The Cheshire and Mersey Vascular Review Board convened a meeting around October / November 2011 at the Countess of Chester Hospital, inviting the vascular surgeons and the interventional radiologists in Cheshire and Merseyside. It was explained that, in line with what was happening in the rest of the country, there will be fewer hospitals undertaking vascular surgery, so that the volume of procedures performed in these centres are high and hence the outcomes are better. Each hospital was asked to nominate one surgeon and an interventional radiologist to be part of the Clinical Advisory Group to develop clinical standards for both the Arterial and the Non-arterial centres. These standards were to guide the reconfiguration of vascular services in the region. A series of meetings took place between November 2010 and January 2011. From the start it was explained that they anticipated only 2, or at the most 3, vascular centres for Cheshire and Merseyside. It was also explained that these would be chosen on clinical grounds and there was no indication that managers would make the choice on their own criteria without clinical agreement.

A consultation for the event for the NHS stakeholders was held at Halliwell Jones Stadium, Winwick Road, Warrington on 27th January 2011 and another meeting for the public and patient stakeholders, members of the locality Health Overview and Scrutiny Committee was held at on 10th February 2011. The "Consultation Document – Improvements to vascular services in Cheshire and Merseyside" was presented in those meetings. Further consultations with Cheshire and Merseyside MPs took place in February 2011 and the consultation closed in March 2011. The Project Board (Mr Paul Brickwood, Locality Director of Finance & Commissioning – NHS Knowsley / Senior Responsible Officer for Vascular Review Cheshire & Merseyside, Mr Tom Dent Lead for Vascular Review for Cheshire and Merseyside, and Mr Andrew Guy Association of Surgeons Advisor / Consultant Vascular Surgeon, Mid Cheshire Hospitals, Crewe) had said in the consultation document that they thought that two vascular centres would be optimal.

Following closure of the consultation in March 2011, the Project Board asked the hospitals in the South of River Mersey, Wirral University Hospitals and the Countess

of Chester Hospital, to collaborate and submit a single application to be the Vascular Centre. ***(We were told that this was the case but have not seen the actual letter specifying this).*** They had also asked the hospitals in Liverpool, Royal Liverpool University Hospital and Aintree University Hospital, to collaborate and submit a single application to the Vascular Centre. Warrington Hospital had always expressed the desire to be a Vascular Centre and the Project Board had also asked for an application from Warrington Hospital.

In late February / early March, we met Mr Len Richards, the then Chief Executive of Wirral Hospitals and suggested a meeting between the clinicians and the managers of both Wirral Hospitals and the Countess of Hospital, so that the clinicians of each hospital could put forward the case for being a Vascular Centre with opportunities for the clinicians and managers of the other hospital to ask any questions. We also suggested that this meeting was overseen by a representative each from the Vascular Society and Interventional Radiology and a further representation from the Project Board or Critical Care Society.

At no point did a meeting between the clinicians and mangers of both hospitals take place to discuss the clinical merits of where the Vascular Centre should be.

We were informed that the Trust Boards of both the hospitals have agreed to submit an application nominating the Countess of Chester to be the Vascular Centre. When we asked as to how and why this decision was made, we were told that it was for strategic reasons. We were also told that as Arrowe Park Hospital has the Regional Renal Unit, the Urological Cancer Centre and the Dermatology Centre, the Chief Executive of the Countess of Chester Hospital wanted ‘something big’ in return and hence the Vascular Centre at the Countess.

On around the 20th April 2011 we sent a detailed letter to the Project Board outlining our concerns about the suitability of the Countess of Chester being the South Mersey Vascular Centre. This letter and the application jointly submitted by the Chief

Executives of both the hospitals were scrutinised by (1) a representative of the Vascular Society, (2) a representative of the Society of Interventional Radiology and (3) Primary Care Trusts (4) General Practice Commissioning Consortium commissioners from across Cheshire and Merseyside which included NHS Wirral, the Wirral GP Consortium and NHS Western Cheshire.

The bid was not approved as “these groups unanimously recommended to the Project Board that the application could not be accepted at present until the issues raised by the Wirral Consultants have been addressed satisfactorily”.

In reply to my email, Mr Brickwood had implied that the Countess of Chester was not rejected as it did not fall below the 4 criteria outlined in the Consultation Document, which is not true as the 4 criteria were not used either by the two Trusts or the Project Board.

The clinicians and the managers of both hospitals, along with the three members of the Project Board, met on 23rd June to look at what the Countess of Chester is putting in place to address the clinical concerns we had raised. The Countess of Chester had put forward a plan of recruiting 6 staff grade doctors to provide a 24 hour service for the Intensive Care Unit. We expressed our concern that such a plan is not neither feasible nor sustainable. For example, recently Arrowe Park advertised for 2 staff grade doctors in anaesthesia. We were able to recruit only one staff grade. Imagine recruiting 6 staff grades doctors to run a specialised service which is crucial for the well being of vascular patients? We asked the Project Board to ask the Critical Care society as to whether such plans are indeed workable? The Project Board refused this explaining that this is an operational issue.

In the meantime the Project Board, which rejected Warrington originally, asked them to submit a further bid. However this opportunity was not given to Arrowe Park Hospital.

Further to the directions from the Chief Executives, the clinicians of the two Trusts met on 7th October to discuss the specific issue of where the vascular emergencies should be admitted. The clinicians agreed that all vascular emergencies should be admitted to the vascular centre. This is in keeping with the model recommended by the Vascular Society and the model that will be followed in Liverpool.

What has happened now: The Project Board has recommended that the Countess of Chester Hospital be the Vascular Centre. They have also said that emergencies can be admitted to both sites and emergency surgery can be carried out at both sites.

Main issues:

1. The Project Board wrote to the chief executives of the hospitals in Cheshire and Merseyside, asking that hospitals collaborate and that they wished to see only one application for a vascular centre in the Liverpool and one application for a vascular centre in the South of River Mersey. (We should admit that we have not seen the actual letter written to the chief executives by the Project Board and this information was given to us by our chief executive) With regard to the South of River Mersey, the two chief executives discussed amongst themselves, without any discussion between the clinicians of both hospitals, and decided that a joint bid will be submitted naming the Countess of Chester as the Vascular Centre to the South of River Mersey.

   In page 8 of ***"Consultation Document – Improvements to vascular services in Cheshire and Merseyside"***, in the section titled ***"How will vascular centres be selected"***, four criteria have been proposed. The four criteria are:

   1. *Compliance with clinical standards (Appendix 1)*
   2. *Maximum degree of co-location with inter-dependent clinical services*
   3. *Close to where most people live, with good public transport links*
   4. *Lowest investment required to bring about the changes*

In page 9 of the same document it is mentioned that ***'Hospitals wishing to be vascular centres will be invited to explain how they will fulfil the criteria and quality standards'*** and that ***the 'Project Board will then recommend which hospitals should be vascular centres.'***

The process that had taken place however was quite different. The Project Board, instead of inviting bids from individual hospitals, as specified in the above document, has asked for only a single bid from the South of River Mersey.

I had questioned Mr Brickwood as to whose responsibility is it / was it to evaluate the suitability of an hospital to be an Arterial Centre using the 4 criteria, as this is fundamental and was agreed by the Board. I had also asked him what measures he had taken, as the Senior Responsible Officer for Vascular Review Cheshire and Merseyside, to see whether these 4 criteria have been used in the submission of the bid.

His reply was that the four criteria were for use by the Project Board only and that only if they receive "mutually incompatible applications from several Trusts in the same geographical area". There is no mention anywhere in the Consultation Document of this use of the four criteria only by the Project Board.

Did they use the four criteria when they had two applications in Liverpool? No. Both the Royal Liverpool University Hospital and Aintree University Hospital submitted individual applications to the Vascular Centre. The Project Board did not apply the four criteria to choose the Vascular Centre, but rejected both the applications. The Project Board asked both Trusts to collaborate and submit a single application. The Royal Liverpool University Hospital and Aintree University Hospital then submitted a joint application naming the Royal Liverpool University Hospital as the Vascular Centre, and this was approved. Hence the four criteria were never used at all in deciding the Vascular Centre, as was clearly specified in the Consultation Document.

If the four criteria were applied by either the Project Board OR by the Trust Boards of Wirral Hospitals Trust and Countess of Chester, then Wirral Hospitals Trust will undoubtedly be the Vascular Centre. As you could see both the Trusts Boards chose NOT to apply the four criteria, and the Project Board found it convenient to overlook this as they were satisfied that both Trusts had 'collaborated'. This collaboration did not take into account the benefit for the patients or the cost for the NHS, but the decision was taken solely on 'strategic' grounds.

It is also relevant to know that the Consultation Document containing the above details had been through the consultation process involving the NHS stakeholders, public, members of the locality Health Overview and Scrutiny Committee and the various MPs of Cheshire and Merseyside. In other words the above groups were led to believe that this was the process that would take place when a Vascular Centre is chosen, but what has happened is completely different.

2. In "***No. 8, Clinical Standards for vascular centres"***, and "***No. 2, Clinical standards for non-arterial centres"*** in ***"Appendix 1: Quality standards for vascular services, Consultation Document, Improvements to vascular services in Cheshire and Merseyside"***, it is clearly documented 'each ***vascular service should have only one in-patient vascular service'.***

The vascular surgeons at Wirral Hospitals Trust clearly believe that all in-patient arterial surgery should be carried out only in the Vascular Centre and clearly this precisely was what the group meant when it drafted the "***Quality standards for vascular services"***. The clinicians of both Trusts met on 7th October and agreed that this is the best for vascular patients. It is also relevant to note that this is the model proposed by the Vascular Society and the model that will be following by the Vascular Centre in Liverpool. However the recommendation is that in-patient service will also be in the non-arterial centre, which certainly is not conducive to best vascular practice, rendering the whole vascular reconfiguration a mockery.

Points for consideration in addition to above:

1. Why was Arrowe Park not given the option to submit a bid the second time around, where as Warrington was invited to submit a revised bid when their original bid was turned down?

2. Arrowe Park has all the Interdependent clinical services. Services that are available only at Arrowe Park Hospital and not at Chester include Renal Care, Critical Care with 24/7 specialist cover, and limb fitting services. How much does it cost to provide these aspects of care in Chester? On the other hand the cost of moving patients from Chester to Arrowe Park Hospital would be far less by comparison.

3. The Commissioners are being told that only 200 cases or so will have to travel from Wirral to Chester. Chester does less number of cases and hence the number of cases that would have to move from Chester to Arrowe Park would be substantially less. Hence the least number of patients would be inconvenienced if the vascular centre was at Arrowe Park Hospital.

4. The two Chief Executives submitted a bid which involved admission of emergencies to both sites. However this is not best practice, as specified in the Consultation Document, the Vascular Society model, the agreement of clinicians between both Trusts and which will be practiced in Liverpool. The Project Board (Tom Dent in his letter) also confirmed that all emergencies will be at the Vascular Centre. However we understand that the Project Board have now recommended that emergencies could be admitted at both hospitals.

5. Geography: The Project Board clearly do not want Arrowe Park Hospital to be Vascular Centre as the Royal Liverpool has the vascular centre in Liverpool. Hence, according to the Project Board, the population of Mersey and Cheshire are 'well served' if the second vascular centre is well away from the Royal Liverpool Hospital.

   In addition it is relevant to look at where other specialist services in the region are:

Renal (kidney diseases)	Wirrral, Royal Liverpool and Aintree
Uro oncology (cancer of kidney etc)	Wirral, Royal Liverpool
Level 3 Neonatology (Intensive care unit for babies)	Wirral and Liverpool Maternity

There has been no opposition at all to the above configuration of specialist services because these services are best placed in hospitals that have a combination of the entire necessary infrastructure and are accessible for patients.

Hence logic dictates that if geography is the prime reason for Arrowe Park not being considered as the Vascular Centre, then there is a real risk of well-established services such as Renal and Uro oncology to be moved from Arrowe Park to Chester. If the Project Board deny this, then the reason for moving vascular away from Arrowe Park, ie. geography, does not hold true!!

Hence the ‘reconfiguration’ of vascular services is a fudged solution that is not in the best interests of improving the outcomes for patients, leading to a huge cost to the NHS, when an alternative of having the vascular centre at Arrowe Park has been actively ignored by the Wirral Hospitals Trust Board, the Project Board and the NHS Cluster.