

VIA EMAIL

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

Matthew Groom
North East & Yorkshire Region
Specialised Commissioning Team
Oak House
Moorhead Way
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28 May 2020

Dear Cllr Smaje and Cllr Hutchinson

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

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

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

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

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

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

Engagement with West Yorkshire Joint Health Overview and Scrutiny Committee

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

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



Sustainability of services

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

Impact on other services at Calderdale and Huddersfield NHS Foundation Trust

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

Royal College of Radiologists response received 09.01.2020:

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

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

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

Best wishes,

*Emma Jane Cooper
Policy Coordinator*

The Royal College of Radiologists

British Society of Interventional Radiology response received 08.01.020:

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

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

BSIR comments would be the following:

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

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

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

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

Kind regards,

Dr Ian McCafferty

President of the British Society of Interventional Radiology

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

Repatriation and rehabilitation

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

Transport and travel

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

Networking arrangements

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

In conclusion

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

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

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

Yours sincerely



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

CC:

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