

# Public Document Pack



**Service Director – Legal, Governance and  
Commissioning**

**Julie Muscroft**

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**Tel:** 01484 221000

Please ask for: Richard Dunne

Email: richard.dunne@kirklees.gov.uk

Date : 7 August 2020

## Notice of Meeting

Dear Member

### **North Yorkshire and West Yorkshire Joint Health Overview and Scrutiny Committee (vascular services)**

The **North Yorkshire and West Yorkshire Joint Health Overview and Scrutiny Committee (vascular services)** will meet remotely at **9.30 am** on **Monday 24 August 2020**.

This meeting will be live webcast. To access the webcast please go to the Council's website at the time of the meeting and follow the instructions on the page.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read "Julie Muscroft".

**Julie Muscroft**

**Service Director – Legal, Governance and Commissioning**

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

**The North Yorkshire and West Yorkshire Joint Health Overview and Scrutiny Committee (vascular services) members are: -**

**Member**

Councillor Stephen Baines, Calderdale Council

Councillor Jim Clark, North Yorkshire County Council

Councillor Paul Godwin, Bradford Council

Councillor Robert Hargreaves, Bradford Council

Councillor Helen Hayden, Leeds Council

Councillor Colin Hutchinson, Calderdale Council (Joint Chair)

Councillor Graham Latty, Leeds Council

Councillor Betty Rhodes, Wakefield Council

Councillor Liz Smaje, Kirklees Council (Joint Chair)

Councillor Andy Solloway, North Yorkshire County Council

Councillor Lynne Whitehouse, Wakefield Council

# Agenda

## Reports or Explanatory Notes Attached

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### Pages

**1: Minutes of Previous Meeting**

1 - 8

To approve the minutes of the meeting of the Committee held on 24 February 2020.

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**2: Interests**

The Councillors will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interests.

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**3: Admission of the Public**

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

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**4: Deputations/Petitions**

The Committee will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10 (2), Members of the Public should provide at least 24 hours' notice of presenting a deputation.

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## **5: Public Question Time**

Due to current covid-19 restrictions, Members of the Public may submit written questions to the Committee.

Questions should be emailed to [richard.dunne@kirklees.gov.uk](mailto:richard.dunne@kirklees.gov.uk) no later than 10.00 am on 21 August 2020. In accordance with Council Procedure Rule 51(10) each person may submit a maximum of 4 written questions.

In accordance with Council Procedure Rule 11(5), the period allowed for the asking and answering of public questions will not exceed 15 minutes.

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## **6: Specialised commissioned vascular services in West Yorkshire.**

9 - 26

Representatives from NHS England and Improvement will be in attendance to present the outcomes of their consideration of the consultation feedback report and their response to the JHOSC's recommendations and comments on the proposed changes to specialised commissioned vascular services across West Yorkshire.

Contact: Richard Dunne Principal Governance Officer Tel: 01484 221000

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## **7: Next Steps**

The Committee will take account of the information presented and consider the next steps it wishes to take.

Contact: Richard Dunne Principal Governance and Democratic Engagement Officer Tel: 01484 221000

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Contact Officer: Richard Dunne

## KIRKLEES COUNCIL

### NORTH YORKSHIRE AND WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (VASCULAR SERVICES)

**Monday 24th February 2020**

Present: Councillor Stephen Baines, Calderdale Council  
Councillor Paul Godwin, Bradford Council  
Councillor Helen Hayden, Leeds Council  
Councillor Colin Hutchinson, Calderdale Council (Joint Chair)  
Councillor Graham Latty, Leeds Council  
Councillor Betty Rhodes, Wakefield Council  
Councillor Liz Smaje, Kirklees Council (Joint Chair)

In attendance: David Black, Medical Director (commissioning) NHSE and NHSI, North East & Yorkshire Region  
Neeraj Bhasin, West Yorkshire Association of Acute Trusts (WYAAT) Clinical Lead for vascular services  
Gill Galt, Head of Communications and Engagement, Specialised Commissioning NHSE & NHSI, North Region  
Matthew Graham, WYAAT Programme Director  
Matthew Groom, Regional Director of Specialised Commissioning NHSE and NHSI, North East & Yorkshire Region  
Sarah Halsted, Senior Service Specialist for Specialised Commissioning, NHSE & NHSI, North East & Yorkshire Region  
Victoria Pickles, Director of Corporate Affairs & Group Company Secretary, Airedale NHS Foundation Trust  
Richard Dunne, Principal Governance and Democratic Engagement Officer, Kirklees Council  
Mike Lodge, Senior Scrutiny Officer, Calderdale Council

Apologies: Councillor Jim Clark - North Yorkshire County Council  
Councillor Andy Solloway - North Yorkshire County Council  
Councillor Lynne Whitehouse - Wakefield Council

#### **1 Minutes of Previous Meeting**

The minutes of the meeting held on 17 January 2020 were approved as a correct record subject to the following amendment to the wording of the minutes on page 6 paragraph 3:

*“ .... that 20% of the patients would not meet the 45 minutes target to travel to a specialised vascular service”*

**North Yorkshire and West Yorkshire Joint Health Overview and Scrutiny Committee  
(vascular services) - 24 February 2020**

**2 Interests**

Councillor Stephen Baines declared an interest in item 5 on the grounds that he was a publicly elected member of Calderdale and Huddersfield NHS Foundation Trust.

**3 Admission of the Public**

All items were taken in public session.

**4 Deputations and Petitions**

No deputations or petitions were received.

**5 Consultation Feedback Report on proposed changes to specialised commissioned vascular services across West Yorkshire**

Mr Groom outlined key highlights from the consultation feedback report that included an overview of the consultation events; the on-line materials; the work done through social media; and the methods used to contact users of vascular and renal services.

Mr Groom explained that the report showed a regional variation in the feedback received with people living closest to Bradford Royal Infirmary (BRI) being predominately positive of the proposals and those closest to Huddersfield Royal Infirmary (HRI) being mainly negative.

Mr Groom informed the Committee that 57% of vascular patients had supported the proposals and the older population were broadly more supportive of the proposals than those categorised in the younger age group.

Mr Groom outlined some of the key themes that had emerged that included broad support for a move to centralising the service and making sure that the service was accessible to people.

Mr Groom informed the Committee of some of the negative elements of feedback that included a concern regarding travel and transport; and the impact of increased demand on the two proposed centres.

Mr Groom reminded the Committee of the rationale for the proposals and explained that a key objective was to achieve the criteria for delivering the service in line with the national specification.

Mr Groom outlined other key objectives that included stabilising the position of the workforce; population cover; establishing a key pathway for the ambulance service; and supporting co-location with major trauma and renal services.

Mr Groom informed the Committee of some of the alternative suggestions put forward by people who had responded to the consultation and explained that using the criteria as the baseline all the alternative options had been discounted.

Mr Groom stated that NHSE would be taking forward a recommendation to move to the two vascular centres as outlined in the proposals and that Calderdale and

## North Yorkshire and West Yorkshire Joint Health Overview and Scrutiny Committee (vascular services) - 24 February 2020

Huddersfield NHS Foundation Trust (CHFT) would continue to provide the vascular day case surgery, diagnostics, outpatients appointments and rehabilitation.

Mr Groom stated that taking account of the consultation feedback NHSE would be taking forward a number of actions that would include developing a robust regional solution around non-vascular Interventional Radiology; writing to the CEO of Bradford Teaching Hospitals NHS Foundation Trust on parking concerns; notifying transport authorities; and a commitment to continue to engage with vascular patients and wider stakeholders throughout any transition phase.

In response to a question from the Committee on why the network arrangement required to support the new arrangements were out of scope and not included in the consultation Mr Bhasin outlined in detail the rationale for the decision.

Mr Bhasin provided details of how vascular services would be delivered and confirmed that during the working day there would be an interventional radiologist at Calderdale and Huddersfield NHS Foundation Trust (CHFT).

Mr Bhasin outlined in detail the plans to provide regional clinical pathways of care to deal with rare urgent cases that would require out of hours intervention.

Mr Black stated that NHSE was not intending to change where patients got their general interventional radiology service and acknowledged that there was a workforce challenge with interventional radiology availability and would be working towards establishing a robust solution to deal with this issue.

Mr Black explained that he did not feel that there was a requirement to consult on this aspect of the service because NHSE would have to find a solution to this issue as part of the implementation phase.

A question and answer session followed that covered a number of issues that included:

- A concern that comments from the Clinical Senate regarding the network arrangements didn't seem to match with NHSE's view that these arrangements were outside the scope of the consultation.
- Further clarification on the scope of the consultation.
- An explanation of the unique situation relevant to CHFT in terms of the interdependency between on call interventional vascular and non-vascular intervention.
- An overview of the local challenge for the non-interventional radiology service and a re-emphasis from NHSE that this challenge would exist regardless of any plans for reconfiguration.
- A question regarding repatriation; the capacity of the Yorkshire Ambulance Service; and the potential for patients to have lengthy delays before being transferred back to their local hospital.
- Clarification that YAS had informed NHSE that the proposed changes would be helpful as it would provide them with a clear pathway for dealing with people who required the service.

**North Yorkshire and West Yorkshire Joint Health Overview and Scrutiny Committee  
(vascular services) - 24 February 2020**

- Details of the repatriation plans that were being developed and the learning that had been taken from existing models such as those followed by major trauma.
- A concern that there was no explicit recognition from NHSE that the proposals were being driven by the shortage of suitably trained staff.
- Disappointment that there had been no evidence from Health Education England who had responsibility for NHS training programmes.
- A committee request to see what action was being taken at a regional and national level to address the shortages in the NHS workforce.
- A concern that if the challenges in the workforce shortages were not addressed that further consolidation of the specialised vascular service could take place.
- Details of the key driver for the proposals which was based on delivering to the National Specification.
- The importance of achieving the required outcomes based on patient activity.
- Concerns that the required working patterns would not be sustainable in the long term.
- Details of the different working model that could be introduced through reconfiguration that would enable the service to create a consultant of the week model that would reduce the intensity of work and provide an improved response time for patients.
- The importance of developing a working model across the region that would help attract and retain NHS staff in West Yorkshire.
- Details of how the proposals would help vascular surgeons to sub specialise.
- A comment that the real challenge for repatriation of patients would be the bed capacity of local hospitals.
- A concern that many of the national specifications were unrealistic because of the shortages in trained staff.
- The benefits of having a national specification including the belief that the specialised vascular services specification was reasonable and achievable.
- Examples of specialised vascular services that operated in other areas and the learning that had been taken from them.
- A comment that the NHSE report indicated that the workforce would increase as a result of the proposals which appeared to contradict the driver for the changes being due to staff shortages.
- The benefits of the proposals in helping to retain and recruit staff.
- The benefits to the nursing workforce who would be exposed to different procedures, different skills and provide a clearer training pathway to positions such as a specialist vascular nurse.
- A question on the modelling of beds for repatriation and whether bed capacity was being modelled at the Huddersfield and Bradford sites only or across West Yorkshire.
- Confirmation that bed modelling was being carried out across the region.
- Concerns regarding the robustness of the bed modelling and the theatre capacity at BRI to deal with the peaks in demand.
- Details of the work that had started to ensure that the additional procedures that would be undertaken at BRI could be accommodated.
- An explanation of the new ways of working that would be introduced and how it would help to improve the efficiencies of some clinical pathways and result in freeing up capacity within the service.



**North Yorkshire and West Yorkshire Joint Health Overview and Scrutiny Committee  
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- Confirmation that the service would not be moved until NHSE was satisfied that there was the capacity to meet demand.
- A concern regarding the comments made by the Royal College of Radiologists and the British Society of Interventional Radiology that highlighted the importance of ensuring that the proposed changes did not negatively impact on the delivery of non-vascular interventional services and on the safety of patient care.
- A question seeking clarification on why NHSE hadn't consulted on the proposed solution to delivering non-vascular interventional services.
- An explanation that no changes were taking place to the non-vascular interventional services.
- Details of the work taking place to develop a robust solution to support the current service.
- The benefits of working in close knit clinical teams.
- A question seeking clarification on how vascular emergencies would be dealt with and how equipment and nursing staff expertise on the non-arterial sites would be maintained to cope with emergencies should the need arise.
- Details of the approach taken at Airedale Hospital which held arterial emergency stock; examples of other Hospitals in the region who also held arterial equipment; and an overview of the skill set of theatre nurses.
- An explanation of the role of the vascular specialist nurse and confirmation that each trust would have a vascular surgeon providing day time emergency cover.
- An overview of the process for providing out of hours cover.
- A comment on the current pressures on NHS staff as a result of the current ways of working.
- A question that queried why there was less support from the younger age group to the proposals compared to greater support from the older age group.
- A question on the numbers of people who responded to the consultation.
- An overview of the work that had taken place to promote the consultation.
- A comment on the low numbers of people who had responded to the consultation.
- A question on what response there had been from acute trusts across the region regarding bed capacity to cope with the repatriation of patients.
- A concern regarding the capacity of community services to deal with the repatriation of patients sent home for ongoing care.
- An overview of the discussions that had been taking place between the West Yorkshire hospitals on preparing for the repatriation of patients.
- Confirmation that there was an acceptance by the West Yorkshire acute trusts that there was a requirement to find the capacity to repatriate patients to support patient flow and allow the arterial centres to function effectively.
- Clarification that the demand and capacity for dealing with patients discharged home wouldn't change.
- The learning that would be taken from the trauma model and specialist cancer surgery when looking at repatriation.
- The importance for the wellbeing of patients to have family and friends visiting them in hospital.
- A question on why NHSE hadn't had discussions with BRI regarding parking and transport provision to cope with the additional demand.

## North Yorkshire and West Yorkshire Joint Health Overview and Scrutiny Committee (vascular services) - 24 February 2020

- The impact on patients, their families and friends who would now have to travel from Huddersfield to either Bradford or Leeds.
- A question on whether any discussions had taken place regarding hospital trusts providing transport to the various hospital sites.
- A concern regarding the accumulative impact of the various service reconfigurations on people who were now having to travel further to access provision and visit family and friends.
- A concern regarding the impact on elderly residents many of whom relied on public transport.
- The balance between the disbenefit of accessibility to specialised centres and the benefits of increased survival, improved outcomes and receiving expert treatment.
- The limited scope to mitigate the impact on travel and transport.
- An example of the transport solution following the reconfiguration at Mid Yorkshire Hospitals Trust.
- A suggestion that NHSE speak to the West Yorkshire Combined Authority to explore the feasibility of developing a transport solution.
- A request to see the full responses from the Royal College of Radiologists and the British Society of Interventional Radiology.
- A request that there was continuing engagement with the West Yorkshire Joint Health Overview and Scrutiny Committee should the proposals be implemented.

### 6 Next Steps

Cllr Smaje, Joint Chair of the Committee, outlined the key issues and points that had been raised and agreed by members of the Committee.

### RESOLVED –

1. That the Committee recommends that NHSE commits to meeting with:
  - The CEO's of Bradford Teaching Hospitals NHS Foundation Trust and Leeds Teaching Hospitals NHS Trust to address parking concerns; and
  - The West Yorkshire Combined Authority to explore options for improving transport links to the main hospital sites.
2. That the Committee is satisfied that the consultation undertaken has been sufficient.
3. A request to see the protocol and memorandum of understanding for the repatriation of patients.
4. A request to receive the comments in full from the Royal College of Radiologists and the British Society of Interventional Radiology.
5. A request to received details of the regional bed modelling exercise once completed.
6. A request to receive more assurance on the sustainability of the proposal to move to a two centre model and the non-vascular interventional services carried out on the non-arterial sites.
7. That the Committee feels that the network arrangements required to support the proposals should have been included in the consultation and the decision-making process particularly when taking account of the uniqueness of the vascular services staff in common.

**North Yorkshire and West Yorkshire Joint Health Overview and Scrutiny Committee  
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8. That the Committee would wish to receive details of performance measures that will be put in place to assess the sustainability and quality of services.
9. That the Committee agrees to delegate to the Joint Chairs the responsibility for drafting the response to NHSE.

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**Name of meeting: North Yorkshire and West Yorkshire Joint Health Overview and Scrutiny Committee (vascular services)**

**Date: 24 August 2020**

**Title of report: NHS England and Improvement’s Response to the JHOSC’s (vascular services) comments and recommendations.**

**Purpose of report:** To provide members of the North Yorkshire and West Yorkshire JHOSC (vascular services) with the context and background to NHS England and Improvement’s response to the JHOSC’s comments and recommendations on the proposed changes to specialised commissioned vascular services across West Yorkshire.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the <u>Council’s Forward Plan (key decisions and private reports)</u> ?	Not Applicable
The Decision - Is it eligible for call in by Scrutiny?	Not Applicable
Date signed off by <u>Strategic Director</u> & name  Is it also signed off by the Service Director for Finance?  Is it also signed off by the Service Director for Legal Governance and Commissioning?	No – The report has been produced for information only and to facilitate the discussions.
Cabinet member <a href="#">portfolio</a>	Health and Social Care

**Electoral wards affected: None Specific**

**Ward councillors consulted: Not Applicable**

**Public or private: Public**

**Has GDPR been considered? Yes. There is no personal data contained in this report.**

## 1. Summary

- 1.1 At the North Yorkshire and West Yorkshire Joint Health Overview and Scrutiny Committee (vascular services) meeting held on the 24 February 2020 representatives from North East & Yorkshire Region Specialised Commissioning Team, NHS England, presented the outcomes and findings from the consultation on the proposed changes to specialised commissioned vascular services across West Yorkshire including details of NHSE's recommended option for the delivery of the service.
- 1.2 On the 12 March 2020 the Joint Chairs of the JHOSC wrote to the Interim Regional Director of Specialised Commissioning and Health Justice outlining the comments and recommendations of the JHOSC that were highlighted and agreed at the February 2020 meeting.
- 1.3 On the 28 May 2020 the JHOSC received a response from NHS England and Improvement's Regional Commissioning Committee for North East and Yorkshire to the JHOSC recommendations.
- 1.4 The letter of response confirmed that NHS England and Improvement accepted the recommendations made by the JHOSC and included details of the actions that would be taken in response to the points raised by the JHOSC.
- 1.5 The letter of response also confirmed that the Regional Commissioning Committee had approved the proposals to have two specialised vascular centres instead of three in West Yorkshire.
- 1.6 Representatives from NHS England and Improvement will be in attendance to formally present the outcomes of their consideration of the consultation feedback report and their response to the JHOSC's recommendations and comments.
- 1.7 The following documentation is attached to this summary report:
  - The letter outlining the JHOSC's comments and recommendations on the proposed changes to specialised commissioned vascular services across West Yorkshire (12 March 2020).
  - The letter of response from NHS England and Improvement (28 May 2020).

## 2. Information required to take a decision

N/A

## 3. Implications for the Council

N/A

### 3.1 Working with People

No specific implications

### 3.2 Working with Partners

No specific implications

### 3.3 Place Based Working

No specific implications

### 3.4 Climate Change and Air Quality

No specific implications

### 3.5 Improving outcomes for children

No specific implications

- 3.6 Other (e.g. Legal/Financial or Human Resources)**  
No specific implications
- 4 Consultees and their opinions**  
Not applicable
- 5 Next steps and timelines**  
That the North Yorkshire and West Yorkshire JHOSC (vascular services) takes account of the information presented and considers the next steps it wishes to take.
- 6 Officer recommendations and reasons**  
That the North Yorkshire and West Yorkshire JHOSC (vascular services) considers the information provided and determines if any further information or action is required.
- 7 Cabinet Portfolio Holder's recommendations**  
Not applicable
- 8 Contact officer:**  
Richard Dunne – Principal Governance Officer  
[richard.dunne@kirklees.gov.uk](mailto:richard.dunne@kirklees.gov.uk)
- 9 Background Papers and History of Decisions**  
Not applicable
- 10 Service Director responsible**  
Julie Muscroft – Service Director, Legal, Governance and Commissioning

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Cllr Colin Hutchinson & Cllr Liz Smaje Joint  
Chairs

North Yorkshire and West Yorkshire Joint  
Health Overview and Scrutiny Committee  
(Vascular Services)

12 March 2020

**Sent via e-mail only**

**For the Attention of:**

Matthew Groom – Interim Regional Director of Specialised Commissioning and Health  
Justice.

North East & Yorkshire Region  
Specialised Commissioning Team  
Oak House  
Moorhead Way  
Rotherham  
S66 1YY

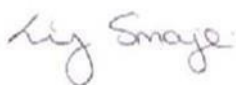
Dear Matthew,

**NHS England proposed changes to specialised commissioned vascular services  
across West Yorkshire**

Please find below the comments and recommendations of the Joint Health Scrutiny  
Committee to the above proposals that were highlighted at the Committee meeting held on  
Monday 24 February 2020.

We look forward to receiving your formal response.

Yours Sincerely



Councillor Liz Smaje



Councillor Colin Hutchinson

## **Engagement with West Yorkshire and Harrogate Joint Health Overview and Scrutiny Committee (WY&H JHOSC)**

The proposals to reconfigure Vascular Services in West Yorkshire have been in development for many years, yet the first time that NHS England brought them to the attention of WY&H JHOSC was at the beginning of 2019.

Engagement with the JHOSC should have begun soon after the Clinical Senate for Yorkshire and the Humber produced its first report in April 2016. This would have allowed the JHOSC to fulfil its role as a 'critical friend', at a formative stage in the development of these proposals, contribute to the consultation process and make the necessary arrangements, in timely fashion, for the setting up of the Mandatory JHOSC that is required under current legislation.

The Committee has already formally expressed its disappointment at the lateness of this engagement to the Assistant Director of Specialised Commissioning (Yorkshire and Humber) and trusts that in future NHSE will inform WY&H JHOSC of any proposals for the reconfiguration of other services during the formative stage. This will reduce the chance of future proposals being unnecessarily delayed.

We intend to ask the WY&H JHOSC to develop ways of improving the timeliness of engagement by NHS England and the West Yorkshire and Harrogate Health and Care Partnership.

### **Consultation**

The Committee has seen the evidence submitted by NHSE that shows it has undertaken a comprehensive programme of communication and engagement activity.

The Committee notes that much has been done to promote the proposed changes to how specialised vascular services will be delivered across West Yorkshire and that every effort has been made by commissioners to engage with members of the public, patients, staff and other stakeholders, in order to seek their views and comments.

On the basis of the information received the Committee concludes that it is satisfied the consultation undertaken has been sufficient.

### **Sustainability of Services**

The Committee would like to congratulate the clinicians and others who have been providing the Vascular Service in its current arrangement, and have been delivering excellent clinical outcomes, exceeding national standards, despite the increasing difficulties in recruiting and retaining sufficient specialist clinical staff to provide a sustainable service, particularly Vascular Interventional Radiologists and Vascular Surgeons.

The Committee understands the rationale for the proposals and agrees that a key priority when considering changes to the way services are delivered is to provide a high-quality service that is safe and sustainable and complies with national standards.

Notwithstanding the fact that NHSE has drawn up service specifications, particularly around the population requirements, that are impossible to be met by the current configuration, the Committee would point to the evidence that the current clinical outcomes comfortably meet national standards.

The Committee agrees with the statement in the consultation report that the proposals are not driven by the need to save money but regrets that the report does not acknowledge that they are mainly driven by the failure over many years to train sufficient Consultant Vascular Interventional Radiologists and Vascular Surgeons to support the continuation of arterial surgery at both Huddersfield Royal Infirmary (HRI) and Bradford Royal Infirmary (BRI).

Unless there is an explicit acknowledgement of the inadequate supply of appropriately trained specialist staff, the Committee fears that effective action will not be taken to remedy this at both a regional and a national level. The Committee will share its concerns with both NHS England and Improvement at a national level and to West Yorkshire and Harrogate Health and Care Partnership.

The Committee recognises that the current staff shortage means that a consolidation of the delivery of arterial surgery from three sites to two, with the development of a network of specialist staff across West Yorkshire is inevitable, but has grave concerns that, unless there are urgent steps taken to increase the numbers of training places for Interventional Radiologists and Vascular Surgeons within Yorkshire, it will not be long before there will be a need to reduce further the number of Arterial Centres in West Yorkshire.

This point was made in the Report from the Clinical Senate for Yorkshire and the Humber in January 2017: "Whether the direction of travel can be supported by the trainee numbers" and yet the Committee heard that there has been minimal increase in training numbers for Radiology.

The Consultation Report states that "There are national training initiatives in progress to address shortages", but nobody attending was able to describe these initiatives. In this context, the Committee was disappointed that Health Education England did not take up the Committee's invitation to contribute to its consideration of the proposed changes to Vascular Services, to explain its approach to ensuring the long-term sustainability of the new service configuration.

While it is understood that increased training capacity cannot deal with the current situation, because it takes a number of years to train a doctor to consultant level, the Committee strongly urges the Hospital Trusts in West Yorkshire and the West Yorkshire Association of Acute Trusts (WYAAT) to work with Health Education England, as a matter of priority, to increase the regional training numbers for Radiology (as a whole); Interventional Radiology (as a subspeciality); and also Vascular Surgery, to ensure the sustainability of this service in future years.

The Committee notes the concerns highlighted by responders and consultation event attendees regarding the capacity of BRI and LGI to be able to cope with the increased

demand and the impact this will have on patient waiting times for non-urgent vascular care and other inpatient services.

The Committee also notes the plans for a regional approach to offer greater flexibility to patients to manage waiting lists more effectively and the assurances made by BRI that it can manage the additional demand.

The Committee agrees that in-patient capacity at BRI, LGI and all other acute hospitals across the region is a key issue and seeks more assurance regarding the sustainability of services in the future. These concerns extend to the availability of sufficient hospital beds and access to operating theatres, to be able to respond promptly to urgent vascular cases, including leaking aortic aneurysms.

The Committee therefore would wish to receive evidence (including details of all performance measures that will be put in place) that the actions to mitigate these issues are working.

### **Impact on Other Services at Calderdale and Huddersfield NHS Foundation Trust (CHFT)**

Although the consultation was principally centred on vascular services, no part of the health service operates in isolation and the Committee felt it important to consider potential knock-on effects on non-vascular areas of patient services.

This is particularly relevant, because the sole Interventional Radiologist at CHFT performs both vascular and non-vascular procedures. Recruitment of non-vascular Interventional Radiologists is difficult for the same reasons as outlined in the section on “Sustainability”.

Attention is drawn to the NHS Long Term Plan, Chapter 4, Section 3, which recognises the need to shift from the dominance of highly specialised doctors to a better balance with more generalist ones, to ensure the viability of smaller hospitals, the ability to staff on-call rotas and better meet patient needs. These proposals have become necessary, in large part, because of the drift to increasing specialisation.

The report from the Clinical Senate for Yorkshire and the Humber (2017) stated that “Some non-vascular interventional radiology procedures, like nephrostomies, gastro-intestinal bleeds and obstetric bleeding complications may move to the arterial centre and the ability of the non-arterial site to maintain a range of interventional radiology supported services needs to be considered by the commissioners.”

The Committee received evidence that the number of such cases was not significant and the experience at Pinderfields Hospital, which had ceased to be an Arterial Centre a few years ago, was that this did not detract significantly from the range of treatment it could offer.

The Committee received assurance that these changes would be unlikely to affect recruitment of new Consultants to these other specialties, and that sufficient capacity for non-vascular Interventional Radiology would be available at BRI for such procedures to be carried out there, if required.

The Committee notes the comments submitted by the Royal College of Radiologists and British Society of Interventional Radiology that emphasise the importance of ensuring the changes do not negatively impact on the delivery of non-vascular interventional services and the NHS response that this issue will be addressed in a Memorandum of Understanding and assurances from WYAAT would be sought.

The Committee would wish to see that NHS England and Improvement takes steps to address the points of concern and recommended actions put forward by both organisations.

The Committee would also wish to receive the comments from both organisations in full and to receive a further update on these matters during the implementation phase of these proposals.

### **Repatriation and Rehabilitation**

It is clear that the proposals will only work if there is rapid return of post-operative patients from the arterial centre to their local hospital, or to their home. The Committee supports the aim of NHS England and Improvement to have an agreed memorandum of understanding across the trusts to ensure repatriation is timely – replicating that within the major trauma centre model.

The Committee also supports the approach that there is a clinically agreed protocol on the appropriateness of repatriation and notes the plans to develop a pathway with the non-arterial sites that would determine the safest way to care for repatriated patients.

The Committee believes that ongoing continuity of care for patients should be undertaken at their local hospital and as close to home as possible. The Committee also received assurance that there was ongoing work with community-based therapists and district nurses to ensure that the capacity was in place to support discharge from hospital at an appropriately early stage and that these arrangements, and those around packages of social care, could be put in place while the patient was still in the arterial centre.

This is in the best interest of patients and their families. The Committee feels that the wellbeing of patients who must remain in hospital is best served by having regular visits and interaction with close family and friends.

The Committee notes that during its discussions with Specialised Commissioners that modelling work has been taking place to consider the number of extra beds, theatre and Interventional Radiology capacity; and is pleased that this work will be undertaken across the region.

The Committee notes this is not the first proposed service reconfiguration that is based on a degree of centralisation of services – and assumes repatriation to local hospitals following treatment at a centralised site. In isolation, such proposals may seem achievable with relatively small numbers of projected repatriations. However, the Committee is mindful of the cumulative impact that successive proposals could have on ambulance and patient transport services. Such impacts are not only in relation to this proposal but are also due to an increasing trend in centralisation of services.

The Committee is also mindful that the provider of ambulance and patient transport services – Yorkshire Ambulance Service NHS Trust – provides services over a larger geography than that covered by these proposals and the West Yorkshire and Harrogate Health and Care Partnership. Therefore, the Committee also recognises Yorkshire Ambulance Service NHS Trust forms part of multiple Integrated Care Systems – and is at risk of becoming overwhelmed by the cumulative impacts of multiple service reconfigurations.

The Committee therefore seeks assurance from the West Yorkshire and Harrogate Health and Care Partnership and Yorkshire Ambulance Service NHS Trust regarding overall patient transport capacity and the overall resource implications (including workforce and workforce planning issues) associated with increasing centralisation of specialist services.

The Committee wishes to be assured that the work taking place is robust and, as part of the implementation phase, specifically wishes to receive:

1. Evidence of the steps being taken to create sufficient capacity across West Yorkshire to help aid the timely repatriation of patients to their local hospital.
2. Details of the clinically agreed protocol and memorandum of understanding, including all the organisations that have signed the protocol and confirmed their role in the arrangements.
3. Details of the overall projected demand and capacity within Yorkshire Ambulance Service NHS Trust to deliver patient transport services; alongside any performance measures that will provide future assurance around capacity and demand for such services.

### **Transport and Travel**

The Committee notes the concerns expressed by responders and consultation event attendees that related to the travel implications for patients and visitors who would normally access the specialised vascular service at Huddersfield Royal Infirmary (HRI).

The Committee also notes that these concerns were predominately raised with regard to the elderly and those residents on a low income.

The Committee acknowledges the mitigating actions put forward by NHSE and accept that whenever possible local hospitals will be used to provide the majority of vascular care.

However, despite the relatively small numbers involved the Committee feels that these changes will still have a significant impact on some patients and their families and particularly those who are reliant on public transport.

The Committee also notes the concerns highlighted in the consultation report regarding poor parking provision and are aware of the challenges that patients and families face when trying to park at Bradford Royal Infirmary (BRI) and Leeds General Infirmary (LGI).

The Committee is mindful that concerns relating to travel, transport and parking have also been highlighted in previous service reconfigurations that have taken place across the West Yorkshire region.

The Committee believes that each service change that takes place has a cumulative impact on patients and their families who must make arrangements to travel longer distances to access the services they require.

The Committee notes that one of the actions identified by NHSE that is designed to address the concerns expressed about the issues of travel, transport and parking is “a commitment to write to the CEO of Bradford Teaching Hospitals NHS Foundation Trust to share details of the parking concerns raised by respondents, as well as writing to transport authorities to notify them of any planned service change”.

The Committee shares the concerns expressed by many contributors to the consultation, that poor public transport links between Calderdale, Kirklees and Bradford Royal Infirmary, particularly for residents living outside the main urban centres, will make such visits particularly difficult. Even for car drivers, parking capacity at BRI is problematic and the Committee would wish to see a more robust solution than a letter from NHSE to the Chief Executive Officer of Bradford Teaching Hospitals Foundation Trust.

The Committee will share its concerns on public transport services with the West Yorkshire Combined Authority.

The Committee recommends that NHSE strengthens its approach to dealing with matters relating to travel, transport and parking by committing to meet with:

1. The CEO's of Bradford Teaching Hospitals NHS Foundation Trust and Leeds Teaching Hospitals NHS Trust in an attempt to address parking concerns; and
2. The West Yorkshire Combined Authority to explore options for improving transport links to the main hospital sites.

The Committee would also wish to receive details of the outcomes of these discussions.

### **Networking arrangements**

The Committee notes the comments from the Clinical Senate that the proposed changes to how specialised vascular services are delivered across West Yorkshire will change the arrangements so that it will conform to the model outlined within the national service specification of an arterial centre supported in a network arrangement with a non-arterial centre.

The Committee believes that these new network arrangements should have been included in the consultation particularly when taking account of the uniqueness of the vascular services staff in common.

The Committee notes that the existing network arrangements between Pinderfields Hospital and Leeds General Infirmary appears to work well and that evidence received from Mid Yorkshire Hospitals NHS Trust emphasised that the arrangements were strong and provided robust clinical pathways.

Taking this into account the Committee believes that NHSE should have worked with the relevant local health bodies to have developed a network arrangement so that the full

approach to how the service would be delivered in the future could have been described to consultees.

Concerns were expressed about the vagueness of the commitment to provide on-site Vascular Consultant input and, particularly, Interventional Radiology described in the National Service Specification Appendix A and B.

The Committee feel that this element of the service should have been part of NHSE's decision-making process.

In addition, the Committee would recommend that a similar network arrangement between Bradford Teaching Hospitals NHS Foundation Trust and Calderdale and Huddersfield NHS Foundation Trust be established and requests that, once developed, details of the arrangements are shared with the Committee.

### **Conclusions**

The Committee understands the reasons for the proposals on vascular services and accepts them as a pragmatic approach to addressing the current challenges in the service.

The Committee has made a number of comments and recommendations about the implementation of the proposal which it hopes NHS England will accept and respond to.

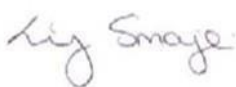
The Committee has also made proposals about the scrutiny process and highlighted the importance of having much earlier engagement with scrutiny. The Committee will take this up through the West Yorkshire and Harrogate Joint Health Overview and Scrutiny Committee.

The Committee would like to thank all attendees from NHS England, Calderdale and Huddersfield NHS Foundation Trust, Mid Yorkshire Hospitals NHS Trust, Bradford Teaching Hospitals NHS Foundation Trust and West Yorkshire Association of Acute Trusts for attending its meetings to give evidence and responding to the many and often extensive questions.

The Committee wish the service well should it proceed to implementation of these proposals.

Should you need any points of clarification or further information, please contact the Committees supporting officers Richard Dunne ([richard.dunne@kirklees.gov.uk](mailto:richard.dunne@kirklees.gov.uk) 01484 221000) or Mike Lodge ([mike.lodge@calderdale.gov.uk](mailto:mike.lodge@calderdale.gov.uk) 01422 393249).

Yours Sincerely,



Councillor Liz Smaje



Councillor Colin Hutchinson



Members of the North Yorkshire and West Yorkshire JHOSC (vascular services)

Mr Neeraj Bhasin, WYAAT Clinical Lead for vascular services

David Black, Medical Director (Commissioning) NHS England and NHS Improvement – North East & Yorkshire Region

Gill Galt, Head of Communications and Engagement, NHS England (North Specialised Commissioning Team)

Matthew Graham, WYAAT Programme Director

Sarah Halstead Senior Service Specialist for Specialised Commissioning, NHS England and NHS Improvement - North East and Yorkshire region

Sheriden McKiniry, Local Service Specialist for Specialised Commissioning NHS England and NHS Improvement – North East & Yorkshire Region

Rob Webster, Lead Chief Executive, West Yorkshire and Harrogate Health and Care Partnership.

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**VIA EMAIL**

Cllr Liz Smaje, Kirklees Council  
Cllr Colin Hutchinson, Calderdale Council

Matthew Groom  
North East & Yorkshire Region  
Specialised Commissioning Team  
Oak House  
Moorhead Way  
ROTHERHAM  
S66 1YY

28 May 2020

Dear Cllr Smaje and Cllr Hutchinson

Thank you for your letter dated 12 March 2020 setting out the comments and recommendations of the Joint Health Scrutiny Committee in response to our NHS England proposals for vascular services in West Yorkshire.

NHS England and Improvement's Regional Commissioning Committee for North East and Yorkshire has met to consider the consultation feedback report and the JHOSC recommendations.

We can inform you that this decision-making committee approved proposals to have two specialised vascular centres instead of three in West Yorkshire, one at Leeds General Infirmary due to its status as a major trauma centre and the other at Bradford Royal Infirmary due to its co-location with renal care. Calderdale and Huddersfield Foundation Trust will continue to provide vascular day-case surgery, diagnostics, outpatient appointments and rehabilitation services.

***However, given the current context and with the NHS prioritising its work to respond to COVID-19, no large-scale service movement will be undertaken while responding to the immediate COVID crisis.***

***NHS England and Improvement will inform patients and wider health system stakeholders when it is in a position to move forward with this work.***

NHS England and Improvement accepts the recommendations made by The Committee and the information below sets out the actions that will be taken in response to the points you have raised.

**Engagement with West Yorkshire Joint Health Overview and Scrutiny Committee**

NHS England and Improvement notes The Committee's preference to have been engaged with sooner on the vascular proposals for West Yorkshire and welcome the actions you plan to take to improve how we work together.

NHS England specialised commissioners share the view that it will be beneficial to establish more regular contact with West Yorkshire JHOSC. At an appropriate point in the future NHS England will work with the Chair and local scrutiny officers to agree how best to progress this strengthened arrangement and we would support participating in a stakeholder workshop to brief members on longer term strategic plans for specialised services to identify future areas of potential interest to The Committee.



## **Sustainability of services**

NHS England and Improvement notes the request from The Committee to receive further evidence (including details of the performance measures that will be put in place) that demonstrates actions to mitigate issues in relation to the sustainability of services are being progressed. This will be actioned as part of the implementation planning phase, supported by West Yorkshire Association of Acute Trusts and will be reported back to The Committee.

## **Impact on other services at Calderdale and Huddersfield NHS Foundation Trust**

The Committee requested a wish to receive the comments in full, from both the Royal College of Radiologists and the British Society of Interventional Radiology. The responses are set out below.

### ***Royal College of Radiologists response received 09.01.2020:***

*Thank you for asking the RCR to comment on the reconfiguration of specialised vascular services in West Yorkshire.*

*The RCR believes that it is essential that the reconfiguration of vascular services does not negatively impact the delivery of non-vascular interventional (NVI) services. Interventional radiologists carry out a range of other services and procedures in addition to vascular interventions, and failure to keep this in mind during the reorganisation could result in significant threats to patient care. A robust plan must be developed to ensure the sustainable provision of NVI services during and after the reconfiguration.*

*Please let me know if you have any further questions or would like to discuss these issues further.*

*Best wishes,*

*Emma Jane Cooper  
Policy Coordinator*

***The Royal College of Radiologists***

### ***British Society of Interventional Radiology response received 08.01.020:***

*Many thanks for your email to the BSIR asking views on the proposal for vascular reconfiguration in West Yorkshire.*

*We fully understand the need for reconfiguration from the vascular surgical perspective and to a degree to align with interventional radiology 24/7 cover in the hubs.*

*BSIR comments would be the following:*

- 1. The hubs should ensure that they have a robust, sustainable and reasonable IR service; whilst we recommend 1 in 6 or above with internal cover this is really a 1 in 7 to a 1 in 8 rota.*
- 2. IR service 24/7 includes vascular (EVAR / TEVAR) as well as trauma and bleeding vascular (GIB & embolisation) as well as non-vascular (nephrostomy, PTC and drainage of sepsis). In fact, the most common IR intervention is nephrostomy insertion for urosepsis / image guided drainage of abscess. Any change to the spoke hospitals should take into account the potential consequences of leaving these centres without cover for these lifesaving nonvascular interventions. In fact, one needs to be very sensitive to the fact that taking IR's away from these spoke centres has a significant risk of destabilisation of the whole IR service and concomitant risk to patient safety.*

3. *With any spoke and hub arrangement it is essential that there are mandatory written clear transfer policies and capacity to allow for the treatment of acute bleeding (GIB, obstetric, trauma etc) and other sepsis related procedures. The transfer policy should be guaranteed e.g. as it is with trauma to MTC's (one does not need a bed) and have clear lines of clinical responsibility including the requirement to transfer to CCU or ITU.*
4. *Centres should also be able to continue to provide training for the registrars in interventional radiology with enough work maintained at the spoke hospitals as training opportunities at the hubs will always be limited due to room space.*

*If you require a BSIR member to help you in this process to ensure that all matters have been considered and that spoke hospitals will not be left at risk due to the IR changes I can recommend Dr XXX who is based in Sheffield.*

*If you wish to contact me in the future, please feel free to do so.*

*Kind regards,*

*Dr Ian McCafferty*

*President of the British Society of Interventional Radiology*

NHS England and Improvement notes the request from The Committee to see steps to address these points of concern. Work has begun to look at this and it will be further actioned as part of the implementation planning phase, supported by West Yorkshire Association of Acute Trusts and will be reported back to The Committee.

### **Repatriation and rehabilitation**

NHS England and Improvement notes the request for the receipt of a range of information and evidence to provide assurances in relation to repatriation and rehabilitation. This will be actioned as part of the implementation planning phase, supported by West Yorkshire Association of Acute Trusts and will be reported back to The Committee.

### **Transport and travel**

NHS England and Improvement notes the request to strengthen its approach to dealing with matters relating to travel. Specialised commissioners will request to meet directly with the CEOs of both Bradford and Leeds hospitals in an attempt to address parking concerns and share feedback received as part of the consultation. We will also request to meet with West Yorkshire Combined Authority to explore options for improving transport links to the main hospital sites. A further update will be provided to the JHOSC on the outcome of these discussions.

### **Networking arrangements**

NHS England and Improvement notes the feedback received in relation to networking arrangements. Further details of the network arrangements established between Bradford Teaching Hospital NHS Foundation Trust and Calderdale and Huddersfield Foundation Trust will be reported back to The Committee, following this work being progressed in the implementation planning phase, supported by West Yorkshire Association of Acute Trusts.

## **In conclusion**

NHS England would like to take this opportunity to thank members of the West Yorkshire discretionary JHOSC and the mandatory vascular JHOSC for working with regional vascular clinicians and commissioners over the last 18 months and participating so actively in providing feedback and recommendations on this programme of work.

While there will now be a delay ahead of any large-scale change to specialised vascular services being implemented, we will recontact you again to advise when we are in a position to move forward with this work.

If you have any queries about the NHS England and Improvement response set out above, please do not hesitate to get in touch with me directly.

Yours sincerely



**Matthew Groom**  
**Regional Director of Specialised Commissioning and Health and Justice**  
**North East and Yorkshire**

CC:

Dr David Black, Medical Director (Commissioning), North East and Yorkshire Region  
Gill Galt, Head of Communications and Engagement (North Specialised Commissioning Team)  
Sarah Halstead, Senior Service Specialist, Specialised Commissioning NEY  
Mr Neeraj Bhasin, Vascular surgeon and Regional Clinical Director for Vascular Services across West Yorkshire  
Mike Lodge, Senior Scrutiny Support Officer, Calderdale Council  
Richard Dunne, Principal Governance & Democratic Engagement Officer, Kirklees Council