

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
(vascular services) - 24 February 2020**

- 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
(vascular services) - 24 February 2020**

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.