

APPENDIX B: Points raised in consultation feedback for additional information or explanation from NHS England

Why are specialised vascular services not being retained at Huddersfield Royal Infirmary? Why Leeds and Bradford?

Currently the specialised vascular services in West Yorkshire are delivered from three centres – Leeds General Infirmary, Bradford Royal Infirmary and Huddersfield Royal Infirmary.

Based on a need to reduce the number of specialised vascular centres from three to two, identified by Yorkshire and The Humber Clinical Senate, the proposed recommendation consulted on is that those centres should be at Leeds General Infirmary (due to its status as a major trauma centre) and Bradford Royal Infirmary (due to its co-location with renal care).

What improvements will the proposal bring?

Throughout the consultation process and at the public engagement events, clinical leaders have set out that the proposal will deliver the following improvements:

- Easing pressure on all vascular services including emergency and routine procedures.
- Improving recruitment and retention by having a single shared out-of-hours workforce.
- Offering clarity on future service arrangements would make the service more sustainable.
- Creating a clear pathway for emergency transfer of patients rather than a weekly rotation of the unit covering emergencies.
- Enabling clinicians to develop their expertise working as part of a larger specialist vascular team.
- Enabling routine vascular services, outpatients (e.g. pre and post operation appointments) to continue to be available in local hospital.

Consultation to be explained and disseminated to a greater audience

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 to providing feedback. This included:

- Online presence of the consultation on NHS England regional website, NHS England national involvement hub, all West Yorkshire Association of Acute Trust and CCG websites (with the exception of the West Yorkshire and Harrogate Integrated Care System website).
- 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 on 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

Why have the negative impacts on patients not been considered?

The consultation document sets out and recognises the impact for patients.

At Calderdale and Huddersfield NHS Foundation Trust, there are approximately 2,100 in-patient 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.

This proposal would be a change for only those patients requiring the more complex and higher risk planned and emergency vascular procedures.

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 vascular outpatient appointments at Calderdale and Huddersfield NHS Foundation Trust per year).

This change represents 7% of the total vascular activity across West Yorkshire who currently receive this level of care at Calderdale and Huddersfield Foundation Trust.

Why have decisions already been made?

No decision will be made until late March 2020. At this stage, the focus has been on reviewing the consultation feedback and responses.

NHS England will then be presenting the consultation feedback report to the West Yorkshire JHOSC, for their consideration and further feedback, ahead of a final decision being reached.

Why have other locations not been considered to provide a better geographical spread/better access to the centres?

NHS England commission 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.

Other smaller hospital locations are less likely to have the supporting infrastructure needed for specialised services such as vascular.

The consultation document does set out details of all the locations considered and takes account of population catchment areas. The larger populations are resident in the compact areas around Bradford and Leeds.

How do you expect people to travel to the proposed locations? (particularly those who don't drive and the elderly)

This change will impact on inpatient vascular care for those that require the most complex interventions.

Consolidating from three to two centres will always 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, avoiding the need for admission by increasing day surgery and outpatient appointments. Transport services will be available for planned admissions and emergency ambulances will take all urgent and emergency cases.

Travel impact assessment needs to allow for disruption caused by incidents on the motorway

Travel impact assessment work to date has taken account of public transport routes, as well as travel by car. Emergency admissions are likely to be managed by the ambulance service, who will have arrangements in place to manage any disruption to services caused by incidents on the motorway.

Make it clearer that rehabilitation and outpatient appointments could be provided closer to home

Under the proposal set out on the consultation, it is the intention for outpatient appointments and rehabilitation to continue to be provided in local hospitals, close to home.

Will additional staff be employed to cater for increased demand?

There will be investment in more staff to make the service more resilient and designing different models of working to provide quicker care.

Given the amount of work that gets transferred out of Bradford Royal Infirmary to Yorkshire clinics, would there be any stipulation to prevent patients being forced there due to capacity issues? Are there sufficient beds available at Bradford Royal Infirmary?

There has been some modelling for the number of extra beds, theatre and Interventional Radiology capacity that would be required at either site.

As we progress to any implementation phase work would begin to create this capacity.

Performance would be monitored through cancelled procedures. New models of working will reduce the bed capacity requirement and sharing of waiting list may well be beneficial to the wait times.

Clarification on the link with renal care – renal patients in Calderdale and Huddersfield come under Leeds Teaching Hospitals NHS Trust (LTHT), with intervention being undertaken at Leeds General Infirmary or Huddersfield Royal Infirmary and if required transferred to the mother unit

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. Bradford also has the fastest renal population growth and the second highest deprivation levels in England.

As we progress to any implementation phase the operations team at Calderdale and Huddersfield would work with both Leeds and Bradford vascular and renal clinicians to clarify the pathway arrangements specific to this small group of patients.

Will there be adequate support available in local hospitals for patients following surgery, as well as community support services?

The aim is to have an agreed Memorandum of Understanding across the trusts to replicate that in the Major Trauma Care model to ensure repatriation is timely.

The clinical view is that only those patients who need rehabilitation on ongoing medical (not surgical) issues will be repatriated. If they need ongoing surgical care they will remain in the arterial centre.

There will be a clinically agreed protocol around who can and who cannot be repatriated following senior surgeon review and there is work with the non-arterial sites to determine the safest way, site, bed base and specialty to care for repatriated patients