

PATIENT AND PUBLIC CONSULTATION DOCUMENT

Have your say on the future of
West Yorkshire Vascular Services

The consultation will run from Wednesday 28 August through to
Saturday 30 November 2019.

Our aim is to create vascular services in West Yorkshire that:

- **Achieve best practice agreed by experts, to get the best outcomes for patients and the best chance of survival**
- **Ensure we have more doctors with the right specialist skills**
- **Meet national standards**

Doctors and other specialists have worked together on plans for the future and now we want to explain our proposals for specialised vascular services in West Yorkshire, hear what you think and use your views and experiences to ensure the services work well for patients.

What are specialised vascular services?

These are complex vascular treatments provided to around 4,000 patients in the West Yorkshire area each year. Not all patients admitted to a specialised service will need a complex surgical or interventional radiology procedure, however due to the nature of their condition these patients need specialist assessment and care provided at a specialised vascular centre.

The chief aim of vascular services is to reconstruct, unblock or bypass arteries to restore blood flow to organs. These are often one-off procedures, in the main, to reduce the risk of sudden death, prevent stroke, reduce the risk of amputation and improve function. Vascular services also provide support to patients with other problems such as kidney disease.

Patients who receive vascular services may have:

- Had a stroke or mini stroke and are at risk of having further strokes.
- Blocked arteries in the legs causing pain which may deteriorate further and threaten the leg.
- A bulge in the wall of the body's main artery which needs repair to prevent it rupturing.
- Untreated or untreatable arterial blockages which means they need an amputation.

Specialised services like these are not available in every local hospital because they should be delivered by specialist teams of doctors, nurses and other healthcare professionals who have the necessary skills and experience. Unlike most healthcare which is planned and arranged locally by Clinical Commissioning Groups (CCGs), specialised services are planned nationally and regionally by NHS England. Approximately 11,000 patients in West Yorkshire receive vascular treatment each year, (about 4000 specialised and 7000 non-specialised) delivered by six hospitals of which only three are specialised vascular centres providing the full range of complex vascular care.

Early diagnosis is key to successfully treating vascular disease. Patients will be admitted needing both emergency and planned vascular diagnosis and treatment. Emergency care is immediate treatment to save life or limb, whereas urgent care is a planned treatment within a limited number of days. Early diagnosis may reduce the need for complex surgical or interventional radiology procedures in the future.

Where are these services provided in West Yorkshire?

Bradford Royal Infirmary	Huddersfield Royal Infirmary	Leeds General Infirmary	Airedale General Hospital	Pinderfields General Hospital	Harrogate District Hospital
					
Full range of services i.e. specialised vascular centres, which includes all local outpatient appointments	Full range of services i.e. specialised vascular centres, which includes all local outpatient appointments	Full range of services i.e. specialised vascular centres, which includes all local outpatient appointments	Patients seen in outpatient clinics, patients receive simpler procedures and minor surgery. Major and complex surgery delivered at Bradford Royal Infirmary	Patients seen in outpatient clinics, patients receive simpler procedures and minor surgery. Major and complex surgery delivered at The Leeds Teaching Hospitals NHS Trust	Patients seen in outpatient clinics, patients receive simpler procedures and minor surgery. Major and complex surgery delivered at York District Hospital

Please note, Calderdale Royal Hospital in Halifax does not currently provide any complex vascular services. It does provide some vascular outpatient clinics and minor surgery for varicose veins.

Harrogate District Hospital is included as part of the West Yorkshire and Harrogate Health and Care Partnership. However, for the delivery of vascular services it supports York Teaching Hospital NHS Foundation Trust with York District Hospital as the specialist vascular centre for the North Yorkshire population.

The populations of Pontefract and Dewsbury are served by Mid Yorkshire Hospitals NHS Trust, Mid Yorkshire Hospitals NHS Trust is not a vascular centre, however provides assessment, diagnostics, some minor surgery and follow up care at Pinderfields Hospital. The trust works in a networked model providing supportive vascular services to Leeds Teaching Hospitals NHS Trust which is the vascular centre. All complex and urgent/emergency vascular care for these populations are taken to The Leeds Teaching Hospitals NHS Trust who provide in and out of hours cover. This proposal will not have any impact on the vascular pathway for patients resident in the Pontefract, Dewsbury or Leeds locations.

Vascular cover at other neighbouring hospitals

Harrogate and District NHS Foundation Trust, provides assessment, diagnostics, and a small number of minor surgeries and follow up care. All complex and urgent/emergency vascular care is taken to York Teaching Hospital NHS Foundation Trust as the vascular centre. This proposal will not have any impact on the pathway for patients who live in Harrogate and the rural areas.

Surgeons and other clinical experts agree that services need to change

The way in which vascular services are provided is changing, with increased focus on screening and prevention as well as improvements in technology.

National standards say that a minimum catchment population of 800,000 will ensure doctors treat enough different types of vascular cases to remain expert. The vascular service provided by The Leeds Teaching Hospitals NHS Trust serves a population of 1.2 million people. Bradford Teaching Hospitals NHS Foundation Trust serves a population of 630,000 and Calderdale and Huddersfield NHS Foundation Trust serves a population of 498,000. These figures are based on the catchment population for the hospital, and not a local authority population.

There is strong evidence that patients who need vascular interventions will receive better quality of care and have a better chance of survival when they are treated and cared for by specialists (including vascular surgeons, interventional radiologists, nurses and therapists) who see a large number of these patients. This helps specialists to develop and maintain expertise in their field of work. This view is supported by The Vascular Society for Great Britain and Ireland and our own local clinicians.

The national standards say there should be 24-hour access to specialist care, and this needs staffing that includes at least six vascular surgeons, six interventional radiologists and specialist nurses.

However, there is only a small pool of the specialist surgeons and interventional radiologists available. Both Bradford Royal Infirmary and Huddersfield Royal Infirmary have had difficulty in recruiting enough staff to meet this standard. They already operate a shared arrangement for an emergency out of hours on-call rota that alternates this service between the two hospitals on a weekly basis. However, this is not a long term option.

While both Bradford Royal Infirmary and Huddersfield Royal Infirmary vascular services have good patient outcomes (quality), we still need to ensure doctors see enough patients to maintain their expertise. This means vascular hospital staff need to work across multiple sites as one team, supporting both the specialised vascular centre and the non-vascular centre where outpatient treatment, diagnostic testing and some day case surgery will still be taking place.

The options considered for vascular services in West Yorkshire

1. **Option 1** Do nothing and maintain three specialised vascular centres at: Leeds General Infirmary, Huddersfield Royal Infirmary (which will transfer to Calderdale Royal Hospital under the wider urgent and emergency care reconfiguration being undertaken locally) and Bradford Royal Infirmary.
2. **Option 2** Deliver all West Yorkshire specialised vascular services from a single vascular centre at Leeds General Infirmary.
3. **Option 3** Deliver all West Yorkshire specialised vascular services from two centres at Leeds General Infirmary and Bradford Royal Infirmary.
4. **Option 4** Deliver all West Yorkshire specialised vascular services from two centres at Leeds General Infirmary and Calderdale Royal Hospital.

Please note these options take account of the urgent and emergency care review by the Calderdale and Greater Huddersfield Clinical Commissioning Groups.

The outcome from this review (2018) will see all acute medicine including A&E services transferred to Calderdale Royal Hospital in Halifax.

Specialised vascular care is often urgent in nature and would therefore need to be aligned with the acute services. This means as part of the options considered the specialised vascular centre would in the future be based at Calderdale Royal Hospital, with some minor vascular procedures such as day surgery and outpatients retained at Huddersfield Royal Infirmary.

Important and relevant factors considered when thinking about future services

NHS England has considered the four options for the delivery of specialised vascular services in West Yorkshire and has worked with Yorkshire and the Humber Clinical Senate, and the West Yorkshire Association of Acute Trusts to identify the criteria (factors for consideration) for assessing the options for the future of vascular services.

The views of vascular patients have also been sought. NHS England commissioned the School of Health and Related Research in 2016 to run initial patient discussion groups across Yorkshire and the Humber.

Most frequently mentioned as valued by patients regarding their experiences of vascular services were: professional and friendly staff; rapid and convenient access to treatment; personal nature of the service, the importance of integrated (joined-up) specialist teams; and involvement in shared decision making.

Taking account of this work, the criteria that have been agreed as most relevant when considering the future delivery of vascular services in West Yorkshire are:

- Ability for hospitals (also known as providers) to meet the standards of best practice as set out in NHS England's service specification for specialised vascular services and deliver good clinical outcomes
- Ensuring the service has a stable workforce (i.e. an appropriate level of specialised vascular surgeons and interventional radiologists).
- Ensuring the hospital covers a suitable size of population or catchment area (this is so the surgical team can see enough patients and carry out sufficient numbers of procedures to maintain their skills).
- Clinical interdependencies between specialised vascular services and regional major trauma services (i.e. the regional trauma centre must have 24/7 access to vascular surgeons for any emergency admissions that may involve a loss of limb).
- Clinical interdependencies between specialised vascular services and renal services (although not essential, this is desirable as patients with kidney disease can often develop vascular disease and vice versa) information is outlined below.
- Simplicity of process for Yorkshire Ambulance service when transporting out of hours emergency vascular patients to hospital.
- Impact for patients or visitors travelling to the vascular centre by private car or public transport.
- Ease of implementing planned changes both in terms of cost and how quickly any change can happen (due to the significance of the current vascular workforce pressures, there is a need to act swiftly).

































Please note

Interdependency between renal and vascular care

The key link between renal and vascular care is when patients require urgent renal dialysis due to kidney failure. At this point a patient needs to undergo vascular surgery to prepare the body for renal dialysis treatment. This is one of the most important and challenging aspects of renal care. Vascular access is a patient's life line because good renal dialysis depends on it.

Considering the options against what we know to be most relevant

Table 1: Overview of how the criteria have been considered for each option

	Options considered	Would this help stabilise workforce pressures?	Would this help providers meet NHS standards for vascular services?	Does this cover a suitable population size?	Would this provide a clearer emergency pathway for Yorkshire Ambulance?	Would this support the co-location with current regional major trauma services?	Is there access to existing dedicated inpatient renal services?	Would this impact on travel by car or public transport?	Would this be easy to make happen?
1	Do nothing and maintain three specialised vascular centres in West Yorkshire at The Leeds Teaching Hospitals NHS Trust, Bradford Teaching Hospitals NHS Foundation Trust and Calderdale and Huddersfield NHS Foundation Trust	No 	No 	No 	No 	In part (Leeds is the regional major trauma centre for West Yorkshire) 	In part (Leeds & Bradford provide renal services) 	Yes (BRI & CHFT alternate on-call rotas weekly) relatives would travel to the centre that carried out the surgery 	Yes, no change 
2	Deliver all West Yorkshire specialised vascular services from one centre at Leeds General Infirmary.	Yes 	There is a risk of capacity pressures 	There is a risk the catchment population would be too large 	Yes 	Yes 	Yes 	Yes, for relatives travelling into Leeds from the rest of West Yorkshire 	No 
3	Deliver all West Yorkshire specialised vascular services from two centres including Leeds General Infirmary and Bradford Royal Infirmary	Yes 	Yes 	Yes 	Yes 	Yes 	Yes 	In part for relatives travelling from the Calderdale & Huddersfield area 	Yes 
4	Deliver all West Yorkshire specialised vascular services from two centres including Leeds General Infirmary and Calderdale Royal Hospital	Yes 	Yes 	Yes 	Yes 	Yes 	No 	In part for relatives travelling from the Bradford/Airedale areas 	Yes 

Given this situation and the requirement that one vascular centre should be at Leeds General Infirmary because it is the regional major trauma centre, the options available were limited to a choice between either Bradford Royal Infirmary (BRI) or Calderdale Royal Hospital (CRH) as the second specialised vascular centre. Therefore options 3 and option 4 were taken forward for further consideration in phase two.

Although there are some variations in the health profiles between Bradford Teaching Hospitals NHS Foundation Trust and Calderdale and Huddersfield NHS Foundation Trust catchment areas, as set out by Public Health England, both populations have similar health care needs. This means that there are no

significant differences between the health of these populations that would mean one location should be chosen as the specialised vascular centre over the other.

At the request of NHS England further detailed analysis of both services at Bradford Royal Infirmary and Huddersfield Royal Infirmary (which would move to Calderdale Royal Hospital in the future) was undertaken in 2017, by the West Yorkshire Association of Acute Trusts (WYAAT). This included careful consideration of both clinical and non-clinical factors.

Table 2: Overview of differentiation between Bradford Royal Infirmary and Calderdale Royal Hospital in meeting criteria for consideration in identifying a preferred option for the second specialised vascular service in West Yorkshire

Relevant thresholds considered	Bradford Royal Infirmary (run by Bradford Teaching Hospitals NHS Foundation Trust)	Calderdale Royal Hospital (run by Calderdale and Huddersfield NHS Foundation Trust).	What this means in terms of a preferred option...
Workforce considerations include a specialised vascular centre having a minimum of 6 vascular surgeons and 6 interventional radiologists to ensure comprehensive out of hours cover.	The hospital does not currently meet recommended workforce standards with 4.5 vascular surgeons in post and 2.5 interventional radiologists in post (it is funded for 3.5 interventional radiologists).	The hospital does not currently meet recommended workforce standards with four vascular surgeons in post and 1 interventional radiologist in post (it is funded for 4 interventional radiologists).	Due to both Trusts not meeting the expected workforce standards to ensure comprehensive out of hours cover, it is the view of NHS England that doing nothing is not an option. Workforce pressures are similar for both trusts i.e. based on workforce considerations alone the current position does not make a stronger case for either Bradford Teaching Hospitals NHS Foundation Trust or Calderdale and Huddersfield NHS Foundation Trust to be identified as providing the second specialised vascular centre in West Yorkshire.
NHS service standard considerations suggest that a specialised vascular centre should carry out a minimum of 60 AAA repairs per year (ten per surgeon) and a minimum of 50 carotid artery intervention procedures per unit per year.	Hospital data from 2015 to 2017 shows that the trust is managing 37 AAA repairs per year and 48 carotid artery interventions.	Hospital data from 2015 to 2017 shows that the trust is managing 30 AAA repairs per year and 45 carotid artery interventions currently undertaken at Huddersfield Royal Infirmary.	Due to both Trusts not carrying out the minimum number of procedures, it is the view of NHS England that doing nothing is not an option. Activity levels are similar for both trusts i.e. based on activity considerations alone the current position does not make a stronger case for either Bradford Teaching Hospitals NHS Foundation Trust or Calderdale and Huddersfield NHS Foundation Trust to be identified as providing the second specialised vascular centre in West Yorkshire.
A specialised vascular centre should cover a minimum population catchment area of 800,000.	The Trust currently covers a catchment population of 630,000.	The Trust currently covers a catchment population of 489,000.	Due to both Trusts not covering the minimum population size, it is the view of NHS England that doing nothing is not an option. While the population catchment area is higher for Bradford Teaching Hospitals NHS Foundation Trust, this is not considered a significant difference and therefore does not make a stronger case for Bradford Teaching Hospitals NHS Foundation Trust to be the preferred option for providing the second specialised vascular centre instead of Calderdale and Huddersfield NHS Foundation Trust. There is a need to combine the populations to meet the standards.
Clinical interdependencies indicate it is preferential but not essential for specialised vascular centres to be co-located with renal services.	Bradford Teaching Hospitals NHS Foundation Trust has a renal dialysis unit on the Bradford Royal Infirmary site and a proposed service expansion would mean additional patients can be accommodated with no additional cost implications.	Neither of the Calderdale and Huddersfield NHS Foundation Trust hospitals currently have renal dialysis services on the same site. Bedside dialysis would need to be provided at Calderdale Royal Hospital. The service would require a small team of renal nurses, bed spaces and dialysis equipment.	Due to the interdependencies and established renal services being in place at Bradford Royal Infirmary, this factor differentiates Bradford Royal Infirmary as the preferred option for the second specialised vascular centre in West Yorkshire.


Key: Shaded blue box  denotes a difference in terms of a preferred option

Table 2: Continued

Relevant thresholds considered	Bradford Royal Infirmary (run by Bradford Teaching Hospitals NHS Foundation Trust)	Calderdale Royal Hospital (run by Calderdale and Huddersfield NHS Foundation Trust).	What this means in terms of a preferred option...
Consideration must be given to any material impact on Yorkshire Ambulance Service performance or resources.	The trust operates a system of alternating weeks on-call with Calderdale and Huddersfield NHS Foundation Trust so there are only two specialised vascular centres in West Yorkshire on call for emergencies currently. Yorkshire Ambulance Service assessment is that if the Bradford Royal Infirmary service closes, there will be minimal impact on ambulance travel times or resource requirements.	The trust currently operates a system of alternating weeks on-call with Bradford Teaching Hospitals NHS Foundation Trust so there are only two specialised vascular centres in West Yorkshire on call for emergencies. Yorkshire Ambulance Service assessment is that if the Huddersfield Royal Infirmary service closes, there will be minimal impact on ambulance travel times or resource requirements.	The impact of any change for Yorkshire Ambulance service is similar for both Bradford Teaching Hospitals NHS Foundation Trust and Calderdale and Huddersfield Foundation Trust i.e. based on ambulance travel considerations alone the current position does not make a stronger case for either Bradford Teaching Hospitals NHS Foundation Trust or Calderdale and Huddersfield NHS Foundation Trust to be identified as providing the second specialised vascular centre in West Yorkshire. Both options will provide a clearer emergency transport pathway on call for emergencies.
Consideration must be given to any material impact on the total population falling outside 45 mins travel to a specialised vascular centre.	If Bradford Teaching Hospitals NHS Foundation Trust provides the specialised vascular service at Bradford Royal Infirmary (BRI)- 26% of the population live within 1 hour Over half the West Yorkshire population live within 80 mins of BRI 95% of the population live within 2 hours	If Calderdale and Huddersfield NHS Foundation Trust provides the specialised vascular service at Calderdale Royal Hospital (CRH)- 20% of the population live within 1 hour 41% of the West Yorkshire population lives within 80 mins of CRH. 95% of the population live within 2 hours	The results from the car transport analysis do not identify any material difference between travel to either Bradford Royal Infirmary or Calderdale Royal Hospital. Considering public transport 95% of the population lives within 2 hours of each hospital. It is recognised that traveling by public transport from the boundaries of West Yorkshire will incur a lengthy journey regardless of which hospital site is chosen. The total population falling outside 45 mins travel to a specialised vascular centre is minimal and should not be a considered as a factor in the analysis.
Ease of implementing planned changes based on timescales for implementation and any potential capital or revenue costs greater than 10% difference to total costs for the service	Bradford Teaching Hospitals NHS Foundation Trust has the infrastructure and capacity at Bradford Royal Infirmary required, however assessment shows potential impact in terms of ease of implementation will apply equally whichever site is chosen.	The current vascular service is located at Huddersfield Royal Infirmary, future specialised vascular care will be transferred to Calderdale Royal Hospital under the wider reconfiguration of emergency services. Renal inpatient beds will need to be included in future hospital developments if Calderdale and Huddersfield NHS Foundation Trust is identified as providing the second vascular centre which will incur a small additional cost. However, assessment shows potential impact in terms of ease of implementation will apply equally whichever site is chosen.	The impact of any change in terms of cost and timescales is similar for both Bradford Teaching Hospitals NHS Foundation Trust and Calderdale and Huddersfield NHS Foundation Trust i.e. based on ease of implementation alone the current position does not make a stronger case for either Bradford Royal Infirmary or Calderdale Royal Hospital to be the second specialised vascular centre.

Outcome from the analysis

The outcome from the West Yorkshire Association of Acute Trusts (WYAAT) analysis between Bradford Royal Infirmary and Calderdale Royal Hospital, and the subsequent proposal to NHS England identified Bradford Royal Infirmary as the preferred option as the second vascular centre for West Yorkshire, taking account of interdependencies with renal (kidney care).

What does this mean in terms of changes we want to make?

Under this proposal, emergency and most planned major treatments that require an overnight stay, would be provided two specialised vascular centres instead of three, located at Leeds General Infirmary or Bradford Royal Infirmary. In an emergency a patient will always be taken to their nearest specialised centre which will have:

- Dedicated vascular wards with extra beds for emergency patients 24 hours a day.
- Vascular nurse specialists – able to support the transfer of patients back to their local hospital/home.
- Out of hours which includes evenings and weekends, there will be on call vascular surgeons, who can be contacted by surgical teams at Calderdale and Huddersfield NHS Foundation Trust, Mid Yorkshire NHS Trust and Airedale NHS Foundation Trust.

Most of the vascular activity will still be provided at Calderdale and Huddersfield NHS Foundation Trust (CHFT).

This includes:

- Simpler procedures and minor surgery (such as the removal of unhealthy tissue or minor amputations).
- Diagnostic tests and treatments which don't require an overnight stay.
- Continuing inpatient care and any rehabilitation following major surgery at either Leeds General Infirmary or Bradford Royal Infirmary. Patients will usually be repatriated back to their local hospital as soon as they are medically fit. Some patients will be discharged directly home from the specialised vascular centre if no further care is required.
- Support services such as foot care for those who have had minor surgery.
- Treatment for varicose veins.
- Outpatient and follow up appointments.

The aim is to provide two specialised vascular centres in West Yorkshire with more doctors working across a wider geography, who are able to work flexibly and collaboratively to meet patient needs.

There would be no change to the services currently provided at Leeds General Infirmary, Airedale General Hospital or Pinderfields General Hospital.

How many patients from the Huddersfield, Calderdale and Kirklees area does this affect?

At Calderdale and Huddersfield NHS Foundation Trust, there are approximately 2,100 in-patient episodes (a stay or attendance in hospital which is not a clinic appointment) under vascular surgery or interventional radiology in one year. This includes both planned lower risk day case surgery, such as varicose vein treatment, and the more complex emergency vascular treatments with a long stay in hospital. This proposal would be a change for only those patients requiring the more complex and higher risk planned and emergency vascular procedures. This will, therefore, affect approximately 800 patients per year (38%) out of the 2100. The remaining 1,300 (62%) surgical and interventional radiology treatments would remain locally at the hospital, alongside all the existing diagnostic tests, and out-patient/follow up care which will also continue at the local hospital.

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

Travel considerations

The results from the transport analysis do not identify any significant difference between travel to either Bradford Royal Infirmary or Calderdale Royal Hospital for each of those populations.

Patient transport services would be available to those who need help to get to the hospital. Once the patient is stable they can usually be either discharged home or return to their local hospital for any ongoing care or rehabilitation. Many patients will continue to receive treatment locally.

Information that can help visiting relatives with planning public transport options can be found here: <https://www.wymetro.com/plan-a-journey/>

Have your say: 2019

We are keen to hear from you, so that we can take account of any views that will help us reach a decision. We would like you to provide your feedback on these proposals and you can do this in a number of ways as set out below.

To find out more about the consultation on the future of specialised vascular services in West Yorkshire and complete a survey on-line visit www.engage.england.nhs.uk (and search on 'West Yorkshire Vascular') or go to: www.england.nhs.uk/north-east-yorkshire

Or to request a copy of the consultation on the future of specialised vascular services in West Yorkshire is sent to you by email england.WYVfeedback@nhs.net or telephone 0113 8251536.

To hear first-hand from clinical leaders about the consultation on the future of specialised vascular services in West Yorkshire and ask questions, you can attend one of the following six events in your local community:

Location	Date	Time	Venue
Kirklees/Huddersfield	3 October	2pm until 4pm	The John Smiths Stadium, Stadium Way, Huddersfield, HD1 6PG
	15 October	6pm until 8pm	
Calderdale/Halifax	8 October	6pm until 8pm	The Arches, East Mill, 328 Dean Clough, Halifax HX3 5AX
	29 October	6pm until 8pm	Crossley Gallery, Dean Clough, Halifax HX3 5AX
Bradford	7 October	2pm until 4pm	The Midland Hotel, Forster Square, Cheapside, Bradford BD1 4HU
	14 October	5pm until 7pm	The Great Victoria Hotel, Bridge Street, Bradford, BD1 1JX

If you have a copy of the consultation on the future of specialised vascular services and have completed the feedback section, this can be returned to the following address:

Freepost NHS BRADFORD DISTRICT & CRAVEN

You can handwrite or type your envelope, but the words NHS BRADFORD DISTRICT & CRAVEN must be in capital letters after the word Freepost.

Glossary of terms

Abbreviation	Meaning
AAA	Abdominal aortic aneurysm
AGH	Airedale General Hospital
ANHSFT	Airedale NHS Foundation Trust
BRI	Bradford Royal Infirmary
BTHFT	Bradford Teaching Hospitals NHS Foundation Trust
CCGs	Clinical Commissioning Groups
CEA	Carotid Endarterectomy
CHFT	Calderdale and Huddersfield NHS Foundation Trust
CIC	Committee in Commons
CRH	Calderdale Royal Hospital
CT	Computed tomography
DCO	Directors of Commissioning operations
DGH	District General Hospital
DOF	Director of Finance
EVAR	Endovascular aneurysm repair
GIRFT	Getting it Right First Time
HDH	Harrogate District Hospital
HRI	Huddersfield Royal Infirmary
IG	Information Governance
IR	Interventional radiology
IT	Information technology
LGI	Leeds General Infirmary
LTHT	Leeds Teaching Hospitals NHS Trust
MOU	Memorandum of Understanding
MRI	Magnetic resonance imaging
MTC	Major Trauma Centre
MYHT	Mid Yorkshire Hospitals NHS Trust
PGH	Pinderfields General Hospital
SchARR	School of Health and Related Research
STP	Sustainable Transformational Plan
WYAAT	West Yorkshire Association of Acute Trusts
Y&H	Yorkshire and the Humber

Questionnaire

It is important, before answering the questions in our consultation survey, for you to ensure that you have read all of the information provided about each of the individual vascular provider hospitals in West Yorkshire so that you understand the potential impact of our proposal on the hospital affected and the way in which the vascular service delivery might change, should our proposals be implemented.

1. Are you a...? (please select one option that best describes your area of interest in responding to this questionnaire)

- ☐ Vascular patient
- ☐ Carer of a vascular patient
- ☐ Member of NHS staff
- ☐ Member of the public
- ☐ Organisation representing patients

Please state which organisation.....
.....

2. From the following list which is your nearest hospital?

- ☐ Airedale
- ☐ Bradford
- ☐ Calderdale
- ☐ Huddersfield
- ☐ Harrogate
- ☐ Leeds
- ☐ Wakefield
- ☐ Not applicable/regional/national organisation, please specify

.....
.....

3. Now when thinking about specialised vascular services (those that require an overnight hospital stay because the intervention is more serious) please rank which is most important to you from 1 to 5 (with 1 being the highest and 5 being the lowest)

Score

a. Being seen by a specialist team, available 24 hours a day, 7 days a week

b. Knowing the place you are being treated has good patent outcomes / success rates (in line with the NHS England standards)

c. The level of expertise of people treating you is of a high standard due to the large number of patients they see each year

d. Knowing that your vascular specialist is able to work closely with other relevant specialist doctors, such as (renal and major trauma professionals)

e. Being treated in a place that is close to where you live so people can visit

f. Ease of getting to and from your hospital appointment

g. Other/please provide your views here

.....

.....

4. To what extent do you support or oppose this proposal for two specialised vascular centres in West Yorkshire at Bradford Royal Infirmary and Leeds General Infirmary?

- a. ☐ Strongly support
- b. ☐ Tend to support
- c. ☐ Neither support or oppose
- d. ☐ Tend to oppose
- e. ☐ Strongly oppose

5. Please explain your response to question 4.

6. Is there an alternative option that you want to put forward for consideration?

7. Is there any aspect of this proposal that would benefit from further information or explanation. If so please provide details

8. What age band do you fall under, please tick which applies to you

- Under 18 ☐
- 18 - 30 ☐
- 31 - 45 ☐
- 46 - 55 ☐
- 56 - 65 ☐
- 66 - 75 ☐
- 75 and over ☐

9. Which ethnic group do you belong to (please select one answer only)?

- a. ☐ White British
- b. ☐ White Irish or White Other
- c. ☐ Black/African/Caribbean/Black British
- d. ☐ Asian or Asian British
- e. ☐ Multiple/Mixed Ethnic Groups
- f. ☐ Prefer not to say
- g. ☐ Other (please specify below)

10. Do you consider yourself to have a disability?

The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12-month period) or substantial adverse effects on their ability to carry out day to day activities.

Yes ☐

No ☐

Prefer not to say ☐

Thank you for completing this questionnaire. Your views will be taken into consideration and will help shape the final plans for vascular services in West Yorkshire.

The completed questionnaire can be returned to the following freepost address:

Freepost NHS BRADFORD DISTRICT & CRAVEN

You can handwrite or type your envelope, but the words NHS BRADFORD DISTRICT & CRAVEN must be in capital letters after the word Freepost.



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