Partners in improving local health

North of England Commissioning Support

The Future of West Yorkshire Vascular Services

Public Consultation – Findings Report

January 2020

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Executive Summary

Introduction

On the 28th August 2019, NHS England Specialised Commissioning launched a public consultation, working with West Yorkshire Association of Acute Trusts, to seek views of patients and members of the public on proposals for the future of specialised vascular services in West Yorkshire.

Approximately 11,000 patients in West Yorkshire receive vascular treatment each year; 4,000 specialised and 7,000 non-specialised.

In West Yorkshire, non-specialised vascular services are currently delivered at Airedale General Hospital, Pinderfields General Hospital and Harrogate District Hospital, whilst specialised vascular services, which provide complex vascular treatments, are delivered in three hospitals:

- Leeds General Infirmary (LGI)
- Bradford Royal Infirmary (BRI)
- Huddersfield Royal Infirmary (HRI).

In order to ensure that vascular services are fit for the future, surgeons and other clinical experts recognised that changes need to be made. There are three main reasons for this:

1. Specialised vascular centres must be able to deliver a safe and sustainable service to comply with NHS England's national service specification.

2. There are significant staffing pressures at both the Bradford and Huddersfield centres, and while teams are working very hard to maintain good patient outcomes and deliver the appropriate volume of activity for specialised vascular procedures, the service cannot continue in its current form.

3. Calderdale and Huddersfield NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust currently run a shared out of hours on-call rota for emergency vascular services between the two sites, which is not supported as an acceptable or long-term solution by NHS England or the Yorkshire and the Humber Clinical Senate.

Taking findings from the 2016 initial engagement with vascular patients into account, NHS England worked with the Yorkshire and the Humber Clinical Senate and the West Yorkshire Association of Acute Trusts to carefully assess different options for the delivery of specialised vascular services in West Yorkshire.

The preferred option from this appraisal process was to have two specialised vascular centres instead of three; one at LGI due to its status as a major trauma centre, and the other at BRI due to its co-location with renal care.

This would mean that under this new configuration, the majority of patients who require vascular day-case surgery, diagnostics, outpatient appointments and

rehabilitation services would still be able to do this in local hospitals throughout West Yorkshire. However, all specialised vascular surgery that requires an overnight stay would be transferred from HRI to BRI, potentially affecting up to 800 patients per year.

The consultation process

A public consultation was launched on the 28th August 2019 asking patients and members of the public on their views of this proposal. The consultation was originally planned to run from the 28th August to the 30th November 2019, however due to pre-election guidance restrictions the consultation was paused and extended until the 10th January 2020. Furthermore, a misprint of the consultation email address in one of the media outlets covering the consultation in early January, resulted in the consultation deadline being further extended until 17th January 2020.

In total, 385 people or organisations participated during the consultation period as members of the public, past or current vascular patients, carers, NHS staff and/or stakeholders.

The specific methods used as part of the consultation and included in this analysis are shown in the table below.

Response method	Number of responses / participants
Consultation events	38
Paper and online survey	295
Engagement with renal dialysis patients	11
Other submissions	41
Total responses	**385**

The North of England Commissioning Support Unit were commissioned to provide an independent analysis of the consultation.

Specialised vascular services

Survey respondents were asked to prioritise a number of factors relating to specialised vascular services, this was done a scale of 1 to 6, with 1 being the most important and 6 the least. This allowed the calculation of an average rating with lower scores denoting more important factors.

‘Being seen by a specialist team, available 24 hours a day, 7 days a week’ was found to be the most important, with an average rating of 2.5. This was closely followed by ‘knowing the place you are being treated has good patient outcomes / success rates’ (average rating 2.9) and ‘the level of expertise of people treating you is of a high standard due to the large number of patients they see each year’ (average rating 3.0).

The remaining three factors which related to being treated close to home, ease of getting to and from appointments and links with other specialist doctors (i.e. renal care) were ranked equally as the least important (average rating 3.6).

These findings were similar for the small sample of renal dialysis patients who were engaged with; 'having access to a specialist team that are available 24 hours a day, 7 days a week' was ranked as the most important (average rating 1.9) and 'ease of getting to and from your hospital appointment' the least important (average rating 3.7). However for these dialysis patients, 'knowing that your vascular specialist is able to work closely with other relevant specialist doctors' was perceived to be more important than for the main survey sample (average rating 2.6 & 3.6, respectively).

The proposal for specialised vascular services

In terms of support for the proposal of having specialised vascular services delivered at two centres across West Yorkshire, 36% of survey respondents strongly supported it, with a further 8% tending to support it.

In contrast however, an equal proportion objected to the proposal with 35% strongly opposing it and 9% tending to oppose it. Furthermore, 12% neither supported nor objected to the proposal.

Support for the proposal was found to be higher among:

- Those who indicated that their closest hospital was Bradford or Airedale (79% & 71% supporting the proposal, respectively) compared to those whose closest hospital was Huddersfield (14% supporting the proposal & 82% opposing it).

- Vascular patients, with 57% supporting the proposal compared to 50% of NHS staff and 14% of members of the public (a much greater proportion of members of the public objected to the proposal - 85%, compared to 47% of NHS staff and 25% of vascular patients).

- Older age groups, with those aged 75 and over showing the greatest support for the proposal (51%) and those aged 31-45 years the least (26%).

- Those who had a disability, with 50% supporting the proposal compared to 42% of those who don't have a disability.

Among the renal dialysis patients engaged with, a slightly higher number supported the proposal (3 strongly supporting & 3 tending to support) compared to those who opposed it (3 strongly opposing and 1 tending to oppose).

Reasons to support the proposal

The main reasons given by survey respondents who supported the proposal related to the benefits of a more centralised model of care. These included 24/7 care

provision, improved staffing and expertise, more effective use of resources with potential cost-savings, better outcomes for patients and developing a more sustainable model of care.

Other key reasons given by survey respondents included BRI and LGI being accessible and/or close to where the respondent lived and both hospitals having a good reputation and/or providing good patient care.

The aforementioned points were also cited by some of the renal patients who supported the proposal. These individuals also recognised the importance of the co-location of vascular and renal services.

Objections against the proposal

Throughout the consultation methods, a variety of arguments were put forth against the proposal. This was particularly the case for the consultation events were the discussion focused upon the issues that the proposal would create. A summary of these concerns is provided below.

Grave concern was expressed about the impact that the removal of the specialised vascular service will have on HRI and its local community. Consultees felt strongly that the specialised vascular service should remain at HRI, given Huddersfield's large and increasing population, and that removal of this service will be detrimental to the health of local people that need the service. Additionally, individuals raised strong concern about the future of HRI, as it was their view that other specialised services have been moved to other hospitals.

Furthermore, consultees had strong concerns about the travel implications that they, or others who rely on the service at HRI, would have in accessing the specialised service at BRI or LGI. This included concern about the distance and time it would take to travel, the cost, the poor public transport routes as well as parking at these hospitals. Great concern was raised with regard to the elderly population who were felt to be the most frequent users of this service and are less able to travel, those on a low income who wouldn't be able to afford to travel, as well as the impact on patients when their friends and family are unable to visit them as frequently.

In relation to the above, concern was additionally raised about the increased risk to patients who would be required to travel further distances when in a life-threatening condition.

Further objections, identified to a slightly lesser extent, included;

- Increased demand at BRI and LGI and the impact this will have on patient waiting times

- Impact on ambulance services who will be required to transport critically ill patients, further distances

- The relatively close distance between BRI and LGI, in comparison to HRI creating an unfair geographical distribution of service provision

- Confusion as to why change is needed when HRI is currently providing a good service

- Concern about continuity of care with some patients being operated on at one hospital and then receiving post-operative care / rehabilitation at another, or within their home. Based on past experiences of stroke services, there was concern among some who attended the consultation events that patients would face lengthy delays when waiting to be transferred.

Across the different consultation methods, a number of issues were raised with regard to the consultation process. Concerns related to the perception that decisions have already been made, the accuracy of and absent figures in the consultation document, the long-term suitability of the proposed changes and whether the changes are being proposed for financial rather than clinical reasons.

Alternative options / points for consideration

A number of alternative options were suggested by consultees, these included:

- Moving the renal service back to HRI, so the specialised vascular centre could be located at HRI

- Making HRI one of the two specialised centres instead of BRI or LGI

- Continuing to operate from all three centres with a recruitment drive and greater staff training to help address staff shortages

- Considering other locations for the specialised vascular centre such as Calderdale Royal Hospital, Airedale General Hospital or Dewsbury Hospital

- Aligning the centres with population distribution

- Creating a fair geographical distribution of services.

Submissions by the Royal College of Radiologists and the British Society of Interventional Radiology emphasised the importance of ensuring that the reconfiguration does not negatively impact on the delivery of non-vascular interventional services and that a robust plan is developed to ensure the sustainability of these services during and after the reconfiguration.

Next steps

The findings of this report will now be discussed by representatives from NHS England and the West Yorkshire Association of Acute Trusts before any decision is made with regard to the future of West Yorkshire vascular services.

On behalf of the NHS England Specialised Commissioning Team, the North of England Commissioning Support Unit would like to thank all consultees who took the time to take part in the consultation.

1 Introduction

On the 28th August 2019, NHS England Specialised Commissioning launched a public consultation, working with West Yorkshire Association of Acute Trusts (WYAAT), to seek views of patients and members of the public on proposals for the future of specialised vascular services in West Yorkshire.

The main aim of vascular services is to reconstruct, unblock or bypass arteries to restore blood flow to organs. These are often one-off procedures, in the main, to reduce the risk of sudden death, prevent stroke, reduce the risk of amputation and improve function. Vascular services also provide support to patients with other problems such as kidney disease.

Specialised vascular services provide complex vascular treatments. Not all patients admitted to a specialised vascular service require complex surgical or an interventional radiology procedure, however due to the nature of their condition these patients need specialist assessment and care provided at a specialised vascular centre.

Approximately 11,000 patients in West Yorkshire receive vascular treatment each year (about 4,000 specialised and 7,000 non-specialised). Services are currently delivered by six hospitals of which only three are specialised vascular centres and provide the full range of complex vascular care:

- Leeds General Infirmary (LGI)
- Bradford Royal Infirmary (BRI)
- Huddersfield Royal Infirmary (HRI).

In order to ensure that vascular services are fit for the future, surgeons and other clinical experts recognised that changes need to be made. There are three main reasons for this:

1. Specialised vascular centres must be able to deliver a safe and sustainable service to comply with NHS England's national service specification.

2. There are significant staffing pressures at both the Bradford and Huddersfield centres, and while teams are working very hard to maintain good patient outcomes and deliver the appropriate volume of activity for specialised vascular procedures, the service cannot continue in its current form.

3. Calderdale and Huddersfield NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust currently run a shared out of hours on-call rota for emergency vascular services between the two sites, which is not supported as an acceptable or long-term solution by NHS England or the Yorkshire and The Humber Clinical Senate.

In 2016, NHS England commissioned the School of Health and Related Research to run initial discussion groups with vascular patients across Yorkshire and the Humber. Most frequently mentioned as valued by patients regarding their experiences of vascular services were:

- Professional and friendly staff
- Rapid and convenient access to treatment
- Personal nature of the service
- The importance of integrated (joined-up) specialist teams
- Involvement in shared decision making.

Taking these engagement findings into account, NHS England worked with the Yorkshire and the Humber Clinical Senate and the WYAAT to carefully assess different options for the delivery of specialised vascular services in West Yorkshire.

The preferred option identified in this appraisal process was to have two specialised vascular centres instead of three; one at LGI due to its status as a major trauma centre, and the other at BRI due to its co-location with renal care.

This would mean that under this reconfiguration, all specialised vascular surgery that requires an overnight stay would be transferred from HRI to BRI, potentially affecting up to 800 patients per year. The majority of patients would continue to access vascular day-case surgery, diagnostics, outpatient appointments and rehabilitation services in local hospitals throughout West Yorkshire.

A public consultation was launched on the 28th August 2019 asking patients and members of the public on their views of this proposal. The consultation was originally planned to run from the 28th August to the 30th November 2019, however due to pre-election guidance restrictions the consultation was paused and extended until the 10th January 2020. Furthermore, a misprint of the consultation email address in one of the media outlets covering the consultation in early January, resulted in the consultation deadline being further extended until 17th January 2020.

The North of England Commissioning Support Unit were commissioned to provide an independent analysis of the consultation.

2 Methodology

2.1 Communications and PR activity

A comprehensive programme of communications and PR activity was planned to engage with as wide an audience as possible, to raise awareness of the consultation and allow anyone the opportunity to participate.

Due to the nature of the consultation, there was a specific focus on promoting the consultation to patients who are currently using specialised vascular services in West Yorkshire and those who have accessed these services in the past.

2.1.1 Online information

Information about the consultation was posted on the following websites, with links for individuals to download the consultation documents and provide their feedback through the online survey:

- WYAAT - Airedale District Hospital NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale & Huddersfield NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust and Mid Yorkshire Hospitals NHS Foundation Trust
- Clinical Commissioning Groups (CCGs) – websites for Bradford, Calderdale, Kirklees, Leeds and Wakefield
- NHS England's Involvement Hub
- NHS England and NHS Improvement North East and Yorkshire
- West Yorkshire and Harrogate Integrated Care System.

Figure 1: Screenshot – promotion of the consultation on NHS England's Involvement Hub

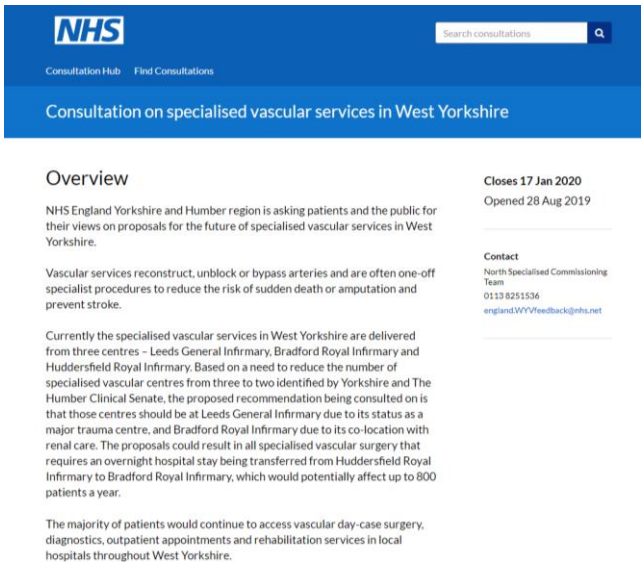
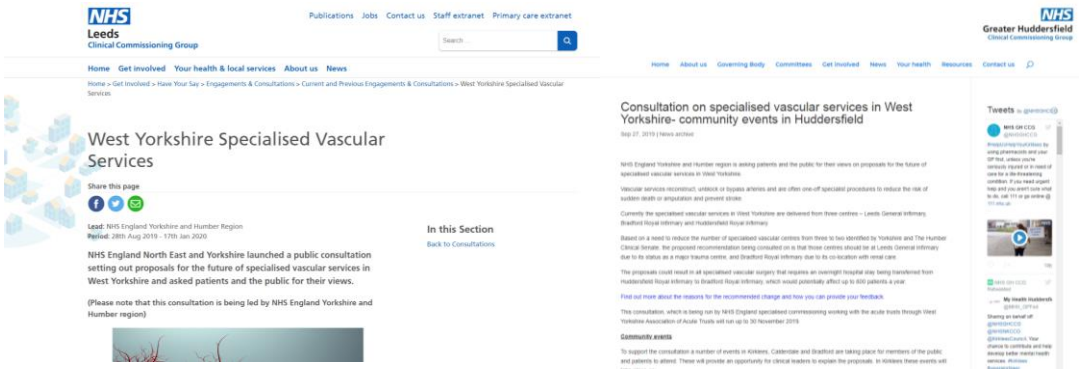


Figure 2: Screenshot – online promotion by Leeds and Greater Huddersfield CCG



2.1.2 Stakeholder engagement

Briefings were sent to a wide range of stakeholders, asking them to support the promotion of the consultation on their websites and social media channels. Information was sent to all stakeholders at the start of the consultation in August, with reminders about the deadline extensions being issued at the close of December and mid-January.

Stakeholders included:

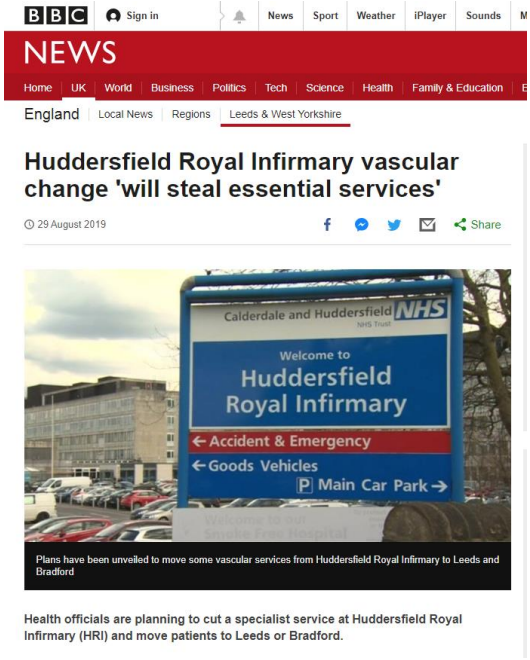
- Local Authorities – Calderdale Borough Council, City of Bradford Metropolitan District Council, Kirkless Metropolitan Council, Leeds City Council and Wakefield Metropolitan District Council
- Healthwatch; Wakefield, Leeds and Bradford – telephone briefings were additionally made with Huddersfield and Bradford leads to request further support in promotion of the consultation
- NHS England national vascular programme leads and supporting clinical reference group members
- The Royal College of Surgeons
- The Vascular Society of Great Britain and Northern Ireland
- Yorkshire Cancer Community.

2.1.3 Press release media activity

An initial press release was issued at the start of the consultation, promoting its purpose and how individuals can have their say. This achieved:

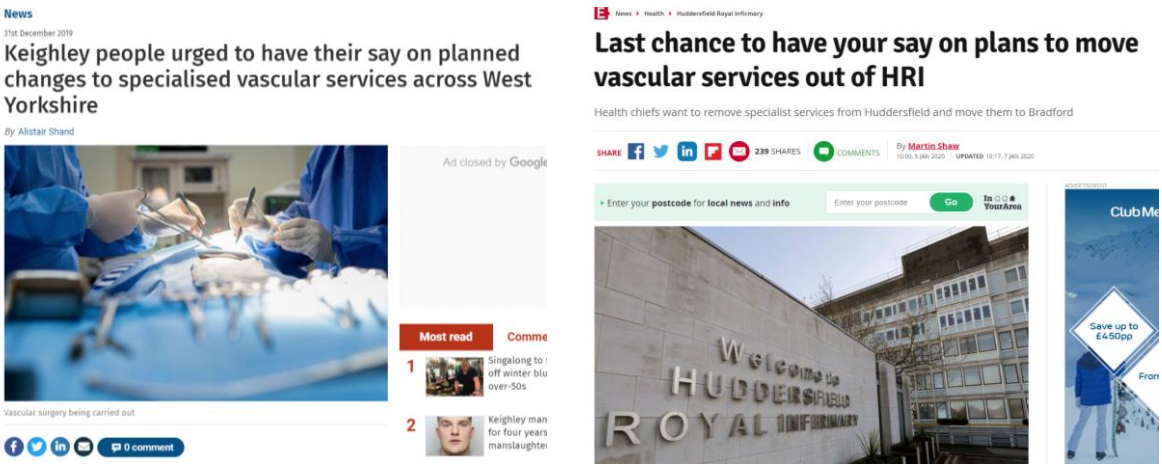
- Two news features on regional BBC North (29th August & 3rd October 2019)
- Publicity in local Huddersfield and Bradford papers; The Examiner and The Telegraph and Argus.

Figure 3: Screenshot – regional media coverage (29th August 2019)



A further press release was issued on the 30th December 2019 reminding people to have their say and providing details of the extended deadline, this achieved local coverage.

Figure 4: Screenshot – local media coverage (30th December 2019)



In addition, Hands Off HRI issued their own press release encouraging public to attend events.

Figure 5: Media coverage – The Examiner (2nd October 2019)

Updates and reminders on the consultation were also included in the monthly West Yorkshire and Harrogate Integrated Care System briefing which is sent out to a wide range of stakeholders including MPs, Councillors, Local Authority staff, CCGs, voluntary sector and provider organisations.

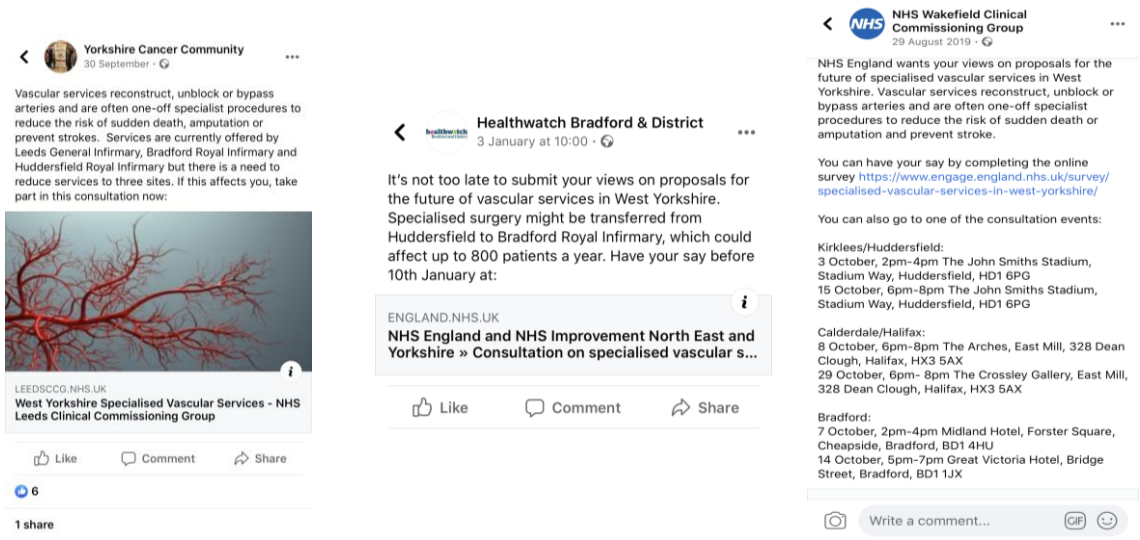
2.1.4 Social media activity

A series of scheduled tweets promoting the consultation events was undertaken by NHS England's regional Twitter @NHSNEY, which has more than 2,000 followers. The communications also directed people to the consultation survey.

Figure 6: Screenshot – promotion on Twitter (NHS England)

In addition, all the WYAAT and CCGs (with the exception of Harrogate) did their own social media promotion of the consultation as well as re-tweets / onward circulation of the social media run by NHS England. Local Authorities in Calderdale and Kirklees also ran materials, as well as Yorkshire Cancer Community and Healthwatch.

Figure 7: Screenshot – social media promotion



2.1.5 Engagement with past and current vascular patients

Letters were sent to individuals who have accessed vascular services, as an inpatient, in the last six months. The letter advised them of the consultation that was taking place and how they could provide their feedback. A total of 838 letters were sent at the start of the consultation.

In early January 2020, it was recognised that there was a great bias in those that had responded to the survey in the Huddersfield area. This was inevitably due to the heightened anxiety among these individuals about the potential negative impact of the proposal. In light of this, and to give those from other areas an equal opportunity to respond, reminder letters were sent to past service users in Bradford, with a paper copy of the survey.

Posters and hard copies of the consultation document were additionally circulated by WYAAT communication leads, with surveys available in vascular outpatient clinics for individuals to complete and return.

2.2 Engagement activity

Individuals were invited to express their views on the proposed changes through attendance at an event, by completing a survey (online or in paper) and/or through responding directly to the consultation.

2.2.1 Consultation events

Individuals were given the opportunity to hear first-hand from clinical leaders about the consultation at a series of events. The events were attended by:

- Dr. David Black - Medical Director (Commissioning) NHS England and NHS Improvement, North East and Yorkshire region
- Mr Neeraj Bhasin – Vascular Surgeon and Regional Clinical Director for Vascular Services across West Yorkshire
- Matthew Groom, Assistant Director of Specialised Commissioning, Yorkshire and Humber (for event on 7th October 2019 only).

In total, 38 individuals attended the consultation events that were held during the month of October 2019. Although six events were arranged, no individuals attended the event on the 8th October in Calderdale/Halifax and the event on the 14th October in Bradford.

Table 1: Planned consultation events and attendance

Location	Date	Time	Venue	Number of attendees
Kirklees / Huddersfield	3rd October	2pm – 4pm	The John Smith Stadium, Stadium Way, Huddersfield	22
	15th October	6pm – 8pm		11
Calderdale / Halifax	8th October	6pm – 8pm	The Arches, East Mill, 328 Dean Clough, Halifax	0
	29th October	6pm – 8pm	Crossley Gallery, Dean Clough, Halifax	2
Bradford	7th October	2pm – 4pm	The Midland Hotel, Forster Square, Cheapside, Bradford	3
	14th October	5pm – 7pm	The Great Victoria Hotel, Bridge Street, Bradford	0
			TOTAL	**38**

2.2.2 Consultation survey

There were a number of ways in which individuals could complete the consultation survey:

- Online
- Requesting a paper copy of the consultation document, by telephone or email
- Completing a paper copy of the survey which was available in vascular outpatient clinics or was sent out to past vascular service inpatients.

Note: all paper surveys could be returned to a freepost address.

During the last few weeks of the consultation, it was recognised that there was a limited number of responses from individuals from Bradford and Wakefield (both to the survey and through attendance at the consultation events), with a dominance in responses from individuals in Huddersfield. This was inevitably due to the heightened anxiety among these individuals about the potential negative impact of the proposal.

In light of this and to make sure individuals from other areas had the opportunity to have their say, Communications Officers from the NHS England Specialised Commissioning Team spent two days in the outpatient clinics at BRI and Pinderfields General Hospital, engaging with patients and encouraging them to complete the survey.

In total, 295 individuals completed the survey; 42% (124 responses) online and 58% (171 responses) in paper.

2.2.3 Engagement with renal dialysis patients

Given the interdependency with vascular and renal care, the NHS England Specialised Commissioning Team felt it was important that patients who are currently undergoing renal dialysis had the opportunity to provide their views.

To facilitate this engagement, Communications Officers from the team engaged with eleven patients currently undergoing renal dialysis or receiving renal inpatient care at BRI.

Due to the focus of this activity, the views of these individuals were kept separate from the more general sample who responded to the survey online or in paper.

2.2.4 Stakeholder and other submissions

To ensure as fair an opportunity as possible was given for all to provide a contribution to the consultation, direct communications were actively encouraged and included in the process.

In total, 41 submissions to the consultation were received, these were from members of the public (through direct submissions or social media activity) and stakeholders.

2.3 Total responses

In total, 385 people or organisations participated during the consultation period as members of the public, past or current patients, carers, NHS staff and/or stakeholders.

Table 2: The response to the consultation

Response method	Number of responses / participants
Events	38
Paper and online survey responses	295
Renal dialysis patients	11
Other submissions	41
Total responses	**385**

2.4 Analysis and reporting

The North of England Commissioning Support Unit were commissioned to provide an independent analysis of the consultation. The specific methods applied to analyse the findings were:

- **Qualitative analysis**: the findings from the consultation events are constructed on an approach where the data from the session notes is analysed and responses grouped into themes that most closely represent the views expressed. This allows us to report the findings based on an accurate reflection of the sentiments expressed. Qualitative data does not allow for commentary on the specific number of times comments are made within these themes.

- **Quantitative analysis**: the survey was structured to provide respondents with the opportunity to indicate their level of support for the proposed change to specialised vascular services as well as seeking their views as to why they do or do not support the proposed change and whether that have any other suggestions for the future of specialised vascular services. All free text responses were assigned a code, and codes grouped into categories to allow a quantitative representation of the feedback. For all questions, responses have been presented as a proportion of the number of individuals who responded to each question.

  It is important to note, that respondents to the survey (online & paper) are self-selecting, generally representing the views of those who are aware of and engaged in the topic area. This is more likely to include the views of service users, carers, staff, and others with a direct interest in the services, but cannot

be said to represent opinion from the entire population. This is very important opinion but cannot be treated as being statistically reliable.

This report presents the result of that independent analysis and is intended to inform decision makers of the views of consultees and to provide them with a summary of any additional information which they wish them to take into conscientious consideration.

3 Consultation events feedback

In total, 38 individuals attended the consultation events that were held during the month of October 2019.

The consultation events followed a format whereby a presentation on the proposed changes for specialised vascular services was provided by the Medical Director (Commissioning) for NHS England and NHS Improvement (North East and Yorkshire region) and the Regional Clinical Director (and Vascular Surgeon) for vascular services across West Yorkshire. Attendees were then given the opportunity to ask any questions they had, with the clinician and service lead able to provide responses.

The two consultation events that took place in Huddersfield saw attendance from Hands Off HRI representatives. The clinical leads from NHS England and WYAAT advised campaigners that this consultation related to regional specialised services and was a separate matter and process to the review of acute services in the local area.

A summary of the key themes that were raised during the consultation events is presented below.

3.1 Thoughts on the proposal

Concern about the closure of the specialised vascular service at HRI

Those who attended the events in Huddersfield raised significant concern about the closure of the specialised vascular service at Huddersfield. These individuals did not object to the proposal of a more centralised model of care, but instead wanted one of the centres to be located at HRI.

There was a strong feeling among those who attended the events in Huddersfield that they have been particularly 'hard done to' in recent years due to other specialised services being moved from HRI. Attendees were concerned that the continual removal of specialised services will cause the future of the hospital to become more uncertain, creating a knock on effect with more specialised services being moved due to difficulties in attracting staff.

"We can look at it in isolation, but when you look at loss of different aspects, people feel quality is diminishing. There are dis-benefits from heavy centralisation"

"You aren't going to attract staff to Huddersfield in general – no one will want to come when the future of the hospital is uncertain"

Those who attended the Huddersfield events felt that the proposed changes would not be in the best interests of the Huddersfield population - moving away from the priority of delivering care closer to home.

"I understand about centralisation, there is nowhere in this country that will be like this area (Huddersfield) 350 square miles with a population of 650,000 and we want a proper hospital. Nobody is thinking about this area"

Some individuals questioned why the renal service was moved from HRI in the first place and furthermore why it couldn't be moved back, so the specialised vascular centre could be co-located with the renal service at HRI.

"Why can't renal services come back here (Huddersfield)? The first thought is to remove a service from Huddersfield. What is going to be next? Why can't renal move here? Let Huddersfield have a crack"

"Why did you take the kidney unit from Huddersfield in the first place? The operating theatre, we have it in Huddersfield, why do we have to change it?"

"Why do you want to move to Bradford? You've said the kidney services are over there. Why can't that unit come over here? This feels like a whitewash. You have already said you would prefer the second centre is Bradford. Why not move it (renal) back?"

A small number of attendees from across the localities questioned the inter-dependency of specialised vascular and renal services, with one individual who attended an event in Bradford requesting the exact figures on how many vascular patients require renal care and whether this figure is significant.

"How many a year? Is it significant? Do you have dialysis at Huddersfield?"

It was suggested in the events in Huddersfield that NHS provision should be looked at as a whole across the region, as opposed to decisions being made about individual services.

"I feel for 20 years in the region, the NHS has not been looked at as a whole, these changes are being made piecemeal. It would be nice if the region could be looked at as a whole. Bit by bit services are being taken away. We will have a second class service"

Travel and accessibility

Individuals who attended the events in Huddersfield were concerned about the further distance that individuals from Huddersfield will be required to travel with the closure of the service at HRI, and the significant impact that this would have on patients, in terms of patient outcomes e.g. mortality rates, as well as their family and friends, who are recognised to play a pivotal role in the patient's recovery process.

"I had a friend admitted to Bradford, it was difficult for me to see him and took me an hour and a half each way. A big part of the care, is the people who come to visit you"

"The fundamental issue is that you are making patients travel. Travel to Leeds is appalling. 85-year olds are driven to hospital by other 85-year olds. You have a lot of people travelling to Bradford Royal Infirmary, it is appalling to get to"

One individual questioned whether the travel impact assessment had taken into account when 'accidents occur on the M62 corridor', with this individual noting that when this does, Huddersfield and Halifax 'grinds to a halt'.

Additionally, these attendees were concerned about the cost family and friends would incur, through increased travel, with a suggestion that these individuals should be offered some form of re-imbursement

"The seven days you are recovering, you are seeing a 90-year old husband / wife being charged to get to Bradford Royal Infirmary. Can you make the parking or travel free? It does matter for patients. It is formidably difficult"

"Things like travel and getting to and from Bradford if you live in Marsden it is costly, not easy and the M62 is a problem"

In addition, event attendees from all locations questioned whether parking at BRI has been taken into account, with some acknowledging that it can be quite difficult.

"What about parking in Bradford?"

"We have heard parking is not good, are there any ways you can consider the difficulties for people getting there?"

Impact on ambulance services

Concern was raised about the impact that the proposed changes will have on ambulance services with ambulances having to transport critically ill patients further distances. Questions were asked as to whether paramedics would require additional training for this.

"It is unfair on the ambulance services as well, making extra travelling time"

Increased demand at BRI

It was questioned at most events whether BRI would be able to cope with the increased demand, given that they already have a shortage of beds, and whether this would impact on patient waiting times.

One individual who attended the event in Bradford suggested whether moving other vascular services out of Bradford would help ease this pressure.

"They haven't got extra beds now (at Bradford) will they be available?"

"When you put pressure on Bradford Royal Infirmary, we will be anxious that capacity matches"

"What would the impact of this be on Bradford – are they not full or will people wait longer?"

Repatriation of patients and continuity of care

Attendees sought clarity on how the repatriation of patients would work and how this would impact on the continuity of care with some patients being operated on at one hospital and then receiving post-operative care / rehabilitation at another, or within their home. Based on past experiences of stroke services, there was concern that patients would face lengthy delays when waiting to be transferred.

"Would there be dedicated wards / areas for the vascular patients?"

"Transport to transfer from Bradford Royal Infirmary, patients stuck for three days"

Negative patient experiences of past mergers

A small number of attendees at the Bradford event discussed the past merging of stroke services and the negative impact that this had on the service at Bradford. One individual noted that the merger had led to a drop in quality due to issues with team working and shortages of specialist nurses. These individuals were concerned that the same issues might be faced by vascular services.

"One of the things we have done is scrutinise stroke after stroke changes at Airedale. It moved to Bradford and the quality dropped for everyone. It has taken years not months, there have been some improvements, but might this come up? This is an example of it had to happen but everyone got a poor quality service"

Consultation detail

A number of issues with the consultation were raised by individuals who attended the events, specifically these focused around the perception that decisions have already been made, the accuracy of and absent figures in the consultation documents, the long-term suitability of the proposed changes and whether the changes are being proposed for financial rather than clinical reasons.

There was a perception among some that the decision on the location of the specialised vascular centres has already been made, making the findings from the consultation irrelevant. It was suggested by some during one of the events in Huddersfield that decisions should not be made until the HRI position is resolved (i.e. the urgent and emergency care reconfiguration).

"You've said you can't wait two and a half years until this is done. All this is irrelevant. You've made the decision"

"Page 6 of the consultation booklet references the outcome of the acute services review with 'will' it is 'if'. You have stated it takes into account the move of services. The statement is wrong. You've based your plans on this, it is pre-determined"

Throughout the events, statistics used in the consultation document were called into question as well as individuals requesting specific figures to provide evidence for the proposed changes.

"Aren't the numbers are arbitrary? Not well thought through"

"You aren't coming up with a single number (in relation to how many people from trauma / renal need the vascular service). I think the answer to your question is quite small)"

"How has the magic figure of an 800,000 minimum catchment population been arrived at / measured?"

"You haven't given evidence that mortality rates will decrease"

A small number of attendees questioned the time-scale for the proposed solution to specialised vascular services and whether the changes would be appropriate given the rising population in Bradford.

"How long are these plans for given that the Bradford population is growing?"

"When I hear the word sustainability I worry as it reminds us of STPs. If this goes ahead we will fight it not stand for it"

There was concern among a few that the proposed changes are intended for financial reasons rather than clinical reasons.

"This is all about cost, about cutting and slashing services"

"As a vascular patient I am very worried, as someone who wants to move the service forward this is not about reducing the service, this is about drawing more people into the service, investing in technology, improving care"

3.2 Additional comments

A small number of additional comments were made which are summarised here:

- Individuals at the Calderdale event questioned whether a better financial package could be developed to help address the staffing shortages.

- Similarly, an individual who attended the event at Bradford emphasised the need for the NHS to tackle the issue of manpower, rather than just employing strategies to cope with it, specifically the uneven distribution across the country and why EU doctors don't want to work in England.

- It was noted that the existing public perception that care close to home is more advantageous than having to travel for specialised care needs to change in order for people to support more-centralised models of care.

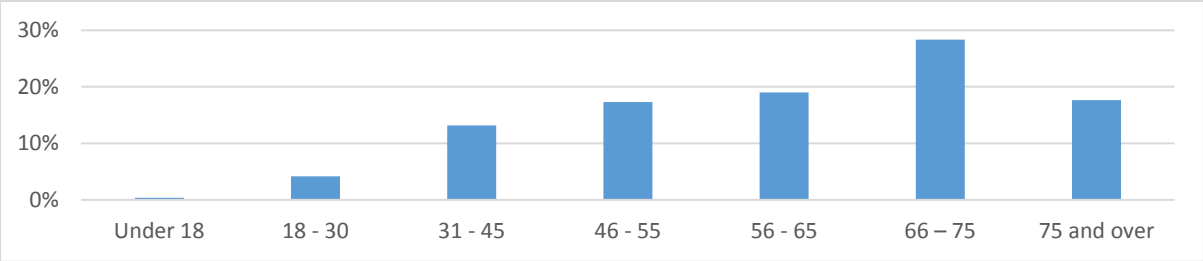
4 Survey feedback

4.1 Demographics

A total of 295 individuals completed the survey; 42% (124 respondents) responded online and 58% (171 respondents) on paper.

The most respondents were aged 66 – 75 years (28%; 82 respondents), with slightly smaller proportions aged 55 – 65 years (19%; 55 respondents), 75 and over (18%; 51 respondents) and 46 - 55 years (17%; 50 respondents).

Figure 8: Age profile of respondents



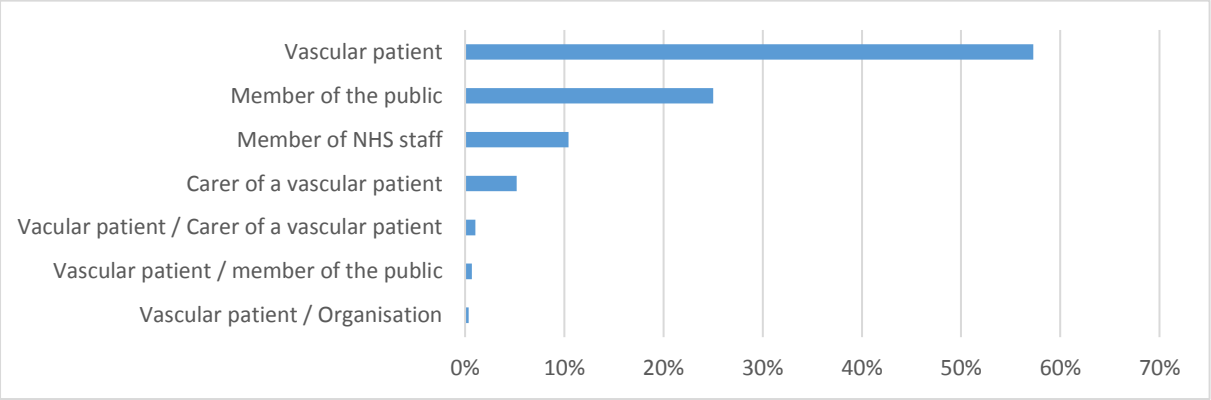
The majority of the sample were White British (83%; 235 respondents) and 35% (98 respondents) indicated that they had a disability.

Table 3: Ethnicity of respondents

Ethnic group	No.	%
White British	235	83%
Asian or Asian British	11	4%
Black / African / Caribbean / Black British	7	3%
Other	6	2%
White Irish or White Other	6	2%
Multiple / Mixed Ethnic Group	4	1%
Total	**269**	**100%**

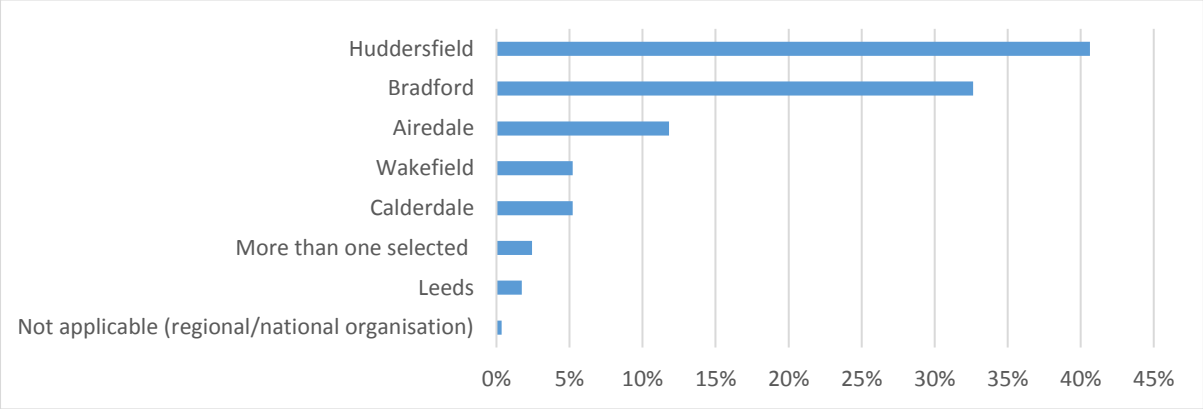
Over half responded as a vascular patient (57%; 165 respondents), with smaller proportions responding as a member of the public (25%; 72 respondents), a member of NHS staff (10%; 30 respondents) or a carer of a vascular patient (5%; 15 respondents).

Figure 9: How individuals responded to the survey



The most respondents indicated that their nearest hospital was Huddersfield (41%; 117 respondents), whilst 33% (94 respondents) stated that this was Bradford and 12% (34 respondents) Airedale. Much smaller proportions were from Wakefield and Calderdale (5%; 15 respondents for each area).

Figure 10: Respondents' nearest hospital



4.2 Specialised vascular services

Respondents were asked to prioritise a number of factors on a scale of 1 to 6 with 1 being the most important and 6 the least.

Unfortunately, some respondents who completed the survey on paper ranked the factors incorrectly, assigning the same number to two or more factors. The responses from these individuals were therefore discarded (61 respondents). However, in cases were all six factors were ranked equally (i.e. all six factors ranked as a '1'), responses from these individuals were permitted with the calculations below allowing for this.

The responses from the 233 individuals who responded to the question correctly or ranked all six factors equally are shown in Table 4. The Table shows the proportion who selected each number on the scale, for each factor, as well as the average rating score (the lower the average rating score, the more important the factor).

The most important factor for respondents is 'being seen by a specialist team, available 24 hours a day, 7 days a week', with this factor scoring an average of 2.5.

This was closely followed by 'knowing the place you are being treated has good patient outcomes / success rates' (average score 2.9) and 'the level of expertise of people treating you is of a high standard due to the large number of patients they see each year' (average score 3.0).

The remaining three factors which related to being treated close to home, ease of getting to and from appointments and links with other specialist doctors (i.e. renal care) were ranked equally as the least important.

Table 4: Factors that are most important when thinking about specialised vascular care (1 being most important and 6 least important)

Factor	1	2	3	4	5	6	Average rating
Being seen by a specialist team, available 24/7	28%	13%	20%	16%	7%	9%	**2.5**
Knowing the place you are being treated has good patient outcomes / success rates	15%	25%	21%	21%	13%	8%	**2.9**
The level of expertise of people treating you is of a high standard due to the large number of patients they see each year	15%	21%	21%	18%	16%	10%	**3.0**
Being treated in a place that is close to where you live so people can visit	17%	14%	10%	7%	16%	35%	**3.6**
Ease of getting to and from your hospital appointment	15%	17%	7%	7%	34%	20%	**3.6**
Knowing that your vascular specialist is able to work closely with other relevant specialist doctors	9%	10%	21%	30%	15%	19%	**3.6**

In response to the above question, a number of additional comments were made which were coded and categorised into the themes below. As with all questions, percentages were calculated as a proportion of those that responded to the question.

The most individuals expressed their dissatisfaction of being asked to rank the factors, with many noting that they are all equally important (36%).

"All of these answers are as important as each other. The hospital should be easy to get to for patients, family and friends, whilst providing the best service with highly qualified practitioners and good patient outcomes"

Furthermore, respondents expressed concern about the impact that the proposal would have on patients who would normally access HRI, and their visitors, who would have to travel further to access specialised vascular care (19%). This included concerns about the distance and time it would take, the cost, the poor public transport routes as well as parking issues.

"Bradford Hospital is difficult to access as is LGI, HRI is straight of the M62 and on at least three major bus routes from Huddersfield Town Centre"

"Huddersfield is my nearest hospital the other hospitals are too far for me to get there"

A slightly smaller proportion (14%) raised concern about the specialised vascular service being removed from HRI and the negative impact that this would have on the hospital and the local community.

"This is why you should not shut this unit down because Huddersfield is one of biggest towns so moving it to Leeds or Bradford will massively impact people who live in Huddersfield"

Other themes included the importance of providing good services locally (12%) and patients having past negative experiences at BRI (5%).

In contrast, a very small number (5%) supported the proposal explaining that receiving specialised care is more important than the location of that service.

Response theme	No.	%
Not fair to make people prioritise factors / all equally important	15	36%
Travel implications for patients and visitors	8	19%
Retain specialised vascular services at HRI	6	14%
Provision of good services locally is important	5	12%
Past negative experience at BRI	2	5%
Receiving specialised treatment is more important than location	2	5%
Other including; • Decision has already been made • Nursing and rehabilitation services for vascular patients' needs to be explored/invested in • Survey requires extensive knowledge of system • Capacity issues at BRI due to increased demand.	10	24%

4.3 Thoughts on the proposal

In terms of support for the proposal of having specialised vascular services delivered at two centres across West Yorkshire, 36% strongly supported it, with a further 8% tending to support it.

In contrast however, an equal proportion objected to the proposal with 35% strongly opposing it and 9% tending to oppose it. Furthermore, 12% neither supported nor opposed the proposal.

Table 5: Level of support for the proposal

Level of support	No.	%
Strongly support	104	36%
Tend to support	24	8%
Neither support nor oppose	35	12%
Tend to oppose	25	9%
Strongly oppose	102	35%
Total	290	100%

The following provides an overview of the sub-groups that were more / least likely to support the proposal.

Note: Caution must be applied to the results for some of the sub-groups due to the low number of respondents within these categories.

Overall support for the proposal was greatest among those who indicated that their closest hospital was Bradford or Airedale (79% & 71% supporting the proposal, respectively) compared to those whose closest hospital was Huddersfield (14% supporting the proposal & 82% opposing it).

Table 6: Level of support for the proposal by respondents' closest hospital

Level of support	Calderdale (n=15)*	Wakefield (n=15)*	Airedale (n=34)	Bradford (n=91)	Huddersfield (n=117)
Support	27%	7%	71%	79%	14%
Neither support nor oppose	7%	80%	12%	11%	4%
Oppose	67%	13%	18%	10%	82%

**Caution must be applied to the results from these sub-groups due to the small number of respondents*

A much greater proportion of members of the public opposed the proposal (85%), compared to NHS staff and vascular patients (47% & 25%, respectively). In contrast, support for the proposal was highest among vascular patients – 57% supporting the proposal compared to 50% of NHS staff and 14% of members of the public.

Table 7: Level of support for the proposal by respondent type

Level of support	Carer of a vascular patient (n=15)*	NHS staff (n=30)	Member of public (n=72)	Vascular patient (n=162)
Support	33%	50%	14%	57%
Neither support nor oppose	7%	3%	1%	18%
Oppose	60%	47%	85%	25%

**Caution must be applied to the results from this sub-group due to the small number of respondents*

Support for the proposal was slightly higher among older age groups, with those aged 75 and over showing the greatest support (51%) and those aged 31-45 years the least support (26%).

Table 8: Level of support for the proposal by respondents' age

Level of support	31-45 (n=38)	46-55 (n=48)	56-65 (n=55)	66-75 (n=82)	75+ (n=51)
Support	26%	40%	44%	52%	51%
Neither support nor oppose	8%	6%	9%	7%	27%
Oppose	66%	54%	47%	40%	22%

Support for the proposal was also slightly higher among those who had a disability, compared to those who didn't (50% & 42%, respectively).

Table 9: Level of support for the proposal by respondents' disability status

Level of support	Disability (n=98)	No disability (n=175)
Support	50%	42%
Neither support nor oppose	18%	9%
Oppose	32%	50%

4.4 Reasons to support / oppose

The main reasons given by respondents who supported the proposal related to the advantages of a more centralised model of care (19%). These included 24/7 care provision, improved staffing and expertise, more effective use of resources with potential cost-savings, better outcomes for patients and developing a more sustainable model of care.

"Should allow staffing levels/expertise/support to be maintained and will increase patient turnover"

"More experts in one place and easier to get appointments"

Other key reasons provided in support of the proposal included BRI and LGI being accessible and/or close to where the respondent lived (14%) and both hospitals having a good reputation / providing good patient care (9%).

"The care in Bradford is superb and I have also needed renal care"

"Nearest hospital to me, BRI also had excellent treatment care"

"Because it provides good care during operation and great aftercare"

In contrast, two main reasons were provided in objection to the proposal - the travel implications for patients, and visitors, who would normally access the specialised vascular service at HRI (19%) and the negative impact that removal of the service will have on HRI, and its local community (15%).

Respondents were concerned about the travel implications that they, or others who currently rely on the service at HRI, would have in accessing the specialised service at BRI or LGI. This included concern about the distance and time it would take to travel, the cost, the poor public transport routes as well as parking at the hospitals. Furthermore, great concern was raised with regard to the elderly population who were felt to be the most frequent users of this service and are less able to travel, and the fact that visitors may be unable to travel resulting in less frequent visits for the patient.

"I live in Huddersfield and should the need arise I want to be treated in Huddersfield not some hospital miles and miles from where I and my family and friends live"

"At 75 years old going to Bradford or Leeds is very difficult without transport, not everybody has a car and find it very hard to travel that far from Huddersfield - a totally stupid idea, just think about the old for a change"

The other key objection related to the impact that the proposal will have on HRI and the local community. These individuals felt strongly that the specialised vascular service should remain at HRI, given Huddersfield's large and increasing population, and that removing this service will be detrimental to the health of local people that need the service. Additionally, respondents raised concern about the future of HRI given that other specialised services have been moved to other hospitals.

"STOP stripping our services in Huddersfield, ALL you so called managers with good wages seem to forget, "normal" working households cannot afford all this extra travel and time involved in getting to different towns. Serve the people not your own vested interests"

"Huddersfield like many services becomes a forgotten town by NHS and other Government agencies"

"A borough as big as Kirklees and Calderdale should retain its essential services"

Other objections included increased demand at BRI and LGI and the impact this will have on patient waiting times (5%) as well as confusion as to why change is needed when HRI is currently providing a good service (4%).

Table 10: Reason for level of support

Response theme		No.	%
Reasons to support	Benefits of a more centralised model of care	48	19%
	Accessible locations / close to home	35	14%
	BRI and LGI are good hospitals	24	9%
	Vascular services should be expanded / extended	5	2%
	Strong support / proposal needed	4	2%
	Other, including: • LGI & BRI close to each other and can provide support • Link with renal care • Outpatient appointments should be provided locally • Two centres are better than one.	11	4%
Reasons to oppose	Travel implications	64	25%
	Negative impact on HRI and local community	39	15%
	Increased demand at BRI and LGI	13	5%
	Why is change needed?	9	4%
	Preference to receive local care	8	3%
	Increased patient risk (further travel)	8	3%
	BRI and LGI are close in location compared to HRI	7	3%
	Poor reputation / patient experience at LGI and BRI	5	2%
	Patients' needs must be priority	2	1%
	Three vascular centres are better than two	2	1%
	Flawed renal argument	2	1%
	Other, including: • Cost saving initiative • Impact on ambulance service • Coronary & vascular care are connected	7	3%

Reasons to neither support nor oppose	Doesn't affect individual	10	4%
	Individual unable to make decision	3	1%
	Both locations quite a distance away	3	1%

4.5 Alternative options

Respondents put forth a variety of alternative suggestions that they would like to be considered by NHS England. The most frequent of which related to the need to keep the specialised vascular service as well as other specialised services at HRI (33%). It was uncertain whether these individuals were suggesting that HRI should be one of the two specialised centres instead of BRI or LGI, or that they wanted a three-centre model of care.

"Invest in Huddersfield Royal Infirmary, we are a large town and need a well-funded and well run hospital for the town without having to travel elsewhere for treatment"

"Keep this service, and as many others as possible, available at HRI"

Furthermore, 15% felt HRI should be one of the two specialised centres instead of BRI or LGI, whilst 13% felt that the services should continue as they are delivering specialised vascular services from all three sites with a recruitment drive and better staff training to help address staff shortages.

"Staff the 3 sites and provide high quality training to staff to maintain services where they are"

"Yes leave well alone, if it's not broke don't fix it"

In addition, 13% also suggested that other locations for the specialised vascular centre should be considered such as Calderdale Royal Hospital, Airedale General Hospital, and Dewsbury Hospital.

Response theme	No.	%
Improve / invest in services at HRI	43	33%
Keep specialised vascular service at HRI and close the service at either BRI or LGI	19	15%
Keep services as they are / continue to deliver vascular surgery at all three sites	17	13%
Consider locating one of the centres at another hospital	17	13%
None – good proposal	10	8%
Provide free, efficient transport for family, friends and carers to travel to other hospitals	2	2%
Continue to provide outpatient appointments at local hospitals	2	2%
Other comment / suggestion, including: • Patients' priorities must come first • Train more surgeons and specialised doctors and nurses • Consider a 4-centre option • Greater understanding of what is available on the other side of Yorkshire • Always give patients the choice between BRI and LGI • Keep Mr Bhasin's team together under his leadership	18	14%

• Create one centre that is central in distance to all three hospitals.		

4.6 Additional comments

Respondents were asked if they required any further information or clarification about the proposal, these are presented in Table 11. In addition, respondents gave a number of other comments which were categorised in the table below as negative, positive and neutral.

Table 11: Further information or clarifications

Response theme		No.	%
Further information required	How do you expect people to travel to the proposed locations? (particularly those who don't drive and the elderly)	8	16%
	Why are specialised vascular services not being retained at HRI? Why Leeds and Bradford?	6	12%
	Why have the negative impact on patients not been considered?	2	4%
	Why have other locations not been considered to provide a better geographical spread / better access to the centres?	2	4%
	Make it clearer that rehabilitation and outpatient appointments could be provided closer to home	2	4%
	Will additional staff be employed to cater for increased demand?	2	4%
	Why have decisions already been made?	1	2%
	Consultation to be explained and disseminated to a greater audience	1	2%
	Given the amount of work that gets transferred out of BRI to Yorkshire clinics, would there be any stipulation to prevent patients being forced there due to capacity issues?	1	2%
	Clarification on the link with renal care – renal patients in Calderdale and Huddersfield come under LTHT, with intervention being undertaken at LGI or HRI and if required transferred to the mother unit	1	2%
	Travel impact assessment needs to allow for disruption caused by incidents on the motorway	1	2%
	Is there sufficient beds available at BRI?	1	2%
	What improvements will the proposal bring?	1	2%
	Will there be adequate support available in local hospitals for patients following surgery, as well as community support services?	1	2%
Other comments	Other negative comments, including: • HRI to improve / expand / retain services • Retain and invest in all three centres • Putting money before patient care	14	27%

	• More services should be located in Bradford (easier to access than Leeds) • Centre at Leeds should remain • Listen to service users and staff – people want local services • There must be sufficient beds/theatre time on the BRI site and problems with delayed image transfer must be resolved.		
	Other positive comments, including: • Aid repatriation to local hospitals and ensure a good process for this • The general public need to understand that competency is more important than having relatives and friends able to visit • Sell the service as an outstanding facility.	4	8%
	Other neutral comments	5	10%

5 Engagement with renal dialysis patients

Given the interdependency with vascular and renal care, the team at NHS England Specialised Commissioning felt it was important that patients who are currently undergoing renal dialysis had the opportunity to provide their views.

Due to the focus of this activity, the views of these individuals were kept separate from the more general sample who responded to the survey online or on paper.

To facilitate this engagement, Communications Officers from the team engaged with eleven patients currently undergoing renal dialysis at BRI.

5.1 Demographics

The demographics of the patients engaged with are as follows:

- Four were aged 31-45 years, three aged 46-55 years, one aged 56-65 years, one aged 66-75 years and two aged 75 years or more
- Eight were White British and three Asian or Asian British
- All but two had a disability.

5.2 Specialised vascular services

Table 12 shows the factors that are most important to these patients when thinking about specialised vascular services. Individuals ranked these on a scale of 1 to 6, 1 being the most important and 6 the least, therefore the lower the average rating scores the more important the factor.

It is important to note that of the eleven individuals who took part in this engagement, three rated all of these factors as equally important (this has been reflected in the rating scores below).

Having access to a specialist team that are available 24 hours a day, 7 days a week was felt to be the most important (average rating 1.9), with ease of getting to and from your hospital appointment, the least important (average rating 3.7).

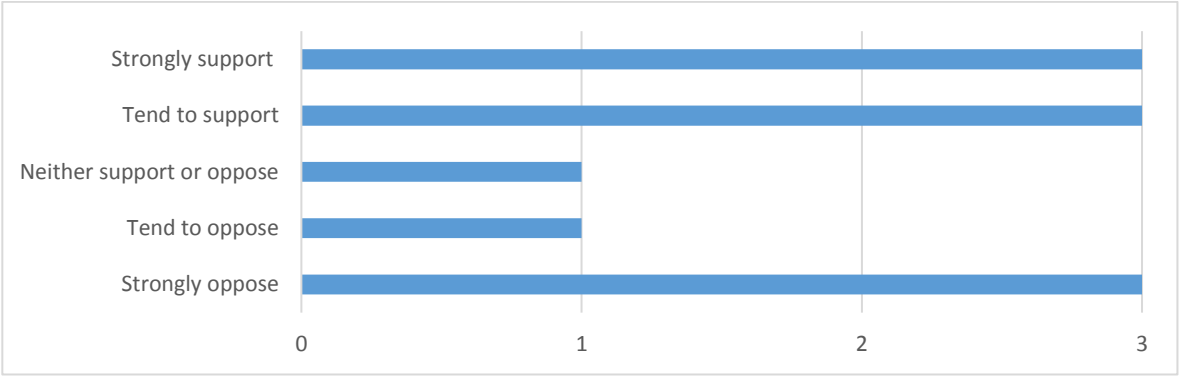
Table 12: Factors that are most important when thinking about specialised vascular services (1 being most important and 6 least important)

Factor	Average rating
Being seen by a specialist, available 24/7	**1.9**
The level of expertise of people treating you is of a high standard due to the large number of patients they see each year	**2.4**
Knowing that your vascular specialist is able to work closely with other relevant specialist doctors	**2.6**
Knowing the place you are being treated has good patient outcomes / success rates	**2.8**
Being treated in a place that is close to where you live so people can visit	**2.9**
Ease of getting to and from your hospital appointment	**3.7**

5.3 Thoughts on the proposal

Although a very small sample, a slightly higher number supported the proposal (3 strongly supporting & three tending to support) compared to those who opposed it (3 strongly opposing and 1 tending to oppose) (see Figure 11).

Figure 11: Level of support for the proposal



5.4 Reasons to support / oppose

The reasons given by these patients for their support are summarised in Table 13.

Table 13: Reasons to support / oppose the proposal

Reasons to support	Reasons to oppose

• BRI is patient's local hospital / good access
• Good standard of care provided at LGI
• Benefits of a more specialised model providing 24/7 care and helping staff to develop and maximise their expertise
• Importance of co-location of vascular and renal services;
  ○ To assist in an emergency which requires specialist input
  ○ Access to doctors who have specialist knowledge; benefits in terms of communication with patient (i.e. explanations of procedures) and ensuring needles are inserted in the right place, the first time.
	• Longer waiting times at BRI and LGI
	• Impact on HRI, and local community, from losing a specialist service
	• Huddersfield / Calderdale patients will be required to travel long distances

Specific comments made by patients included:

"With 2 rather than 3 centres the specialist staff could have the opportunity to treat a larger number of patients which would help them to develop and maximise their expertise. It is very important that vascular and renal services are available on the same site"

"Needles going in arms is not nice but someone with vascular knowledge gets it in the right place so it's not attempted several times. Sometimes / I have had experience of constant stabbing of needles and it is not nice"

"Affect the Calderdale community as patient will have to travel. Will affect Bradford patients as it will be longer waiting times"

"It is £2 in taxi to Bradford from where I live, if going to Huddersfield it will be £25. Some people cannot afford this"

The only alternative suggestion that was made by two individuals was to keep all three centres open. Furthermore, one individual commented that proposal was vague.

6 Stakeholder feedback

To ensure as fair an opportunity as possible was given for all to provide a contribution to the consultation, direct communications were actively encouraged and included in the process.

In total, 41 submissions to the consultation were received from:

- The Royal College of Radiologists
- The British Society of Interventional Radiology
- Members of the public
- Social media.

6.1 The Royal College of Radiologists

A response was received on the 24th December 2019 from the Royal College of Radiologists.

The response emphasised the importance of ensuring that the reconfiguration does not negatively impact on the delivery of non-vascular interventional (NVI) services and that a robust plan is developed to ensure the sustainability of these services during and after the reconfiguration.

'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'

6.2 The British Society of Interventional Radiology

A response was received from the President of the British Society of Interventional Radiology (BSIR) on the 8th January 2020.

In their response it was stated that they 'fully understand the need for reconfiguration form the vascular surgical perspective and to a degree to align with interventional radiology 24/7 cover in the hubs'.

Furthermore, the BSIR made the following comments:

- 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 1 in 7 to a 1 in 8 rota.

- The 24/7 IR services 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 non-vascular interventions. In fact, one needs to be very sensitive to the fact that taking IRs away from these spoke centres has a significant risk of destabilisation of the whole IR service and concomitant risk to patient safety.

- With any spoke and hub arrangement it is essential that there are mandatory, written, clear transfer policies and capacity to allow for the treatment for 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 MTCs (one does not need a bed) and have clear lines of clinical responsibility including the requirement to transfer to CCU or ITU.

- Centres should also be able to continue to provide training for the registrars in IR with enough work maintained at the spoke hospitals as training opportunities at the hubs will always be limited due to room space.

6.3 Members of the public

Five direct submissions were received from members of the public. These responses provide real life experience and add valuable insight to the consultation.

All individuals expressed concerns over the proposal; their submissions have been reviewed and are thematically summarised below:

- **Constant undermining of the facilities at HRI**

  These individuals felt strongly that the people of Huddersfield have been constantly disadvantaged due to past service reconfiguration and that HRI should be offering all services that serve its population. This was particularly the case for vascular services in recognition of the demographic profile of Huddersfield.

  One individual felt that there was a constant message to the people of Huddersfield that they ‘do not deserve good, accessible medical care’.

  Another noted how the NHS is the largest employer in Huddersfield and as services are moved elsewhere, there is a knock on effect on the town and its surrounding areas.

- **Location of the two specialised vascular centres**

  Individuals raised concern about the location of the proposed specialised vascular centres, in particular with BRI and LGI being relatively close to each other, in comparison to HRI. For this reason, it was suggested that having a centre at HRI would increase accessibility for all.

- **Detrimental impact on the people from Huddersfield who require this service**

  Concern was raised about the impact that traveling the further distance to Bradford or Leeds to access specialised vascular care will have on Huddersfield patients.

  This was a particularly emotional issue for one individual who had lost their mother when she was transferred by ambulance to a hospital further afield, rather than her local one.

- **Travel implications**

  It was noted that some individuals from Huddersfield would face great difficulty in accessing the specialised vascular centres in BRI or LGI, particularly those on a low income, the elderly, those who rely on public transport as well as those with disabilities. The pivotal role that visitors play in a patient's recovery was also recognised.

- Other concerns related to the cost-cutting nature of the proposal and the increased demand on other hospitals.

- Alternative suggestions were made with regard to the centres being distributed evenly across West Yorkshire or aligned with population distribution.

6.4 Social media

A total of 34 comments were made in response to the promotion of the campaign on social media, all of which were on Facebook. As posts are directly identifiable, these were anonymised within the following themes - categorised as positive, negative and other:

Positive (4 comments)

- Preference to travel further to receive the right care

  "Traveling to consultant led state of the art hospitals is the future for critical care"

- Poor perceptions and lack of confidence in HRI

  "Over the last 2 years HRI has got worse, they don't care like they used to"

Negative (18 comments)

- Continual removal of specialised services at HRI / concern about the future of HRI

  "The powers that be do not want Huddersfield to have anything it is getting out of hand Huddersfield is a large town with nothing left, ridiculous situation"

  "They did this with Dewsbury….bit by bit everything has gone and Dewsbury is little more than a nursing home. They WILL do this to Huddersfield"

- Decisions have already been made, regardless of the feedback from the public

  "Last chance to have our say?! When have they listened to what people have to say! They made their minds up a long time ago! We, the people have no say in the matter - all done and dusted!! They don't care about health anymore"

- Travel implications for visitors; distance, cost and public transport access

  "I have to travel to Leeds every day for my radiation therapy, nowhere nearer, ridiculous just trying to get there between traffic, accidents and idiots plus the expense totally unfair"

- Increased demand on other hospitals which are already full to capacity

  "Barnsley hospital get ready for influx of west Yorkshire patients, as if you're not full now"

  "Both of which are on their knees with the volume of their own patients"

- Increased risk for patients travelling further distances

  "They are putting people's lives at risks. People are too ill to be travelling these distances"

- Negative patient experience of waiting hours for hospital transfer

  "I had a heart attack in June and was taken to HRI for assessment and treatment, then waited 8 hours for an ambulance to take me to Halifax"

Other comments (12 comments)

A number of individuals made comments unrelated to the consultation, this included comments relating to NHS funding, government leadership and healthcare provision for those from other countries.

"Not council decisions but central govt. People voted Tory this is just the beginning. The people of Huddersfield getting their just deserves. Won't see Boris around the place any time soon"

One individual raised concern about the motives for the proposal and the lack of responses that could be provided at the consultation event:

"NHS England stated that they felt recruitment would be made easier by centralising the service, but admitted that a national shortage of 200 surgeons was proving an issue nationally. A number of other questions raised were not answered such as visitor parking, travel costs and what seemed a sensible request to return the renal unit to Huddersfield"

7 Summary of findings

In terms of support for the proposal of having specialised vascular services delivered at two centres across West Yorkshire; one at LGI and the other at BRI, 36% of survey respondents strongly supported it, with a further 8% tending to support it.

In contrast however, an equal proportion objected to the proposal with 35% strongly opposing it and 9% tending to oppose it. Furthermore, 12% neither supported nor objected to the proposal.

Support for the proposal was found to be higher among:

- Those who indicated that their closest hospital was Bradford or Airedale (79% & 71% supporting the proposal, respectively) compared to those whose closest hospital was Huddersfield (14% supporting the proposal & 82% opposing it).

- Vascular patients, with 57% supporting the proposal compared to 50% of NHS staff and 14% of members of the public (a much greater proportion of members of the public objected to the proposal - 85%, compared to 47% of NHS staff and 25% of vascular patients).

- Older age groups, with those aged 75 and over showing the greatest support for the proposal (51%) and those aged 31-45 years the least (26%).

- Those who had a disability, with 50% supporting the proposal compared to 42% of those who don't have a disability.

Among the renal dialysis patients engaged with, a slightly higher number supported the proposal (3 strongly supporting & 3 tending to support) compared to those who opposed it (3 strongly opposing and 1 tending to oppose).

Some survey respondents recognised that the proposal does have some positive aspects, with themes relating to:

- Benefits of a more centralised model of care i.e. 24/7 care provision, improved staffing and expertise, more effective use of resources with potential cost-savings, better outcomes for patients and developing a more sustainable model of care

- BRI and LGI being accessible for some

- BRI and LGI both having good reputations and/or providing good patient care.

The aforementioned points were also cited by some of the renal patients who supported the proposal. These individuals also recognised the importance of the co-location of vascular and renal services.

However, these were counter-balanced by strong overarching concerns emerging from all consultation methods. In summary these were:

- The negative impact that the removal of the specialised vascular service will have on HRI and its local community

- The travel implications that individuals who rely on the service at HRI, would have in accessing the specialised service at BRI or LGI. This included concern about the distance and time it would take to travel, the cost, the poor public transport routes as well as parking at these hospitals

- Impact on the health of the patient who will be required to travel a further distance when critically ill, as well as having potentially less frequent visits from family and friends during their hospital stay

- Increased demand at BRI and LGI and the impact this will have on patient waiting times

- The impact on ambulance services who will be required to transport critically ill patients, further distances

- The relatively close distance between BRI and LGI, in comparison to HRI creating an unfair geographical distribution of service provision

- Confusion as to why change is needed when HRI is currently providing a good service

- Concern about continuity of care with some patients being operated on at one hospital and then receiving post-operative care / rehabilitation at another, or within their home.

Alternative options / points for consideration

A number of alternative options were suggested by consultees, these included:

- Moving the renal service back to HRI, so the specialised vascular centre could be located at HRI

- Making HRI one of the two specialised centres instead of BRI or LGI

- Continuing to operate from all three centres with a recruitment drive and greater staff training to help address staff shortages

- Considering other locations for the specialised vascular centre such as Calderdale Royal Hospital, Airedale General Hospital or Dewsbury Hospital

- Aligning the centres with population distribution

- Creating a fair geographical distribution of services.

Submissions by the Royal College of Radiologists and the British Society of Interventional Radiology emphasised the importance of ensuring that the reconfiguration does not negatively impact on the delivery of non-vascular interventional services and that a robust plan is developed to ensure the sustainability of these services during and after the reconfiguration.