

The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Richmond House
79 Whitehall
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7 December 2012

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE FOR HEALTH
Vascular services across Cheshire and Merseyside
Wirral Council Health and Wellbeing Overview and Scrutiny Board
Halton, St Helens and Warrington Joint Health Overview and Scrutiny Committee

Thank you for forwarding copies of the referral letter and supporting documentation from Cllr Phil Davies, Leader Wirral Council and Cllr Simon Mountney, Chair Wirral Health and Wellbeing Overview and Scrutiny Board (HWOSB) and from Cllr Tony Higgins, Chair, Halton, St Helens and Warrington Joint Health Overview and Scrutiny Committee (Joint HOSC). NHS North West provided initial assessment information. A list of all the documents received is at Appendix One.

The IRP has undertaken an initial assessment, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. The IRP considers each referral on its merits and its advice in this case is set out below. **The Panel concludes that this referral is not suitable for full review.**

Background

Proposals to improve the way vascular services are provided in Cheshire and Merseyside have been under development since early 2010. Local NHS commissioners of services established a Vascular Review Project Board to carry out a review. A clinical advisory group was also convened comprising representatives from all the trusts involved to develop clinical standards for vascular services across Cheshire and Merseyside.

A public engagement exercise was held between January and May 2011. A “consultation” document was produced setting out the case for change and proposals for arterial surgery and complex interventional radiology to be carried out at a small number of arterial centres with other care continuing to be performed locally. Respondents were invited to rank the most important goals for the proposed changes – patient safety, expertise of staff, increased positive outcomes for patients and access to services. The document also suggested four criteria for selecting which hospitals might act as arterial centres – compliance with clinical standards, maximum degree of co-location with inter-dependent clinical services, close to

where people live with good public transport links and lowest investment required to bring about the changes. Comments were invited on whether these were the right criteria. Public events were held to outline the purpose of the review and invite views. Local MPs and health overview and scrutiny committees were also involved. The main conclusion drawn from the engagement phase was that the public overwhelmingly felt that patient safety was a more important factor than local access to services.

In March 2011, groups of trusts that believed they met the standards for accreditation as arterial networks were invited to apply for designation. Applications were scrutinised by a panel of independent clinicians, and then by representatives of primary care trusts (PCT) and clinical commissioning consortia. The Project Board then reviewed their recommendations.

Taking account of feedback from the public engagement phase and further work on the clinical standards identified, the Project Board reported to local NHS commissioners in October 2011. It recommended that two vascular networks be established with one, high quality arterial centre in each network. A proposal for a network north of the Mersey, centred at the Royal Liverpool University Hospital, was recommended by the Project Board.

Warrington and Halton NHS Foundation Trust and St Helens and Knowsley Teaching NHS Trust made a joint application to form a vascular network centred at Warrington Hospital. A further application was received from the Countess of Chester Hospital NHS Foundation Trust and Wirral University Teaching Hospital NHS Foundation Trust (WUTH) centred at the Countess of Chester Hospital. The Project Board did not make a recommendation between the alternative networks for the Cheshire, Warrington and Wirral clusters as it concluded that there were a number of factors, beyond its remit, that required further consideration.

A meeting to review the two options was held in October 2011 and chairs of the clinical commissioning groups (CCG) across south Mersey subsequently recommended that the Countess of Chester Hospital be approved as the arterial centre working with local trusts in a network across Warrington and Wirral. The November 2011 Boards of the Merseyside and Cheshire, Warrington and Wirral PCT Clusters approved the recommendations of the Project Board and the CCGs, subject to National Clinical Advisory Team (NCAT) and Gateway reviews and formal public consultation.

Reports were provided to all relevant health overview and scrutiny committees (HOSC) throughout this phase. Feedback reflected some concern from both Warrington and Wirral HOSCs about the relocation of some services to Chester.

Gateway and NCAT reviews were completed in December 2011. The NCAT report affirmed the decision to establish two networks for the population of Cheshire and Merseyside while also highlighting the challenges to be faced in the establishment of an arterial centre in the South Mersey Network.

Formal public consultation took place between March and July 2012. Local meetings were held throughout Cheshire and Merseyside in response to requests from HOSCs. The consultation described a pathway that allowed for initial consultations, diagnostics and follow-up to take place in local hospitals, allowing most vascular procedures to continue in local trusts. It proposed that the North Mersey Network should be centred at the Royal Liverpool University Hospital and that the South Mersey Network be centred at the Countess of Chester Hospital. Patients living in mid-Mersey would have the option to “flow” into either network (allowing patients who would previously have been referred into Whiston Hospital the option to be referred into either centre).

On 30 April 2012, the leader of Wirral Council wrote to the chief executive of NHS Cheshire, Warrington and Wirral expressing support for WUTH to become the arterial centre for the south Mersey area and opposing the transfer of services to the Countess of Chester Hospital. A Joint HOSC was established for Halton, St Helens and Warrington. On 20 June 2012, the Joint HOSC agreed a report on 20 June 2012 for submission to the consultation recommending that two centres of excellence be developed – one located at the Royal Liverpool University Hospital and one at Warrington Hospital. HOSCs in the north Mersey area supported the proposal for the northern network.

Meetings of the Cheshire, Warrington and Wirral and the Merseyside Cluster Boards on 4 and 17 July 2012 respectively agreed that there should be two arterial centres for Cheshire and Merseyside, that they should be based at the Royal Liverpool and Countess of Chester hospitals and that patients in mid-Mersey could be referred into either centre.

The North Mersey Network, centred at the Royal Liverpool University Hospital was implemented on 3 September 2012.

Wirral HWOSB wrote to the Secretary of State for Health on 31 July 2012 to refer the proposals for changes to vascular services in the south Mersey area. Department of Health officials sought clarification of the grounds for referral and a further letter was received from the HWOSB on 27 September 2012.

At a meeting of the South Mersey Arterial Network Board on 16 August 2012, the Wirral, Warrington and Chester NHS Foundation Trusts endorsed a *so-called* Option 3 model. David Allison, Chief Executive of WUTH wrote to Kathy Doran, Chief Executive of NHS Cheshire, Warrington & Wirral PCT Cluster on 20 August 2012 advising that Option 3 describes a model intended to maintain “*the interests of the spoke hospitals whilst recognising the benefits of a vascular centre based at Chester*”. Under this option, “*all aortic and carotic [sic] surgery goes to the centre at Chester but with amputations, upper and lower limbs surgery, diabetic feet and others (eg ulcers) remaining at the spoke units*”. Day case surgery and outpatients would also remain at local sites.

The Halton, St Helens and Warrington Joint HOSC wrote to the Secretary of State on 3 October 2012 to refer the proposals requesting that either a south Mersey centre be based at

Warrington Hospital or that a three centre model be implemented based on the Royal Liverpool, the Countess of Chester and Warrington hospitals.

Basis for referral

The referral letter of 27 September 2012 from Cllr Davies and Cllr Mountney, on behalf of Wirral HWOSB states:

“We wish to refer under the criteria set out in... The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 ... In an case where an overview and scrutiny committee considers that the proposal would not be in the interests of the health service in the area of the committee’s local authority, it may report to the Secretary of State in writing who may make a final decision on the proposal...”

The referral letter of 3 October 2012 from Cllr Higgins, Chair, Halton, St Helen’s and Warrington Joint HOSC states:

“This letter comprises formal notice of a referral to you in accordance with Regulation 4(7) of The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, on the grounds that the proposal would not be in the interests of the health service in the area”.

IRP view

With regard to the referrals by Wirral HWOSB and Halton, St Helen’s and Warrington Joint HOSC, the Panel notes that:

- The proposal is driven by the desire to improve the quality of care for patients undergoing both elective and emergency arterial surgery across Cheshire and Merseyside
- There is widespread consensus on the need for change
- The proposal for a North Mersey Network, centred at the Royal Liverpool University Hospital was widely supported, including by relevant HOSCs, and was implemented on 3 September 2012
- NCAT advice - taking into account the recommendations of the National Aneurysm Screening Programme that a screening population of 800,000 is required to support an arterial centre - is that the establishment of two centres for a population of around two million *“appears to be well founded”*
- NCAT further commented that a three centre model may not result in sufficiently improved outcomes
- In its referral letters, Wirral HWOSB raises concerns about:
 - more patients being required to travel from the Wirral to Chester for emergency and elective surgery than from the mid-Mersey area
 - geographical proximity being less important than level of need
 - best practice indicating that vascular and renal centres ideally being co-located on the same site

- WUTH best meeting the criteria for selection of arterial centres as set out in the pre-consultation document – and these criteria subsequently not being applied consistently in selecting the arterial centre for the south Mersey area
- vascular surgeons at WUTH remaining opposed to the revised proposal and apparently being prevented from expressing their views to CCGs
- a petition signed by local residents opposing the changes
- In its referral letter, the Joint HOSC raises concerns about:
 - the minimum threshold identified of 100 carotid endarterectomies to be performed in an arterial centre for the south Mersey area
 - lack of consideration of age profiles and levels of deprivation across the area
 - the failure to take account of potential additional demand for services from the population of north Wales
 - lack of consideration of access and transport issues, and impact on ambulance services
 - anticipated patient volumes being affected by patient choice (particularly in relation to mid-Mersey patients)
 - sustainability of other co-dependent services
 - the challenges to be faced in establishing an arterial centre at the Countess of Chester Hospital in view of its current relatively low volume base
- The three foundation trusts providing vascular services in the south Mersey area have endorsed a model of care for aortic and carotid surgery to be performed at the arterial centre at Countess of Chester Hospital
- Concern remains amongst vascular surgeons at WUTH about the model of care that has been proposed – namely that lower limb bypasses and amputations will be performed at the non-arterial centres

Conclusion

The IRP offers its advice on a case-by-case basis taking account of the specific circumstances and issues of each referral. **The Panel does not consider that a full review would add any value in this instance.**

The referrals by Wirral HWOSB and Halton, St Helens and Warrington Joint HOSC raise a number of issues covering a variety of different areas. Those relating to the quality of the consultation perhaps reflect the complex nature of the subject and the fact that the development of proposals for the south Mersey area has evolved as the process of engagement leading to consultation has progressed. The consultation document produced in 2011 could more appropriately have been termed an *engagement* document seeking, as it did, views on the criteria listed for the selection of hospitals as arterial centres. The criteria ultimately used to determine selection were broader taking account of the various views expressed.

From the Panel's enquiries, it appears that concerns raised about the application of clinical standards, service capacity and geographical and demographic issues were given due

consideration during the decision-making process. The threshold for performance of carotid endarterectomies in the arterial centre for the south Mersey area was set following careful consideration of local circumstances. The possible impact of additional demand for services from patients in north Wales, should it ever arise, has been taken into account. The Chief Executive of North West Ambulance Service has confirmed that there will be a negligible impact on emergency ambulance services.

NCAT advice, mindful of relevant national guidance, has supported the Project Board's assertion that two arterial centres for the population of the Cheshire and Mersey area would be appropriate. One centre, at the Royal Liverpool University Hospital has been agreed and is now operational in the North Mersey Network. The Panel concurs with the view that the population of the south Mersey area is insufficient to justify two arterial centres for that network.

It is an inevitable consequence of the centralisation of services that some patients will have to travel further for treatment. The trade-off, clearly supported by expert clinical advice in this instance, is better outcomes for patients. It is important now that progress is made to agree the base for the arterial centre in the south Mersey area as soon as possible. Detailed consideration by the expert bodies involved has identified the Countess of Chester Hospital as the preferred choice. The IRP has seen no compelling evidence to contradict that choice, the considerable challenges to implementation that have been identified notwithstanding.

However, the IRP has received representations from surgeons at Arrowe Park Hospital, part of WUTH, questioning whether the future configuration of services as now proposed is fully in line with professional standards. Further, it is unclear to the Panel to what degree the proposals as they currently stand still reflect those reviewed by NCAT in its December 2011 assessment.

The IRP considers that it would be prudent for local commissioners of services to invite NCAT to re-examine whether the current proposals meet the requirements for a modern vascular network between the hospitals in Chester, The Wirral and Warrington, as described in updated guidance from The Vascular Society of Great Britain & Ireland (2012). This work should be undertaken as a matter of urgency and overseen by the strategic health authority.

The considerable challenges to be faced in establishing this network have already been alluded to and will need to be worked through carefully before implementation begins. Local HOSCs should be kept fully involved and informed of developments throughout this phase of the process.

Yours sincerely



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APPENDIX ONE

LIST OF DOCUMENTS RECEIVED

Wirral Health and Wellbeing Overview and Scrutiny Board

- 1 Letters of referral from Cllr Davies and Cllr Mountney, on behalf of Wirral HWOSB to Secretary of State for Health, 31 July and 27 September 2012

Halton, St Helen's and Warrington Joint HOSC

- 1 Letter of referral from Cllr Higgins, Chair, Halton, St Helen's and Warrington Joint HOSC to Secretary of State for Health, 3 October 2012
Attachments:
 - 2 Background to the referral
 - 3 Halton Local Authority concerns
 - 4 St Helen's Local Authority concerns
 - 5 Warrington Local Authority concerns

NHS North West

- 1 IRP template for providing initial assessment information
Attachments:
 - 2 Equality and the burden of vascular disease across the Cheshire Clinical Network, June 2012
 - 3 Health Gateway Review: Cheshire and Merseyside Vascular Services Reconfiguration, 7 December 2011
 - 4 NCAT Review: Cheshire and Merseyside Vascular Services Reconfiguration, 23 December 2011
 - 5 Cheshire and Merseyside Vascular Services - Reconfiguration proposals, NHS North of England SMT meeting, 1 March 2012
 - 6 Cheshire and Merseyside Vascular Services Review – Report to Commissioners, October 2011
 - 7 Addendum: Equality and the burden of vascular disease across the Cheshire Clinical Network, May 2012
 - 8 Equality Impact Assessment: Cheshire and Merseyside Vascular Services Review, report to 4 July 2012 Board meeting
 - 9 South Mersey Arterial (SMART) Centre, Patient Access / Transport, report to 4 July 2012 Board meeting
 - 10 Arterial surgery – activity and associated costs at 2012/13 and 2011/12 PbR tariffs, Oct 2010 – Sept 2011
 - 11 Vascular Services Review: Consultation Document – Improvements to vascular services in Cheshire and Merseyside, March 2012
 - 12 NHS Cheshire, Warrington and Wirral Formal Board meeting – minutes, 4 July 2012
 - 13 Link to NHS CWW July 2012 Board papers Outcome of Vascular Services Review
 - 14 Link to NHS CWW November 2011 Board Papers, including full Vascular Services Project Board Report
 - 15 Letter to Kathy Doran, Chief Executive, NHS Cheshire, Warrington & Wirral PCT Cluster from David Allison, Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust, 20 August 2012
 - 16 Consultation document: Improvements to vascular services in Cheshire and Merseyside, January 2011

- 17 Letter to Kathy Doran, Chief Executive, NHS Cheshire, Warrington & Wirral PCT Cluster from Darren Hurrell, North West Ambulance Service NHS Trust

Other information received

- 1 Letter to Lord Ribeiro, IRP Chairman, from Consultant Vascular Surgeons, Wirral University Teaching Hospital NHS Foundation Trust, 26 November 2012
- 2 Letter to Lord Ribeiro, IRP Chairman, from David Allison, Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust, 23 November 2012
- 3 The Provision of Services for Patients with Vascular Disease 2012, The Vascular Society of Great Britain & Ireland