

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health



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Councillor Tony Higgins
Chair
Halton, St Helens and Warrington
Joint Health Overview and Scrutiny Committee
Town Hall
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11 JAN 2013

Dear Mr Higgins,

**VASCULAR SERVICES ACROSS CHESHIRE AND
MERSEYSIDE – REFERRAL FROM HALTON, ST HELENS AND
WARRINGTON JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE**

Further to your letter of 3 October 2012 referring proposals concerning changes to vascular services across Cheshire and Merseyside, I asked the Independent Reconfiguration Panel (IRP) to undertake an initial review on your referral.

The Panel has now completed its initial assessment and shared its advice with me.

A copy of that advice is appended to this letter and which will be published on the Panel's website at www.irpanel.org.uk

In order to make my decision on this matter, I have considered the concerns raised by your Committee, and have taken into account the Panel's advice.

IRP advice

Essentially, the Panel believes the referral is not suitable for full review.

The referrals by made to me by your Committee and Wirral Council raise a number of issues covering a variety of different areas, which the IRP has considered in detail.

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.

I agree with the Panel that 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.

I understand the possible impact of additional demand for services from patients in north Wales, should it ever arise, has been taken into account.

I also understand the Chief Executive of North West Ambulance Service has confirmed 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 Panel has received representations from surgeons at Arrowe Park Hospital, questioning whether the future configuration of services as now proposed is fully in line with professional standards. Further, and having read the Panel's initial assessment, 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.

Conclusion


The IRP considers 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 OSCs should be kept fully involved and informed of developments throughout this phase of the process. This is reflected in your letters to both Committees.

I support the Panel's advice in full and would expect to see NCAT re-examine current proposals in light of the Panel's advice.

I am copying this letter to Lord Bernard Ribeiro, Chair of the IRP and Stephen Singleton, Chief Executive of NHS North of England.

Yours sincerely



JEREMY HUNT



The first part of the report considers the implications of the proposed changes to the way in which the health service is funded and delivered. It also considers the implications of the proposed changes to the way in which the health service is regulated. The second part of the report considers the implications of the proposed changes to the way in which the health service is managed. It also considers the implications of the proposed changes to the way in which the health service is monitored and evaluated.

Introduction

The NHS is a unique organisation. It is a not-for-profit organisation that is funded by the taxpayer. It is a public service that is essential to the well-being of the nation. The NHS is a complex organisation that is constantly evolving. It is a service that is constantly being challenged by new technologies, new demands, and new expectations. The NHS is a service that is constantly being redefined. It is a service that is constantly being reinvented. The NHS is a service that is constantly being reborn.

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HEALTHY NATION