

AUDIENCE :	Joint Board of Community Health Councils
DATE:	Meeting of the 13 th January 2021
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CONSULTEES:	Adrian Osborne, Powys Teaching Health Board; Alaa Khundakji, Cardiff and Vale UHB, Anne Wei Cardiff and Vale UHB; David Hanks Aneurin Bevan University Health Board; Marie-Claire Griffiths Cwm Taf Morgannwg; Victoria Legrys Cardiff and Vale University Health Board. Vascular Steering Group members and Clinical Advisory Group members Members of the Vascular Joint Executive Board

**VASCULAR ENGAGEMENT/CONSULTATION REPORT
JANUARY 2021**

Purpose

This report sets out a proposal for the management of engagement and consultation in respect of proposed changes to vascular services in South East Wales.

Background

Work has been underway for many years regarding the sustainability of vascular services in South East Wales. It remains the only region in the UK without a formal network in situ, although clinicians have worked well together over time to enable joint arrangements to be put in place, particularly during out of hours provision.

There is a range of guidance and reference points that propose that a networked arrangement is the most appropriate configuration for vascular services which is a view supported by clinicians across the 3 provider Health Boards. A lot of work has been undertaken through clinical teams in exploring potential future options for the delivery of the service in the area, and these were first articulated in a clinical option appraisal undertaken in 2014.

With a strong rationale, clinicians, through their work over many years have arrived at a consensus opinion for a hub and spoke model, with the hub being at University Hospital of Wales and spokes remaining within Health Board footprints. The spoke arrangements are proposed as follows:

	Step up spoke (acute phase)	Step down spoke (rehabilitation phase)
Aneurin Bevan University Health Board	Grange University Hospital, Cwmbran	Royal Gwent Hospital Newport
Cardiff and Vale University Health Board	University Hospital of Wales, Cardiff	University Hospital Llandough, Vale of Glamorgan

Cwm Taf Morgannwg University Health Board	Royal Glamorgan Hospital, Llantrisant	Ysbyty Cwm Cynon, Mountain Ash Ysbyty Cwm Rhondda, Rhondda
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Of late, clinicians have revisited the option appraisal undertaken in 2014 to confirm its validity as the basis for engagement/consultation. A letter confirming that position is awaited however there is anecdotal evidence to suggest there is consensus that this remains valid for the purposes of engagement.

Requirements on managing change in NHS Wales

The guidance on changes to NHS services in Wales proposes a two stage process to the management of change that requires consultation and engagement. It should be noted that there is also provision in the guidance for the management of urgent temporary change which is a situation that applies to Cwm Taf Morgannwg who had to make this arrangement for vascular services during COVID-19 as the service became unsustainable. The proposals set out below seek to enable good governance and management of the change as well as enabling the temporary arrangements in place for Cwm Taf to be formally engaged and consulted upon.

Proposal for the management of engagement and potential consultation

Over the past two years programme arrangements have been developed around vascular surgery and most recently, an engagement and consultation work-stream has been formed as part of the overall governance structure.

During October 2020, a report was shared with the Joint Executive Board which outlined a potential approach to engagement and consultation on the proposals for the service. This was supported and a two stage process of engagement followed by consultation agreed, subject to appropriate engagement with Community Health Council colleagues. .

Organisations that need to be part of the consultation and engagement are Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, Cwm Taf Morgannwg Teaching Health Board and Powys Teaching Health Board, as commissioners of these services for their local population. It will also be the responsibility of these organisations to lead the programme of engagement and consultation in their respective areas, however overall co-ordination will be held within the programme structure.

Focus of consultation and engagement

Further to the decision made by Joint Executive Board for a two stage process, a workshop was held on 17 November 2020 to agree the scope of the engagement and consultation and also to have discussions that would inform the gaps in a skeletal draft consultation document.

As a result of these discussions, it was agreed that the scope of the engagement phase would be to

- Inform people what vascular services are and how they are currently organised
- Explain the challenges facing the services
- Engage in discussions about potential/only viable option and aid understanding on this

- Hear what is important to people in this discussion prior to a period of formal consultation

It was however noted that given the extensive work that had been undertaken on a clinical option appraisal and formulation of ideas regarding a hub and spoke model of delivery, that this information should also be shared at the engagement phase, so as to offer as much information as possible, in order to explore with members of the public, and interested stakeholders views on the process that has been followed and whether there is any other information that should be considered. To confirm this as the basis of the exercise, clinical colleagues were asked to revisit the clinical option appraisal, and confirm that the conclusion remained valid for the current time. Confirmation was given that the option appraisal remained relevant, and in fact that the preferred option had now been strengthened since the location of the Major Trauma Centre was identified at University Hospital Wales.

As this approach goes beyond the normal parameters of an engagement process, questions that are posed to support the discussion on the *future configuration of vascular services in South East Wales* are proposed as:

- From reading this discussion document, do you have a good understanding of what vascular services are?
- From reading this document, do you understand how services are currently organised
- From reading this document, do you have an understanding of the challenges that are currently facing vascular services?
- Is there any other information you think we should consider in order to decide whether we should move towards a networked arrangement for vascular services in South East Wales?
- Do you agree/disagree with the national evidence and recommendation from the clinical option appraisal that a hub and spoke model would improve vascular services and patient outcomes in South East Wales?
- What are your thoughts on the hub being identified as the University Hospital of Wales Cardiff given the dependencies on other services that are located there?
- Would you agree/disagree that spoke arrangements need to have a consultant led ED and an emergency surgery response on site?
- Subject to your view on the above, would you agree/disagree with the suggested spoke arrangements?
- Do you have a view on the options that have been considered as part of this, are there others we should consider?
- Do you have any thoughts on the process that has been followed to date to consider the future configuration of vascular services in South East Wales?
- Do you have an alternate view on the proposals put forward within this document for the configuration of services?

A draft discussion document for purposes of engagement is attached at Annex A. (Note the inclusion of a jargon buster, a questionnaire and an equalities impact assessment as part of the pack).

Potential Timeline

The consultation needs to be signed off by all individual Health Boards and be discussed with the Board of CHCs/local CHCs. This means a complex governance arrangement to navigate with Board dates being key dependencies. The following sets out the next available dates:

ORG	DEADLINE	ACTUAL
Board of CHCs	By COP Friday 8 th January	13 th January 2021
Aneurin Bevan University Health Board	Approx 2 weeks prior	27 th January 2021
Cardiff & Vale University Health Board	Approx 2 weeks prior	28 th January 2021
Cwm Taf Morgannwg Teaching Health Board	Approx 2 weeks prior	28 th January 2021
Powys Teaching Health Board	Approx 2 weeks prior	27 th January 2021

Based on these dates the following timeline is possible, subject to appropriate resourcing:

Preparation of engagement materials	Mid December 2020
Draft shared and signed off at vascular steering group	23 rd December 2020
Informal testing of approach with local CHCs and members of vascular governance structure	End of December
Vascular joint Exec Board (for decision and approval)	6 th January 2021
Agreement of final process at Board of CHCs	13 th January 2021
Board considerations	27 th and 28 th January 2021
Translation (approx. 2 weeks)	Mid February
Commence engagement	15 th February 2021 - 29 th March (6/8 weeks)
Outcome of engagement to Boards & CHCs and approval to move to consultation	Board of CHCs 14 th April 2021 26 th ABUHB May 2021 CTMTHB 27 th May 2021 CVUHB 27 th May 2021 PTHB 26 th May 2021
Subject to approval from Boards to proceed – translation (approx. 2 weeks)	Mid June
Commence consultation	18 th June 2021 (period of 8 weeks)
Consultation ends	13 th August 2021
Analysis and mitigations	End of August
Back to CHCs	Date to be received
Back to Boards	September Boards

It will be important to keep an open dialogue between Health Boards and CHCs throughout.

Stakeholder profiling and release

All Health Boards have well established mechanisms through which they enable cascade and delivery of engagement and consultation materials and these will be used for this programme too. There are also national groups and professional bodies that would need opportunity to engage and consult and these are being profiled within the programme. Given that the engagement and consultation will be happening within a COVID-19 context, different ways of engaging the population will need to be established and **could** include, virtual drop-ins, Facebook lives, videos etc.

One of the biggest challenges to **all** organisations at the current time, is the ability to engage people who are not connected electronically (digitally excluded). It is suggested that in this regard, that a letter and hard copy of the discussion document is shared with existing patients and a telephone number offered for contact and discussion. As people are still attending super markets, there is also potential to put a flier in the community board section offering a telephone number contact too (this is likely to mean 'call back' from a member of the project team, rather than immediate discussion).

A stakeholder management plan is attached at Annex B

Products required

The following products will be required to support the engagement:

- Stakeholder profile and plan
- Core engagement document (Welsh and English)
- Summary engagement document (Welsh and English)
- Presentation
- EQIA
- Frequently Asked Questions list
- Questionnaire
- Videos
- Opportunities for virtual and telephone engagement (as outlined above)

Resourcing considerations

The development of a vascular network delivered through a hub and spoke model is the preferred option for clinicians across the South East Wales region. All Health Boards are committed to considering this and will as appropriate reflect that commitment within their IMTP and annual financial planning processes.

Engagement costs will be split between Health Boards. There is an element of risk to the availability of resource, both within the programme and at Health Board level to implement the arrangements at pace, however this is being worked through with new posts due to come on line shortly.

Conclusion

Cross Health Board engagement/consultation programmes are complex and need to navigate a number of decision making structures to comply with both programme and organisational governance arrangements. These have been plotted within this report, and result in the timeline proposed. The core documentation materials have been prepared and subject to approval through

varying structures will be used to prepare the additional materials referenced in the main body of the report.

Recommendation

Members of the Joint Board of CHCs are recommended to:

- Note the background, history and longevity of clinical discussions in respect of vascular surgery in South East Wales
- Note the clinical and Health Board consensus on a proposed way forward
- Consider the process of engagement outlined within the report
- Comment on the focus for engagement, particularly the extended potential for discussion with the population based on the extensive work that has been undertaken
- Consider the documentation prepared to support a discussion on the future configuration of vascular services in South East Wales
- Support the proposed timeline
- Agree to receive the outcome of the engagement back to joint Board at April meeting (or alternate should any programme slippage arise)