

Trigger template for proposed variations to health services

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Trigger	Please comment as applicable
Reasons for the change	
What change is being proposed?	<p>Clinical staff at King's College Hospital and Guy's and St Thomas' Hospital have outlined a case for changing the current configuration of inpatient Vascular Surgery services. In summary, the proposal is to relocate the majority of inpatient Vascular Surgery from King's College Hospital to St Thomas' Hospital. Outpatient and daycase services would not be changed as a result of this proposal.</p>
Why is this being proposed?	<p>There are three main reasons driving the proposed change:</p> <ol style="list-style-type: none"> (1) Clinical quality: a recent review by Healthcare for London recommended that to optimise patient outcomes, the proposed model of care will advocate consolidation of abdominal aortic aneurysms (AAA) carotid endarterectomises (CEA) and lower extremity bypass grafting (LEAB) into high volume centralised sites. Furthermore, literature reviews of best practice guidance demonstrate that clinical outcomes improve in vascular centres where there are high volumes. (2) Improved opportunity for patients to access new treatments: concentrating vascular activity on one site facilitates maximising patient access into trials of new treatment as well as minimising overheads by eliminating duplication related to multi site trials. Opportunities to partake in commercial trial activity are also likely to increase as the integration of KHP Vascular Surgery provides a platform for developing more robust relationships with industry. (3) Ability to deliver a more efficient service through benefiting from economies of scale, for example: <ol style="list-style-type: none"> (i) Theatre utilisation: can be increased by planning for

	<p>Consultant cross cover within their job plans. This is made a viable option from having a much larger Consultant team available on site.</p> <p>(ii) Length of stay: intensity and efficiency of ward rounds can be improved both by having a greater number of senior medical staff on site as well as through managing all vascular inpatients on dedicated vascular wards, where nursing teams have the opportunity to develop specific vascular skills.</p> <p>All of the above will deliver key benefits to patients and improve their experience of vascular services.</p>
<p>What stage is the proposal at and what is the planned timescale for the change(s)?</p>	<p>We have agreement from the hospital Boards and Executives that this proposal should proceed to the development of a full business case. We are very keen to involve users and key stakeholders (ie. patients, public, OSC, commissioners, partner hospitals and others) in developing a business case to agree the viability of the proposals, ensure that it meets the needs of our patients, confirm the details of any proposed change to service and to quantify the costs, benefits and risks associated with any change.</p> <p>The proposal is currently being developed with the aim of engaging patients and public representatives during July 2010. Depending on the feedback received from these groups it is anticipated that a full business case can be completed in September 2010.</p>
<p>Are you planning to consult on this?</p>	<p>Including stakeholders is critical to informing this proposal. A forum is being set up comprising patient representatives with the remit of informing the direction and detail of the proposed changes. Other stakeholders (for example, primary care trusts and district general hospitals in SE London) will also be included in developing the proposals into a full business case. In addition to a user forum, we are also considering a patient survey of vascular patients and group discussions.</p> <p>We are planning this as a process of public engagement and involvement, not formal public consultation.</p>

Are changes proposed to the accessibility to services?	Briefly describe:
Changes in opening times for a service	Service opening times will remain the same.
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	The proposal is not for a withdrawal of services, it is for a relocation of services.
Relocating an existing service	<p>The proposal is to relocate the majority of inpatient Vascular Surgery activity from King's College Hospital to St Thomas' Hospital, with the following exceptions which will continue to be provided at King's with full support of the vascular team:</p> <ul style="list-style-type: none"> • Emergency vascular surgery for those patients who are clinically unsafe to move between sites • Vascular support for kidney & diabetic patients • Day case diagnostics and treatments <p>Outpatient and daycase services are not impacted by these proposals.</p>
Changing methods of accessing a service such as the appointment system etc.	No changes proposed.
Impact on health inequalities - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents.	We are in the process of completing a rigorous equality impact assessment (EIA). This is being completed alongside the public and patient involvement work to ensure that the EIA is properly informed. The EIA is a mandatory component of the business case; no business case is considered viable without completing a comprehensive EIA.
What patients will be affected?	Briefly describe:
Changes that affect a local or the whole population, or a particular area in the borough.	<p>During 2009/10 the number of patients who would have been impacted who live in Lambeth and Southwark is as follows:</p> <p>Southwark – 98 patients</p> <p>Lambeth – 80 patients</p>
Changes that affect a group of patients accessing a specialised service	Most of the patients identified above will be receiving a specialist inpatient vascular surgery treatment.
Changes that affect particular communities or groups	We expect the equality impact assessment to identify any communities or groups who are particularly affected by the proposals.
Are changes proposed to the methods of service delivery?	Briefly describe:
Moving a service into a community setting rather than being hospital based or vice versa	Not part of proposal as the focus is on an acute inpatient service.
Delivering care using new technology	A core expected benefit from the proposed integration of inpatient services is that it will enable a much more systematic approach to developing innovative patient treatments.

	<p>This is a result of Consultant teams being able to sub specialise and from having a coordinated approach to research and development including partnerships with academic institutions (especially King's College London University) and industry partners.</p>
<p>Reorganising services at a strategic level</p>	<p>For patients receiving a planned, non urgent treatment, their admission will be directly to St Thomas' hospital rather than to King's.</p> <p>For patients requiring urgent transfer from King's, this will take place according to existing transfer protocols with the London Ambulance service.</p> <p>For patients requiring transfer (both urgent and non urgent) from a third hospital, this will be directly to St Thomas' according to existing transfer protocols.</p>
<p>What impact is foreseeable on the wider community?</p>	<p>Briefly describe:</p>
<p>Impact on other services (e.g. children's / adult social care)</p>	<p>In scoping external stakeholders we have not identified any detrimental impact to community services. There is likely to be a positive impact in the following areas:</p> <ul style="list-style-type: none"> (1) Social services: for patients requiring social care post discharge from hospital, social services will need only liaise with one rather than two acute hospital site across Lambeth and Southwark. (2) District nursing services: a proposed development is to establish a training programme in wound management for nurses in the community. This is to help avoid readmission to hospital and reduce the need for patient follow in hospital outpatient services. Having an integrated service will facilitate this as we will have a larger pool of specialist nurses available to deliver the training.