

Cllr Colin Hutchinson & Cllr Liz Smaje Joint  
Chairs

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

12 March 2020

**Sent via e-mail only**

**For the Attention of:**

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

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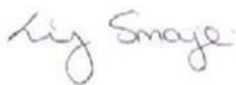
Dear Matthew,

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

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

We look forward to receiving your formal response.

Yours Sincerely



Councillor Liz Smaje



Councillor Colin Hutchinson

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

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

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

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

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

### **Consultation**

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

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

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

### **Sustainability of Services**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Repatriation and Rehabilitation**

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

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

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

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

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

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

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

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

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

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

### **Transport and Travel**

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Networking arrangements**

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

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

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

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

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

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

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

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

### **Conclusions**

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

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

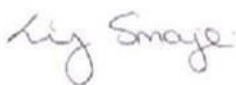
The Committee has also made proposals about the scrutiny process and highlighted the importance of having much earlier engagement with scrutiny. The Committee will take this up through the West Yorkshire and Harrogate Joint Health Overview and Scrutiny Committee.

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

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

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

Yours Sincerely,



Councillor Liz Smaje



Councillor Colin Hutchinson



cc

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

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