and Southampton HOSCs made it clear that not enough detail was available on the proposals to enable them to come to a formal view. Similarly the view of West Sussex HOSC was that it would consider formal proposals for vascular surgery once they were developed before taking a view on whether they constituted a substantial service change. Portsmouth Health Overview and Scrutiny Panel did consider the proposals to constitute a substantial variation of services and therefore requested that a Joint Health Overview and Scrutiny Committee (across the SHIP area) be convened in future to consider formal proposals. As with stroke and major trauma, the Isle of Wight HOSC raised no objections to the proposals for vascular surgery.

- Southampton Local Involvement Network (LINk) provided a very clear view on vascular services. Whilst it understood that formal consultation may be required, it was clear that the proposals to centre emergency vascular surgery in Southampton should proceed as recommended by the expert panel, given that this decision was based on sound clinical evidence. Hampshire LINk did not comment on the vascular proposals specifically.

- Portsmouth Hospitals NHS Trust (PHT) made clear that it has serious concerns about the proposal for Southampton General to provide emergency and elective complex vascular surgery for the population of Southampton, Portsmouth, Winchester and the Isle of Wight. In particular, its concerns relate to the process the panel used to arrive at its recommendation and the implications of the recommendation on other clinical services at PHT.

- University Hospital Southampton NHS Foundation Trust outlined its clear support for the need for change in the delivery of vascular services and underlined that the proposals for Southampton General to become the vascular centre received unanimous support from the expert panel. It recognised concerns from colleagues and the public in Portsmouth, but made clear that it felt these were resolvable and could be mitigated in discussions between commissioners and clinicians.

- Portsmouth Clinical Commissioning Group (CCG) provided a response on the proposals for vascular only, and welcomed the commitment to holding a formal consultation on fully developed proposals in the near future. Similarly, A3 and Fareham and Gosport CCGs welcomed the intention to formally consult, but requested that the implications for patients, staff and interdependent services are clearly outlined. The Isle of Wight CCG has indicated that it awaits further information on the formal proposals for vascular surgery as this may have an impact on its current arrangements with Southampton General Hospital.
4. National Clinical Advisory Team (NCAT) Review

An NCAT review to provide additional clinical assurance for the vascular proposals was carried out on 7 October. Key initial feedback was:

- The clinical case for change and the recommendations from the vascular panel for Oxford John Radcliffe and Southampton General Hospital as vascular centres were reasonable.
- There was not sufficient assurance that there was yet sufficient capacity at Oxford John Radcliffe and Southampton General Hospital to take the additional volumes and this should be checked.
- There were significant concerns about the sustainability of Portsmouth providing vascular surgery given that it has 2.8 surgeons and is currently dependent upon Chichester.
- There were misgivings about carotids being retained at the District General Hospitals given that the National Institute for Health and Clinical Excellence (NICE) guidance is likely to recommend that they are performed within 48 hours of a stroke/Transient Ischemic Attack (TIA).

5. Recommendations (vascular)

- The proposals for vascular surgery prompted the most feedback and it is clear that there are concerns about the option for some vascular services to move from Portsmouth to Southampton. It is also clear that there is a need for further detail on all three ideas put forward for discussion.
- It is recommended that discussions between clinicians and stakeholders continue to explore viable solutions for vascular services across both Trusts in Southampton and Portsmouth.
- Once formal proposals have been developed, it is recommended that these are put before a newly convened expert panel of clinicians, to be assessed against the service specification for vascular surgery. This should include consideration of the impact of any proposals on other services at the QA Hospital. The panel should also be observed by a number of lay representatives from both Southampton and Portsmouth.
- Once the formal proposals have been considered and approved by the expert panel, it is recommended that SHIP conducts a formal public 12 week consultation on the proposals for vascular services later in the Autumn.
- It is recommended that SHIP convenes a patient and public reference group with equal representation from Portsmouth and Southampton. It will act as a forum where questions on the process can be answered and patient input into the consultation document can be secured.