Buckinghamshire and Oxfordshire Cluster
Safe and Sustainable Acute Services
Stroke, Major Trauma and Vascular Surgery
Response to Engagement
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1. Executive Summary

1.1 Introduction

Stroke, major trauma and vascular surgery services are being reviewed by the three Primary Care Trust (PCT) clusters in the NHS South Central region which cover Buckinghamshire, Oxfordshire, Berkshire, Hampshire and the Isle of Wight.

The PCTs have come up with a number of proposals aimed at improving the quality of these services for patients were seeking the views of the public. It is expected that by implementing the proposals lives will be saved and long-term disabilities reduced. Our aims are:

- To make sure that the provision of these services is in line with national best practice
- To provide higher quality care and achieve the best results for our patients
- To develop and maintain the expertise of the medical staff who provide these services by providing them with a high volume of patients
- To ensure there are enough of the right medical staff to provide specialist care 24 hours a day
- To ensure the services are financially viable and sustainable
- To ensure patients across the region receive the same high standard of service.

The proposals are to concentrate these services in places where there are specialists and support services available around the clock. National clinical experience shows that this approach saves lives and improves patient recovery.

1.2 The engagement process

An engagement programme ran from mid-August until the end of September.

The engagement was led by the three primary care trust clusters in South Central. The SHA provided overall leadership and assurance of the process. Clinical networks provided support to clusters and the SHA. All activities complied with and provided evidence for the Secretary of State’s four tests.

Key stakeholders were identified and engaged, informed and listened to during the engagement exercise. This included extensive engagement with clinicians as well as the public.

All GPs in Buckinghamshire and Oxfordshire cluster were made aware of this and each of the acute trusts received information. A meeting was held with the two HOSC chairs. NHS staff were informed and there was wide ranging publicity sent out to the public in Oxfordshire and Buckinghamshire.

1.3 Key finding from the engagement

There was general agreement with the proposals though many felt unable to comment of the proposals for other areas. some key concerns were identified.
• Travel – this referred to both ambulance response times and to the distance for relatives to travel to visit relatives taken into hospital.
• Impact analysis – a concern was raised about the impact on older people or rural populations.
• Horton Hospital – both clinicians and the public raised a concern about impact on services at the Horton.
• Impact of major trauma on other services – there was a suggestion that the high demands of major trauma work can impact negatively on routine operations meaning they are put back.
• Request for a consultation on vascular services for Buckinghamshire – requested by the HOSC.

1.4 Recommendations

• Horton hospital – it is suggested that work is done to clarify the impact on the Horton Hospital aimed at both the clinicians and the public in the north of Oxfordshire.
• FAST campaign – continuing promotion of the FAST message
• Clarifying onward impact of service change – confirm that there will be no onward impact of other services provided at the John Radcliffe with the introduction of new services.
• Vascular consultation – there should be a consultation in Buckinghamshire, linked to the Better healthcare in Buckinghamshire
2. Introduction

The three PCT clusters in NHS South Central undertook a six week engagement exercise on the proposals to improve services for those who experience a stroke, major trauma or vascular surgery. This engagement exercise began on 22 August and was completed on 30 September 2011. The engagement document can be found at [https://consult.oxfordshirepct.nhs.uk/consult.ti/Safeandsustainable/listdocuments](https://consult.oxfordshirepct.nhs.uk/consult.ti/Safeandsustainable/listdocuments)

This report provides analysis of the responses to engagement and includes recommendations for the next steps for the PCT Cluster boards which are meeting on the following dates:

- NHS Buckinghamshire and Oxfordshire 27 October 2011
- NHS Berkshire 18 October 2011
- NHS Southampton, Hampshire, the Isle of Wight and Portsmouth 1 November 2011

3. Background

In 2007 the Department of Health published Our NHS, Our Future which set out a vision for improving health services across the country. South Central SHA responded to this report by publishing its own vision, Towards a Healthier Future. These documents set out the national and local frameworks within which stroke, major trauma and vascular surgery services would be improved.

To implement national best practice each of the services would need to be consolidated at various locations across the region to ensure:

- the provision of high quality care
- enough patients are being treated to enable service specialists to maintain and develop expertise
- enough expert medical staff are available to provide specialist out of hours care
- the services are financially viable and sustainable in the long term

The three clinical networks supported by clinicians and, in some parts of the programmes, stakeholders, patients and the public developed service specifications following national guidelines for improvements to stroke, major trauma and vascular surgery. Hospitals interested in becoming specialist centres for stroke, major trauma and/or vascular surgery were invited to submit plans showing how they would meet these specifications. These plans were assessed at review panels which included independent clinical representatives and specialists in stroke, major trauma, and vascular surgery. The result of these reviews were detailed in the 'Developing Safe and Sustainable Acute Services in South Central' engagement document.

3.1 The local Context

NHS Buckinghamshire and NHS Oxfordshire have now become joined or 'Clustered'.

NHS Clusters have been established by the Department of Health to ensure that the NHS maintains the business continuity of commissioning healthcare locally and to facilitate the
change to the new structure of the NHS in 2013, including the move to Clinical Commissioning Groups (CCGs)

All NHS Clusters will have three principal functions:

- Delivery of the PCTs’ Operational Plans, driving clinical service change for 2011 to 2013 and ensuring financial stability for the handover to Clinical Commissioning Groups
- Ensuring and supporting development of Clinical Commissioning Groups and transferring of other current cluster functions to the new organisations yet to be established i.e. the National Commissioning Board, Public Health England, Health Education England, Health and Wellbeing Boards, public health to Local Authorities
- Creating the relevant commissioning support organisation for Clinical Commissioning Groups after PCT abolition.
4. Proposals

4.1 Stroke
Changes to stroke services have already been made in Southampton, South West Hampshire, Portsmouth, Buckinghamshire, Berkshire and Oxfordshire. The proposals put forward in the engagement document were for:

- St Mary’s, Isle of Wight which would provide hyper acute services and also seven day high and low risk TIA services. Implementation was expected to be in the autumn for daytime services and 24/7 early in 2012.
- North Hampshire patients to go to the Royal Hampshire County hospital in Winchester for the first three days as it is already a hyper acute unit. Basingstoke and North Hampshire hospital would be an acute unit. Royal Hampshire County hospital and Basingstoke and North Hampshire hospital would each provide seven day high and low risk TIA services.

4.2 Major Trauma
The engagement document proposed that:

John Radcliffe and Southampton General would be major trauma centres as they are the only hospitals that have the full range of specialties required for hospitals to be major trauma centres.

The following hospitals become trauma units:

- Stoke Mandeville, Aylesbury
- Wexham Park, Slough
- Royal Berkshire, Reading
- Basingstoke and North Hampshire, Basingstoke
- Queen Alexandra, Portsmouth
- St Marys, Isle of Wight

4.3 Vascular
The proposals were:

John Radcliffe and Southampton General would be vascular centres providing 24 hour emergency and complex inpatient vascular surgery and that the following hospitals would retain day cases, diagnostics and outpatient provision:

- Wycombe, High Wycombe (continue to carry out vascular surgery on stroke and TIA patients)
- Royal Berkshire, Reading
- Basingstoke and North Hampshire, Basingstoke
- Royal Hampshire County, Winchester
- Queen Alexandra, Portsmouth
- St Marys, Isle of Wight

In addition two further options were presented for Queen Alexandra Hospital in Portsmouth:
• The Queen Alexandra Hospital in Portsmouth provides 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 Queen Alexandra 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.
5. Engagement Process

The engagement was led by the three primary care trust clusters in South Central. The SHA provided overall leadership and assurance of the process. Clinical networks provided support to clusters and the SHA. The engagement process ran for a six week period from 22 August to 30 September.

All activities complied with and provided evidence for the Secretary of State’s four tests:

- Support from GP commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base
- Consistency with current and prospective patient choice

The three PCT clusters produced engagement plans to ensure that the following key stakeholders were engaged, informed and listened to during the engagement exercise.

- CEOs and medical directors – Clusters and acute Trusts
- LINks
- HOSCs
- SHA
- Cluster boards
- MPs
- South Central Ambulance and Isle of Wight ambulance service
- Clinical Commissioning groups
- Patient panels and groups
- Voluntary sector
- Military
- Media
- Wider public

Meetings were minuted and all documentation recorded as part of an audit against the four tests.

A questionnaire was provided online for stakeholders to complete if they wished and these questionnaires were analysed using the common engagement software run by each PCT cluster.

A link to the questionnaire was sent to all GP practices and relevant Trust clinicians to complete if they wished. Clinical questionnaires have been analysed across South Central rather than by cluster.
6. Oxfordshire and Buckinghamshire engagement activity

Clinicians

GPs: GPs received information on the proposals as follows: the engagement document was flagged up to all Oxfordshire GPs in the weekly Oxfordshire Clinical Commissioning update together with a link to the electronic clinical response questionnaire set up via Talking Health. GPs in Buckinghamshire were contacted via a regular mailing to practice managers in Buckinghamshire and this was sent twice. They were also given a link to the electronic mailing.

The proposals were shared with the two Clinical Commissioning Groups in Buckinghamshire and Oxfordshire. A briefing paper was prepared and sent to both groups including links to the full engagement document and the on-line questionnaire.

Other clinicians: Each of the acute Hospital Trusts across the Buckinghamshire and Oxfordshire PCT Cluster area received information on the proposals via colleagues in their respective communication teams and information was also sent out to South Central Ambulance Services on behalf of all the clusters.

Clinicians in each of the major trauma, stroke and vascular networks were made aware of the proposals and invited to comment online through the clinician specific website.

Overview and Scrutiny Committees

The Safe and Sustainable proposals were shared with the two Overview ad Scrutiny Committees (OSCs) in Buckinghamshire and Oxfordshire. The Director of Communications and Patient Information met with the chairs of both HOSCs and discussed this. It was not taken to formal HOSC in either case.

NHS Staff

Following the launch of the engagement period, information on the proposals for major trauma, stroke and vascular surgery was included in the staff newsletter (The Point) of the PCT Cluster. This included links to the engagement document and feedback questionnaire online.

Patients and the public

The two Local Involvement Networks (LINk) for Buckinghamshire and Oxfordshire were sent the engagement document. It was discussed briefly under any other business by the Oxfordshire LINk and discussed along with the other current consultations by the Buckinghamshire LINk.

Information was also made available to the public at the Annual General Meeting of each PCT.

A press release was issued to all local media following the start of the engagement period. During the course of the engagement interviews were given to BBC radio Oxford, Glide FM and Jack FM. There were articles in the Oxford Mail and the Banbury Cake.
Information about the engagement was sent out to all stakeholders as listed above – in particular groups concerned with stroke. In addition information was sent out to groups identified as those for whom changes to major trauma may impact such as riding groups and motor bike clubs. Offers were made to talk to groups in the information sent out.

The document was put on line via the Buckinghamshire and Oxfordshire cluster Talking Health pages and those commenting on line were invited to respond against the document. Over 800 members of Talking Health were directly invited to take part in the consultation and a further 100 members of the Buckinghamshire panel were invited to join. Responses were invited electronically or on paper.

**Responses**

In all 60 people registered an interest in the consultation and of these 39 responded to the consultation questions.

Just one group requested a presentation – the Older Peoples Panel supported by Age UK. Their concerns and responses are reflected in the narrative responses.
7. Analysis of Public Engagement Responses

7.1 Regional Context

The following responses were received across South Central.

<table>
<thead>
<tr>
<th>Response</th>
<th>SHIP</th>
<th>Berks</th>
<th>BOX</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>6015</td>
<td></td>
<td></td>
<td></td>
<td>6015</td>
</tr>
<tr>
<td>Clinical on line site</td>
<td>90</td>
<td>39</td>
<td>32</td>
<td>6</td>
<td>167</td>
</tr>
<tr>
<td>Total</td>
<td>211 excl PN letters &amp; petitions</td>
<td>60</td>
<td>70</td>
<td>6</td>
<td>347 excl PN letters &amp; petitions</td>
</tr>
</tbody>
</table>

In addition 6015 letters have been received from the Portsmouth news ‘Keep it at QA’ campaign.

The following table provides a quantitative summary of the public engagement online responses across South Central

**Percentage of Responders Replying to the Questions**

<table>
<thead>
<tr>
<th>Stroke</th>
<th>Agree</th>
<th>Disagree</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you agree with proposals for Hampshire</td>
<td>70</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>Do you agree with proposals for Isle of Wight</td>
<td>60</td>
<td>3</td>
<td>37</td>
</tr>
<tr>
<td><strong>Major Trauma</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you agree with JR and SGH becoming MTCs</td>
<td>90</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Do you agree that the</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
following should be TUs

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>TUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stoke Mandeville</td>
<td>80</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>WXP</td>
<td>77</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>RBH</td>
<td>88</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>B&amp;NH</td>
<td>83</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>QA</td>
<td>88</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>St Marys</td>
<td>83</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Do you agree with proposals in SHIP</td>
<td>73</td>
<td>10</td>
<td>17</td>
</tr>
<tr>
<td>Do you agree with proposals for Berks &amp; BOx</td>
<td>74</td>
<td>7</td>
<td>19</td>
</tr>
</tbody>
</table>

**Vascular**

<table>
<thead>
<tr>
<th>Proposals</th>
<th>Yes</th>
<th>No</th>
<th>TUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you agree with proposals to establish 3 units at JR, FPH, SGH</td>
<td>81</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td>Do you agree with proposals for B&amp;NH</td>
<td>58</td>
<td>4</td>
<td>38</td>
</tr>
<tr>
<td>Do you agree with proposals for SHIP</td>
<td>62</td>
<td>17</td>
<td>21</td>
</tr>
<tr>
<td>Do you agree with proposals for Berks &amp; BOX</td>
<td>69</td>
<td>4</td>
<td>27</td>
</tr>
</tbody>
</table>

### 7.2 Buckinghamshire and Oxfordshire Cluster - Quantitative analysis of responses

Respondents did not reply to all the questions so response levels vary throughout. Where questions did not refer to local services there was a greater tendency to reply “Don’t know”. In some cases there were more who responded ‘don’t know’ than ‘yes’ or ‘no’ together.

**Q B** Are you providing your own response or submitting your response on behalf of an organisation?

There were 17 responses to this question all of whom said they were providing their own response.
Q J Please tell us who the organisation represents and where applicable how you assembled the views of members.

No organisations responded.
Q 1 Do you agree that NHS South Central should follow national guidance and establish specialist stroke, trauma and vascular centres to change services for patients?

There were three comments made about this. Each had some reservations. There was a concern that South Central Ambulance Service (SCAS) may not be able to meet the time requirements in the rural parts of Oxfordshire and that for some outside Oxfordshire the travel times may not be acceptable.

Q2 Stroke Services: Do you agree with our proposals for Hampshire?

Just nine of the 39 respondents expressed agreement with this, many did not respond at all. The only comment expressed concern about being asked questions about an area outside their knowledge.
**Q3 Stroke Services:** Do you agree with our proposals for the Isle of Wight?

As previously just nine indicated agreement. A comment was made expressing concern about the additional work load for the Queen Alexander Hospital in taking on patients from the Isle of Wight (this was made by a physician from Portsmouth via the public website).

**Q4 Major Trauma:** Do you agree that the John Radcliffe Hospital in Oxford and Southampton General Hospital should be major trauma centres?

Just 17 responded to this question and all but one agreed with this option. There was one narrative response expressing concern about being taken to a distant hospital. This was from someone living in a location where they would be taken to Royal Berkshire Hospital under present arrangements.
**Q5 Major Trauma:** Do you agree that the following hospitals within South Central should be trauma units?

- **Stoke Mandeville Hospital, Aylesbury**
  - Agree: 0
  - Disagree: 3
  - Don't know: 20

- **Wexham Park Hospital, Slough**
  - Agree: 0
  - Disagree: 6
  - Don't know: 10

- **Royal Berkshire Hospital, Reading**
  - Agree: 0
  - Disagree: 2
  - Don't know: 22

- **Basingstoke and North Hampshire Hospital**
  - Agree: 4
  - Disagree: 0
  - Don't know: 20
Most respondents agreed with all these options. However one written response expressed the view that there should be a major trauma unit at the Horton Hospital.

**Q6 Major Trauma**: Do you agree with our proposals for Southampton, Hampshire, the Isle of Wight and Portsmouth?

There was mainly agreement with this option and no additional comments were made.
**Q7 Major Trauma:** Do you agree with our proposals for Berkshire, Buckinghamshire and Oxfordshire?

Most respondents agreed with this option. One comment was received from the same person as previously indicating view that there should be a major trauma unit at the Horton hospital.

**Q8 Vascular:** Do you agree with our proposal to establish three units providing 24 hours vascular surgery services at the John Radcliffe Hospital, Oxford; Frimley Park Hospital, Surrey and Southampton General Hospital?

All those responding agreed with this option. One concern was raised that there may be a delay in treatment for patients taken to another hospital before being transferred to the John Radcliffe Hospital.
**Q9 Vascular:** Do you agree with our proposals for Basingstoke and North Hampshire?

![Pie chart showing 14 agree, 7 disagree, 2 don't know.]

There was general agreement with this option. One comment was made saying that all cases should be seen by major centres.

**Q10 Vascular:** Do you agree with our proposals for Portsmouth, Winchester, Southampton and the Isle of Wight?

![Pie chart showing 12 agree, 1 disagree, 1 don't know.]

Twelve respondents agreed with this option but almost as many did not know. There was one detailed responses quoted below. This was from someone with an email address at Queen Alexandra Hospital. Another respondent commented that it was hard to identify which hospital should take over all cases or whether numbers are high enough at all centres to maintain expertise.

“If Portsmouth is a hyperacute stroke centre and has no vascular surgery the endarterectomies are delayed - The removal of emergency work leaving purely elective cases may disadvantage in terms of retention of high quality staff and negatively affect the care of the local population. Maintaining emergency work by collaborative working with St Richards would allow the
development of a high quality service for those in the most southern and eastern stretch of the region.”

**Q11 Vascular**: Do you agree with our proposals for Berkshire, Buckinghamshire and Oxfordshire?

There was general agreement with this and no comments received.

**Q12 If you have any other comments please tell us here.**

A range of comments were received. These are reflected in the narrative section which follows.

### 7.3 Narrative themes from questionnaires

There was quite a low overall response to this engagement activity so there are few themes emerging from the narrative responses. This commentary draws attention to the significant comments.

**Travel**

As in all our surveys travel was identified by a number of respondents as an issue. Concerns were raised that the issue of travel distance for families had not been identified, that ambulance services are not meeting rural targets at the moment and that there was no proper indication of distances.

“...given the centres of excellence will be further away for more people, there is a time issue. (50% of people in Oxfordshire live in communities <10k) Some trauma needs immediate and urgent action - travelling further will take longer. SCAS does not meet the performance standards in rural communities. It is essential that SCAS is committed to this approach and shows how they will improve service in rural areas.”

**Impact analysis**
Two respondents questioned whether the impact analysis had looked at the needs/impact on older people or rural populations.

**Issues for Horton Hospital**

Concerns were raised at the older Peoples Panel that there was not much awareness on North Oxfordshire of these changes. In general there seems to be misconception that this will result in a reduction of services at the Horton.

**Impact of major trauma on other services**

At the Older Peoples Panel it was pointed out that patient waiting for operations – for example on fractured neck of femur see the arrival of the air ambulance as a sign that their operation is likely to be put off. A lot of work has been done in Oxfordshire to improve the outcomes of patient with fractured neck of femur particularly by shortening the time between the fracture and operation. Patients will need reassurance about this.
8. Quantitative Analysis of Regional Clinician Engagement Responses

The clinical analysis is South Central wide rather than by cluster. In total 167 clinicians responded online.

Throughout the responses there are high proportions of those responding ‘don’t know’. These responses largely come from those areas farthest away from the area or hospital they are providing a response to. In addition a few people commented that they had not seen the paper. All those accessing the questionnaire were directed by the guidance at the beginning of the questionnaire to the paper which was linked at that point.

Q W Please tell us which PCT area you are based in?

Responses came from all areas. The response from Buckinghamshire was disappointing - this may be due to protocols which mean that all correspondence to GPs has to go via practice managers. A significant proportion of the responses from Portsmouth were from other clinical specialties than GP or clinician with a direct interest in this work. See comments below.
Please tell us if you are a GP or any other clinician

A very high proportion of respondents indicated ‘other’ as their response to this question. A look at this in more depth shows that 13 were from Berkshire West and 36 from Portsmouth. They described themselves in a wide variety of ways but there are a significant number of responses from those in areas of work associated or likely to be associated with the topics of the consultation. This includes people working in a variety of disciplines in intensive care, eight anaesthetists, vascular scientists and radiologists.

Please tell us which Clinical Commissioning Group you belong to.

This has been split into the PCT cluster areas because there are too many groups to analyse effectively via a chart. The numbers breakdown as follows:
<table>
<thead>
<tr>
<th>Clinical Commissioning Group</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxfordshire GPCC</td>
<td>23</td>
</tr>
<tr>
<td>Wokingham</td>
<td>4</td>
</tr>
<tr>
<td>North West Reading</td>
<td>1</td>
</tr>
<tr>
<td>Slough GPCC</td>
<td>2</td>
</tr>
<tr>
<td>Windsor &amp; Maidenhead</td>
<td>1</td>
</tr>
<tr>
<td>Bracknell &amp; Ascot Commissioning</td>
<td>1</td>
</tr>
<tr>
<td>Southampton City</td>
<td>6</td>
</tr>
<tr>
<td>West Hants</td>
<td>1</td>
</tr>
<tr>
<td>North East Hants</td>
<td>1</td>
</tr>
<tr>
<td>Calleva</td>
<td>1</td>
</tr>
<tr>
<td>Fareham &amp; Gosport</td>
<td>8</td>
</tr>
<tr>
<td>The A3 Commissioning Group</td>
<td>3</td>
</tr>
<tr>
<td>IOW GPCC</td>
<td>6</td>
</tr>
<tr>
<td>Portsmouth City GPCC</td>
<td>16</td>
</tr>
</tbody>
</table>

Two clinical commissioning groups did not provide any responses. These were: South Reading Consortium and Newbury and District. Of the 26 (26%) who responded ‘other’ the majority indicated that they worked for a hospital trust not a GP practice.
Q Z Please tell us which hospital trust you work for

No clinician responses were received from Buckinghamshire Healthcare, Nuffield Orthopaedic and Frimley Park. In addition a number of the responses to ‘other’ at Q Y were from clinicians and other medical staff at the Queen Alexander Hospital (7) and the Royal Berkshire Hospital (3).

Q1 Do you agree that NHS South Central should follow national guidance and establish specialist stroke, trauma and vascular centres to change services for patients?

The majority of those responding agreed with the proposals in general - just 16% disagreeing with the whole proposal. There were a lot of narrative responses to this question. A very strong theme raise concerns about the vascular services in Portsmouth in particular but others also questioned whether the geography has been considered in the development of the proposals. There were also issues raised about stroke services and renal patients who need vascular care.

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

“All DGHs admit and treat strokes and should be encouraged to thrombolise them. Since time elapsed after a stroke is crucial, it is essential for services to be provided as locally as possible. Those hospitals not able to provide a 24 hour thrombolysis service due to staffing issues need to be
covered by larger hospitals but only out of hours. During working hours, it should be the norm for all DGHs to provide a comprehensive acute and stroke rehabilitation service for their own local populations.”

“...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 and has not commented on Poole and Bournemouth who historically form the Wessex group of hospitals along the south coast. The proposed developments in the Oxford region are sensible but the artificial boundaries imposed by the SHA do not support the true health care geography of the central south coast.”

**Q2 Stroke Services: Do you agree with our proposals for Hampshire?**

![Pie chart showing responses](image)

The majority responded ‘don’t know’. Those who responded ‘no’ or ‘don’t know’ particularly mentioned their concern about vascular surgery and the link to stroke services. One comment was made about the Isle of Wight which has been included in that section.

“Portsmouth Hospitals should maintain a full vascular service - the quality is high and the knock-on effects on other services would be catastrophic. The carotid arterectomy results here are well above UK average for stroke and mortality. Tight cohesive networks are far better approach. PHT serves 600 000 people and not to have these services in the unit is not going to improve quality.”
Q3 Stroke Services: Do you agree with our proposals for the Isle of Wight?

Just 27% indicated that they supported this initiative. Not surprisingly there was a very large proportion of ‘don’t know’ responses. There were few free text comments and none of these were supportive.

“The Isle of Wight is unlikely to have enough specialists appropriately skilled in neurological problems to effectively run a 24 hour hyper acute service. Current plans to use non physicians (emergency medicine doctors may work but there needs to be a consideration of on going care of patients i.e. the on call general physician) and how complications will be dealt with as it will be this physician and not the ED doctor dealing with it.” (response to Q2)

“There are not enough specialists skilled in stroke to effectively run a 24 hour hyperacute service. Plans to use emergency medicine doctors may work but they will not manage ongoing care and complications (this will be on call physician) Teleconferencing is difficult. Someone on the Island needs to take responsibility and make the final decision and not simply agree with someone on the end of a computer and them pass responsibility to a third person.”

Q4 Major Trauma: Do you agree that the John Radcliffe Hospital in Oxford and Southampton General Hospital should be major trauma centres?
There was wide support for this with over 75% agreeing. Comments made were varied and as with other parts of the engagement, the larger proportion of the comments were about Portsmouth services.

One more generic comment is provided below.

“I agree the Units should be Major trauma Centres but again all city Hospitals should have this capability as Patients will inevitably not receive treatment in a timely manner, possibly affecting final outcome. there are many opportunities for more of these units as there is a huge distance between the two proposed units. The South Central area has a huge travel network which while possibly aiding in the patient transfer can also be a contributing factor to traumatic injury.”

**Q5 Major Trauma:** Do you agree that the following hospitals within South Central should be trauma units?

- **Stoke Mandeville Hospital, Aylesbury**
  - Agree: 41
  - Disagree: 9
  - Don't know: 37

- **Wexham Park Hospital, Slough**
  - Agree: 34
  - Disagree: 9
  - Don't know: 37

- **Royal Berkshire Hospital, Reading**
  - Agree: 34
  - Disagree: 9
  - Don't know: 37

- **Basingstoke and North Hampshire Hospital**
  - Agree: 28
  - Disagree: 6
  - Don't know: 40
Interestingly, despite the comments received elsewhere there was wide support for the arrangements at Queen Alexander Hospital. There were only two comments about these arrangements.

**Q6 Major Trauma:** *Do you agree with our proposals for Southampton, Hampshire, the Isle of Wight and Portsmouth?*

There were a few comments about this. Half referred to Portsmouth. One expressed a concern that has also been raised by patients.

“...if quick transfer is not available (e.g. from IoW to SGH) then a unit deemed less able is left to deal with the problem but without the necessary skills/equipment as these have all leached away to the MTC.”
Q7 Major Trauma: Do you agree with our proposals for Berkshire, Buckinghamshire and Oxfordshire?

There were only four comments. However two of them are raising the same issue about vascular surgery as Portsmouth clinicians but for the Royal Berkshire Hospital.

“The loss of vascular surgery from the Royal Berkshire Hospital is hugely detrimental from the management of the trauma patient.”

Q8 Vascular: Do you agree with our proposal to establish three units providing 24 hours vascular surgery services at the John Radcliffe Hospital, Oxford; Frimley Park Hospital, Surrey and Southampton General Hospital?

There was quite strong ‘no’ response with almost 38% choosing this. Of these most were from the Portsmouth or Hampshire area. However five were from West Berkshire and once more there were comments about the impact on vascular services at the Royal Berkshire Hospital. The two comments below reflect these views and raise issues about patient transfer times or risk to patients.

“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 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.”

“The Royal Berkshire Hospital should be added to the list to cater for patients in Berkshire. At present complex revision hip surgery, spinal surgery and major cancer surgery is carried out in Reading. Many trauma patients will still need to be stabilised in Reading because it is more than the 45 minute isochrone from Reading and Southampton. therefore Vascular surgery is important to the RBH.”

**Q9 Vascular: Do you agree with our proposals for Basingstoke and North Hampshire?**

![Vascular Basingstoke North Hampshire](image)

There was a much more positive response to this option. However there was one strong comment about the implications for vascular emergency access .

“To achieve the trauma unit status a site requires access on an emergency basis access to vascular; this includes ED pathway and renal pathway patients. Therefore removing to only three sites will affect the core functions of the other sites. Vascular on the other sites is NOT purely elective and there appears to be a lack of understanding by the panel on this.”

**Q10 Vascular: Do you agree with our proposals for Portsmouth, Winchester, Southampton and the Isle of Wight?**

![Vascular Portsmouth Winchester](image)

The numbers who agreed with this were less than the numbers who disagreed, though there was a high level of ‘don’t know’ responses – these were largely associated with other areas
of the region. All those who disagreed were from Portsmouth or Hampshire. In this instance there was a strong emphasis in the narrative responses on the impact on other services.

“There is a considerable amount of major head & neck 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. Loosing vascular services has the potential to destabilise this practice.”

“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 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.”

Q11 Vascular: Do you agree with our proposals for Berkshire, Buckinghamshire and Oxfordshire?

There was general agreement with this. However five of the nine who disagreed had identified themselves as from West Berkshire and comments were largely about services from Royal Berkshire Hospital.

“The Royal Berkshire Hospital has a catchment of >500000 (this is greater than the primary catchment of the John Radcliffe). The lack of vascular services is a retrograde step at the RBH.”

Q12: If you have any additional comments, please tell us here.

There were 29 comments under this section. Most of them have been reflected elsewhere in the comments above. However the following pursue new strands of concern about the catchment overall on the south coast, provision in Sussex and the provision of services at Wexham Park.

“Wexham Park has the busiest A&E out of Frimley, Reading and Stoke Mandeville, so MUST be a Trauma Centre. It must therefore have vascular services. Frimley Park should be down-sized to serve the local population of 200,000 it was built for, and
should not be allowed to expand its services any further. Local politics should be REMOVED from the equation, rather than dictating strategy as they do currently.”

“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 but also Salisbury, Bournemouth and Poole. 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.”
9. Qualitative Analysis of Regional Clinical Engagement Responses

There were a number of strong themes identified across all the comments made.

Vascular services in Portsmouth

Unsurprisingly this was the main theme which was mentioned in the comments on the engagement document. However, there were within this a significant number of comments particularly about renal services requiring onsite emergency access to vascular surgery. In addition there were several comments about the need for access to vascular surgery for Trauma units as opposed to major trauma units. This was also strongly linked to services in West Sussex and the importance of exploring the option of working together.

Detrimental effect of the change

There were 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.

Services at the Royal Berkshire Hospital

There were a small number of comments expressing concerns about the impact of changes on the Royal Berkshire Hospital and on patients from that area. Although no major issues have been raised during the consultation elsewhere these seem to be concerns from clinicians for the Royal Berkshire Hospital and should not be disregarded in the context of the large number of responses from Portsmouth.

“The Royal Berkshire Hospital should be added to the list to cater for patients in Berkshire. At present complex revision hip surgery, spinal surgery and major cancer surgery is carried out in Reading. Many trauma patients will still need to be stabilised in Reading because it is more than the 45 minute isochrone from Reading and Southampton. Therefore Vascular surgery is important to the RBH.”

Research background.

Several respondents questioned the research behind the work which had been done on this.

“Evidence from research suggests the greatest gains come not from centralising services but the adoption of protocols, especially through the use of check lists. The volume quality argument only applies for a few conditions.”

“The Proposals constantly state we believe but don’t say we know, more research needed to ensure we don't just believe things may improve, too much risk to base decisions on this basis”

Issues at the Horton Hospital

This was only mentioned once. However it picks up concerns from the public engagement and the clinical commissioning engagement in Oxfordshire.
10. Application of the four key tests for Service Change

The Cluster has assured itself that the four Secretary of State tests on service change were met as follows:

Support from GP commissioners: The proposals were discussed at the Oxfordshire Clinical Commissioning Group and circulated to the Buckinghamshire Clinical Commissioning Group. During the engagement period. In Oxfordshire there was general agreement but concerns were raised about the impact on the Horton Hospital (a separate letter has been received regarding this. Two responses were received from the Bucks Clinical Commissioning Group. One expressed concerns that he was felt unable to respond without a better understanding of the analysis behind the recommendations, the other drew attention to points which he said were inaccuracies in the document.

Strengthening public and patient engagement: The three clinical networks included some patients and public representatives in the development of the proposal contained in the engagement document. Oxfordshire LINks discussed the engagement document briefly at their September meetings and will discuss in more depth during October. Buckinghamshire LINk was informed about the engagement document at their September meeting but did not discuss it in detail. In addition the proposals were also discussed by the Regional LINk which also covers Surrey and Sussex. Patient forums and representative patient groups also discussed the proposals. Hard to reach groups were contacted via the Oxfordshire Community and Voluntary Action (OCVA) mailing. 38 members of the public responded to the questionnaire and 10 responded via the Older Peoples Panel meeting.

In addition the Health Overview and Scrutiny Committee Chairs from Buckinghamshire and Oxfordshire met and discussed the engagement. The Oxfordshire Chair took the view that no further consultation was necessary. Buckinghamshire have requested that there is consultation on the vascular element.

Clarity on clinical evidence base: Clinicians developed service specifications for each service working with GP commissioners, LINks and some public representatives. These specifications were assured by independent national clinical experts. Submissions to meet the specifications were presented by Trusts to an expert panel with independent clinical expertise. Additional independent assurance for the trauma proposals was provided on 15 September at a review by the national clinical director for trauma who agreed that both major trauma centres met the full specification. Independent assurance for vascular surgery was provided by NCAT who reviewed the proposals on 7 October.

Consistency with current and prospective patient choice: The proposals are to concentrate stroke, major trauma and vascular surgery in places where there are specialists and support services available 24 hours 7 days per week. National clinical experience shows that this approach saves lives and improves patient recovery. For stroke and major trauma new services are proposed that increase patient choice as a number of new hyper acute stroke units and trauma units will be developed. For vascular surgery, the concentration of specialist surgery at fewer sites reduces choice of site for inpatient operations, however choice remains the same for diagnostics, outpatients and day surgery.

An audit of the documentation provided by key stakeholders including HOSCs, LINks and CCGs has been undertaken.
11. Equality
Equality impact assessments were developed for all three specialities. Concerns about the impact on older people and on those living in rural areas were highlighted in the engagement responses.

12. Office of Government Commerce (OGC) Gateway 0 Review
A gateway review was undertaken for the engagement process between 20-23 September. The gateway review provides independent assurance that the case for change is clear, that there has been sufficient engagement from stakeholders, that risks have been managed sufficiently and that governance processes are robust.

The delivery confidence assessment was rated as amber with the following definition: 'successful delivery appears feasible but issues require management attention. The issues appear resolvable at this stage of the project if addressed promptly'.

The gateway team made seven recommendations set out below:

1. Put in place a more rigorous risk management strategy
2. Increase the effort to obtain formal responses from the engagement whilst performing a quality assurance check on the process with all key stakeholders (especially HOSCs and CCGs)
3. Carry out a strategic assessment to agree the next steps ahead of consultation
4. Clarify and share the future decision making and approval routes
5. Ensure there is sufficient time for rigorous preparation for any consultation
6. Ensure that there is a mutual understanding between commissioners and providers regarding the expected patient outcomes and financial impacts
7. Document and share the lessons learned in readiness for future service change

13. National Clinical Advisory Team (NCAT) Review
The Senior Responsible officer decided that a NCAT review to provide additional independent clinical assurance was only required for vascular surgery. This was because the majority of stroke services had already been implemented and were already showing improvements for patients and the national clinical director for trauma reviewed the major trauma proposals on 15 September.

The NCAT review took place on 7 October and a formal report will be available by 20 October. Key initial feedback was:

The clinical case for change and the recommendations from the vascular panel for Oxford Radcliffe and Southampton University Hospital as vascular centres were reasonable.
There was not sufficient assurance that there was yet sufficient capacity at Oxford Radcliffe and Southampton University Hospital to take the additional volumes and this should be checked.

Significant concerns about the sustainability of Portsmouth providing vascular surgery given that it has 2.8 surgeons and is currently dependent upon Chichester.

Misgivings about carotids being retained at the DGHs given that NICE guidance is likely to be that they are performed within 48 hours of stroke / TIA.
14. Recommendations

Horton hospital

There is evidence from the responses of the Clinical commissioning group in Oxfordshire, responses to the public questions and responses to the clinical questions that there is no clear understanding of the position of the Horton Hospital now in relation to other provision of these services and the likely impact of change on the Horton. It is suggested that work is done to clarify this for both the clinicians and the public in the north of Oxfordshire.

FAST campaign

In response to the presentation the Older Peoples Panel agreed they would do their own internal campaign to remind members about the importance of identifying stroke via the FAST criteria. All were aware of the campaign but know people with limited awareness. There was a general agreement that word of mouth is probably very effective as a way of spreading the message about FAST.

Clarifying onward impact of service change

It is important that patients are reassured that the work which will come to the John Radcliffe Hospital as a result of major trauma does not impact on delivery of other services particularly fractured neck of femur.

15. Further Consultation

In the light of the comments from the Buckinghamshire Health Overview and Scrutiny Committee together with the comments from the Buckinghamshire CCG it is recommended that there is a full consultation on the vascular services in Buckinghamshire This should be integrated with the Better Healthcare in Buckinghamshire Programme.