

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

21 January 2010

Yorkshire and Humber Vascular Services Review – Formal Public Consultation

Purpose of Report

1. The purpose of this report is to provide a framework for the Committee to be consulted on the Yorkshire and Humber Vascular Services Review.

Introduction

2. Correspondence and the consultation document are attached as APPENDIX 1.
3. Pia Clinton-Tarestad, Assistant Director of Commissioning, Yorkshire and the Humber Specialised Commissioning Group will be attending to present the proposals and respond to Members' questions.
4. The proposals have been considered by scrutiny Members at Craven District Council. The draft response from Craven District Councillor Helen Firth is shown in APPENDIX 2. It should be noted that Councillor Firth's letter is still in draft and will be considered by scrutiny Members at that Council on 18 January 2010. Councillor Firth will be invited to introduce her response at this meeting of the North Yorkshire Scrutiny of Health Committee.

Recommendation

5. That Members:
 - a) Offer comment on the proposals in this consultation and authorise the Chairman to submit a final response on behalf of the Committee.

Bryon Hunter
Scrutiny Team Leader
County Hall, NORTHALLERTON

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11 January 2010

Background Documents: None

**North Yorkshire and York**

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1 November 2010

Dear Colleague

Re: Proposed Changes to Vascular Services across Yorkshire and the Humber Region

Please find attached consultation documents relating to proposed changes to vascular services across Yorkshire and the Humber region. The proposals have been developed as part of the Specialist Commissioning networks with the consultation being led by the Yorkshire and Humber Specialist Commissioning Group on behalf of the fourteen Primary Care Trusts in the region.

Details on how to respond to the proposals are part of the attachments, but if you have any immediate queries please contact me via the e-mail address above. Further details are accessible through the following weblink:

<http://www.northyorkshireandyork.nhs.uk/ListeningToYou/GettingInvolved/VascularServicesReview.htm>

The closing date for comment is 28 January 2011.

Yours sincerely

via e-mail

Graham Purdy
Assistant Director of Corporate & Public Affairs



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Richard Weightman, Director, Coast and Moors Voluntary Action
Robert Webb, Chief Officer, Easingwold Community Care Association
Karen Weaver, Director, Harrogate & Area Council for Voluntary Services
Hazel Kirby, Chief Officer, Northallerton & District Voluntary Service Association
Judith Bromfield, Chief Officer, Richmondshire Council for Voluntary Service
Lynette Barnes, Executive Director, Ripon Council for Voluntary Services
Milton Pearson, Chief Officer, South Craven Community Action
Phil Henderson, Chief Officer, Stokesley & District Community Care Association
Sue Lee, Chief Officer, Thirsk, Sowerby & District Community Care Association
Alison Smith, Chief Officer, Stroke Association

Patient Groups

Annie Thompson, Partnership Co-ordinator, York Local Involvement Network (LINK)

Kath Murray, Chair, North Yorkshire Local Involvement Network (LINK)
Kathy Donnelly, Partnership Co-ordinator

Strategic Partners

Cllr John Weighell, Chair, North Yorkshire Strategic Partnership (NYSP)
Sir Ron Cooke, Without Walls (CYC LSP)
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Cllr Clare Wood, Chair, Ryedale LSP
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Yorkshire and the Humber Specialised Commissioning Group

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Direct dial: 01226 433681

Please ask for: Claire Clayton

26th October 2010

Yorkshire and Humber Vascular Services Review – Formal Public Consultation

Dear Sir/Madam

Introduction

The Yorkshire and Humber Specialised Commissioning Group (SCG) has conducted a review of vascular services on behalf of the 14 primary care trusts in Yorkshire and the Humber region and is proposing to reorganise the way that these specialised services are provided in order to improve the care, quality and safety of our patients.

The review has looked at national and international evidence and has included the views of doctors and other NHS staff within the region, vascular service patients, the public and independent clinical experts. In reaching a preferred option for how vascular services could best be provided to benefit patients, the SCG Board has considered a number of alternatives and has recommended that 4 single vascular services, with a number of hospitals working in partnership, are established in the region (including Bassetlaw). The enclosed document provides details about these proposals and how they would affect each area of the region.

The consultation

Between 26th October 2010 and 28th January 2011 we are consulting formally on the proposals and would like to hear the views of local people and anyone who may have an interest in the review. We are especially keen to hear the views of vascular patients, their carers and staff working in vascular services. Responses to this consultation will be used to shape recommendations to the SCG Board on 25th February 2011 where a decision will be made about how the proposals will be taken forward.



How to respond to the consultation

Your views are very important and we warmly welcome any comments you wish to make on this proposal. There are a number of ways you can let us know what you think:

- Write to us using the feedback form at the end of the consultation document
- Reply online using our website at www.yhscg.nhs.uk or via the website of your local primary care trust
- Request a meeting
Please write to Claire Clayton, Team Administrator at the address overleaf or phone: 01226 433681 or email: claire.clayton@barnsleypct.nhs.uk
- Request a telephone conversation
Please write to Claire Clayton, Team Administrator at the address overleaf or phone: 01226 433681 or email: claire.clayton@barnsleypct.nhs.uk

If you would like this information in another format, such as large print or another language, please call 01226 433789 or email enquiries@barnsleypct.nhs.uk

Further information about the vascular services review will be posted on the SCG website www.yhscg.nhs.uk

Thank you very much for your help.

Pia Clinton-Tarestad
Assistant Director of Commissioning
Yorkshire and the Humber Specialised Commissioning Group
26th October 2010

Consultation on proposals to improve vascular services in Yorkshire and the Humber

**We need your views
Deadline for feedback 28 January 2011**

This document is available in other languages, large print, audio tape and Braille on request. If you would like this document in an alternative format or if you would like to discuss the contents of this document please contact:

Consultation and Engagement Team (SCG)
Hilder House
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Barnsley
S75 2PY
Tel: 01226 433 681

CONTENTS

1.	Introduction	3
2.	What are we proposing?	4
3.	Why do we need to change the way vascular services are provided?	4
4.	How have we developed these proposals?	5
5.	Our proposals in detail:	6
	South Yorkshire and Bassetlaw	7
	West Yorkshire – West	9
	West Yorkshire – Centre	12
	North & Eastern Yorkshire and Northern Lincolnshire	14
6.	The consultation process	17
7.	Tell us what you think	18
	Appendix A: Feedback Form	19
	Appendix B: Members of the Task and Finish Group, Supporting Evidence and NICE Guidance	27

1. Introduction

This document explains some changes that the NHS is proposing to make to the way vascular services are provided in Yorkshire and the Humber, and asks you for your views on these changes.

Our aim is to make sure that all of our vascular services provide the highest quality care for patients and meet your needs. To achieve this, we need to understand your views on the changes we are proposing and how you feel these would affect you.

“This consultation exercise is about listening to views on a proposal to improve the survival chances and care for people requiring vascular services in Yorkshire and the Humber.”

Professor Chris Welsh, Medical Director, Yorkshire and the Humber Strategic Health Authority

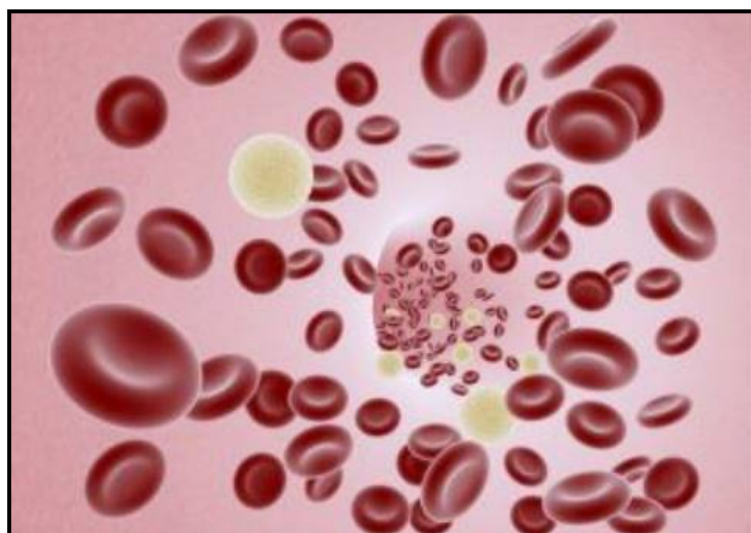
1.1 What are Vascular Services?

Vascular services consist of planned treatment for conditions where there is not enough blood reaching an organ or parts of the body such as the arms, legs or head, caused by a partial or total blockage of an artery.

Vascular services also include planned treatment for aneurysms, a fluid-filled bulge in an artery that can weaken it, causing it to leak or burst, and, treatment for other types of abnormal blood vessels.

In addition, vascular specialists are needed to support other medical treatments, such as kidney dialysis or for chemotherapy access.

As well as planned treatment vascular services can include emergency treatment. This could include life threatening emergencies, such as when a large artery bursts; where there is a critical lack of blood to a limb, when the lack of a blood supply can be limb threatening; or injuries from road traffic accidents.



1.2 Who is responsible for these services?

At the moment, treatment for vascular conditions takes place in local hospitals and regional specialist hospitals, depending on the complexity of the procedure and whether the appropriate specialists are available locally. These services are commissioned – that is planned and paid for – by the Specialised Commissioning Group (SCG) for Yorkshire and the Humber. This group is made up of the fourteen primary care trusts in the region, who work together to commission specialised services.

2. What are we proposing?

We are proposing that hospitals work in partnership to deliver vascular services, with complex and emergency operations carried out in fewer, specialist centres and the remainder of care continuing to be provided locally.

This would mean that we would establish four centres for vascular services within the Yorkshire and the Humber (and Bassetlaw) region, which would improve the care and outcomes for all vascular patients.

North & East Yorkshire	NHS East Riding of Yorkshire, NHS Hull, North East Lincolnshire Care Trust Plus, NHS North Lincolnshire, NHS North Yorkshire and York
South Yorkshire	NHS Barnsley, NHS Bassetlaw, NHS Doncaster, NHS Rotherham, NHS Sheffield
West Yorkshire Central	NHS Leeds, NHS Wakefield District, NHS Kirklees (part)
West Yorkshire West	NHS Bradford & Airedale, NHS Calderdale, NHS Kirklees (part), NHS North Yorkshire and York (part)

Full details of these proposals and what they would mean for patients in each area are set out in section 5.

3. Why do we need to change the way vascular services are provided?

The aim of these proposals is to improve the quality of care and safety for patients

- **To provide the best possible care for our patients**

Evidence shows that the best chances of survival and improved quality of life after vascular treatment are achieved when patients have the services of a highly trained specialist team working in a centre.

- **To meet national standards and best practice**

Evidence also shows that staff providing these services need to carry out a minimum number of certain complex procedures to maintain their specialist clinical skills and continue to apply the latest medical techniques. This shows that the more operations carried out at a particular hospital, the greater the success of the operation. This means that we need to have fewer hospitals carrying out large numbers of operations, rather than lots of hospitals carrying out smaller numbers.

- **To ensure specialist doctors are available at all times**

The standards also require hospitals carrying out vascular surgery to have specialist doctors available at all times. This has also been shown to offer the

best possible chance of survival to patients. This means that teams need enough specialists to ensure sufficient surgical and medical cover 24 hours a day, which is not always possible in smaller hospitals.

Vascular patients can often be treated using new techniques that don't require open surgery. A report published by the Department of Health found where the specialists who carry out these techniques are available 24 hours a day some amputations can be avoided.

- **To meet the standards set by our doctors**

We have worked with doctors across our region to agree a number of quality standards for vascular services to ensure the highest levels of care and safety. To meet these, we need to make some changes to the way services are provided.

- **To make sure that everyone has equal access to new and innovative procedures, such as keyhole techniques**

At the moment, patients in the region are not all able to access the latest treatments and techniques at their local hospital. We do not think this is fair and want to make sure that all patients can benefit from these.

(Details of the supporting evidence are provided at Appendix B)

4. How have we developed these proposals?

To inform this work, the Specialised Commissioning Group carried out a full review of vascular services in the region between October 2008 and October 2010. We talked to doctors and other health care professionals, the people commissioning these services, and patients and the public about what was important to them for vascular services.

A Task and Finish Group, made up of a small group of experts was set up to review all of the evidence and comments we received and make recommendations (see Appendix B for members). Independent clinical advice was also provided by a vascular surgeon, Jonathan Earnshaw, who is Director of the National Screening Programme for Abdominal Aortic Aneurysm and Honorary Secretary of the Vascular Society of Great Britain and Ireland.

A range of options was developed for discussion with clinicians and stakeholders in January 2010 and work was then undertaken in each local area to seek to reach agreement on the best fit locally. This included: discussions with local hospitals; GP events; and surveys and focus groups with patients and local people. From this, a preferred option for each local area has been identified for consultation.



Patients and the public told us that the outcome of

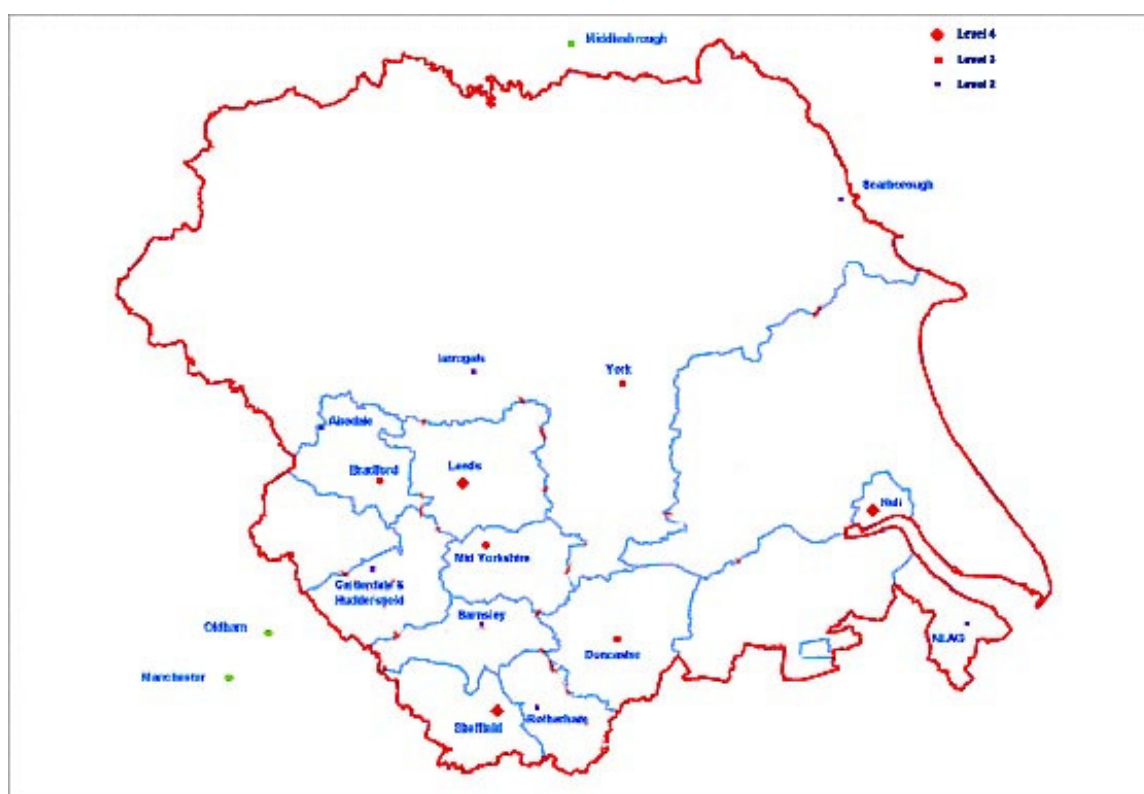
treatment was their overall priority. They would generally be willing to travel further for an operation but transport implications need to be carefully considered, particularly the need to lessen the effects of increased travel on all of those involved. These views were used to inform the proposals we have developed.

(A copy of the findings of our engagement with patients and the public and the vascular impact assessment and recommendations report are available on the 'vascular services consultation' section of our website www.yhscg.nhs.uk).

5. Our proposals in detail

As set out previously, based on the recommendations from the review, we are proposing to establish four centres for vascular services in the region.

Complex and emergency surgery would only be done in seven hospitals, so would no longer be offered in Grimsby, Scunthorpe, Scarborough and Mid Yorkshire. This would mean that around 1,500 patients per year (10% of all those in treated in the region) would need to travel to a different hospital than currently for their major operation.



What the proposals would mean for each area

5.1 South Yorkshire and Bassetlaw

(NHS Barnsley, NHS Bassetlaw, NHS Doncaster, NHS Rotherham, NHS Sheffield)

Current Position:

- There are two vascular services within this area, Sheffield Teaching Hospitals and Doncaster & Bassetlaw Hospitals.
- The specialist teams in these hospitals work independently of each other and provide the full range of vascular services 24/7, although some complex procedures are only carried out at Sheffield Teaching Hospitals.
- Daycase operations and outpatient clinics are also held in Barnsley and Rotherham Hospitals, using doctors from Sheffield Teaching Hospitals.

Proposed Position:

- The specialist teams in Sheffield Teaching Hospitals and Doncaster & Bassetlaw Hospitals would work together as a single service and have overall responsibility for all vascular patients.
- All emergency and inpatient vascular patients would continue to be treated in either Sheffield or Doncaster and the range of complex treatments available in Doncaster would increase.
- Patients would be able to choose which of these hospitals to be treated at or would go to their nearest hospital in the case of emergency.
- GPs would continue to be able to refer patients to Barnsley and Rotherham, where specialists from the vascular service would continue to attend to provide appointments and daycase treatment.

“We recognise the benefits that could result from our two centres working more closely together and believe that working in partnership will support the continuing development and improvement of vascular services across South Yorkshire and Bassetlaw.”

Willy Pillay
Consultant Vascular Surgeon
Doncaster & Bassetlaw NHS Foundation

“We believe that working in partnership will support the development and sustainability of vascular services across South Yorkshire and Bassetlaw.”

Raj Nair
Consultant Vascular Surgeon
Sheffield Teaching Hospitals NHS
Foundation Trust

5.1.1 Impact by PCT

NHS Barnsley

Currently, vascular patients in Barnsley are usually referred to Sheffield for complex vascular treatment. Outpatient appointments and daycase procedures are offered at Barnsley Hospital Foundation Trust. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Barnsley patients may in the future be able to choose to have their complex treatment in either Sheffield or Doncaster. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

Other than this, patients would not notice any change to services.

Summary: no significant service change

NHS Bassetlaw

Patients in Bassetlaw are usually referred to Doncaster for complex vascular treatment. Outpatient appointments and daycase procedures are offered at Bassetlaw Hospital. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Bassetlaw patients may in the future be able to choose to have their complex treatment in either Sheffield or Doncaster. In addition, the range of complex procedures in Doncaster that patients have access to would increase, representing an improvement in the current service. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

Other than this, patients would not notice any change to services.

Summary: no significant service change

NHS Doncaster

Patients in Doncaster are usually referred to Doncaster for complex vascular treatment. Outpatient appointments and daycase procedures are also offered at Doncaster Hospital. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Doncaster patients may in the future be able to choose to have their complex treatment in either Doncaster or Sheffield. In addition, the range of complex procedures in Doncaster that patients have access to would increase, representing an improvement in the current service. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

Other than this, patients would not notice any change to services.

Summary: No significant service change

NHS Rotherham

Currently, vascular patients in Rotherham are usually referred to Sheffield for complex vascular treatment. Outpatient appointments and daycase procedures are offered at Rotherham District General Hospital. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Rotherham patients may in the future be able to choose to have their complex treatment in either Sheffield or Doncaster. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

Other than this, patients would not notice any change to services.

Summary: no significant service change

NHS Sheffield

Patients in Sheffield are usually referred to Sheffield for complex vascular treatment. Outpatient appointments and daycase procedures are also offered at Sheffield Hospitals. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, no change is proposed. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

Patients would not notice any change to services.

Summary: no significant service change

5.2 West Yorkshire - West

(NHS Bradford & Airedale, NHS Calderdale, NHS Kirklees (part), NHS North Yorkshire and York (part))

Current Position:

- There are two main vascular services within this area, Bradford Teaching Hospitals and Calderdale & Huddersfield Hospitals.
- The specialist teams in these Hospitals work independently of each other and provide the full range of vascular services 24/7.
- Some elective inpatient vascular surgery is also provided at Airedale Hospitals, along with daycases and outpatient clinics, supported by doctors from Bradford Teaching Hospitals.

Future position:

- The specialist teams in Calderdale & Huddersfield Hospitals and Bradford Hospitals would work together as a single service and have overall responsibility for all vascular patients.
- All emergency and inpatient vascular patients would be treated in either Bradford or Huddersfield.
- Patients would be able to choose which of these Hospitals to be treated at or would go to their nearest Hospital in the case of emergency.
- GPs would still be able to refer patients to Airedale Hospital where specialists from the vascular service would attend to provide appointments and daycase treatment.
- Calderdale & Huddersfield Hospitals and Bradford Hospitals would share an on-call rota. This means that between the hours of 7pm and 8am Huddersfield and Bradford would take it in turn to admit all emergency patients, alternating on a weekly basis.

“As Lead Clinician for the Bradford and Airedale, Calderdale and Huddersfield Vascular Network I believe this proposed major change will significantly strengthen our local vascular services. Patients will receive high quality care with the best possible outcomes as close to their homes as possible. Furthermore, specialists will be available to all hospitals in the area to support other vital services.”

David Wilkinson

Consultant Vascular Surgeon and Lead Clinician for the Bradford and Airedale, Calderdale and Huddersfield Vascular Network

5.2.1 Impact by PCT

NHS Bradford & Airedale

Patients in Bradford & Airedale are usually referred to Bradford for complex vascular treatment. Outpatient appointments and daycase procedures are offered at both Bradford and Airedale Hospitals. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Bradford & Airedale patients may in the future be able to choose to have their complex treatment in either Bradford or Huddersfield. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

If, however, patients require emergency admission to a vascular service during the night, they may be admitted to Huddersfield instead of Bradford. This is because Bradford would admit overnight emergencies on alternate weeks.

Other than this, patients would not notice any change to services.

Summary: moderate service change

NHS Calderdale

Patients in Calderdale are usually referred to Huddersfield for complex vascular treatment. Outpatient appointments and daycase procedures are also offered in Huddersfield. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Calderdale patients may in the future be able to choose to have their complex treatment in either Huddersfield or Bradford. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

If, however, patients require emergency admission to a vascular service during the night, they may be admitted to Bradford instead of Huddersfield. This is because Huddersfield would admit overnight emergencies on alternate weeks.

Other than this, patients would not notice any change to services.

Summary: moderate service change

NHS Kirklees

Patients in Kirklees are usually referred to either Huddersfield, Mid Yorkshire or Leeds for complex vascular treatment, depending on which hospital is nearest, what is most appropriate clinically and patient choice. Outpatient appointments and daycase procedures are also offered at these hospitals. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Kirklees patients may in the future be able to choose to have their complex treatment in either Huddersfield, Bradford or Leeds but would no longer be able to have complex treatment in Mid Yorkshire, although daycases, outpatients and some intermediate vascular treatments would continue to be offered there. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

All emergency vascular patients would be admitted to either Huddersfield, Bradford or Leeds. Emergency vascular patients usually admitted to Mid Yorkshire would be admitted to Leeds as Mid Yorkshire would no longer admit vascular emergencies. Emergency vascular patients usually admitted to Huddersfield would continue to be admitted there except during the night, where they may be admitted to Bradford, as Huddersfield would admit overnight emergencies on alternate weeks.

Summary: significant service change

NHS North Yorkshire and York (Craven)

Patients in the Craven area of NHS North Yorkshire and York are usually referred to Bradford for complex vascular treatment. Outpatient appointments and daycase procedures are offered at both Bradford and Airedale Hospitals. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Craven patients may in the future be able to choose to have their complex treatment in either Bradford or Huddersfield. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

If, however, patients require emergency admission to a vascular service during the night, they may be admitted to Huddersfield instead of Bradford. This is because Bradford would admit overnight emergencies on alternate weeks.

Other than this, patients would not notice any change to services.

Summary: moderate service change

5.3 West Yorkshire - centre

[NHS Leeds, NHS Wakefield District, NHS Kirklees (part)]

Current Position:

- There are two main vascular services within this area, Mid Yorkshire Hospitals and Leeds Teaching Hospitals.
- The specialist teams in these hospitals work independently of each other and provide the full range of vascular services 24/7.

Future Position:

- The specialist teams in Mid Yorkshire Hospitals and Leeds Teaching Hospitals would work together as a single service and have overall responsibility for all vascular patients.
- All emergency and complex inpatient vascular patients would be treated at Leeds General Infirmary.
- GPs would be able to continue to refer patients to Mid Yorkshire where specialists from the vascular service would attend to provide appointments, daycase treatment and some planned inpatient procedures.
- There would be instant collaboration with Leeds supporting the Mid Yorkshire site whilst further planning is undertaken to evaluate the concept of all vascular emergencies and all major elective arterial surgery being performed by all members of the unified partnership on the Leeds site. The implications of proceeding to this would need to be managed to ensure that the non-vascular interventional radiology services at Mid Yorkshire are not compromised.

“We have a shared vision involving the provision of all major elective vascular and all emergency work on the Leeds General Infirmary site. We will work together in partnership, as equal partners to ensure that access to beds is based on agreed clinical criteria and not related to postcode and the quality of service is improved.”

David Berridge
Divisional Medical Manager Surgery & Oncology
Consultant Vascular Surgeon
Leeds Teaching Hospitals NHS Trust

5.3.1 Impact by PCT

NHS Kirklees

Patients in Kirklees are usually referred to either Huddersfield, Mid Yorkshire or Leeds for complex vascular treatment, depending on which hospital is nearest, what is most appropriate clinically and patient choice. Outpatient appointments and daycase procedures are also offered at these hospitals. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Kirklees patients may in the future be able to choose to have their complex treatment in either Huddersfield, Bradford or Leeds but would no longer be able to have complex treatment in Mid Yorkshire, although daycases, outpatients and some intermediate vascular treatments would continue to be offered there. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

All emergency vascular patients would be admitted to either Huddersfield, Bradford or Leeds. Emergency vascular patients usually admitted to Mid Yorkshire would be admitted to Leeds as Mid Yorkshire would no longer admit vascular emergencies. Emergency vascular patients usually admitted to Huddersfield would continue to be admitted there except during the night, where they may be admitted to Bradford, as Huddersfield would only admit vascular emergencies on alternate weeks.

Summary: significant service change

NHS Leeds

Patients in Leeds are usually referred to Leeds for complex vascular treatment. Outpatient appointments and daycase procedures are also offered at Leeds General Infirmary. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, no change is proposed. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

Patients would not notice any change to services.

Summary: no significant service change

NHS Wakefield District

Patients in Wakefield are usually referred to Mid Yorkshire or Leeds for complex vascular treatment, depending on which hospital is nearest, what is most appropriate clinically and patient choice. Outpatient appointments and daycase procedures are also offered at these hospitals. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Wakefield patients would in the future have their complex treatment in Leeds and would no longer be able to have complex treatment in Mid Yorkshire, although daycases, outpatients and some intermediate cases would continue to be offered there. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

All emergency vascular patients would be admitted to Leeds.

Summary: significant service change

5.4 North & Eastern Yorkshire and Northern Lincolnshire

(NHS East Riding of Yorkshire, NHS Hull, North East Lincolnshire Care Trust Plus, NHS North Lincolnshire, NHS North Yorkshire and York)

Current Position:

- There are two main vascular services within this area, York Hospital and Hull and East Yorkshire Hospitals.
- The specialist teams in these hospitals work independently of each other and provide the full range of vascular services 24/7.
- Most types of elective inpatient vascular surgery are also provided at Northern Lincolnshire and Goole Hospitals and Scarborough and North East Yorkshire Hospitals, as well as daycases and outpatients. These hospitals also accept emergency admissions on some days of the week, when they have doctors available.

Future Position:

- The specialist teams in Hull and York Hospitals would work together as a single service and have overall responsibility for all vascular patients.
- All emergency and complex inpatient vascular patients would be treated at either York or Hull Hospitals
- Patients would be able to choose which of these Hospitals to be treated at or would go to their nearest Hospital in the case of emergency.

- GPs would be able to continue to refer patients to Northern Lincolnshire and Goole Hospitals and Scarborough Hospitals, where specialists from the vascular service would attend to provide appointments and daycase treatments.

“We support the proposed changes to the way vascular services are delivered and believe that, working in partnership, we can improve services for patients and deliver high quality vascular services for all.”

Alistair McCleary
Consultant Vascular Surgeon
York Hospitals

5.4.1 Impact by PCT

NHS East Riding of Yorkshire

Patients in East Riding are usually referred to either Hull, York or Scarborough for complex vascular treatment, depending on which hospital is nearest, what is most appropriate clinically and patient choice. Outpatient appointments and daycase procedures are also offered at these hospitals. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, East Riding patients may in the future be able to choose to have their complex treatment in either Hull or York but would no longer be able to have complex treatment in Scarborough, although daycases and outpatients would continue to be offered there. In addition, the range of complex procedures in York that patients would have access to would increase, representing an improvement in the current service.

All emergency vascular patients would be admitted to either Hull or York, depending on which is nearest. It is worth highlighting that many emergency patients are already admitted to Hull or York, as Scarborough do not provide a vascular service 24 hours a day, 7 days a week.

Summary: significant service change

NHS Hull

Patients in Hull are usually referred to Hull for complex vascular treatment. Outpatient appointments and daycase procedures are also offered at Hull Hospital. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, Hull patients may in the future be able to choose to have their complex treatment in either Hull or York. Patients would continue

to be able to access treatment in other hospitals, either through choice or where clinically necessary.

Other than this, patients would not notice any change to services.

Summary: no significant service change

North East Lincolnshire Care Trust Plus

Patients in North East Lincolnshire are usually referred to North Lincolnshire and Goole or Hull for complex vascular treatment, depending on which hospital is nearest, what is most appropriate clinically and patient choice. Outpatient appointments and daycase procedures are also offered at these hospitals. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, North East Lincolnshire patients may in the future be able to choose to have their complex treatment in either Hull or York but would no longer be able to have complex treatment in Northern Lincolnshire and Goole, although daycases and outpatients would continue to be offered there. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

All emergency vascular patients would be admitted to Hull. It is worth highlighting that many emergency patients are already admitted to Hull, as Northern Lincolnshire and Goole do not provide a vascular service 24 hours a day, 7 days a week.

Summary: significant service change

NHS North Lincolnshire

Patients in North Lincolnshire are usually referred to Northern Lincolnshire and Goole or Hull for complex vascular treatment, depending on which hospital is nearest, what is most appropriate clinically and patient choice. Outpatient appointments and daycase procedures are also offered at these hospitals. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, North Lincolnshire patients may in the future be able to choose to have their complex treatment in either Hull or York (those that flow naturally to Sheffield or Doncaster would continue to do so) but would no longer be able to have complex treatment in Northern Lincolnshire and Goole, although daycases and outpatients would continue to be offered there. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

All emergency vascular patients would be admitted to Hull. It is worth highlighting that many emergency patients are already admitted to Hull, as Northern Lincolnshire and Goole do not provide a vascular service 24 hours a day, 7 days a week.

Summary: significant service change

NHS North Yorkshire and York (North and East)

Patients in North Yorkshire and York are usually referred to either Scarborough, York or South Tees for complex vascular treatment, depending on which hospital is nearest, what is most appropriate clinically and patient choice. Outpatient appointments and daycase procedures are also offered at Harrogate. Some patients have their treatment in other hospitals either through choice or where clinically appropriate.

Under these proposals, North Yorkshire and York patients may in the future be able to choose to have their complex treatment in either Hull, York or South Tees but would no longer be able to have complex treatment in Scarborough, although daycases, outpatients and some intermediate vascular treatments would continue to be offered there. Patients would continue to be able to access treatment in other hospitals, either through choice or where clinically necessary.

All emergency vascular patients would be admitted to either Hull, York or South Tees, depending on which is nearest.

Summary: significant service change

6. The consultation process

Yorkshire and the Humber Specialised Commissioning Group is undertaking this consultation on behalf of the 14 primary care trusts in Yorkshire and the Humber.

We will consider all the feedback from the consultation to help decide if we should go ahead with these proposals or if there are any changes we need to make.



The findings of the consultation and recommendations on how the proposals should be taken forward will be discussed at the Yorkshire and the Humber Specialised Commissioning Group at its meeting on 25th February 2011.

6.1 Key Dates

26 October 2010	Consultation starts
28 January 2011	Consultation closes
25 February 2011	Recommendations from the consultation taken to Yorkshire and the Humber Specialised Commissioning Group for a final decision

7. Tell us what you think

We would like to know what you think about the changes we are proposing and there are a number of ways you can give us your comments:

- By returning the feedback form attached at Appendix A by post
- By completing the feedback form online at www.yhscq.nhs.uk
- By talking through the feedback form over the telephone
- By request a meeting at which you can give us your views



To post back the feedback form, phone through your feedback or request a meeting please use the following contact details:

Claire Clayton
Team Administrator
Communications and Engagement Team
NHS Barnsley
Hilder House
49/51 Gawber Road
Barnsley
South Yorkshire S75 2PY

Tel: 01226 433 681

Email: claire.clayton@barnsleypct.nhs.uk

All comments must be received no later than 28 January 2011

At the end of the consultation period all comments received will be analysed and used to shape the service. If you would like a copy of the key findings, please fill in the appropriate form and return with the feedback form.

Vascular Services Review October 2010

Feedback Form

What this consultation is about

“This consultation exercise is about listening to views on a proposal to improve the survival chances and care for people requiring vascular services in Yorkshire and the Humber”

Your views are very important and we warmly welcome any comments you wish to make on this proposal.

Responses to this consultation will be used to shape recommendations to the SCG Board on 25th February 2011 where a decision will be made about how the proposals will be taken forward

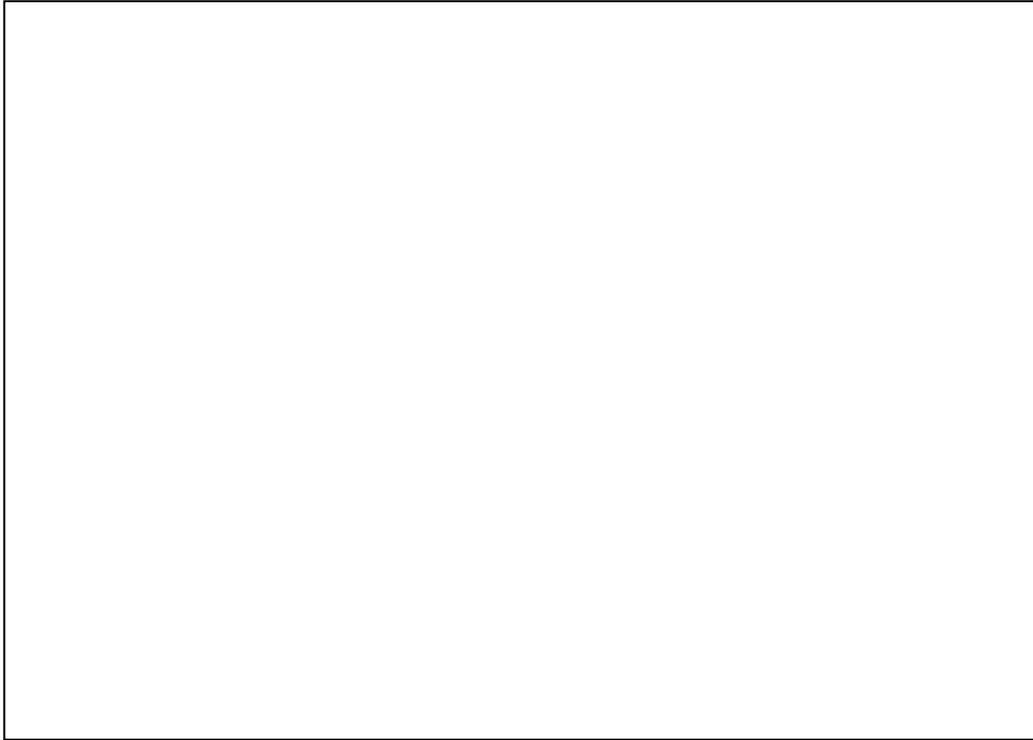
Please return the completed feedback form by **Friday 28th January 2011**.

Thank you for your help.

There are a number of questions which we would like you to consider:

1. What is your overall view of the proposal for changes to vascular services as described in the consultation document?

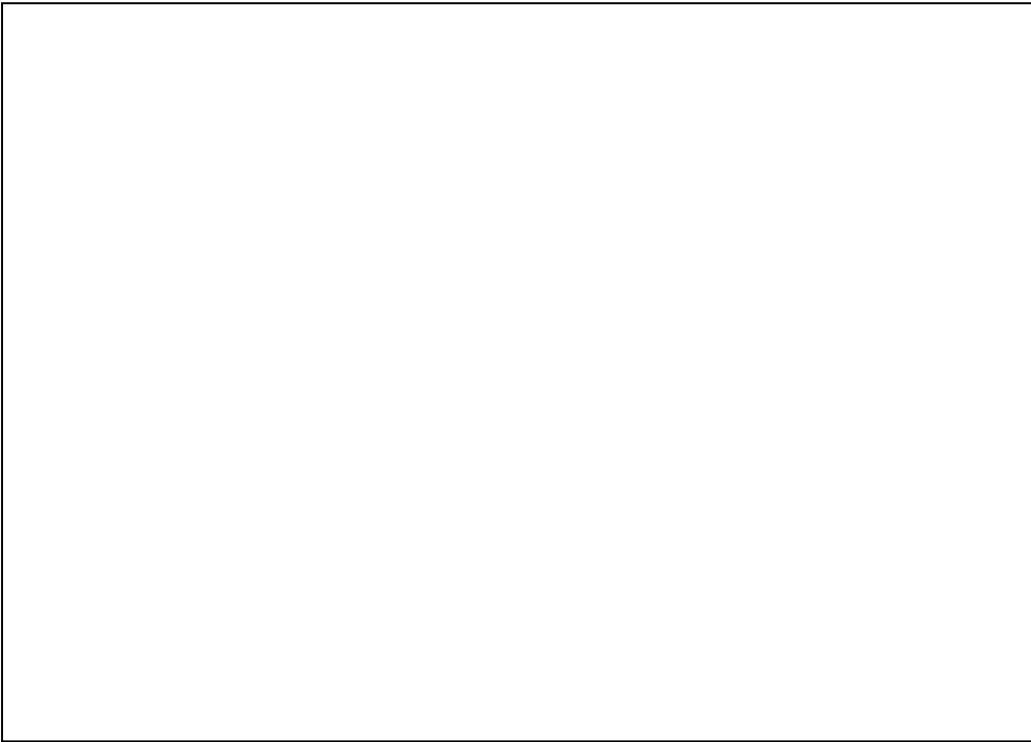
2. Do you feel that the changes will affect you in a positive way? If 'Yes' please explain below, if 'No' please go to question 3



3. Do you feel that the changes will affect you in a negative way? If 'Yes' please explain below, if 'No' please go to question 4.



4. What are the issues we need to consider if these changes go ahead?



5. Are there any other comments you would like to make?



6. Which PCT area do you live in? *(please tick one box)*

NHS Barnsley		Hull Teaching Primary Care Trust	
Bradford & Airedale Teaching PCT		NHS North Lincolnshire	
NHS Calderdale		North East Lincolnshire Care Trust Plus	
NHS Doncaster		NHS North Yorkshire & York	
NHS East Riding of Yorkshire		NHS Rotherham	
NHS Kirklees		NHS Sheffield	
NHS Leeds		NHS Wakefield District	
NHS Bassetlaw			

If you are unsure please enter your post code below

7. In what capacity are you responding to these questions? *(please tick one box)*

- Member of the public
- Partner organisation
- Patient group/Community group
- Clinician/NHS staff
- Vascular services patient or former vascular services patient
- Carer
- Prefer not to answer
- Other (Please specify below)

8. If you would like to receive information about the progress of this review, or take part in work to improve SCG services in the future please tick the appropriate box(es). Please let us know how to contact you by writing your contact details below.

I would like to receive further information about the progress of this review

I would like to take part in future work to improve services

Equality Monitoring Template

If you would like this information in another format, such as large print or another language, please call 01226 43 3789, or email: enquiries@barnsleypct.nhs.uk.

Если вы хотите получить эту информацию в другом формате, например большим шрифтом или на другом языке, пожалуйста позвоните по телефону 01226 43 3789, или шлите электронную почту по адресу: enquiries@barnsleypct.nhs.uk

گر آپ کو یہ معلومات دوسری شکل میں چاہئے، جیسے بڑی پرنٹ یا دیگر زبان تو، براہ کرم 01226 43 3789 پر کال کریں، یا enquiries@barnsleypct.nhs.uk پر ای میل بھیجیں۔

如果你希望本信息是采用了其它的格式，例如大字印刷或其它的语言，那么请致电01226 43 3789，或是写电邮至：enquiries@barnsleypct.nhs.uk

وفي حال رغبتك بالحصول على هذه المعلومات بهيئة اخرى مثل الخط الكبير او لغة اخرى فانه يرجى الاتصال على رقم الهاتف 01226 43 3789 او مراسلتنا عبر البريد الالكتروني: enquiries@barnsleypct.nhs.uk

The SCG is committed to ensuring that all its services are delivered fairly to everyone. We need to be able to check how well we're doing this, which is why we are asking you the following questions about yourself. The information you provide will be kept confidential, but may be used by the SCG to check the fairness of any other services you receive. You do not have to answer these questions, and it will make no difference at all to the way you are treated whether you answer them or not.

Gender

Are you?

Male

Female

Age

What is your date of birth?

or

What is your age?

0-16

51-60

17-20

61-70

21-30

71-80

31-40

81+

41-50

Disability

Are you disabled?

(A disabled person can be someone with a physical or sensory impairment, learning difficulties, mental health problems or a long term or progressive medical condition.)

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please tick the relevant box/es	<input type="checkbox"/>	Blind/partially sighted	<input type="checkbox"/>	
	<input type="checkbox"/>	Deaf/hearing impairment		
	<input type="checkbox"/>	Wheelchair user		
	<input type="checkbox"/>	Mobility difficulties		
	<input type="checkbox"/>	Mental health difficulties		
	<input type="checkbox"/>	Long term illness		
	<input type="checkbox"/>	Dyslexia		
	<input type="checkbox"/>	Learning disability		
	<input type="checkbox"/>	Other - Please state:	<input type="text"/>	

Ethnicity

What is your ethnic origin? (please tick one only)

White	<input type="checkbox"/>	British	
	<input type="checkbox"/>	Irish	
	<input type="checkbox"/>	European	
Mixed	<input type="checkbox"/>	White & Black Caribbean	
	<input type="checkbox"/>	White and Black African	
	<input type="checkbox"/>	White and Asian	
Black or Black British	<input type="checkbox"/>	Caribbean	
	<input type="checkbox"/>	African	
Asian or Asian British	<input type="checkbox"/>	Indian	
	<input type="checkbox"/>	Pakistani	
	<input type="checkbox"/>	Bangladeshi	
Chinese	<input type="checkbox"/>	Chinese	
Gypsy / Traveller	<input type="checkbox"/>	Gypsy / Traveller	
Other	<input type="checkbox"/>	Other - Please state:	<input type="text"/>

Religion and Belief

What is your religion?

<input type="checkbox"/>	Christian	<input type="checkbox"/>	Jewish
<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh
<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Rastafarian
<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	No religion

Other - Please state:

Sexual Orientation

How would you describe your sexual orientation?

Heterosexual

Gay

Lesbian

Bisexual

Prefer not to answer

Other - Please state:

Gender Identity

Do you consider yourself to be transgender? (For example, have you considered, or do you plan to have, surgery to change your sex).

Yes

No

Prefer not to answer

Please return the Feedback Form and Equality Monitoring Template to:

Claire Clayton
Team Administrator
Communications and Engagement Team
NHS Barnsley
Hilder House
49/51 Gawber Road
Barnsley
South Yorkshire S75 2PY

The closing date for responses is Friday 28 January 2011

Appendix B

Members of the Task and Finish Group

Chris Welsh, SHA Medical Director

Ian Holmes, SHA Associate Director, Economics and Systems Management

Kevin Smith, SCG Regional Medical Advisor

Mike Pinkerton, Chief of Business Development, Rotherham FT

Garry Dyke, Deputy Dean, Yorkshire and the Humber Deanery

Charles Collinson, GP Representative, NHS Rotherham

Pia Clinton-Tarestad, SCG

Supporting Evidence

- Abdominal Aortic Aneurysm: A Service in Need of Surgery? NCEPOD 2005
- Achieving Standards in Vascular Radiology. Document prepared by The Royal College of Radiologists and BSIR (2007)
- A Joint Training Pathway in Vascular Surgery and Interventional Radiology. Statement by The Royal College of Radiologists, The Royal College of Surgeons of England and the British Society of Interventional Radiology (2007)
- Hafez, H et al, "Advantage of a one-stop referral and management service for ruptured abdominal aortic aneurysms", *British Journal of Surgery* 2009;96:1416-1421
- Holt PJ, Poloniecki JD, Loftus IM et al. Meta-analysis and systematic review of the relationship between hospital volume and outcome following carotid endarterectomy. *Eur J Vasc Endovasc Surg* 2007; 33: 645-51.
- Holt PJ, Poloniecki JD, Gerrard D et al. Meta-analysis and systematic review of the relationship between volume and outcome in abdominal aortic aneurysm surgery. *Br J Surg* 2007; 94: 395-403
- Interventional Radiology (IR): Improving Quality and Outcomes for Patients. Department of Health Gateway Reference: 12788
- Michaels J., Brazier J., Palfreyman S., Shackley, P., Slack R. Cost and outcome implication of the organisation of vascular services. *Health Technology Appraisal*. 2000;4(11).
- NCEPOD. *Abdominal Aortic Aneurysm: a Service in need of Surgery*. London 2005. www.ncepod.org.uk/2005aaa.htm
- Provision of Vascular Radiology Services. Document prepared by the Royal College of Radiologists, 2003.
- Provision of Vascular Services in South Yorkshire and Bassetlaw. Document prepared by the North Trent Vascular Services Network, 2004.
- Requirement of screening programme, RCR 2007, 97
- Specialised Services National Definitions Set (2nd edition) Specialised Vascular Services (Adult) – Definition No. 30
- Standards for providing a 24-hour interventional radiology service. Document prepared by the Royal College of Radiologists (2008)
- The Provision of Emergency Vascular Services. Document prepared by the Vascular Surgical Society of Great Britain and Ireland, 2007.
- The Organisation and Delivery of the Vascular Access Service for Maintenance Haemodialysis Patients. Report of a Joint Working Party, 2006.
- The Provision of Vascular Services. Document prepared by the Vascular Surgical Society of Great Britain and Ireland, 2009.
- Vascular Services: Care of the Patient with Vascular Disease. Document prepared by NHS Quality Improvement Scotland (2003)
- UK Audit of Vascular Surgical Services and Carotid Endarterectomy. July 2010 Public Report prepared on behalf of the Steering Group by The Clinical Standards Department and Royal College of Physicians of London
- Y&HNHS Next Steps Review: Report of the Planned Care Clinical Pathways Group, May 2008

NICE Guidance

CG34	Hypertension - NICE guideline (all the recommendations) (June 2006)
CG46	Venous thromboembolism: NICE guideline (April 2007)
CG66	Diabetes - type 2 (update): NICE guideline (May 2006)
CG68	Stroke: NICE guideline (July 2008)
IPG8	Radiofrequency ablation of varicose veins: guidance (September 2003)
IPG052	Endovenous laser treatment of the long saphenous vein - guidance (March 2004)
IPG060	Thrombin injections for pseudoaneurysms - guidance (June 2004)IPG079
	Stent placement for vena caval obstruction - guidance (July 2004)
IPG079	Stent placement for vena caval obstruction - guidance (July 2004)
IPG094	Uterine artery embolisation for the treatment of fibroids - guidance (October 2004)
IPG127	Endovascular stent-graft placement in thoracic aortic aneurysms and dissections - guidance (June 2005)
IPG163	Stent-graft placement in abdominal aortic aneurysm - guidance (March 2006)
IPG217	Ultrasound-guided foam sclerotherapy for varicose veins: guidance (May 2007)
IPG229	Laparoscopic repair of abdominal aortic aneurysm: guidance (August 2007)
TA90	Vascular disease - clopidogrel and dipyridamole: guidance (May 2005)
TA94	Cardiovascular disease - statins: guidance (January 2006)
TAG167	Endovascular stent-grafts for the treatment of abdominal aortic aneurysms (February 2009)

Councillor Helen Firth
(Hellifield and Long Preston Ward)



Ingleholm, Duke Street, SETTLE, BD24 9AS

helen.firth@ingleholm.co.uk, 01729 822682

19th January 2011

Ms Pia Clinton-Tarestad
Assistant Director of Commissioning
NHS Strategic Health Authority
Barnsley
S71 3GN

Dear Pia,

Proposed Changes to Vascular Services in Yorkshire and Humber (Craven)

We are writing on behalf of Craven District Council to submit the Council's response to the changes to vascular services in the Yorkshire and Humber (Y&H) region as proposed by the Y&H Strategic Health Authority's Specialised Commissioning Group (SCG). Please note that this response naturally focuses on the Craven District and its residents but some part of the response will cover ground that is common to other areas in the Y&H region.

First of all, we would like to thank you for the opportunity to comment on the proposals and the valuable input that you, and other NHS colleagues, made in attending the Council's Overview and Scrutiny Vascular Services Working Group (WG) meeting on 9 December. The WG felt that a genuine consultation has taken place taking into account the views of all stakeholders.

By way of completeness we have attached the note of that meeting which details the discussion that took place and the views that Members formulated from the meeting.

Members recognised that a comprehensive modernisation review of vascular services was undertaken between October 2008 and October 2010.

The review objectives recognised the need to improve outcomes from vascular intervention, develop common standards and enhanced techniques, preparedness of vascular resources (staffing etc), variation in access to services (availability during each day and across any week), and the need to develop a health screening programme by 2013.

The public consultation summarised the essential findings of the review as the need to:

- Creating four specialist centres in Y&H bringing vascular surgeons together on one site (hospital) or more in each centre for coverage 24 hours a day, 7 days a week (24/7).
- Allowing common service standards to be achieved by surgeons being on one site to develop and maintain their skills ('critical mass') of surgery required to ensure experience levels of each surgeon) and share knowledge to develop techniques and innovation.

Craven would become part of the West Yorkshire (West) specialist area, high-level services would continue to be provided at Bradford Teaching Hospitals (NHS Bradford and Airedale) with the addition of Huddersfield Royal Infirmary (NHS Calderdale and NHS Kirklees) on a rotating basis. Low-level services would still be available at Airedale General Hospital. The main change to



patients from Craven was that now they might sometimes be required to go to Huddersfield for specialist treatment rather than Bradford.

The attached note of the meeting held details the views of Members. In summary, we have outlined the principle points below that Members wished to make.

- Members recognised the arguments for pooling specialists into focused 'centres of excellence' which had benefits as outlined in the proposals.

Airedale General Hospital and YAS

- Members were concerned that the two proposed specialist hospitals in Bradford and Huddersfield were relatively close together in respect of the geographical spread of the West Yorkshire (West) specialist centre. Whilst they recognised that the two hospitals covered a densely populated centre, there was a strong argument for recognising the potential of Airedale Hospital. In particular, the journey from North Craven, some parts of which bordered with Lancashire and Cumbria (e.g. Bentham, Settle), was difficult.
- As well as building and equipment assets, specialist expertise could be developed at Airedale. The scope for developing and utilising resources and expertise at Airedale applied to vascular services and other specialist areas. As a matter of course any reviews of services needed to fully capture the potential of Airedale and recognise the geographical spread of people that it could serve from Craven across to West Yorkshire (Keighley, Silsden, Shipley etc).
- There was a strong view that Airedale General Hospital offered real potential to develop existing expertise and provide much better geographical coverage.
- This view was further developed based on better outcomes for patients.
 - Leeds Hospital in the proposed adjacent West Yorkshire (Central) centre effectively created a triangle of specialist hospitals.
 - Notwithstanding population density in West Yorkshire, a better balance was Airedale acting as one of the three specialist hospitals. This not only helps Craven residents (especially those in North Craven) but also in West Yorkshire e.g. Shipley.
 - Furthermore, traffic congestion in West Yorkshire was a high-risk to slowing down ambulances. So instead of bypassing Airedale en route to Huddersfield, Airedale would provide a sensible option for ambulances to get patients to hospital more quickly and freeing up YAS resources for collecting greater numbers of patients.
 - Donations of around £43,000 in recent years had been made to Airedale for cancer and vascular services, i.e. Airedale had developed facilities.
- Although not an intrinsic factor, the Airedale option offered better value for money.
- Members noted the original Yorkshire Ambulance Service (YAS) concerns to the proposals as expressed in the pre-consultation review. Therefore Members requested assurance that YAS are fully supportive of the proposals and have the capability to deliver the demands on them. We also consulted YAS concerning the current system that would be maintained of ambulance crews making the decision of which hospital to initially take patients to and then a consultant making any necessary referral to a specialist base.
- In summary, securing better outcomes for patients could be more effectively achieved through allowing greater flexibility concerning neighbouring primary care trusts rather than being tied by administrative boundaries.

- The YAS met the SCG to discuss the regional impact and agree the most practical working methodologies and patterns. We sought clarification from YAS and were informed by the feedback that you gave below following your meeting with them.

Feedback from SCG following their meeting with YAS

The SCG/YAS meeting included the proposal that an emergency vascular patient should always be taken to their nearest on-call vascular centre (nearest in terms of time to get there, rather than distance), i.e. the patient would be taken to Bradford or Huddersfield dependant on the weekly on-call rota (otherwise Leeds if it were nearer).

For specific vascular conditions, where the ambulance crews are able to make an assessment that the patient requires specialist vascular treatment (abdominal aortic aneurysm or ischaemic limbs), this would mean bypassing the local hospital (if not a vascular centre) to take a patient direct to the vascular centre.

In terms of YAS resources to manage the changes, for the West Yorkshire (West) model, NHS Bradford and Airedale are working on the costings with YAS and working through their service change protocol. Should the proposals continue to be supported following consultation, YAS have confirmed they would be supportive of working to the new service commencing in April.

You mentioned that you were checking whether any of the Lancashire hospitals would qualify as a vascular centre.

- We found the feedback from that meeting useful.
- The safeguard mechanisms and performance monitoring framework are welcomed. We were informed that a formal review would take place after 12 months and would be interested in the results of that.

Although not directly part of the vascular services consultation, Members also mentioned that parking charges at Airedale General Hospital were difficult for patients and visitors and appointment times could be inflexible. Members were informed that transport and parking issues were being considered and that, whilst the best appointment for the patient was offered, it had to be subject to the availability of a surgeon. Any updates on these more general issues would be welcomed.

- At a more recent meeting, Members learnt that Airedale offered a weekly car parking permit for around £5. This was much fairer to visitors than having to pay several times over a week. However, the weekly permit was thought not to be well publicised and ought to be. [We have since learnt that the](#) weekly permit is available for relatives visiting a patient who will be in hospital for more than 7 days. It is publicized in the patient information booklet, given to all planned admissions at the pre –assessment visit and all emergency admissions when they are admitted to a ward. It is also on the Trust website and the parking charges noticeboard (with the ticket machine) across the car park.

We look forward to your response (parking issues for Airedale colleagues to respond to) and request that a copy of the final proposals to be considered by the SCG Board on 25 February are sent to us. We hope that the proposals do lead to better clinical outcomes for patients and help develop the skills, expertise of vascular specialists and the resources available to them.

We have copied this letter to:

Bradford Teaching Hospitals

David Wilkinson (Vascular Centre Lead Clinician, Consultant Vascular Surgeon)
Emma Maclellan-Smith (General Manager, Acute Surgery)

Airedale General Hospital NHS Foundation Trust

Christine Miles (Interim Director for Operations)
Julie Livesey (General Manager, Surgical Services, Outpatients and Lead Cancer Manager,

NHS North Yorkshire and York

Bruce Willoughby (Consultant in Public Health), John Hancock (Head of Specialist Services),

Yorkshire Ambulance Service NHS Trust

Sarah Fatchett (Operations Director and Acting Deputy Chief Executive)

North Yorkshire County Council

Bryon Hunter (Principal Scrutiny Officer)

Councillor Turner

(Council's representative on the Council of Governors, Airedale General Hospital)

Chief Executive and Deputy Chief Executive of the Council

Yours sincerely,

Councillor Helen Firth, Chairman Overview and Scrutiny Committee

Councillor Linda Brockbank, Chairman Vascular Services Working Group