



Yorkshire and the Humber
Specialised Commissioning Group

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
49/51 Gawber Road
Barnsley
S75 2PY
Tel: 01226 433 681

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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.”

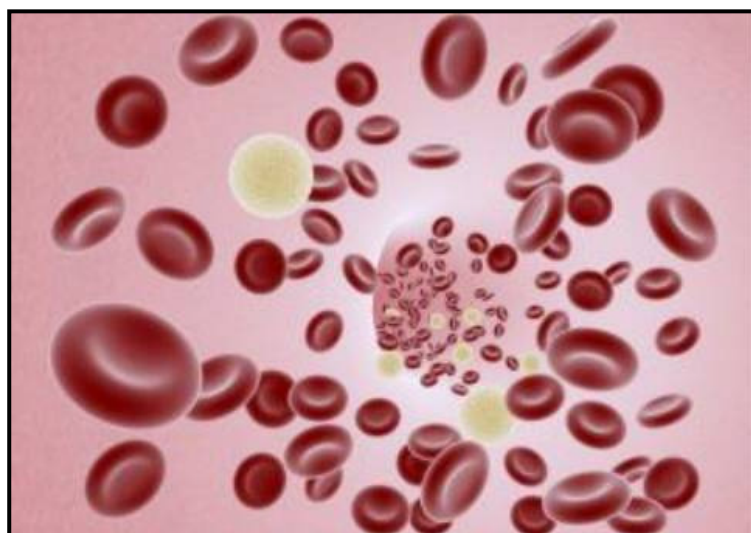
Professor Chris Welsh, Medical Director, Yorkshire and the Humber Strategic Health Authority

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



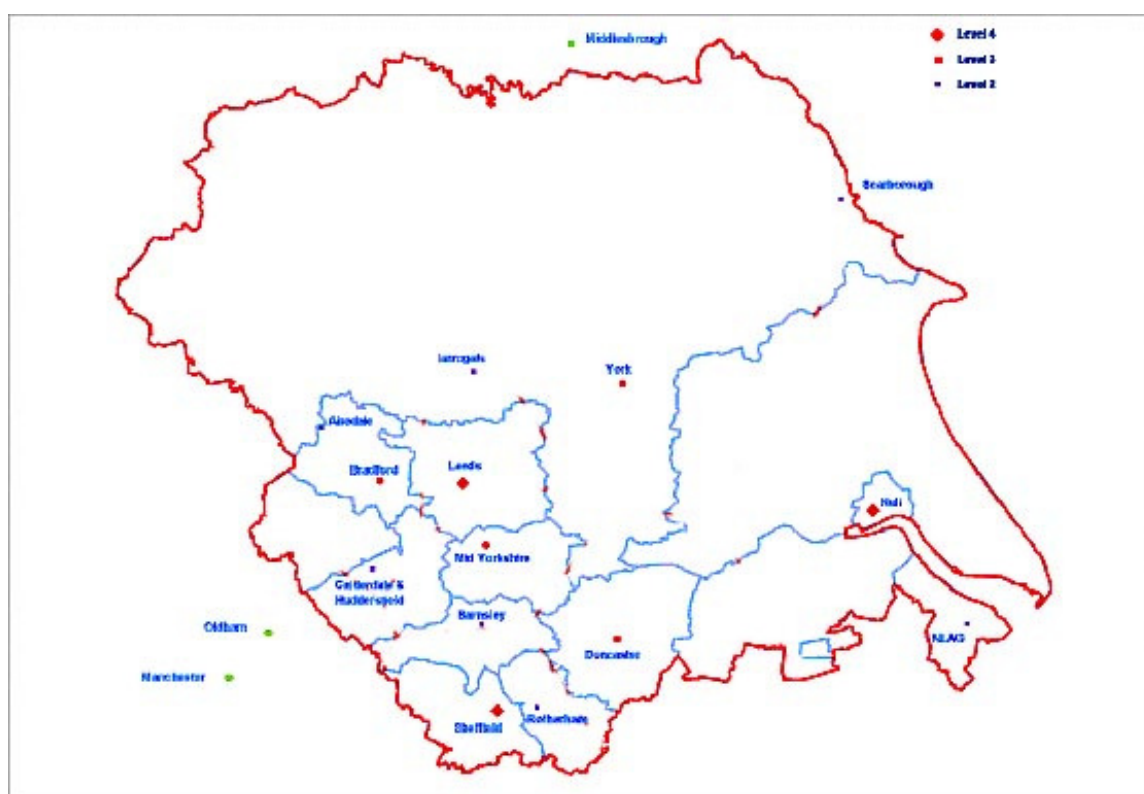
treatment was their overall priority. They would generally be willing to travel further for an operation but transport implications need to be carefully considered, particularly the need to lessen the effects of increased travel on all of those involved. These views were used to inform the proposals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

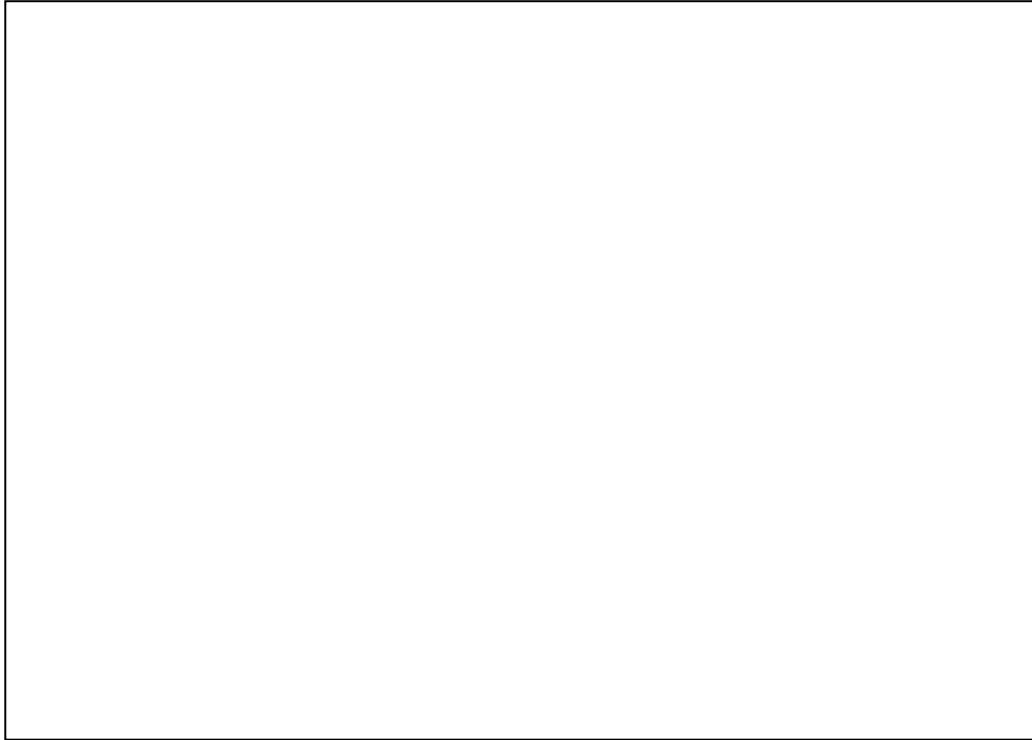
Please return the completed feedback form by **Friday 28th January 2011**.

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?

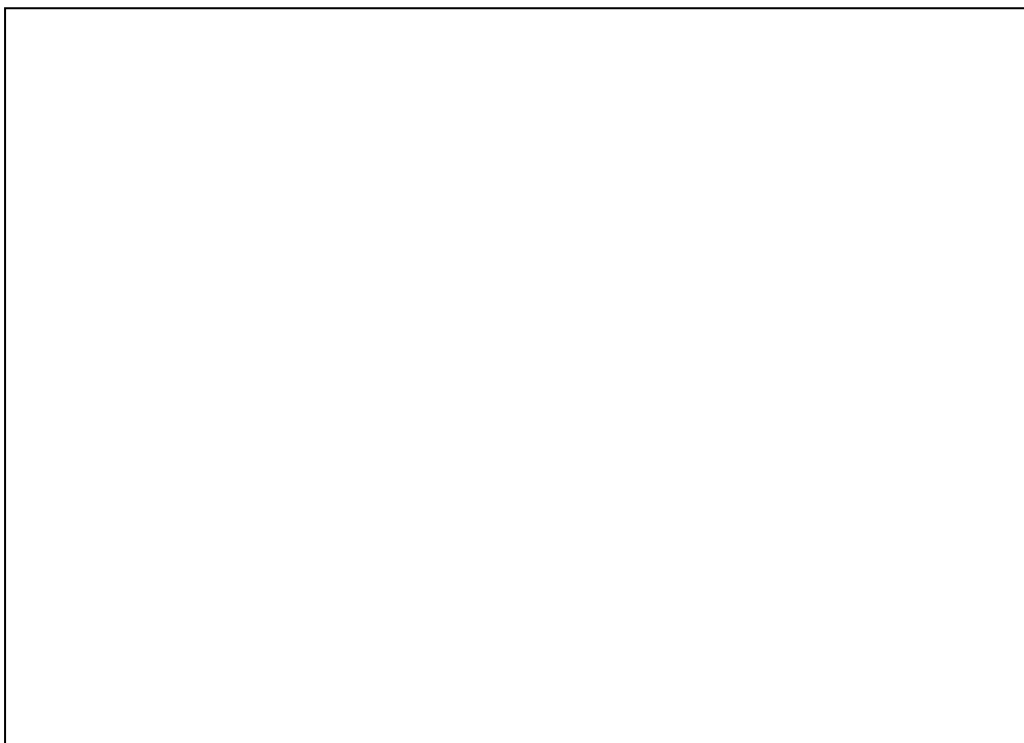
2. Do you feel that the changes will affect you in a positive way? If 'Yes' please explain below, if 'No' please go to question 3



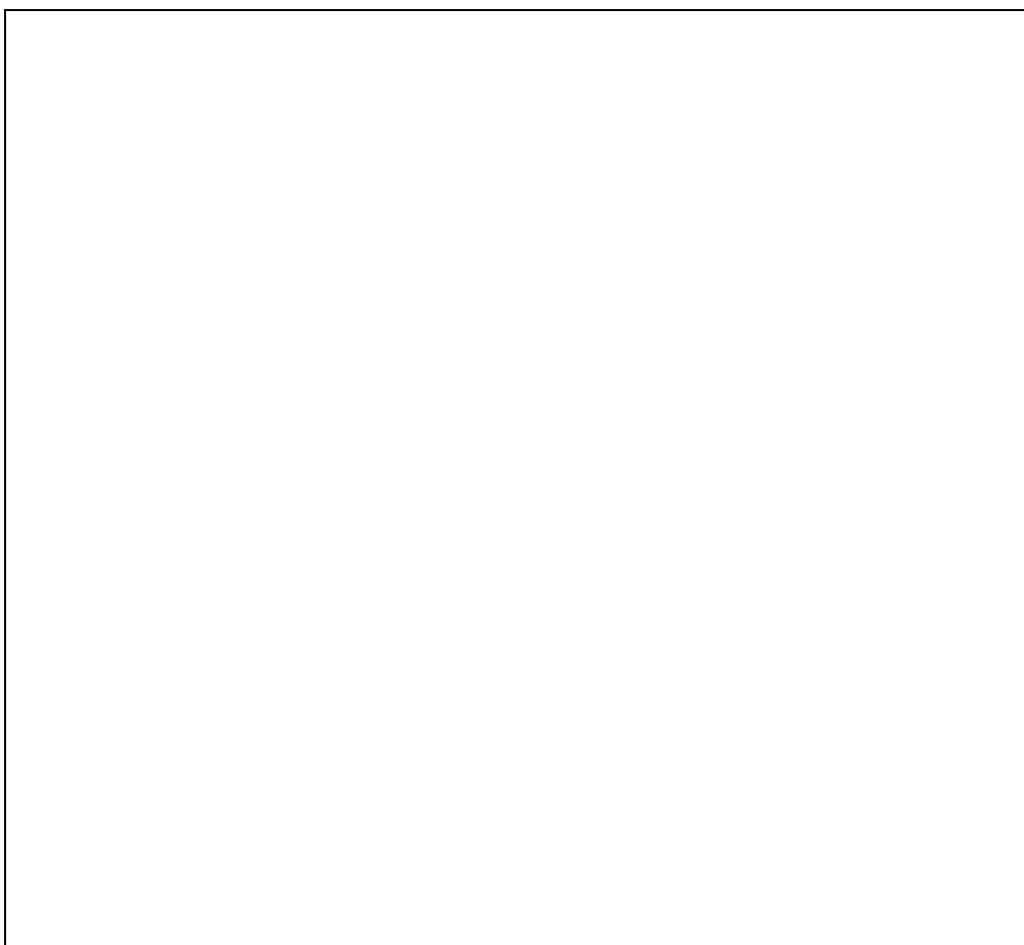
3. Do you feel that the changes will affect you in a negative way? If 'Yes' please explain below, if 'No' please go to question 4.



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

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

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| 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) |