

# NHS Ayrshire & Arran



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| <b>Meeting:</b>              | <b>Ayrshire and Arran NHS Board</b>  |
| <b>Meeting date:</b>         | <b>Monday 15 August 2022</b>   |
| <b>Title:</b>                | <b>West of Scotland Regional Vascular Service, NHS Ayrshire &amp; Arran, NHS Dumfries &amp; Galloway and NHS Lanarkshire Network</b> |
| <b>Responsible Director:</b> | <b>Joanne Edwards, Director of Acute Services</b>  |
| <b>Report Authors:</b>       | <b>Karen Andrews, General Manager, University Hospital Ayr</b>   |

## 1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Government policy/directive
- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person centred

## 2. Report summary

### 2.1 Situation

This paper provides an update to Board Members on the reconfiguration of NHS Ayrshire & Arran's (NHSA&A) Vascular Surgery Services in line with the West of Scotland regional network hub and spoke model which will be live by 1 August 2022.

To achieve this go live date all new inpatient referrals will transfer to University Hospital Hairmyres (UHH) from Monday 25 July 2022.

### 2.2 Background

At the NHS Board meeting on 17 August 2020, the Board approved the proposed direction of travel for delivery of Vascular Services in line with the West of Scotland Vascular Network Model which West of Scotland Chief Executives had confirmed in October 2018.

This model described the development of two hubs situated at the Queen Elizabeth University Hospital (QEUH) and University Hospital Hairmyres (UHH). In line with this approach it was agreed that NHSA&A Tier 3 vascular services (complex inpatient care) would be provided at UHH on a 24/7 basis. All non arterial day case activity and outpatient services will continue to be delivered within NHSA&A.

The NHS Board had received a presentation from the Associate Medical Director for Acute Services in April 2019 outlining the service model of care and the ambition of the West of Scotland Vascular network prior to Board approval in August 2020.

## **2.3 Assessment**

As previously advised NHS A&A will continue to provide all Outpatient and Day Case activity for the citizens of Ayrshire and Arran. The hub and spoke model will be live by 1 August 2022 and it is planned that all new inpatient referrals will transfer to UHH from Monday 25 July 2022. Those patients within Station 2 on this date will remain and undergo continuous assessment during the week of 25 July 2022 until 1 August 2022. Those patients who will require ongoing acute vascular care beyond 1 August 2022 will be transferred over to UHH during that week.

The reconfiguration was split into three phases as described below:

- Phase 1 of the Reconfiguration was completed in July 2019 whereby NHS Lanarkshire (NHSL) and NHSA&A shared weekend on call with receiving at UHH.
- Phase 2 of the Reconfiguration included for Ayrshire and Arran a continuation of existing services provided in NHSL and NHSA&A.
- Phase 3 of the Reconfiguration was to fully implement the hub and spoke model with the Arterial Centre at UHH. Due to delays with the development of the additional Hybrid Theatre on the UHH site the implementation could not proceed earlier due to the completion of the theatre date being mid July 2022.

In order to support this proposed model of care a series of staff engagement meetings took place supported by Human Resources (HR) and Staff Side colleagues in line with NHSA&A Organisational Change Policy.

The physiotherapy and occupational therapy support to the vascular patients currently in Ayrshire and Arran will remain in Ayrshire and Arran. A rehabilitation co-ordinator based in UHH has been supported on a recurring basis. This postholder will liaise closely with NHSA&A colleagues to ensure robust discharge planning is in place and where possible patients will be discharged to their original place of residence.

NHSA&A continually strives to design and implement services and policies which meets the diverse needs of our communities ensuring that none are disadvantaged over others. That ethos is inherent in our approach to this service development and as reported to Board in August 2020 an Equality Impact Assessment (EQIA) was completed.

The Board engagement lead has supported the relevant stakeholder engagement process.

### **2.3.1 Quality/patient care**

This model of care will deliver a service which meets the recommendations from The Quality Framework for Vascular Services (2011) and will therefore enable the delivery of a safe and sustainable model of care which reduces variation in the delivery of that care and minimises the risk of disease development and progression for this cohort of patients. This gold standard service will deliver improved patient experience and outcomes.

Whilst we strive to provide care closer to home where possible it is recognised that for the acute episode of inpatient care this will be delivered at UHH, however this is mitigated by ensuring that we have the right staff with the right skills providing the right care at the right time.

### **2.3.2 Workforce**

NHSA&A currently has funding for four WTE consultant vascular surgeons, there is currently two in post with one locum. One retiral has been received so there will remain one NHSA&A consultant in a full time post. They will join the network of consultants and it is likely they will deliver the majority of the outpatient and daycase work in Ayrshire and Arran. All future consultant appointments will have their base at UHH.

There is an Advanced Nurse Practitioner (ANP) within the vascular service who is currently predominantly ward based. As part of reconfiguration the ANP will remain part of the overall vascular service and will remain based in Ayrshire and Arran to support outpatient, daycase and ward referral service.

The vascular beds in University Hospital Ayr (UHA) will close following the transfer of service. It is planned that in the immediate future these beds will support remobilisation of the elective programme.

Vascular has two days per week within the main theatre complex, together with an allocation in the emergency theatre as required and additional lists to accommodate urgent cases, again as required. It is planned that orthopaedics will be allocated a further two days of elective operating in line with Trauma and Orthopaedic Business Case model.

In relation to all other Allied Health Professionals (AHPs) e.g Physiotherapy, Occupational Therapy, Cardio-physiology, there are no plans to reduce the workforce however it should be noted that there will be a reduction in overall inpatient workload for each area however it is anticipated that there will remain an outpatient workload and domiciliary support where the patient has been able to go home from UHH but requires further AHP input.

### **2.3.3 Financial**

The business case for the new regional service identified the total cost of the service as £6.8m. NHS Ayrshire & Arran's share which was calculated on a combination of population and anticipated demand based on historic activity levels is £2.25m. Budgets identified that could be released from existing budgets to fund the regional service totalled £1.65m, leaving a gap of £0.6m which the Board agreed to fund in August 2020 and financial provision for this was made in 2021/22 and 2022/23.

#### **2.3.4 Risk assessment/management**

A risk assessment was completed and shared with Board in 2020. There will be continuous review via the Vascular Programme Board in relation to risk with risk assessments updated as required.

#### **2.3.5 Equality and diversity, including health inequalities**

An Equality Impact Assessment was completed and shared with Board Members via the submission to Board in August 2020 which will be uploaded to the website by the Equality and Diversity manager.

#### **2.3.6 Other impacts**

- Best value
  - Effective Partnerships
  - Governance and accountability
  - Use of resources
  - Performance management

#### **2.3.7 Communication, involvement, engagement and consultation**

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

- Initial key stakeholder meeting was delivered on 25 January 2019
- Continuous engagement with A&A clinical staff throughout the development of the business case and planning for implementation.
- Communication between Ayrshire and Arran and UHH Team through in person meetings to ensure effective planning for implementation on 1 August 2022.
- Key stakeholder attendance at Vascular Programme Boards from NHS Dumfries and Galloway, NHS Ayrshire & Arran and UHH.

#### **2.3.8 Route to the meeting**

Following Board approval in August 2020, CMT received an update on 17 July 2022 which confirmed the hub and spoke model will be live by 1 August 2022 and the proposal that all new inpatient referrals will transfer to UHH from Monday 25 July 2022.

### **2.4 Recommendation**

For awareness. Members are asked to receive the update and be assured of delivery of the agreed West of Scotland Regional Vascular Service model.