

West Yorkshire Vascular Service Consultation

Analysis Response Report

Joint Health Overview & Scrutiny Committee 24 February 2020

Introduction

NHS England has been consulting on proposals for specialised vascular services in West Yorkshire.

Following on from previous discussions and presentations with West Yorkshire JHOSC and the closure of the public consultation on 17 January 2020 this report accompanies an independent consultation feedback report (Appendix A). It sets out:

- Background to the consultation
- An overview of consultation methodology
- An overview of the consultation responses and key findings
- Concerns raised and NHS considerations in response
- Conclusion

Background to the consultation

NHS England has worked with independent 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 identified in this appraisal process was to have two specialised vascular centres instead of three; one at Leeds General Infirmary (LGI) due to its status as a major trauma centre and the other at Bradford Royal Infirmary (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 Huddersfield Royal Infirmary (HRI) to Bradford Royal Infirmary (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.



There are three main reasons for the recommended change to services:

- Specialised vascular centres must be able to deliver a safe and sustainable service to comply with NHS England's national service specification.
- 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.
- 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 Yorkshire and Humber Clinical Senate.

A public consultation was launched on the 28 August 2019 asking patients and members of the public their views of this proposal.

The consultation was originally planned to run from the 28 August to the 30 November 2019, however, due to the general election, the consultation was extended and ran to 17 January 2020.

The North of England Commissioning Support Unit were commissioned to provide an independent analysis of the consultation. The full report can be found in Appendix A.

Overview of consultation methodology

A comprehensive programme of communications and engagement activity was planned to raise awareness of the consultation and maximise opportunities for members of the public and other stakeholders to share their views.

The planned approach was adapted to take account of feedback provided by members of the West Yorkshire discretionary JHOSC, with additional engagement events targeting the Huddersfield and Calderdale communities.

A wide range of communication and engagement approaches were used to ensure as many opportunities as possible for patients, staff and members of the public to be aware of the planned changes and contribute their feedback. This included:

- Online presence of the consultation on all West Yorkshire Association of Acute Trust and CCG websites (with the exception of the West Yorkshire and Harrogate Integrated Care System website), NHS England's regional website and national involvement hub.
- Six public engagement events, across Huddersfield, Bradford and Halifax, to provide an opportunity for members of the public to find out more about the proposals and ask questions of clinical leaders.
- A targeted mail out to patients with experience of using specialised vascular services in Huddersfield and Bradford hospitals, advising of the consultation and the public engagement events.
- A targeted mail out to a wide range of stakeholders including local authority partners, MPs, Healthwatch organisations and professional bodies with an interest in vascular services – issued both at the start of the consultation and as a reminder ahead of the consultation closing.
- Press release activity at the launch of the consultation, participation in media interviews to promote public engagement events and further media promotion ahead of the consultation closing, resulting in two high profile regional BBC television news features, as well as local media coverage across Halifax, Huddersfield and Bradford.
- A schedule of social media activity using NHS England's regional Twitter account to promote the consultation and public engagement events.
- Surveys being available in vascular inpatient and outpatient clinical areas for the duration of the consultation.
- Regular reminders of the consultation featuring in hospital staff briefings/bulletins, as well as in the West Yorkshire and Harrogate Integrated Care System bulletin distributed to a wider range of stakeholders.
- Targeted face-to-face engagement with renal inpatients and dialysis patients to explain the consultation and encourage feedback.

Overview of consultation response and key findings

The consultation feedback report shows 385 people or organisations participated in providing feedback during the consultation period as members of the public, past or current vascular patients, carers, NHS staff and/or stakeholders.

Analysis shows an overall balanced position, but with some significant regional variation in the feedback received.

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, the report highlights an equal proportion objected to the proposal with 35% strongly opposing it and 9% tending to oppose it. Furthermore, 12% of respondents neither supported nor objected to the proposal.

Support for the proposal was found to be higher amongst:

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

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 important. Based on the analysis of 233 individuals the feedback report shows:

- The most important factor for respondents is 'being seen by a specialist team, available 24 hours a day, 7 days a week'.
- This was closely followed by 'knowing the place you are being treated has good patient outcomes/success rates' 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'.
- 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.

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.

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%).

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%).

Alternative options and matters for consideration suggested by respondents include:

- 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.

The alternative options set out in the full feedback report, as well as other points for concern, have been fully reviewed by NHS England, using the same criteria as the proposed options and this forms the basis for the following section of the report.

Suggestions from respondents around information in the consultation document that would benefit from further explanation are also set out in Appendix B.

Concerns raised and alternative options put forward

Concerns raised and alternative options put forward by responders and consultation event attendees	Points considered/mitigating actions	Consideration Outcome
Concerns associated with the longer-term sustainability of this proposal		
<p>The long-term suitability of the proposed changes and whether the changes are being proposed for financial rather than clinical reasons.</p>	<p>The proposals are driven by the need to maintain high quality clinical services, not to save money.</p> <p>We will be investing in more staff to make the service more resilient and designing different models of working to provide quicker access to care.</p>	<p>This is about meeting the service specification and making services sustainable, it is not driven by financial considerations.</p>
<p>Attendees were concerned that the continual removal of specialised services from Huddersfield Royal Infirmary 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.</p>	<p>A small number of specialised services are provided by Calderdale and Huddersfield NHS Foundation Trust across the sites at Huddersfield Royal Infirmary (HRI) and Calderdale Royal Hospital (CRH) e.g. chemotherapy, children and young adult cancer services, neonatal intensive care, adult critical care, specialised ear and ophthalmology, some cardiothoracic services.</p> <p>HRI/CRH will continue to have a role in the delivery of specialised services.</p>	<p>Not expecting an impact on other specialised services provided by the Trust as a result of this vascular proposal.</p>

Concerns raised and alternative options put forward by responders and consultation event attendees	Points considered/mitigating actions	Consideration Outcome
Travel and concerns with distances, transport and parking		
<p>Concern about the distance and time it would take to travel including the cost.</p> <p>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 those on a low income who wouldn't be able to afford to travel.</p>	<p>This proposed change will only impact on inpatient vascular care for those that require the most complex interventions. Consolidating from three to two centres will mean travel implications for those populations living furthest from the centre. To reduce the need to travel to the centre, local hospitals will provide the majority of vascular care whenever possible, so avoiding the need for admission by increasing day surgery and outpatient appointments. We anticipate this will only impact on approximately 7% of overall total of vascular patients in West Yorkshire.</p> <p>At Calderdale and Huddersfield NHS Foundation Trust, there are approximately 2,100 inpatient episodes (a stay or attendance in hospital which is not a clinic appointment) under vascular surgery or interventional radiology in one year. This includes both planned lower risk day case surgery, such as varicose vein treatment, and the more complex emergency vascular treatments with a long stay in hospital. Therefore, this will affect approximately 800 patients per year (38%) out of the 2,100. The remaining 1,300 (62%) surgical and interventional radiology treatments would remain locally at the hospital, alongside all the existing diagnostic tests and outpatient/follow up care which will also continue at the local hospital (this equates to approximately 4,800 outpatient appointments per year). Transport services will be available for planned admissions and emergency ambulances will take all urgent and emergency cases.</p>	<p>Currently the two services (HRI & BRI) do not meet the appropriate service standards and there is a need to consolidate services delivered at these centres to ensure clinical quality and good outcomes for patients can be maintained.</p>

Concerns raised and alternative options put forward by responders and consultation event attendees	Points considered/mitigating actions	Consideration Outcome
Travel and concerns with distances, transport and parking		
<p>The impact on patients when their friends and family are unable to visit them as frequently.</p>	<p>The small number (7 %) of patients who would be treated at a different site under these proposals would then be discharged or transferred back to their local hospital once they are well enough.</p>	<p>A protocol will ensure speedy transfers of care to avoid delaying repatriation.</p>
<p>There are poor public transport routes as well as parking at these hospitals.</p>	<p>NHS England recognises the difficulties with public transport, which is why only those patients in need of essential care will be affected by this proposal.</p> <p>NHS England intends to raise the car parking issues with the Chief Executive Officer (CEO) of Bradford Teaching Hospitals Foundation Trust.</p> <p>NHS England will inform transport authorities of any planned change and ask them to consider if any additional capacity or services may be required.</p>	<p>NHS England will actively raise the parking issues with Bradford Teaching Hospitals Trust and advise transport authorities of any planned change.</p>

Concerns raised and alternative options put forward by responders and consultation event attendees	Points considered/mitigating actions	Consideration Outcome
Travel and concerns with distances, transport and parking		
<p>The increased risk to patients who would be required to travel further distances when in a life-threatening condition.</p>	<p>The evidence indicates that vascular centres provide the best outcomes for patients as all the skill is consolidated in one place. The formation of specialist centres improves care and sustainability, as seen with the Major Trauma reorganisation reducing mortality by 19%. For other specialised services such as cardiology or burns, patients already travel further to regional centres in an emergency situation for the best care.</p> <p>The two trusts have been sharing the on call/out-of-hours rota for specialised vascular services for a number of years, so patients are already travelling for emergency care to the on-call centre with no reported detrimental effect. Currently anyone from Huddersfield, taken into hospital outside normal hours with a vascular emergency, has a 50% chance of being admitted to BRI under the alternating rota arrangements.</p>	<p>The service specification is written by clinical experts who consider risks verses improved outcomes.</p>
<p>Impact on ambulance services who will be required to transport critically ill patients further distances.</p>	<p>The ambulance service welcomes this proposal which will eliminate the current shared out-of-hours rota and the uncertainty about which hospital is on call each week.</p> <p>Providing greater clarity on where to take patients rather than an alternating arrangement. NHS England has received a supporting letter from the Yorkshire Ambulance Service.</p>	<p>This proposal will create clarity for the out-of-hours pathway.</p>

Concerns raised and alternative options put forward by responders and consultation event attendees	Points considered/mitigating actions	Consideration Outcome
Staffing and access to specialist care		
<p>Continuing to operate from all three centres with a recruitment drive and greater staff training to help address staff shortages.</p>	<p>There are national shortages of both vascular surgeons and vascular interventional radiologists.</p> <p>Whilst there are national recruitment drives and training initiatives in progress to address shortages, there remains challenges in the workforce meeting a growing demand for these services, given an aging population living with co-morbidities.</p> <p>The West Yorkshire position is not sustainable and continuing to operate from all three centres will not support services to meet the NHS England service specification in terms of population and staffing/rota numbers.</p>	<p>The services at BRI & HRI do not meet the service specification in terms of staffing numbers or population numbers.</p>
<p>Train more surgeons and specialised doctors and nurses.</p>	<p>Clinical advice set out by The Vascular Society of Great Britain and Ireland and the Royal College of Radiologists indicates that there is a national shortage of interventional radiologists and a recruitment drive is unlikely to reverse the current position.</p>	<p>NHS England needs a timely solution for West Yorkshire to ensure compliance with the service specification.</p> <p>The specification provides the necessary requirements to support safe and sustainable services.</p>

Concerns raised and alternative options put forward by responders and consultation event attendees	Points considered/mitigating actions	Consideration Outcome
Staffing and access to specialist care		
<p>Difficulty attracting staff to HRI in the future if the future of the hospital is uncertain.</p>	<p>Feedback from the clinical teams at Calderdale and Huddersfield Foundation Trust (CHFT) and presented to the West Yorkshire Joint Health & Overview Scrutiny Committee (JHOSC) suggested that there would not be issues recruiting into other clinical teams e.g. emergency department and general surgery. Neither has this been an issue in other centres around the country.</p>	<p>Recruitment is not expected to be an issue for other clinical areas.</p>
<p>Will extra beds be available at Bradford?</p>	<p>There would be additional bed capacity at Bradford Royal Infirmary.</p> <p>Some modelling has taken place as part of the initial plans which included looking at extra beds, theatre and interventional radiology capacity at all three locations.</p> <p>Performance indicators would be put in place to monitor the Bradford vascular service e.g. cancelled procedures.</p> <p>Through new models of working it is expected that waiting lists may be shared to avoid lengthy delays to interventions and surgery, which will reduce waiting times and result in patients being treated sooner.</p>	<p>This would support the compliance against the service specification standards and provide sufficient capacity across West Yorkshire.</p>

Concerns raised and alternative options put forward by responders and consultation event attendees	Points considered/mitigating actions	Consideration Outcome
The clinical interdependency with renal care		
<p>Moving the renal service back to HRI, so the specialised vascular centre could be located at HRI, improve/invest in services at HRI.</p>	<p>The renal inpatient service has never been provided by Calderdale and Huddersfield Foundation Trust, it has been provided by Leeds Teaching Hospitals NHS Trust (LTHT) and patients are transferred to Leeds for their renal inpatient care.</p> <p>There are two consultants employed by CHFT but no inpatient renal beds. The onsite renal day dialysis unit at Huddersfield Royal Infirmary is provided by LTHT.</p> <p>There is sufficient capacity of renal inpatient beds in West Yorkshire and NHS England has no plans to increase inpatient provision.</p>	<p>There is sufficient capacity of renal inpatient beds in West Yorkshire and NHS England has no plans to increase inpatient provision.</p>
<p>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.</p>	<p>Renal patients can have vascular complexities which requires inpatient renal daily dialysis and inpatient vascular care. Bradford has over 300 renal dialysis patients per year, who are potentially at risk of vascular complexities.</p> <p>Bradford also has the fastest renal disease population growth in England, meaning that continuation and development of renal services at Bradford is an essential aspect to the care of this population.</p>	<p>The independent Clinical Senate recommended the need to collocate renal inpatient care a with vascular centre.</p>

Concerns raised and alternative options put forward by responders and consultation event attendees	Points considered/mitigating actions	Consideration Outcome
<p>Consider other locations for the specialised vascular centres</p>		
<p>Consider other locations for the specialised vascular centre such as Calderdale Royal Hospital, Airedale General Hospital or Dewsbury Hospital.</p>	<p>NHS England commissions services from centres such as large teaching hospitals that provide a wide variety of quality services, usually in central locations to attract sufficient skilled staff.</p> <p>Airedale General Hospital does provide a small number of specialised services; however, it is geographically isolated. Dewsbury Hospital does not provide specialised services and would not have the infrastructure to become a specialised services provider.</p> <p>Some specialised services are provided at Calderdale Royal Hospital, however due to the interdependency of specialised vascular services with renal inpatient care this would need a separate plan to relocate the Bradford renal unit to Halifax.</p> <p>Given there is currently sufficient renal inpatient capacity across West Yorkshire, additional inpatient renal beds are not required.</p>	<p>The service specification provides details of other services and skills that should be available at a specialised vascular centre.</p>
<p>Consider a 4-centre option.</p>	<p>NHS England are unable to build a fourth centre, increasing centres would dilute the patient population across West Yorkshire further (an 800,00 population is required to ensure a sufficient mix of patient complexity and numbers).</p>	<p>Would not meet the standards set out in the service specification.</p>

Concerns raised and alternative options put forward by responders and consultation event attendees	Points considered/mitigating actions	Consideration Outcome
Consider other locations for the specialised vascular centres		
Making HRI one of the two specialised centres instead of BRI or LGI.	As explained previously, the clinical interdependency with renal services at Bradford Royal Infirmary (BRI) and the location of the major trauma centre at Leeds General Infirmary (LGI) makes these the two most viable options.	<p>Huddersfield Royal Infirmary (HRI) does not provide inpatient renal care.</p> <p>There is sufficient renal bed capacity across West Yorkshire, should HRI become the second vascular centre it would require a transfer of beds and staffing from BRI to HRI.</p>
Aligning the centres with population distribution or creating a fair geographical distribution of services.	Bradford has the fastest growing population with renal disease and the second highest deprivation levels in England. This means that continuation and development of renal services at Bradford is an essential aspect to the care of this population.	The proposal is the best fit for the population distribution, given we can only include existing centres in West Yorkshire.

Concerns raised and alternative options put forward by responders and consultation event attendees	Points considered/mitigating actions	Consideration Outcome
Consider other locations for the specialised vascular centres		
<p>The relatively close distance between BRI and LGI, in comparison to HRI creating an unfair geographical distribution of service provision.</p>	<p>The larger populations are resident in the compact areas around Bradford and Leeds.</p> <p>Whereas Calderdale and Huddersfield have a higher ratio of residents living in rural locations, particularly Calderdale which has a population density of 5.77 per hectare which is the lowest in West Yorkshire.</p>	<p>The proposal is based on a number of factors including population density, ease of access and availability of other clinical services that are vital to the safe delivery of specialised vascular care.</p>
<p>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.</p>	<p>The majority of care will be delivered close to home, only those patients requiring complex inpatient vascular care will be affected.</p> <p>Currently anyone from Huddersfield, taken into hospital outside normal hours with a vascular emergency has 50% chance of being admitted to BRI under the alternating rota arrangements.</p>	<p>The majority of care will be delivered at local hospitals.</p> <p>The shared on-call rota is not a sustainable long-term solution.</p>

Concerns raised and alternative options put forward by responders and consultation event attendees	Points considered/mitigating actions	Consideration Outcome
Impact on other services including demand		
<p>Increased demand at BRI and LGI and the impact this will have on patient waiting times.</p>	<p>The aim will be to deliver the majority of vascular care closer to home e.g. virtual wards, admission avoidance clinics, increasing day surgery unit capabilities. Therefore, reducing the number of patients needing admission and reducing the impact on the 2 centres.</p> <p>Through a regional approach it would offer greater flexibility to patients, with the ability to manage the waiting lists more effectively. BRI has provided assurances that they can manage the additional demand. Performance indicators would be put in place to monitor the Bradford vascular service e.g. cancelled procedures. Through new models of working it is expected that waiting lists may be shared to avoid lengthy delays to interventions and surgery, which will reduce waiting times and results, leading to patients being treated sooner.</p>	<p>This proposal is not expected to impact on other services.</p> <p>It will support delivery against the service specification.</p>
<p>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.</p>	<p>Whilst this lies outside the scope of the NHS England review, WYAAT would be required to develop a regionally robust solution around Non-Vascular Interventional Radiology (NVIR), to ensure this cover is provided safely and effectively.</p> <p>Services would need to work towards a regional National Vascular Interventional Radiology (NVIR) cover arrangement for those very small numbers or infrequent events e.g. true out-of-hours interventions such as post-partum haemorrhage requiring IR.</p>	<p>This issue would be addressed in a Memorandum of Understanding and assurances from WYAAT would be sought.</p>

Concerns raised and alternative options put forward by responders and consultation event attendees	Points considered/mitigating actions	Consideration Outcome
Uncertainty about why the changes are needed and what the impact will be		
Confusion as to why change is needed when HRI is currently providing a good service.	The service is neither sustainable nor resilient, there is a lack of compliance with service specification and clinicians are working under pressure to maintain good outcomes.	Current services are not compliant with the service specification
Continue to provide outpatient appointments at local hospitals.	Outpatient appointments will continue to be provided at local hospitals, this change only applies to patients who require complex inpatient care.	No change to current services, outpatient appointments will continue to be provided at local hospitals.

Concerns raised and alternative options put forward by responders and consultation event attendees	Points considered/mitigating actions	Consideration Outcome
Repatriation process		
<p>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.</p> <p>Based on past experiences of stroke services, there was concern amongst some who attended the consultation events that patients would face lengthy delays when waiting to be transferred.</p> <p>Delays with transport to repatriate patients to their local hospitals.</p>	<p>The aim is to have an agreed memorandum of understanding across the trusts, to replicate that within the major trauma centre model, to ensure repatriation is timely.</p> <p>Clinical view would determine that ONLY those patients who need rehabilitation or on ongoing medical (not surgical) issues would be repatriated. If patients need ongoing surgical care they would remain in the arterial centre.</p> <p>There would be a clinically agreed protocol around appropriateness of repatriation following senior surgeon review and work would take place with the non-arterial sites as part of implementation phase to determine the safest way to care for repatriated patients.</p>	<p>Repatriation process will be worked through.</p>

Concerns raised and alternative options put forward by responders and consultation event attendees	Points considered/mitigating actions	Consideration Outcome
Concerns about the quality & data		
The accuracy of and absent figures in the consultation document.	NHS England confirms Bradford has over 300 renal dialysis patients who are potentially at risk from vascular complexities.	Further information has been provided where available.
Drop in quality as seen in for example stroke services.	Measures would be monitored to ensure there is no negative impact for vascular services e.g. waiting list times, outcome measures, referral to treatment times (RTT), staffing ratios.	Quality markers would be developed to mitigate this.
No evidence that mortality will decrease.	Due to consolidation and development of experience, a more skilled, resilient and sustainable workforce would be created resulting in improved outcomes, which should mirror those seen as a result of the Major Trauma Centre reconfiguration.	Evidence from the Trauma Audit and Research Network supports improved outcomes at centres.
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.	This is a West Yorkshire vascular approach to ensure future sustainability and more flexibility to respond to demand. The waiting lists can be shared between the two hospitals, so patients have more choice with faster access to treatment. This is separate from the CCG acute service review.	The need to make services compliant with the service specification

Concerns raised and alternative options put forward by responders and consultation event attendees	Points considered/mitigating actions	Consideration Outcome
Other		
<p>The perception that decisions have already been made.</p>	<p>No decision has yet been made. This proposal has been subject to a public consultation, with further consideration to be given to the independent feedback report, ahead of a final decision being reached by NHS England.</p>	<p>Final decision expected to be reached by NHS England by late March 2020.</p>
<p>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.</p>	<p>This comment was associated with the proposed internal transfer of some services from HRI to CRH as part of the acute service review.</p> <p>Specialised vascular care needs to align with critical care. The vascular reconfiguration being proposed is not based on the outcome of the acute service review.</p>	<p>NHS England was identifying that in the future, should urgent care move from HRI to CRH, the vascular centre would also need to move to ensure rapid access to critical care beds.</p>

Conclusion

NHS England has taken all the information presented in the consultation analysis report into account.

Analysis shows that support for the proposal of having specialised vascular services delivered at two centres across West Yorkshire varies significantly depending on where respondents live. This is likely to be because of the perceived impact for the respondent i.e. the majority of respondents from the Huddersfield population oppose the proposal, whereas the majority of respondents from the Bradford population support the proposal. Feedback specific to vascular patients shows 57% of respondents support the proposal for two centres.

The main driver for this proposed change is to commission services to meet the standards set out in the vascular service specification and address significant workforce pressures. This is to ensure that high quality care and good outcomes are delivered for patients and that this is sustainable into the future.

Under the current arrangements between Bradford and Huddersfield the out-of-hours service is shared, with each hospital providing out-of-hours care for periods of 14 days in turn. This is not supported as an acceptable or long-term solution by NHS England or Yorkshire and Humber Clinical Senate and adds unnecessary complexity to the pathway for emergency transport.

In view of this, as part of the consultation process, NHS England set out clear criteria against which it considered options for the future delivery of specialised vascular services, which included an assessment of whether the proposed option would:

- Stabilise workforce pressures;
- Meet NHS standards for vascular services;
- Cover an appropriate population size;
- Provide a clear pathway for Yorkshire Ambulance Service;
- Support continued co-location with current major regional trauma services;
- Maintain access to existing dedicated renal inpatient services;
- Impact on travel by car and public transport;
- Be deliverable in terms of ease of implementation.

Following the consultation feedback, NHS England has applied an assessment of the same criteria to the alternative options put forward by respondents and ruled out any of those suggested as being viable or suitable for taking forward.

Further comments and concerns raised by respondents as part of the consultation feedback have also been reviewed by NHS England. This work has identified a series of actions that NHS England will now take forward including:

- A requirement for West Yorkshire Association of Acute Trusts (WYAAT) to develop a regionally robust solution around Non-Vascular Interventional Radiology to ensure cover for this service is provided safely and effectively.
- 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.
- A commitment to continued engagement with vascular patients and wider stakeholders throughout any transition phase, with further assurances provided on quality and performance metrics as well as patient experience of services.

The wider consideration of the feedback provided shows that many of the comments received focus on issues previously identified or anticipated by NHS England and WYAAT, with plans aimed at mitigating the disbenefits either being in place or identified for development as part of any transition phase.

Proposals ensure that only patients requiring specialised vascular surgery that requires an overnight stay would be transferred to the specialised service at Bradford Royal Infirmary. This would potentially affect up to 800 patients per year who would have previously been treated at Huddersfield Royal Infirmary.

Patients will continue to access vascular day-case surgery, diagnostics, outpatient appointments and rehabilitation services in local hospitals throughout West Yorkshire. This minimises travel for patients and their relatives and friends.

The recommendation that will be made to NHS England is the preferred option that has been consulted upon: Two specialised vascular centres instead of three, 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.

The Joint Health Overview & Scrutiny Committee Members are asked to note the content of the feedback report and the recommendations for decision by NHS England. Members are also asked if there are any further recommendations for NHS England to consider in light of this report, ahead of a final decision being reached by NHS England regarding vascular services in West Yorkshire.