

Ref: SMcK\_MG\_JRC\_HAYDENVASCULARLAUNCH\_2019.08.27

Cllr Helen Hayden, Leeds City Council

Matthew Groom  
North East & Yorkshire Region  
Specialised Commissioning Team  
Oak House  
Moorhead Way  
ROTHERHAM  
S66 1YY

**VIA EMAIL**

[matthew.groom@nhs.net](mailto:matthew.groom@nhs.net)

0113 825 3391

27 August 2019

Dear Councillor Hayden

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

Firstly, many thanks for your questions and the advice you, and members of the Joint Health Overview and Scrutiny Committee have provided to NHS England over recent months, in respect of the proposed changes to vascular services across West Yorkshire.

I apologise for the time it has taken to reply to the comments raised in the emailed letter dated 15 April 2019. It has taken NHS England/NHS Improvement time to address each of these comments and where applicable reflect them in the business case and consultation plan. All documents have also been subject to the NHS England assurance processes.

I am pleased to confirm that the consultation documents have now been signed off by NHS England with a consultation start date of 28 August 2019.

The supporting documents can be accessed via the link below from 28 August 2019:

<http://www.yhscn.nhs.uk/cardiovascular/httpwwwyhscnnhsukcardiovascularpreventionvasculars.php>

The consultation process will last for three months until 30 November 2019. A full and detailed consultation document is enclosed with this letter.

NHS England noted in the 15 April 2019 letter that JHOSC requested the start date for the listening events should commence soon after the consultation opens. However, given the consultation will start during the summer school holidays we have decided to delay holding these events until October at a time when more people are available.

NHS England apologies for any disappointment felt by JHOSC members in not being involved in vascular discussions sooner. I can reassure the JHOSC that members will be kept up to date and we will report into the committee during the latter part of the consultation process, expected to be in October, and again ahead of the final NHS England decision expected at the end of the year.



I wish to draw your attention to a change in terminology that has resulted from feedback received from both NHS staff and patients attending a consultation document reading panel. The term “arterial centre” has been replaced with the term “specialised vascular centre” to aid understanding.

The following points are in response to the comments received from the JHOSC and NHS England would like to assure members that these have been carefully considered and where appropriate reflected in the revised consultation document attached.

### **Points raised by JHOSC**

1. The proposals did not include more than one option for what has been described as a substantial service change that requires formal public consultation.
  - NHS England has now included a full options appraisal, including the assessment of each option against a set of criteria and presented this in the consultation documentation.
2. The proposals do not adequately present the potential impact or implications for other health services.

NHS England has now considered the potential impact on a number of other health services as follows:

- The Calderdale and Huddersfield NHS Foundation Trust acute service review undertaken by the CCG - the consultation documentation now makes explicit reference to the review. This states that specialised vascular care would need to be located alongside other urgent and emergency services. This would mean that had Calderdale and Huddersfield NHS Foundation Trust remained as the provider of specialised vascular care then the location of the vascular inpatient beds would shift from their current location at Huddersfield Royal Infirmary to Calderdale Royal Hospital (pending completion of the acute services review).
  - The reconfiguration of hyper acute stroke services in South Yorkshire which will see the closure of the hyper acute stroke units at Barnsley Hospitals NHS Foundation Trust and Rotherham NHS Foundation Trust. Patients who have suffered a stroke or transient ischaemic attack and require a carotid endarterectomy (CEA) are referred to a vascular centre for this treatment. Most patients living on the border between West and South Yorkshire will access the vascular centre at Sheffield Teaching Hospitals NHS Trust for CEA. However, a small number of North Barnsley patients (approximately 5 per year) will need this treatment at either Bradford Hospitals NHS Foundation Trust or Leeds Teaching Hospitals NHS Trust instead of accessing the specialised vascular service that is currently provided by Calderdale and Huddersfield NHS Foundation Trust.
  - Patients from the North West border with West Yorkshire who currently access Calderdale and Huddersfield NHS Foundation Trust for urgent or emergency vascular treatments are very small in number. Only about two or three patients per year would need to access a different vascular centre as a result of this proposed reconfiguration.
3. NHS England has highlighted the risks associated with the proposals and if/how these can be mitigated, shown in the table on page 48 of the business case.
  4. NHS England has also included an overall appraisal of the advantages and potential risks of the proposals on page 51.
  5. In line with the request to explicitly include the reservations highlighted by the Clinical Senate in the recommendations outlined in Section 5 of its January 2017 report; including if/how these have been addressed.

We can assure the JHOSC that the following points have been addressed within the documentation.

- a) provided clearer definition of those services that will remain at the non-specialised vascular centre site.
  - b) highlighted the criteria and applied this equally across the specialised vascular centres in order to demonstrate how the proposed option was selected.
  - c) NHS England has worked with West Yorkshire Association of Acute Trusts (WYAAT) and the vascular clinical lead to understand the implication for the workforce and work is ongoing.
  - d) considered the patients flows across West Yorkshire to ensure sufficient population to sustain the vascular centres in the future.
  - e) considered the patient flows from other locations in West Yorkshire, unaffected by the reconfiguration and highlighted what access to specialised and non-specialised vascular care is available.
  - f) NHS England and WYAAT have considered the population numbers and specialist workforce numbers and agree that two specialised vascular centres are required to manage the volume of complex vascular patients in the future.
  - g) The consultation includes a section on the repatriation process to ensure timely transfers of care from the specialised vascular centre to local district hospitals to avoid delays in the discharge pathway.
  - h) the financial investment required has been included within the document.
  - i) In terms of public understanding about these changes, NHS England held a patient and relative panel in August to gain feedback on how well people understand the reconfiguration changes and the proposed option under consideration.
  - j) NHS England has outlined the model as recommended by the clinical senate as a specialised vascular centre supported in a network model of non-specialised centre(s). The longer-term aim is to develop a West Yorkshire network of specialised and non-specialised vascular providers to support long term sustainability and offer opportunities to staff to expand and develop their clinical skills.
  - k) NHS England acknowledges that the presence of the renal centre at Bradford is an important clinical factor for supporting Bradford as the second specialised vascular centre. This has been identified in the comparison of all the options under consideration.
  - l) As the proposal may have a bigger impact on certain populations across West Yorkshire NHS England has reflected this in the document. Six public events have been arranged throughout October across the three locations affected to offer the opportunity for comments and feedback.
  - m) the list of stakeholders has been extended to include those across the boundaries of the affected areas. Terminology has been corrected to reflect comments back from members.
6. JHOSC requested the proposed date by which a decision as to whether to proceed with the proposals will be made by NHS England;
- We can advise that NHS England intends to reach a decision towards the end of 2019 pending the completion of the consultation process and production of the final report by an external agency.

7. JHOSC asked for a date by which any comments on the proposals are required to be made by the appropriate scrutiny body.
  - NHS England advises that all comments must be back to NHS England by 30 November 2019, when the consultation closes.
8. There was uncertainty regarding the involvement of North Yorkshire County Council in this proposed service reconfiguration. I can confirm that the populations resident in the South Craven area flow into Airedale General Hospital, which is not affected by this proposal.

I hope this clarifies the issues raised.

Yours sincerely



**Matthew Groom**  
**Assistant Director of Specialised Commissioning (Yorkshire and Humber)**

**CC:**

Sherry McKiniry, Service Specialist, NHS England Specialised Commissioning (Y&H)  
Matt Graham, WYAAT Programme Director  
Sarah Halstead, Senior Service Specialist, NHS England Specialised Commissioning (Y&H)  
Mr Neeraj Bhasin, WY Vascular Service Clinical Director  
Steven Courtney, Principal Scrutiny Adviser, Leeds City Council  
Gill Galt, Head of Communications and Engagement, NHS England (North Specialised Commissioning Team)