TRUST BOARD IN PUBLIC	Date: 29th NOVEMBER 2012 Agenda Item: 2.7
REPORT TITLE:	Response to South of England Strategic Health Authority Vascular Review September 2012
EXECUTIVE SPONSOR:	Des Holden Chief Medical Officer
REPORT AUTHOR:	Joe Chadwick-Bell Director of Operations
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	N/a

Purpose of the Report and Action Required:		(√)
The Sussex Cluster Board asked that the attached document be submitted to the relevant trust Boards so that they can formally note the Network position that has been reported and the actions that have been agreed.	**Approval**	
	Discussion	
	Information/Assurance	√

Summary: (Key Issues)

NHS South of England have sought assurance from commissioners that vascular services meet the Vascular Society guidelines, or have a plan that will deliver by March 2013. The attached paper provides the position across Surrey and summary action plan to ensure services are compliant.

Sussex have agreed to deliver compliant services on a hub and spoke model, with Royal Sussex County Hospital as the hub, with spoke services in existing District General Hospitals and other local centres.

SaSH therefore will continue to provide out-patients at East Surrey and Horsham hospitals, with elective procedures continuing to be undertaken for venous surgery at ESH and Crawley. Arterial elective cases will go to Brighton and this is now in place, with SaSH being the first to complete this action. (Elective procedures for Surrey patients are being reviewed to ensure they are in line with the Sussex plans).

Emergency procedures will from 1 April 2013 move to Brighton once there is a compliant interventional radiology service in place.

There are some concerns across Sussex about the changes, that whilst clinically appropriate, may impact on the financial viability of vascular services in the spokes and this is being discussed by the Directors of Finance and Operational Leads to consider future commissioning models. This will be further impacted by the addition of the specialist vascular nurses, but may be negated with any associated funded activity.

Relationship to Trust Corporate Objectives & Assurance Framework:

Objective 1: Deliver safe, high quality, co-ordinated care
Objective 3: Work in partnership with our community

Corporate Impact Assessment:	
Legal and regulatory implications	N/A
Financial implications	Potential financial risk to the service
Patient Experience/Engagement	Patient experience should be improved by this development.
Risk & Performance Management	Potential financial risks noted.
NHS Constitution/Equality & Diversity/Communication	N/A
Attachments:	
Report from NHS South of England.	

Response to South of England Strategic Health Authority Vascular Surgery Review September 2012

1. Background

In April 2012, the South of England SHA (SoE SHA) sought assurance from commissioners that vascular surgical services met the Vascular Society of Great Britain & Ireland (VSGBI) criteria and standards through requesting the completion of a questionnaire by providers.

In reviewing the information across the South of England, the SHA found there were some gaps which required further triangulation to ensure that the services being commissioned and delivered meet national criteria as set out by the VSGBI (attached as Appendix 1). At the end of June, the SHA wrote to Clusters, Specialised Commissioning Groups (SCGs) and acute trusts requesting completion of an additional questionnaire to secure greater clarity on the gaps and action plans being addressed. The deadline for submission of this triangulated information to the SHA is 28th September and all commissioners (i.e. each CCG, Cluster and SCG) are required to approve the submission co-ordinated by the Sussex Vascular and Interventional Radiology Network (SVIRN). The SHA also outlined their plans to undertake SCG facilitated assurance visits to Networks in October/November. The letter outlining the SHA expectations is attached as Appendix 2.

2. National Context

A significant part of vascular surgery and vascular interventional radiology from April 2013 will continue to be part of the Specialised Commissioning Specialised Definition Sets. Nationally there has been an SCG Clinical Reference Group dedicated to drawing up a specialist vascular surgery service specification along with a number of other products including quality metrics/dashboards. These will form the basis of the commissioning of arterial vascular surgical services and specialist vascular interventional radiology services by SCGs.

There is also a requirement that AAA screening will be rolled out nationally and the population boundaries for this will match that for vascular networks.

3. Current Commissioning Arrangements

Commissioning of vascular services across SEC has previously been undertaken by SEC SCG with input from the four individual PCTs. Specialist arterial vascular surgery is included within the SCG Minimum Take for 2012/13 and as such will be

a) identified separately in contracts and

b) will be commissioned by the SCG. A hand over process is in progress for specialist vascular surgery, specialist vascular interventional radiology and AAA screening.

Peripheral vascular disease services are currently commissioned by PCTs and will in the future therefore be commissioned by CCGs. The surgical workforce for both the local hospital requirements and the specialist vascular services are one and the same and this will require collaborative planning between CCGs and SCG

4. The SoE SHA Review

Acute providers in Sussex were sent the June SoE SHA questionnaire and the completed responses by trust are combined in Appendix 3. This establishes the baseline of current provision. A gap analysis against the VSGBI recommendations was also undertaken by acute trusts with details of action plans and timescales to address the shortfall also identified and is shown as Appendix 4.

The SHA expectation is that each vascular network will have a fully worked up action plan agreed by September 2012 and delivered by March 31st 2013. In Sussex, the first action plan was agreed in November 2011 and revised versions have been issued during 2012 with the most recent finalising agreed delivery by November 2012. However, there will now be slippage in delivery to the end March 2013 for reasons explained in this paper

All CCG Boards in NHS Sussex and the NHS Sussex Cluster Board are expected by the SoE SHA to ratify this planned response to the SoE SHA. Therefore, this paper is being sent to all those stake holders and also to the SEC SCG. SCGs have been asked to facilitate the visits by the SoE SHA and external review team to the Networks in October/November.

5. The Sussex position

In May 2011, SEC SHA completed a review of vascular services and this was followed by a Sussex Vascular Review in July 2011 undertaken by representatives of the VSGBI at the invitation of the Sussex provider Chief Executives. The VSGBI reported in August 2011 with recommendations which revolved around the development of a "hub and spoke" model to achieve best outcomes and comply with national standards with the Sussex Vascular Centre at Brighton becoming the "hub", undertaking all arterial surgery, vascular interventional radiology and receiving all vascular emergency admissions. Other vascular work (some amputations and day cases) would continue to be provided in the district general hospitals ("spokes"). These recommendations were accepted by providers and commissioners in Sussex during the autumn of 2011 and to take the Review forward, a Sussex Vascular Surgery and Interventional Radiology Network (SVIRN) was set-up and had its first Board meeting in November 2011. A Clinical Director and Network Manager were appointed. An engagement process was undertaken and an action plan agreed. Both the Sussex Vascular Services Review recommendations and the Action Plan (including updated versions) were shared with both the SEC and SoE SHAs.

The SVIRN Action Plan, with Network (not national or SHA) derived and agreed timescales, outlines the key deliverables to achieve the recommendations of the VSGBI Review. In summary, all the necessary clinical changes and developments would lead to the transfer of all the arterial surgery, specialist vascular interventional radiology (IR) and all vascular emergency admissions to the vascular hub at the Royal Sussex County Hospital (RSCH), Brighton, by November 2012. The transfer of elective and emergency activity from St Richards (Chichester), for some of the SASH catchment and ESHT was to be phased in April, June and November 2012 respectively to allow for the development of capacity at RSCH

There has been much progress since August last year:

- HOSC support for the re-alignment of services and agreement that no formal public consultation was required;
- Support for the SVIRN Implementation Plan which outlines the gateways that need to be achieved to secure delivery and safe transfer of activity;
- Agreement of Network A&E and In-patient emergency vascular referral protocol across Sussex;
- Agreement of a Network Primary Care Disposition for urgent vascular conditions which has been circulated and in use with the Coastal West Sussex CCG;
- St Richard's Hospital, Chichester emergency activity has now transferred to the hub since April 2012;
- Onward Care Policy (compatible with the Sussex Executive Group Onward Care Policy) drafted for ratification by the SVIRN Board at its meeting in September with a financial model to support the provider organisations for these patients;

- A Sussex-wide IR Group has been established, currently undertaking a stock take of all IR provision in Sussex (not just vascular) which is being used to support the 24/7 IR rota requirements at the vascular centre;
- Specialist Multi-disciplinary Team Operational Policy drafted to be agreed by the SVIRN Board in September;
- Patient and Public Involvement group ("the Vascular Partnership Group") established;
- A stock take of specialist vascular nurse activity has been completed (led by the Network Vascular Nurse Specialist Group) to inform development of the role of the CNS to support the new vascular surgery model of care;
- A Sussex Vascular Surgery Model has been drafted which encompasses the need for daily Monday to Friday vascular surgeon presence in all of the spoke sites as well as the hub and requires surgeons to work across providers with a shared rota for 24/7 cover at the hub. This is a significant shift in working practice for some surgeons and the SVIRN is on draft 9 of the proposed model which is close to being finalised. The Model also requires the agreement of the onward care policy and funding model (as above) for those patients transferred after surgery from the hub to the spokes;
- The expansion of the West Sussex AAASP to include East Sussex, Brighton and Hove and the roll out of AAA screening in East Sussex, Brighton and Hove since April 2012.

The issues that have arisen which have delayed some of the network intended timescales for delivery of transfer of activity to the surgical hub are as follows:

1. Lack of interventional radiology (IR) facilities at RSCH that meet national AAA screening standards. However, a business case for a new IR theatre has been approved by BSUH and a fit for purpose modern facility is expected to be operational by end March 2013.

2. Lack of IR 24/7 rota. This also impacts on BSUH's ability to deliver the IR requirements for a major trauma centre. Plans are emerging for a shared rota to be agreed across Sussex by the end of March 2013 and an interim Monday to Friday 9-5 service is in place.

3. Lack of final agreement on the detail of the surgical model, i.e. development of a Sussex-wide rota, changes in consultant job plans, development of multi-disciplinary teams and meetings and financial impact of workforce transfers for spoke hospitals. This should be achieved by end of September 2012.

4. Recruitment of specialist vascular nurses for the spoke hospitals. Clarity is emerging on the role of these nurses and the benefit they bring to the pathway both in quality and cost effectiveness. A draft common Sussex job description is being agreed. Business cases may be required by providers before recruitment can begin. It is planned that these issues will be resolved so that specialist nurses are in place across Sussex as required by from January and no later than end March 2013.

5. Review of the impact of transferring emergency services from St Richard's Hospital to BSUH being undertaken by both Trusts.

The original "Go Live Gateway" milestones for April, June and November 2012 will now realistically be achieved by the end of March 2013 and the SVIRN has revised its action plan to ensure a clinically safe high quality service for vascular patients is delivered by then.

6. Actions Required

The CCG and cluster Board is asked to:

1) Note the current position of NHS Sussex in delivering vascular services that meet national standards as indicated by the questionnaire responses to be made to the SHA (Appendices 2 and 3);
2) Note the requirement by SoE SHA for an assurance visit to the Sussex Vascular Network in October /November 2012 (panel being arranged by SECSCG with SoE SHA);
3) Note the slippage in timescale for full delivery of the Sussex Vascular Review Recommendations from November 2012 to end March 2013, but still within the SHA requirement of April 2013;
4) Support delivery of the actions agreed and expected of provider organisations in Sussex, particularly the urgent requirement to develop a 24/7 IR rota to meet the requirements of both the Major Trauma Centre and the Vascular surgery reconfiguration. This issue is now the primary cause of delay in meeting national requirements for IR and is listed as a risk on the NHS Sussex risk register.

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Author :

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Interim Sussex Vascular and Interventional Radiology Network Manager
NHS Sussex

Version Control

Version	Author	Sent to	Comments	Date
0.1	Sally Allen	Deborah Tomalin,		6th Aug 2012
0.2	Sally Allen	Core group	Added DT comments, updated gaps table, included updated Action Plan	8/8/12
0.3	DT	S allen	Amendments	9th August
0.4	SA	SVIRN Core Group	Included HH amendments and confirmation of IR 9-5 service	14th August 2012
0.5	SA	DT and A Foulkes (SVIRN Chair)	Additional figures form Simon Maurice and ESHT added to Appendix and added to recommendation 4. Added Go Live Gateway to appendix	17th August 2012
0.6	DT	CCGs, Cluster, AP	Final amendments in light of comments from sharing with network stakeholders	21st August
0.7	SA	DT	Removed Appendix 5 (considered and unhelpful and confusing). Added reference to outcomes in section 5	6th September 2012
0.8	SA	CCGs, Core Group, AP, Cluster Board, Nikki Luffingham, Jane Farrell, Richard Sunley, Bernie Edwards, SVIRN Board	Various clarifications, i.e. Go Live was Network agreed timetable not SHA, action plan/gaps identified by trusts	6th September 2012
0.9	SA		Includes comment from Andrew Sandison	24/9/12
final	SA	Debbie Hart, Nicky Bentley, SVIRN Board	Completed data section for SASH and Andrew Foulkes email correction.	28/9/12

Appendix 1

Vascular Society of Great Britain and Ireland Recommendations

The Vascular Society recommends a service that would allow for all arterial interventions (including non day case peripheral artery angioplasty and stenting) to take place in a high volume arterial hospital which can provide the following facilities:

a. A 24/7 on-site vascular on call rota for vascular emergencies of 1:6 or greater covered by consultant vascular surgeons and interventional radiologists to ensure adequate postoperative care.
b. A 24/7 critical care facility with ability to undertake mechanical ventilation and renal support and with 24/7 on-site anaesthetic cover.
c. Wards for dedicated vascular patients should be available with single sex cubicles or bays.
d. At least one endovascular theatre or theatre specification IR suite is required, preferably with a fixed C arm and a dedicated X-ray table.
e. A minimum number of AAA procedures are undertaken. It is recommended that hospitals undertaking fewer than 33 elective AAA interventions per year (100 over three years) should not continue to offer these procedures.
f. Hospitals should know their AAA mortality and should seek to validate both national audit and Trust data. They should be able to demonstrate safe practice by aiming for an elective AAA mortality to 3.5% by the end of 2013. Data will be analysed and available by mid 2014 and units with mortality rates for elective AAA repair of 6% or greater should seek external professional review of their care processes.
g. An on site vascular laboratory should be available.
h. Specialists undertaking aortic intervention should submit all their procedures to the NVD and undertake regular review of their practice and outcomes (morbidity and mortality meetings).

These high volume arterial hospitals may be aligned to NAAASP (based on a minimum population of 800,000), and although they can involve a modern clinical network with a designated arterial hospital, the preferred model of care is a fully centralised single site.

Source: The Provision of Services for Patients with Vascular Disease 2012, The Vascular Society of Great Britain and Ireland WWW.VASCULARSOCIETY.ORG.UK

Appendix 2 – Letter from the South of England SHA

NHS
South of England

To: PCT Cluster CEO's

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28 June 2012

Dear Colleagues

Vascular Surgery Review

Following the letter sent to you 24 April 2012 and the request for all providers of vascular surgery services to complete an on line survey we are writing with the next steps in this process. Firstly, I would like to thank all of the organisations who provided information through the on line survey, this has given us a good baseline in the assurance process for the delivery of complex vascular surgery services across the NHS South of England.

In reviewing the information we have found there were some gaps which will require further triangulation by commissioners to ensure that the services being delivered meet national criteria as set out by the Vascular Society, attached as Appendix 1. The commissioning of complex Vascular Surgery is now part of the minimum take for Specialist Commissioning who will be developing service specifications with clear outcome measures at a national level. To support local organisations to be prepared for this national level work we have agreed the key principles for the next steps in this process with specialist commissioning:

- the AAA screening programme footprint will be used as a basis for delivery of complex vascular surgery services;
- expecting all providers to comply with national service specification when published by the National Specialist Commissioning Group;
- the roles of the strategic health authority will be to hold commissioners to account for delivery and for oversight across networks where implementation changes will impact on patient flows.

The next steps agreed at NHS South of England senior management team 14 June are:

- commissioners with their vascular screening network and specialist commissioning group leads to undertake a triangulation of the data available on services against the key criteria as set out in the national guidance;
- submission by commissioners of a board approved briefing paper indicating the actions for compliance to the key criteria by 1 April 2013. This is to be sent to NHS South of England lead, Debbie Hart, by 28 September 2012;
- an additional assurance measure through a series of commissioner organised visits to vascular networks during October/November with representation from national leads, external clinical input and the strategic health authority;
- follow through on the actions will be led by commissioners and performance managed by the NHS South of England.

The triangulation process and data returns from your health community are attached to this email.

If you have any queries on the process please contact the Vascular Programme Lead, Debbie Hart. Debbie.Hart@southwest.nhs.uk.

With kind regards

Steve Fairman
Director of Improvement and Efficiency
NHS South of England

Cc: Ann Jarvis, COO SoE SCG
Acute provider CEO's
SCG leads
James Mapstone, Deputy Medical Director, NHS South of England
Andrea Young, Chief Operating Officer, NHS South of England
Debbie Hart, Vascular Programme Manager, NHS South of England

Appendix 3 – Sussex responses to South of England SHA Vascular Surgery Questionnaire

Questions in round 1 for high level view on need for reconfiguration or not (survey monkey).	Questions for commissioner led triangulation.		Western Sussex Hospitals Trust		Brighton & Sussex Universities Hospitals Trust (PRH = Princess Royal hospital Haywards Heath, RSCH = Royal Sussex County Hospital Brighton)	East Sussex Healthcare Trust (EDGH = Eastbourne District general Hospital Conquest Hospital Hastings)	Surrey & Sussex NHS Trust (Crawley Hospital, East Surrey Hospital Redhill)
		Staffing	St Richard's Hospital	Worthing			
Y		Pure vascular surgeons exclusively working here	2	0	6 (4 RSCH + 2 Worthing)	0	0
Y		General surgeons with vascular interest exclusively working here	0	0	0	2 General Surgeons with an interest in vascular equating to 1.00 wte	1
Y		Vascular Interventional Radiologists exclusively working here	3	0	5 (RSCH & Worthing) equivalent to 2.7 WTE	5 of which 2 perform EVAR	1
Y		Vascular technologists exclusively working here	0	0	3.6 WTE + 1 trainee working here and Worthing + 1 WTE vacancy	Not applicable	4 (not pure vascular)
Y		Vascular SpR posts	1	0	5 WTE posts (SPRs + Fellows)	0	0
Y		Interventional radiology trainees	0	0	13 trainees who each spend a 4 month period in IR	Intermittently 1 as part of KSS Brighton IR rotation. 3 SpRs who attend some lists	0
Y		Vascular nurse practitioners	0	0	1 WTE	1	0
Y		Pure Vascular surgeons who also work at another hospital	0	3	2 Worthing as above	0	1
		On Call					

Y		Exclusive vascular on call rota here?	NO	NO	1:6 24/7 non-resident	NO	NO
Y		Shared vascular on call rota - give details	NO	NO	Rota shared with Worthing hospital and covers ESHT	General Surgical rota (1:6). No formal vascular input	NO
Y		Exclusive interventional radiology on call rota here?	NO	NO	Day time cover only	YES 1 in 6	NO
Y		Shared interventional radiology on call - give details	NO	NO	RSCH + Worthing: day time cover only	Exclusive	NO
Y		Are vascular surgeons on call for general surgery? How does the rota work?	NO	NO	No	No dedicated vascular surgeons. (see above)	Yes
		Facilities					
	Y	How many inpatient vascular beds are there?	8	4	27	0	0 ring fenced – incl in surgical bed stock
	Y	How many day case beds are available to vascular surgery?	NA	NA	4	Shared day case facilities with general surgery (mixed lists)	Shared day case facilities with general surgery (mixed lists)
	Y	Is there a separate vascular theatre? How many?	1	NO	No	No - shared facilities	no
	Y	How many interventional radiology suites are there?	1	1	1	2	1
	Y	Are interventional radiology suites to theatre standard? (Does the endovascular theatre or theatre specification IR suite have a fixed C arm and a dedicated X-ray table?)	NO	NO	Not currently, but business case approved to build new IR theatre with fixed imaging equipment at RSCH by end March 2013	Currently 1. Second being replaced this yr to be theatre specification. Yes full IR suites.	no
	Y	How many ITU beds are there?	6	6	20 (flexible with HDU)	11	10
	Y	How many HDU beds are there?	4	6	8	8	6
	Y	Do you have an acute stroke thrombolysis service? Is it 8,12 or 24 hour?	Yes, 24 hour	Yes, 24 hour	Yes, 24/7	24	Yes, 24/7 via Surrey stroke network

	Y	Do you have an immediate cardiac revascularisation service for MI? Is it 8,12 or 24 hour?	24 hour (Thrombolysis only)	24 hour (Thrombolysis only), 8 hour PCA	Yes, 24/7	24	Yes – 8 hour for PCI not PPCI Nstemi to St.G
	Y	How many inpatient vascular lists per week?	4	2	5 lists between RSCH and PRH	2 all day (mixed)	3
	Y	How many day case vascular lists per week?	1	0	3 half days lists every two weeks including renal including LVH	2 half day (mixed)	2
	Y	How many elective vascular intervention radiology lists per week?	3	2	8	6	1
	Y	Is there a 24/7 critical care facility with ability to undertake mechanical ventilation and renal support and with 24/7 on-site anaesthetic cover?	YES	YES	Yes	Yes	Yes
		Activity numbers per year					
Y		Total inpatients and day cases	351	270	Day case = 761 Elective in-pts = 363 Non-elective = 405	Day case = 12 Elective in-pts = 8 Non-elective = 46	Sussex only Day Case = 190 IP = 97
Y		Outpatients seen	New O/P = 710 Follow-up = 626	New O/P = 716 Follow-up = 1054	New O/P = 2957 Follow-up = 2604	New O/P = 679 Follow-up = 771	Vascular only activity – Sussex New O/P = 185 Follow-up = 245 Clinics run as mixed vascular/GS
Y		Emergency department visits	63 emergency admissions. ? Visits	0 emergency admissions. ? Visits	Not available	Not available	Not available
	Y	Distance from (local hospitals linked to patient flows)					
	Y	Distance from Royal Sx County, Brighton	53 km	18.7 km	PRH 16 miles	EDGH 24 miles Conquest 39 miles	Crawley 25m Redhill 36m

	Y	Distance from Southampton Hospital	58.3 km	90.4 km	n/a		Redhill – 81m	
	Y	Distance from Queen Alexander, Portsmouth	27.5 km	59.7 km	n/a		Redhill -70m	
Y		Elective open AAA	26	0 (? Number referred to BSUH)	See total below	15	0 (ref to St.Georges currently)	
Y		Elective EVAR for infrarenal and perirenal AAA	0 (17 referred to BSUH)	0 (? Number referred to BSUH)		40-50	0 (ref to St.Georges currently)	
Y		Emergency open AAA	4	0		<10	0	
Y		Emergency EVAR	0	0		0	0	
		Total AAA	30	0	139	70	0	
Y		Carotid endarterectomy	18	9	56	30	Sussex - 30	
Y		Carotid stenting	0	0	0	0	Sussex - 0	
		Total carotid Rx	27		56	30		30
	Y	AKA	10	3	22	26	Sussex - 10	
	Y	TKA	1	0	14		2	
	Y	BKA	5	2	23	21	8	
		Total amputations	21		59	51		20
	Y	Infrainguinal bypass	68	28	88	<10	30	
		Total operations by Hospital	136	42	342	161	170 – crawley 20 -esh	
		Total operations by Trust	178		342	161		
	Y	Average number of vascular interventional radiology procedures per week (includes angio, plasty, stents)	4	3	12-15	8	4-6	
	Y	Average delay between TIA and carotid endarterectomy or stenting	18 days		Less than 2 weeks as per the current guidelines	Not available		Nat data
	Y	Do you provide subintimal angioplasty?	Yes	Yes	Yes	YES and below knee angioplasty	no	
	Y	Do you provide GI bleed embolisation?	Yes	Yes	Yes	YES 24/7 with on call service	yes	

	Y	Number of amputations per year.	16	5	59		20	
		Outpatient numbers per week						
	Y	Vascular Consultant Outpatient clinics all types	3.5	3	9	4 mixed (General Surgery & Vascular)	4	
	Y	Vascular SPR Outpatient clinics all types	0	3	There are no specific SPR clinics, the SPRs are part of the consultant led clinic	0. Clinics supported by Gen Surg SpR	2	
	Y	Vascular Nurse practitioner outpatient clinics all types	0	0	5 these include 4 claudication clinic and one post proceedure VV clinic	Joint clinic supporting Consultant clinics	0	
	Y	Specialised clinics (eg VVs or TIA) please specify	0.5VVS, 0.5 AAA	0.5 VVs	Daily TIA clinic Monday to Friday. Nurse led claudication clinic and exercise class	0	TIA daily ambulatory clinics	
	Y	Renal access clinic	0	0	1	0		
		Services						
Y		Do you provide AAA screening? Specify	Yes, early implementation site		Local surveillance and part of NAAASP	Not provided by ESHT but population covered by Sussex AAA programme		Not by S pop cove Suss prog Suss resi
	Y	Do you provide a leg ulcer service? Specify	Part of general vascular clinics		Community based	Yes. Joint comm tissue viab nurse + vasc nurse		yes
	Y	Do you provide a lymphoedema service?	No	No	Community based	No	no	
	Y	Any other services? Specify		On site vascular laboratory service from BSUH, Diabetic foot MDT		Close liaison with Diab teams with foot conditions	Diabetic foot clinic and diabetic IP ward round	

	Y	One stop clinics with duplex	No	YES	All clinics including renal access, PRH and QVH	Duplex scanner available in clinic	Yes at Horsham and ESH – 2 clinics per wk
	Y	Vascular lab based Endovenous treatment	Yes	Yes	One session per week on RSCH site and one session alternate weeks at QVH		LA clinic alt weeks
Y		Where do you offer an urgent Transjugular intrahepatic portosystemic shunt (TIPS) service within your vascular network?	UHSFT, Royal Free	Royal Free, Kings			

Appendix 4 – Gap Analysis for South of England SHA Review

	Sussex providers		
Action Number	**Gaps in service delivery against key criteria**	**Actions to address gaps (agreed by acute trusts)**	**Timeline for delivery of actions**
1	Criteria a) – 24/7 surgical rota	Draft vascular surgical model, draft Multi-disciplinary Team Operational Policy and Surgeon core job plan will be agreed in September. Job Plans of individual surgeons will then be reviewed and HR process begun. Role of specialist vascular nurse and common job plan will be agreed in the autumn of 2012 and then recruitment and other HR process can begin.	March 2013
2	Criteria a) - 24/7 Interventional Radiology rota	Sussex IR Group undertaking a stocktake of all current provision, not just vascular. There is an in principle agreement by Interventional Radiologists across Sussex to develop a joint rota and to co-ordinate workload. Details are yet to be agreed. Full 24/7 rota is subject to development of IR theatre infrastructure by end of March 2013 (see below) but discussions are underway to develop an interim solution to support vascular activity.	
3	Criteria d) – IR suite	Business case approved to build new IR theatre with fixed imaging equipment at the "hub" by April 2013	

Complete if reconfiguration is required	
further assessment framework	The Vascular Society of Great Britain and Ireland completed a review in Sussex in August 2011. The recommendations have been agreed by providers and commissioners in Sussex and an Action Plan is in progress to deliver reconfiguration of arterial and emergency vascular surgery and interventional radiology at the Sussex Vascular Centre in Brighton.
option appraisal development	
engagement plan including consultation period and final decision date.	Already completed including presentation and agreement of HOSCs in Sussex
expected implementation dates	Initial full implementation date was November 2012 but this will slip to March 2013