NHS
East of England
Clinical Senate

# Bedfordshire Hospitals NHS Foundation Trust – Proposed change in Vascular Services Hub location

# Report of the Clinical Senate independent review panel held on 18 October 2021

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| Glossary of abbreviations used in the report | |
|---|---|
| BLMK | Bedford, Luton, Milton Keynes |
| BHFT | Bedfordshire Hospitals NHS Foundation Trust |
| BTUH | Basildon & Thurrock University Hospital |
| ICS | Integrated Care System |
| IR | Interventional Radiology |
| ITU | Intensive Therapy Unit |
| LDUH | Luton & Dunstable Hospital |
| MSK | Musculoskeletal |
| SVT | Society for Vascular Technology |

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# EXECUTIVE SUMMARY

The Bedfordshire Hospitals NHS Foundation Trust (BHFT) requested the East of England Clinical Senate to review its proposals of the proposed change in vascular hub location within Bedfordshire Hospitals NHS Foundation Trust.

The Clinical Senate Review Panel supported the case for change whilst acknowledging that the proposals were at an early stage. After assessing and exploring the evidence presented and the clinical principles, the Panel made several recommendations for the BHFT team to consider as they move to further development and implement the proposal. The Panel was of the opinion that it made clinical sense to move the hub location and that although there is still further planning in progress, particularly in relation to workforce, the concentration of the wider clinical team with other acute interdependent services onto the larger acute Luton site should mean greater resilience for the service.

The recommendations of the Panel are summarised below and should be read in the context of the broader findings of the clinical review Panel as laid out in the key findings section of this report.

## Recommendation 1

**The development of detailed Interventional Radiology (IR)pathways**

The Panel recommends that a short, medium and longer-term plan be developed for vascular surgical, vascular IR outside the normal remit of vascular surgical pathways such as IR for major haemorrhage and non-vascular IR. This should include a clear map of current pathways, pathways changes planned following the relocation of the hub to the Luton and Dunstable University Hospital site and pathways that will change further down the line. This should include cross ICS and cross vascular network collaboration where necessary to ensure high-quality patient pathways for all relevant presentations.

## Recommendation 2

**Workforce Plan**

The Panel recognised that significant progress has already been made in several key areas regarding workforce planning. The Panel however recommends that further work is undertaken to map out the current and future workforce needs in the short, medium and

longer term and that this is followed with further work on the recruitment and development of the workforce.

## Recommendation 3

**Managing the Transition**

There is always potential risk with the movement of services and the Panel was reassured that the BHFT team are already considering how to deliver this. Further work is however required to fully plan the transition including the movement of staff and equipment and develop a cross over plan if required.

## Recommendation 4

**Activity planning**

The Panel recommends that there is further work on Activity planning including demographic assumptions, the impact of planned preventative strategies and the outcome of discussions with neighbouring ICS/vascular networks. This should be adjusted to take into account of any changes in population.

## Recommendation 5

**Engagement with the surrounding ICS and vascular networks**.

The Panel heard that discussions regarding changes to patient flows and a collaborative approach to some services, particularly interventional radiology services, had already started with the Hertfordshire and West Essex Vascular hub. This work needs to continue along with engagement with the other neighbouring networks.

## Recommendation 6

**Patient and Public engagement**

The Panel recommends that further active engagement with patients and the public is undertaken to best ensure that the needs of all patients' groups are met, including parts of the population who need to be heard but may be difficult to reach. The Panel recognises that the relocation will help to address travel times for the largest proportion of their deprived population, however the impact on the population north of Bedford in particular needs to be carefully considered.

**The recommendations above should be read in the context of the broader findings of the clinical review panel as laid out in the key findings section of this report.**

# 1. Foreword by Clinical Senate Review Panel Chair

The Bedfordshire Hospitals NHS Foundation Trust requested the East of England Clinical Senate to review its proposals of the proposed change in vascular hub location within Bedfordshire Hospitals NHS Foundation Trust. The proposals put forward were supported by the Panel.

I would like to thank the BHFT team for providing clear and comprehensive information to the Panel in advance of the panel discussion. I would also like to further thank them for covering the key lines of enquiry identified during the pre-panel teleconference during their presentation and for their open and honest response to the independent Clinical Senate review panel's questions.

The review panel have made six recommendations which it is hoped will be used to provide further focus to the development of their plans and clinical processes as they move towards implementation.

I would like to thank all panel members for giving up their time and focusing on the proposals in a highly professional and patient focussed manner. The questions raised in my view were important and insightful.
I would like to apologise to the BHFT team as the turnaround of this report has taken longer than expected which has been a consequence of the impact of the pandemic and regional recovery plans.

Finally, I would like to wish the BHFT team well. It was clear that they had improving services for patients as their clear focus and these proposals once implemented should deliver this.

**Dr Bernard Brett**

**East of England Clinical Senate Chair and Clinical Review Panel Chair**

## 2. Advice request, background and scope of the review

2.1 The East of England Clinical Senate was approached during 2021 with a request to undertake an early stage review of the high-level proposals for relocation of the Bedford Hospitals Trust vascular service.

2.1.1. The BHFT commissioned the Clinical Senate to provide an independent clinical review of the proposed change in the vascular hub location within Bedfordshire Hospitals NHS Foundation Trust; evaluate the case for change and high-level plans in order to inform decision making and support future service plans at BHFT and the wider Bedford, Luton, Milton Keynes (BLMK) Vascular Network; and to provide informal early advice or a 'sense check' on developing proposals.

2.2 **Background to change**

2.2.2 Bedfordshire Hospitals NHS Foundation Trust was formed on 1 April 2020 following the merger of Bedford Hospital and the Luton and Dunstable University Hospital. Prior to this, the hospitals were run by two separate NHS trusts, Bedford hospital NHS Trust and Luton and Dunstable University Hospitals Foundation Trust. The BHFT have full commitment to the continuation of emergency care, paediatrics and maternity services on both sites with both hospitals delivering a full range of acute hospital services to a population of around 700,00. The BHFT is using an approach of clinical strategy and integration in its development.

2.2.3 As part of the redevelopment the BHFT are looking to relocate the Vascular services hub to the Luton site which is designed to service a more acute intake and houses other supporting specialities with access to 24 hours/day acute services infrastructure.

2.2.4 Currently, Bedfordshire vascular unit provides a 24/7 elective and emergency vascular service for the whole of Bedfordshire and Luton. Bedford Hospital is the 'hub' with outreach services at Luton & Dunstable Hospital (LDUH). All major vascular work is undertaken at Bedford and all emergencies for the whole county are transferred here. Day case surgery, outpatient clinics and a ward referral service are provided at LDUH.

2.2.5 The Trust is currently developing a detailed clinical strategy with a 'Best of Both' ethos, where there is detailed engagement and integration at clinical service line level and the implementation of a transformative integrated clinical model will be completed by September 2022.

2.2.6 The Luton & Dunstable site is embarking on a period of extensive estates redevelopment; a three-year programme with the development of an acute services 'hot block' including new theatres, Intensive Therapy Unit and maternity services. This presents an opportunity around how services may be configured in the future and is being considered in conjunction with the Clinical Integration Programme.

2.2.7 Currently within the Bedford, Luton and Milton Keynes vascular network, Bedford Hospital is the vascular hub. The Trust has developed plans that will involve moving the Vascular Services Hub from the Bedford Hospital to the LDUH site. As part of this move, surgery and Interventional Radiology activity would move to the LDUH site, with outpatients and diagnostics remaining at both Milton Keynes and Bedford Hospitals sites. LDUH is a larger and busier hospital. Critically though, the LDUH has a Hyper Acute Stroke Unit, is a regional centre for thrombolysis following stroke, a regional centre for head and neck cancer surgery and an active spinal surgery unit. Co-location of these services with a vascular hub will ultimately improve patient access and outcome. The planned helipad and acute services block (Hot Block) at the LDUH site illustrate the desire of the Trust to consolidate LDUH as a more acute site. The BLMK Vascular Hub therefore aligns better at the LDUH than at the Bedford Hospital site.

2.2.8 The Hub move aims to improve the overall experience for patients, their families and carers in terms of outcomes, quality of care, the physical environment, improved access targets, length of stay and to support innovative pathway developments for both vascular and interdependent specialities.

2.2.9 The BHFT informed the panel that the relocation can provide an opportunity to design structures that promote new ways of working as well as improved ability to meet national patient access targets and improved clinical outcomes by reducing delays in treatment across the vascular network. It will allow the vascular team to develop relationships with interdependent specialty teams and develop modern, more responsive pathways of care. A hub at the LDUH site would better support 7-day, consultant delivered care through a larger scale team, through instituting robust interventional radiology arrangements and improving rotas.

### 2.3 Scope of the review

2.3.1 This review has been commissioned with the intention to share the outcome with specialist commissioning, the wider healthcare system and the local population.

2.3.2 The scope of this review is to review the proposed move of the Bedfordshire Hospitals Vascular hub from the Bedford Hospital to the Luton and Dunstable Hospital site. It is not to review any other clinical services, or the related estate solution.

## 3. Methodology and Governance

3.1 Clinical review panel members (Appendix 2) from the East of England Clinical Senate and patient representatives (experts by experience) were identified and invited to be a panel member. All panel members signed conflict of interest and confidentiality declarations (Appendix 3).

3.2 Terms of Reference for the review were agreed between the Bedfordshire Hospitals Chief Executive and team, and Dr Bernard Brett, Chair of East of England Clinical Senate (Appendix 1).

3.3 The evidence submitted by BHFT was discussed at the pre-panel teleconference on 8 October 2021 to prepare panel members and discuss potential key lines of enquiry.

3.4 The clinical review panel took place on 18 October 2021. The BHFT team gave an overview and context setting presentation to the panel. The proposals were discussed with the panel in more detail with the BHFT team responding to questions and providing supporting detail.

3.5 Sections of the draft report were sent to clinical review panel members for review and confirmation of accuracy and to the BHFT team for review for points of accuracy on 1 October 2021.

3.6 The final draft of the report was submitted to the meeting of the East of England Clinical Senate Council on 8 December 2021. Senate Council agreed that the clinical review panel had fulfilled the Terms of Reference for the review and confirmed the report.

3.7 The East of England Clinical Senate will publish this report on its website at the appropriate time as agreed with the sponsoring organisation.

# 4 Summary of key findings:

4.1 The Panel thanked the team for its presentation and its open and honest approach, and the willingness of the BHFT presenting team to answer the questions from the panel.

4.2 The Panel were very positive towards the BHFT seeking advice and engagement with the Clinical Senate very early in the process of planning for the move of the vascular services hub from Bedford Hospital to the Luton and Dunstable Hospital. It was recognised by the Panel that the context of this early engagement is to help in the structuring of the work that the BHFT still need to do. The Panel recognise that there is still a period of time to get all the pathways resolved in detail.

4.3 Following the submission of evidence and additionally the presentation session to the Panel, including discussion between the BHFT presenting Teams and the Panel, in the form of question and answers, the Panel have developed this report which includes the key findings of the Panel as well as recommendations for consideration by the sponsoring organisation.

## 4.4 Model

4.4.1 The model to be used will continue to be that of a hub and spoke model, with the hub changing to LDUH from Bedford Hospital. The Panel were advised that the referral pathway for vascular services will remain as it is to the patient's local hospital including the Emergency Department and for those

needing direct transfer in an emergency to the hub via ambulance. All high-volume services including outpatients and most diagnostics will continue to be delivered through the local spokes.

4.4.2 It is planned that day case procedures, clinics, and out-patient services will continue in both the Bedford Hospital and LDUH sites, and both will retain an Emergency Department. The BHFT team are in the early stage of considering how to redesign and decrease the number of visits that a patient needs to make to any hospital and in particular the hub hospital for vascular services.

4.4.3 The BHFT team presented that whilst at this early stage there is understanding of patient flows from some geographic areas, there is still work to be done with other areas and vascular network boundaries may need to be re-drawn. This is addressed in Recommendation 5.

4.4.5 The Panel heard that the overall surgical services strategy is under development. This will look at what other services would benefit from being co-located. The vascular service is the first service to be reviewed as part of the developing strategy. It is thought that the more acute, more complex emergency workload is most likely to be at the LDUH. However, it is expected that there will still be surgical specialities and complex, planned major surgery at Bedford Hospital.

4.4.6 The Panel were informed that there is unlikely to be a need to move diagnostic equipment, and that services will continue to be provided at both Bedford Hospital and LDUH sites.

## 4.5 Service Quality

4.5.1 The Panel were presented with data demonstrating that the current vascular services provide a high-quality service. The proposal to move from Bedford Hospital to LDUH is being redesigned around patients. Currently the service is restricted by space and capacity at the Bedford Hospital site.

4.5.2 The Panel were very clear that the opportunity to improve quality further will be greatly enhanced with a move to a site where additional capacity, additional facilities, and increased access to 24/7 diagnostic and support services will be available. There is likely to be more resilience to diagnostic and support services at LDUH as this is a larger hospital. The move to the LDUH site offers room for expansion and growth in a more acute site, where other acute services are present such as the Hyper Acute Stroke Unit.

4.5.3 The Panel discussed with the presenting team about the future management of vascular and other interventional radiological referral routes such as for hemorrhagic emergencies within the hospitals. This still requires further work and is part of the Panel recommendations.

4.5.4 The Panel were informed that there are well developed surgical pre-assessment services in place which includes referring to other specialities as needed.

## 4.6 Workforce

4.6.1 The Panel heard that at this early stage there has been a lot of engagement with many of the key staff groups such as Consultant Vascular Surgeons, Interventional Radiologists and Specialist nurses at Bedford Hospital who are in favour of the move to a new hub at LDUH.

4.6.2 There are also plans for additional further engagement with other groups such as Anaesthetists, Scrub nurses and Junior doctors.

4.6.3 The Panel heard that the plans for Vascular Anaesthetists are developing. The Vascular Anaesthetists at Bedford Hospital will be approached about moving to LDUH. However, the transition period over the ensuing years will also allow for the development and upskilling of the workforce with more anaesthetists in LDUH being trained to provide the vascular anaesthesia service. Several will be offered sessions supporting vascular lists at Bedford Hospital prior to the move. This will be offered through an

expression of interest process. As there will be a significant uplift in operating capacity at LDUH, more anaesthetists will be required for the vascular services. This also needs to take into consideration the size and age of the workforce profile, with recruitment required over the next few years.

4.6.4 With theatre scrub nurses the Panel heard that some initial informal engagement has begun. The plan will be to develop a local workforce in the LDUH hub, which may open up new career opportunities for existing scrub nurses to train the next cohort of scrub nurses.

4.6.5 The BHFT team informed the Panel that the plan for the Junior Doctors still requires further consideration. At this early stage, it is envisaged that there will be new roles for surgical care practitioners. To mitigate risk, there may be reciprocal moves of staff from Luton to Bedford.

4.6.6 The Panel were advised that an Away Day has been held to which all vascular team staff were invited including nurses from theatres and ward teams.

4.6.7 Currently the Vascular Scientist support service structure is provided differently in each hospital. Going forward there is a view to develop a more integrated vascular scientist team into the vascular service so there can be more input into the multidisciplinary team and to improve quality assurance and resilience.

4.6.8 Other groups such as laboratory technicians, already have a presence in all three sites and it is envisaged will develop their services as needed including training and retraining if necessary.

4.6.9 The Panel heard about a proposed professional working model and working rotas that the BHFT team is considering developing with the Vascular Surgeons and Interventional Radiologists which will include Out of Hours working.

## 4.7 Interventional Radiology

4.7.1 The Panel closely scrutinised the BHFT team proposal for Interventional Radiologists working with, and alongside, the Vascular Surgeons. IR specialists are trained to treat patients radiologically with vascular surgical problems but also a wider group suffering from haemorrhage or requiring the imaging directed placement of stent or drains. Vascular Surgeons undergo training to treat patients with vascular surgical problems with interventional radiological techniques but not the wider group that the IR specialist manages. It was recognised that there is a national shortage in the IR workforce and that there needs to be safeguards built into all patient pathways. In considering the distinct components of service provided by the Vascular Surgeon role and that of the Interventional Radiologist, the Panel recognises that current plans are a step in a positive direction, but as the BHFT develop more enhanced IR pathways, patient safety is paramount.

4.7.2 The Panel were advised that the vision of the BHFT team is to be able to attract more IRs, which will provide an increase in resilience and robustness for high risk services and non-interventional radiology. Currently there is a limited vascular interventional radiology service at Bedford Hospital but there are existing pathways and arrangements with other acute Trusts to provide these services when needed.

4.7.3 The Panel heard that the development of a hybrid theatre and co-location with the IR at the LDUH site, is viewed as an opportunity to improve and modernise services. This will involve the endovascular and IR workforces working closely together in an integrated environment and facility which is viewed as being attractive in terms of recruitment and retention. This will also provide greatly enhanced capacity.

4.7.4 The Panel were informed of very early stage, positive discussions, which are not yet developed, for collaboration with other networks and services around vascular IR. This collaborative working and networked solution including other vascular networks and IR centres is likely to be essential for the next several years at least.

## 4.8 Patient and Public Engagement

4.8.1 The BHFT presenting team have advised the Panel that one of their next steps following this Clinical Senate Review, is to once again seek patient and public engagement about the hub move.

4.8.2 In 2012, when there was a large vascular reconfiguration across the East of England there was a large amount of patient engagement that was conducted. The learning from this was that patients would like to have ease of access to services and less hospital visits. When considering the move of the hub from Bedford Hospital to LDUH, this learning is continuing to be built into the redesign of the service as part of the move: this includes the ongoing provision of many services at spoke sites and minimising the overall number of hospital visits.

## 4.9 Patient Access

4.9.1 The Panel were made aware of the work that had been conducted around patient access and travel to the hub and spoke sites. With moving the hub to LDUH the biggest impact will be for patients travelling from the North Bedfordshire area. The LDUH hub will be closer to a greater cohort of people where the population density is higher overall and higher in terms of those from more deprived backgrounds.

4.9.2 The BHFT team presented that there is further work to be considered in the needs for those patients who will have further to travel for the Vascular service following the move of the hub to the LDUH site. This links in with the consideration of how to decrease the number of visits a patient requires as mentioned above in the model.

### 4.10 Health Inequalities

4.10.1 The Panel viewed, as a very positive outcome, is that the move is expected to overall decrease the negative impact of health inequalities. Across the BLMK ICS there is a marked variation in health inequalities. It is recognised that for the geographical catchment of the Luton and Dunstable population, with a high number of the more deprived 20% of the population, there will be easier access to the service with an expected improvement in health inequalities.

4.10.2 The Panel were made aware that the ICS is working on the population health management with harder to reach groups and the preventative agenda. This includes focussing on diabetes, smoking and undiagnosed disease which are all factors impacting on both the development of and outcomes from vascular disease. The combination of this, with easier access to local services should help to address the health inequalities of the population.

# 5. Conclusion

5.1 In conclusion and to set the context of the recommendations, the clinical review panel made the following response to the questions asked of the Clinical Senate by BHFT.

- **Does the movement of the BLMK vascular network hub from the Bedford Hospital site to the Luton and Dunstable Hospital site make clinical sense and, based on the evidence provided, is there clear clinical rationale for the benefits to patients (both vascular and interdependent specialities)?**
- **Do the plans provided and the proposed changes look likely to deliver safe, high quality services and outcomes for patients once implemented?**

5.2 The Panel felt there was a strong case for moving the hub to the Luton and Dunstable site from the Bedford site based on population density, deprivation density, the ability to be co-located with inter-dependent services and the ability to substantially improve the size and quality of the estate and equipment to deliver services for patients. For all these reasons the case for change for patients requiring vascular services was strong. The case for patients on pathways involving interdependent services, particularly broader interventional radiology services was not addressed as clearly in the evidence provided, but the BHFT team clearly recognised that further work needed to be done regarding the development of these services.

5.3 In answer to the second question, the Panel were of the unanimous view that at this early stage of their development, the plans do look likely to deliver safe, high quality services and outcomes for patients with vascular conditions once the plans are implemented. Further work needs to be done to develop these plans, especially with regard to both the vascular interventional services that fall outside the normal range of vascular surgical procedures (such as embolisation for major haemorrhage) and non-vascular interventional radiology services.

# 6. Recommendations

## 6.1 Recommendation 1

**The development of detailed IR pathways**

The Panel recommends that a short, medium and longer-term plan be developed for vascular surgical IR, vascular IR outside the normal remit of vascular surgical pathways such as IR for major haemorrhage and non-vascular IR. This should include a clear map of current pathways, pathways changes planned following the relocation of the hub to the Luton and Dunstable University Hospital site and pathways that will change further down the line. This should include cross ICS and cross vascular network collaboration where necessary to ensure high-quality patient pathways for all relevant presentations.

## 6.2 Recommendation 2

**Workforce Plan**

The Panel recognised that significant progress has already been made in several key areas regarding workforce planning. The Panel however recommends that further work is undertaken to map out the current and future workforce needs in the short, medium and longer term and that this is followed with further work on the recruitment and development of the workforce.

## 6.3 Recommendation 3

**Managing the Transition**

There is always potential risk with the movement of services and the Panel was reassured that the BHFT team are already considering how to deliver this. Further work is however required to fully plan the transition including the movement of staff and equipment and develop a cross over plan if required.

## 6.4 Recommendation 4

**Activity planning**

The Panel recommends that there is further work on Activity planning including demographic assumptions, the impact of planned preventative strategies and the outcome of discussions with neighbouring ICS/vascular networks. This should be adjusted to take into account of any changes in population.

## 6.5 Recommendation 5

**Engagement with the surrounding ICS and vascular networks**.

The Panel heard that discussions regarding changes to patient flows and a collaborative approach to some services, particularly interventional radiology services, had already started with the Hertfordshire and West Essex Vascular hub. This work needs to continue along with engagement with the other neighbouring networks.

## 6.6 Recommendation 6

**Patient and Public engagement**

The Panel recommends that further active engagement with patients and the public is undertaken to best ensure that the needs of all patients' groups are met, including parts of the population who need to be heard but may be difficult to reach. The Panel recognises that the relocation will help to address travel times for the largest proportion of their deprived population, however the impact on the population north of Bedford in particular needs to be carefully considered.

## APPENDIX 1: Terms of Reference for the review

East of England Clinical Senate

# Independent clinical review of the proposed change in vascular hub location within Bedfordshire Hospitals NHS Foundation Trust.

**Date: 18 October 2021**

# Terms of Reference

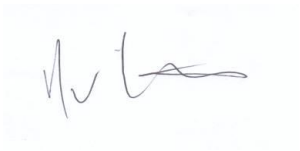
## CLINICAL REVIEW: FOR BEDFORDSHIRE HOSPITALS FOUNATION TRUST

**Title:** Independent clinical review of the proposed change in vascular hub location within Bedfordshire Hospitals NHS Foundation Trust.

### Terms of Reference agreed by:

David Carter, Chief Executive, Bedfordshire Hospitals NHS Foundation Trust.

**Signature**



**Panel chair**

Dr Bernard Brett, East of England Clinical Senate Chair, on behalf of East of England Clinical Senate and

**Signature**

**Date: 01/10/2021**

| **Supporting / background information for the clinical review for completion by commissioning organisation.** | |
|---|---|
| When is the advice required by?<br>Please provide any critical dates | n/a |
| What is the name of the body / organisation commissioning the work? | Bedfordshire Hospitals NHS Foundation Trust |
| How will the advice be used and by whom? | To provide an independent clinical review of the proposed change in the vascular hub location within Bedfordshire Hospitals NHS Foundation Trust. The evaluation of the case for change and high-level plans will inform decision making and support future service plans at Bedford Hospitals Foundation Trust and the wider BLMK Vascular Network. |
| What type of support is Senate being asked to provide:<br>a) Assessment of clinical services<br>b) Early advice to inform a clinical service model<br>c) Review of proposed clinical model / s (or follow up review from b above)<br>d) Support for case for change, including the appraisal of the clinical evidence within<br>e) Informal facilitation to enable further work<br>f) Clinical reconfiguration or integration related to merger of trusts<br>g) Advice on complex or (publicly) controversial proposals for service change<br>g) Other? | d) Support of case for change, including the appraisal of the clinical evidence within<br>f) Clinical reconfiguration or integration related to merger of trusts |
| Is the advice being requested from the Senate<br>a) Informal early advice or a 'sense check' on developing proposals<br>b) Early advice for Stage 1 of the NHS England Assurance process | a) informal early advice or a 'sense check' on developing proposals |

| | |
|---|---|
| c) Formal clinical review to inform Stage 2 of the NHS England Assurance process and/ or your Consultation Business Case d) Other? | |
| Does the matter involve revisiting a strategic decision that has already been made? If so what, by whom and when? | In August 2020 BHFT Board supported in principle the proposed service change. |
| Is the matter subject to other advisory or scrutiny processes? | Outputs will be shared with specialist commissioning and local health and care partners where applicable |

## Aims and objectives of the clinical review

The formation of Bedfordshire Hospitals NHS Trust took place on 1st April 2020 through the merger of Bedford Hospital Trust and Luton and Dunstable NHS Foundation Trust, supporting the ambition of the Bedford, Luton and Milton Keynes Integrated Care System (and more locally, the Bedfordshire Care Alliance). The merged Trust will provide a full range of outstanding District General Hospital services to the people of Bedfordshire and neighbouring catchments in Hertfordshire and surrounding counties. This includes the provision of emergency, paediatric and Consultant-led maternity services on both sites. The Trust is currently developing a detailed clinical strategy with a 'Best of Both' ethos, where there is detailed engagement and integration at clinical service line level and the implementation of a transformative integrated clinical model will be completed by September 2022.

The Luton & Dunstable site is embarking on a period of extensive estates redevelopment; a three-year programme with the development of an acute services 'hot block' including new theatres, Intensive Therapy Unit and maternity services. This presents an opportunity around how services may be configured in the future and is being considered in conjunction with the Clinical Integration Programme.

Currently within the Bedford, Luton and Milton Keynes vascular network, Bedford Hospital is the vascular hub. The Trust has developed plans that will involve moving the Vascular Services Hub from the Bedford Hospital to the LDUH site. As part of this move, surgery and Interventional Radiology activity would move to the LDUH site, with outpatients and diagnostics remaining at both Milton Keynes and Bedford Hospitals sites. LDUH is a larger and busier hospital. Critically though, the LDUH has a Hyper Acute Stroke Unit, is a regional centre for thrombolysis following stroke, a regional centre for head and neck cancer surgery

and an active spinal surgery unit. Co-location of these services with a vascular hub will ultimately improve patient access and outcome. The planned helipad and acute services block (Hot Block) at the LDUH site illustrate the desire of the Trust to consolidate LDUH as a more acute site. The BLMK Vascular Hub therefore aligns better at the LDUH than at the Bedford Hospital site.

The hub move aims to improve the overall experience for patients, their families and carers in terms of outcomes, quality of care, the physical environment, improved access targets, length of stay and to support innovative pathway developments for both vascular and interdependent specialities.

The East of England Clinical Senate is asked to undertake an independent review of the case for change, to review the high-level delivery plans and to identity any additional requirements the Trust may need to make in the implementation of the plans.
The outcome of the review will be used to assure the Trust, public and other key stakeholders on the case for change, to ensure they deliver real benefits to patients whilst avoiding any significant risks to care and shape delivery plans accordingly.

## Scope of the review

The scope of this review is to review the proposed move of the Bedfordshire Hospitals vascular hub from the Bedford Hospital to the Luton and Dunstable Hospital site.

## Out of scope

The Clinical Senate is not asked to review any other clinical services, or the related estate solution.

## Purpose of the review

The Clinical Senate is being asked to review the available evidence, discuss with the members of the programme and make appropriate recommendations to the programme from its findings.
The central questions the Clinical Senate is being asked to address in this review are:

1. Does the movement of the BLMK vascular network hub from the Bedford Hospital site to the Luton and Dunstable Hospital site make clinical sense and, based on the evidence provided, is there clear clinical rationale for the benefits to patients (both vascular and interdependent specialities).

2. Do the plans provided and the proposed changes look likely to deliver safe, high quality services and outcomes for patients once implemented?

***For info only – the following information is standard to all clinical review panel terms of reference:***

When reviewing the case for change and options appraisal the clinical review panel (the panel) should **consider whether these proposals deliver real benefits to patients. The panel should also identify any significant risks to patient care in these proposals.** The panel should consider benefits and risks in terms of:

- Clinical effectiveness
- Patient safety and management of risks
- Patient experience, including access to services
- Patient reported outcomes.

The clinical review panel is not expected to advise or make comment upon any issues of the NHS England Service Change Assurance process that will be reviewed elsewhere (e.g. financial elements of risk in the proposals, patient engagement, GP support or the approach to consultation). However, if the panel agreed that there was an overriding risk in any of those areas that should be highlighted in the panel report.

Questions that may help the panel in assessing the benefit and risk of the proposals include (but are not limited to):

- Is there a clear vision for the proposals, i.e. what is the intended aim?
- Are the expected outcomes and benefits of delivery for patients of this proposed model clear and are there clear plans for how it / they will be measured?
- Is there evidence of clinical leadership and engagement in the development of the options/ preferred model?
- Is there evidence that the proposals will improve the quality, safety and sustainability of care? (e.g. sustainability of cover, clinical expertise).
- Is there evidence that the proposed model will ensure equity in access to services for the population you serve, and how it could reduce inequalities in health?
- If there is a potential increase in travel times for some patients, is this outweighed by the clinical benefits?
- Do the proposals support better integration of services from the patient perspective?
- Do the proposals explain how the model be staffed? Is there appropriate information on recruitment, retention, availability and capability of staff and the sustainability of the workforce?

- Do the proposals reflect up to date clinical guidelines and national and international best practice e.g. Royal College reports?
- Will these proposals meet the current and future healthcare needs of their patients within the given timeframe of the planning framework (i.e. the next ten years or more)?
- Do the proposals align with the local strategies and delivery plans (e.g. Sustainability and Transformation Plans / Integrated Care System strategy and plans)? Do they demonstrate alignment / integration of services (e.g. the link between primary care / social care / mental health services and acute provision including information systems)?
- Do the proposals demonstrate good alignment national policy and planning guidance?
- Does the options appraisal consider a networked or Alliance approach - cooperation and collaboration with other sites and/or organisations?
- Will the proposals reflect further the delivery of the NHS Outcomes Framework?
- Do the proposals uphold and enhance the rights and pledges in the NHS Constitution?
- Is there an analysis of the clinical risks in the proposals, and is there an adequate plan to mitigate identified risks?

The clinical review panel should assess the strength of the evidence base of the clinical case for change and proposed models and make clear its key findings and recommendations in a report to the commissioning organisation.

## Timeline

The clinical review panel will be held on the 18 October 2021. A schedule of agreed key dates can be found at Appendix A.

## Reporting arrangements

The clinical review panel will provide a report to the Clinical Senate Council which will ensure the panel met the agreed Terms of Reference, agree the report and be accountable for the advice contained in the final report.

## Methodology

The most appropriate methodology for the review will be agreed with the commissioner of the review and Senate Council. There are a number of options, the most usual methodology will be a face to face clinical review panel, providing the commissioner of the proposals the opportunity to have a two-way discussion of the proposals with the review panel. In this case, the review will be undertaken by a combination of

- desk top review of the documentation (evidence) provided,
- a pre-panel teleconference for panel members to identify the key lines of enquiry and
- a review panel meeting to enable presentations and discussions to take place.

Other approaches may include a desktop review, and short review by teleconference. Full methodology will be agreed in all cases.

## Report of the clinical review

A draft report will be made to the commissioning organisation for fact (points of accuracy) checking prior to publication.

Comments / correction must be received from the commissioning organisation within ten working days.

The report will be submitted to Clinical Senate Council on 8 December 2021 to ensure it has met the agreed Terms of Reference and to agree the report.

The final report will be issued to the commissioning organisation following the Council Senate Council meeting of 8 December 2021. The commissioning organisation forthwith becomes the owner of the report.

## Communication, media handling and Freedom of Information (Act) requests

Communications in respect of the review will be managed by the commissioning organisation. The Clinical Senate will publish the report once the service change proposal has completed the full NHS England process, or at a time that is appropriate to the proposals. This will be agreed with the commissioning organisation. The commissioning organisation, as the owner of the report and any evidence and or data provided for the review, will be responsible for handling any formal requests for information under the Freedom of Information Act 2000, irrespective of whether the request is received by either the Clinical Senate or commissioning organisation. (Note: NHS Commissioning Board known as NHS England is the statutory body with responsibility for FOI requests received either directly or by the Clinical Senate and will be advised of all such requests received directly by the Clinical Senate and confirmation that the commissioning organisation will be responding to the request).

## Confidentiality

Notes of the discussion will be taken on the day in order to develop a report. Once the final report has been issued to the commissioner of the review, they will be securely destroyed along with the evidence set provided.

All clinical review panel members will be required to sign a Confidentiality Agreement and declare any interests, potential or otherwise. The detail of any potential, or actual, conflict of interest will be discussed with the commissioning organisation and agreement made between them and the Clinical Senate as to whether or not the member may join the review panel.

## Resources

The East of England Clinical Senate will provide administrative support to the clinical review panel, including setting up the meetings and other duties as appropriate.

The clinical review panel may request any additional existing documentary evidence from the commissioning organisation. Any requests will be appropriate to the review, reasonable and manageable. The review panel will not ask the commissioner of the review to provide new evidence or information that it does not currently hold.

## Accountability and governance

The clinical review panel is part of the East of England Clinical Senate accountability and governance structure.

The East of England Clinical Senate is a non-statutory advisory body and will submit the report to the commissioning organisation, who will be the owners of the final report.

The commissioning organisation remains accountable for decision making but the clinical review panel may wish to draw attention to any risks that the commissioning organisation may wish to fully consider and address before progressing their proposals.

## Functions, responsibilities, and roles of the parties

The **commissioning organisation** will

i. provide the Clinical Senate review panel with the clinical case for change, options appraisal and relevant background and current information, identifying relevant best practice and guidance. Is it recommended that the evidence supports the questions laid out above. The level of detail though will be appropriate and in proportion to the stage of development of the proposals. For NHS England Service Change Assurance process 'Stage 2' reviews, Clinical Senate provides supporting information on the evidence it would expect to see

ii. respond within the agreed timescale to the draft report on matter of factual inaccuracy
iii. undertake not to attempt to unduly influence any members of the clinical review panel during the review
iv. be responsible for responding to all Freedom of Information requests related to the review and proposals and
v. arrange and bear the cost of suitable accommodation (as advised by Clinical Senate support team) for the panel and panel members.

**Clinical Senate Council and the commissioning organisation** will

**i.** agree the Terms of Reference for the clinical review, including scope, timelines, methodology and reporting arrangements.

**Clinical Senate Council** will

i. appoint a clinical review panel, this may include members of the Clinical Senate Council and Assembly, external experts, and / or others with relevant expertise. It will appoint a Chair of the review panel
ii. consider the review recommendations and report and consider whether the clinical review panel met the Terms of Reference for the review
iii. provide suitable support to the panel
iv. issue the final report to the commissioning organisation and
v. promptly forward any Freedom of Information requests to the commissioning organisation.

**Clinical review panel** will

i. undertake its review in line with the methodology agreed in the Terms of Reference
ii. follow the report template and provide the commissioning organisation with a draft report to check for factual inaccuracies
iii. submit the draft report to Clinical Senate Council for comments and will consider any such comments and incorporate relevant amendments to the report.

**Clinical review panel members** will undertake to

i. declare any conflicts of interest and sign a confidentiality agreement prior to having sight of the full evidence and information
ii. commit fully to the review and attend all briefings, meetings, interviews, panels etc. that are part of the review (as defined in methodology)
iii. contribute fully to the process and review report
iv. ensure that the report accurately represents the consensus of opinion of the clinical review panel and

v. comply with a confidentiality agreement and not discuss the scope of the review nor the content of the draft or final report with anyone not immediately involved in it. Additionally, they will declare, to the Chair of the clinical review panel and the Head of Clinical Senate, any conflict of interest that may materialise during the review.

## Clinical review panel members

Members of the clinical review panel sit in their own personal or professional capacity; they do not represent the opinion of their employing or professional body. All clinical review panel members sign an agreement of confidentiality and declare any (potential interests).

| **Clinical Review Panel members** | | |
|---|---|---|
| **Name** | **Area / organisation** | **Role / area of expertise** |
| Bernard Brett | East of England Clinical Senate Chair | Chair of Clinical Review Panel |
| Tanyah Ewan | North West Anglia Foundation Trust | Clinical Vascular Scientist |
| Fay Gilder | Princess Alexandra Hospital, Harlow | Consultant Vascular Anaesthetist, Medical Director |
| Mark Lewis | Norfolk and Norwich University Trust | Consultant Interventional Radiologist |
| Jay Menon | Essex Partnership University Hospital | Consultant General and Vascular Surgeon |
| Christine Moss | The River Surgery, Essex | General Practitioner |
| Mark Smith | Allied Health Professionals, Suffolk | Clinical Director |
| Nikki Young | | Expert by Experience |
| **In attendance** | | |
| Mary Parfitt | NHS England and NHS Improvement | Interim Head of Clinical Senate |

# APPENDIX 2: Membership of the clinical review panel

## Clinical Review Panel Chair:

**Dr Bernard Brett**

Dr Bernard Brett, Chair of East of England Clinical Senate, is Deputy Medical Director and a Consultant in Gastroenterology and General Internal Medicine based at the Norfolk and Norwich University Hospitals NHS Foundation Trust, and also works at the James Paget University Hospitals NHS Foundation Trust.

Bernard has held several senior management posts over the last fifteen years including that of Medical Director, Responsible Officer, Deputy Medical Director, Divisional Director, Director of Patient Flow and Appraisal lead. He continues with an interest in Appraisal and Revalidation. Bernard has spoken at regional and national meetings on the topic of 7-day working and been an invited speaker on the topic of improving colonoscopic adenoma detection rates.

## Clinical Review Panel Members

**Tanyah Ewen**

Tanyah is an accredited Clinical Vascular Scientist with over 20 years of experience and is a Trust Department Lead. Tanyah is also the past president of the Society for Vascular Technology (SVT) of Great Britain & Ireland and is currently on the executive committee as the British Medical Ultrasound Society representative. Tanyah has been involved with the SVT executive committee for over 10 years.

**Fay Gilder**

Since November 2020 to the current date, Fay has been Medical Director at Princess Alexandra Hospital, Harlow in Essex.

Previously Fay was employed in the following roles:
Clinical Director for Improvement and Transformation at Cambridge University Hospitals from June 2018-October 2020.
Clinical Lead – Perioperative Medicine at Cambridge University Hospitals from 2010-2018.
Consultant Vascular Anaesthetist at Cambridge University Hospitals from 2002-2020.

**Mark Lewis**

Mark is Consultant Interventional Radiologist and Clinical Lead for the Norfolk Centre for Interventional Radiology. Mark graduated from St George's Hospital Medical School in 2004, started radiology training in Norfolk in 2008 and has been doing interventional radiology full time since 2011, and as a consultant since 2015.

**Jay Menon**

Jay is a Consultant Vascular & General Surgeon who is currently working at Basildon & Thurrock University Hospital (BTUH). After Postgraduate Training in General Surgery in India, he came to this country in the early 1990s. After completing Surgical & Vascular Training in the North East Thames rotation under Professors Irvin Taylor, Mohan Adeseshiah & Michael Baum at University College, London and with Professor George Hamilton at the Royal Free Hospital, London, Jay took up substantive Consultant job at BTUH in 2005. Jay has been the Vascular Lead here and leads the Regional Vascular service provision in Essex, ahead of the reconfiguration of the Hub to BTUH. Jay started the Endovascular Aneurysm Stenting programme in his Trust and was the first to start awake Carotid Endarterectomy locally.

Jay's interests include teaching and he is currently an Honorary Associate Professor with University College, London. Jay has successfully completed his Executive MBA *cum laude* this year from University of Hertfordshire and is a Fellow of the Chartered Management Institute.

**Christine Moss**

Christine has been a GP in Buckhurst Hill for 30 years and has worked with the Executive Team for West Essex for 10 years.

Christine is also the Commissioning Clinical Lead for Princess Alexandra Hospital and Barts Health, she is a strong advocate of engagement of primary and secondary care to create effective clinical pathways of care delivering improved health outcomes alongside integration with social care and local authority. This work is particularly focused on reducing inequalities.

She has a particular focus on Cancer Services and supports work across Herts and West Essex Integrated Care System to deliver improved pathways and to achieve better outcomes in Cancer.

**Mark Smith**

Mark is the Clinical Director at Allied Health Professionals Suffolk Community Interest Company. He leads on Governance, Quality and Service improvement in the provision of Musculoskeletal (MSK) Physiotherapy, Specialist Spinal and Pelvic Health Physiotherapy Services across Suffolk. Mark's professional background is as an MSK Podiatrist.

He has 19 years of experience working in Musculoskeletal and Rehabilitation healthcare delivery. During this time, he has developed Governance Frameworks and MSK Services for the NHS and led on the development of MSK services and policy for the Ministry of Defence.

**Nikki Young**

Nikki is a medically retired Social Work Manager (Children's Services) resident in Mid Suffolk and a War Pensioner. She qualified as a Social Worker in 1993, and has an MA & DipSw University of East Anglia following a BA (Hons) Politics. Nikki has experience as a Social Work Practice Educator, Trainer Diversity & Equalities, Professional Adviser Adoption, Child Protection Joint Interview Practitioner, Team Manager and Looked After Children. Nikki has extensive experience of presenting the Local Authorities case in care proceedings in the Magistrates, County and High Courts. As a person experiencing Multiple Sclerosis for the past 35 years, Nikki has been engaged with the Multiple Sclerosis Society as Chair of the East Anglia Region and Member of the England Council. Nikki is a member of Oceans of Hope UK engaged in sailing for people with Multiple Sclerosis, Mutual Support MS an organization for Veterans, Serving Personnel and their Families (Navy, Army, Air Force) living with MS and Bike Tours for the Wounded, a Community Interest Company providing opportunities for sick and injured veterans to ride motorbikes in America, UK and France. Nikki is a founding member of the Eye Health Centre Patient Participation Group and Chair of Yaxley Parish Council. Nikki is a Safeguarding Representative for the Diss RC Parish and safeguarding advisor on the Ampleforth College Lourdes Pilgrimage.

## In attendance at the panel: BHFT Team:

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| | |
|---|---|
| Cathy Jones | Deputy Chief Executive, Bedfordshire Hospitals NHS Foundation Trust |
| Nadim Noor | Clinical Director - Vascular Surgery and BLMK AAA Screening Programme, Bedfordshire Hospitals NHS Foundation Trust |
| Ben Gainsford | General Manager - Group 3., Bedfordshire Hospitals NHS Foundation Trust |
| Anna Rimmer | Head of Nursing Surgery, Bedfordshire Hospitals NHS Foundation Trust |
| Emily King | Senior Integration and Transformation Manager, Bedfordshire Hospitals NHS Foundation Trust |

## In attendance at the panel: Clinical Senate Support Team:

| | |
|---|---|
| Mary Parfitt | Interim Head of East of England Clinical Senate |

# APPENDIX 3: Declarations of Interest

All panel members were required to declare any interests.

During the pre-panel panel discussion, it was noted that Fay Gilder's substantive role is in a hospital which has patient pathways to the vascular service at BHFT. It was agreed for this panel, this was not a significant conflict of interest and although this needed to be noted there was no reason for her to withdraw from the panel.

The remaining panel members claimed not to have any
a) Personal pecuniary interest
b) Personal family interest
c) Non-personal pecuniary interest or
d) Personal non-pecuniary interest.

## APPENDIX 4: Review panel agenda

# A G E N D A

### Independent clinical review of the proposed change in vascular hub location within Bedfordshire Hospitals NHS Foundation Trust

### Monday 18 October 2021

**Time:**

09.30-14.00 for panel members

10.00-10.30 for Bedfordshire Hospitals Team

12.00-12.30 Potential additional time for invited BHFT team

**MS Teams Meeting**

The Clinical Senate Panel is asked to review the available evidence, including the Bedfordshire Hospitals response to the Key Lines of Enquiry, discuss with the members of the Bedfordshire Hospitals Programme and make appropriate recommendations from its findings on the proposed change in the Vascular Hub location within Bedfordshire Hospitals NHS Foundation Trust.

The central questions Clinical Senate is being asked to address in this review are:

- **Does the movement of the BLMK vascular network hub from the Bedford Hospital site to the Luton and Dunstable Hospital site make clinical sense and, based on the evidence provided, is there clear clinical rationale for the benefits to patients (both vascular and interdependent specialities)?**
- **Do the plans provided and the proposed changes look likely to deliver safe, high quality services and outcomes for patients once implemented?**

| Time | Item | Who |
|---|---|---|
| **09.25** | **Arrival of Panel members** | Panel members |
| 09.30 - 09.50 | Welcome, introductions & outline of the proceedings for the review panel from Panel Chair | Dr Bernard Brett |
| **09.55** | **Arrival of Bedfordshire Hospitals Team – maximum of 5 members** | |

| | | |
|---|---|---|
| 09.55 – 10.00 | Bedfordshire Hospitals Team- welcome & introductions | Dr Bernard Brett |
| 10.00 - 10.30 | Presentation, which focuses upon and addresses the content within the Key Lines of Enquiry.<br>• 20 minutes by Bedfordshire Hospitals Team<br>• 20 minutes for any Panel questions | Bedfordshire Hospitals Team |
| **10.40** | **Bedfordshire Hospital Team leave meeting** | |
| 10.40 – 11.45 | Confidential Panel Discussion | Panel members |
| 11.45 – 12.00 | Panel Break | Panel members |
| **12.00** | **Bedfordshire Hospital Team invited to rejoin meeting – maximum of 1-2 members** | |
| 12.00 – 12.30 | Panel discussion and questions with Bedfordshire Team members **<u>if required</u> (30 mins maximum)** | Panel members & Bedfordshire Hospitals Team |
| **12.30** | **Bedfordshire Hospital Team leave meeting** | |
| 12.30 – 13.00 | **Lunch break for Panel** | |
| 13.00 – 14.00 | Confidential Panel discussion.<br>Panel summary – key findings and recommendations | Panel members |
| **14.00** | **Close** | Panel members/ Dr Bernard Brett |

Next steps – information for clinical review panel members:

**1.** A draft report will be sent to the BHFT team and clinical review panel members for points of accuracy check no later than 1 November 2021 for response by 15 November 2021 turnaround for panel members and BHFT Team.

**2.** The report will be submitted to Clinical Senate Council on 8 December 2021 to ensure it has met the agreed Terms of Reference and to agree the report.

The final report will be issued to the commissioning organisation following the Council Senate Council meeting at which the report is reviewed. The commissioning organisation forthwith becomes the owner of the report.

**KEY LINES OF ENQUIRY**

Following the pre-panel meeting (08 October 2021) of the Clinical Senate Review Panel for the Bedfordshire Hospitals Vascular Review, areas for further exploration have been identified. These have been developed into Key Lines of Enquiry for the Bedfordshire Hospitals Team to address through a presentation and discussion with the Panel on 18 October 2021. The BHFT team is welcome to address any of these by email prior to the Panel day. Please note, the discussion on 18 October 2021 will not be restricted to these areas alone.

1. What is the rationale for a move from the Bedford site to the LDUH site?
    - Can the BHFT Team share with the Panel, the Business Case or other documentation to provide more information regarding the case for the move of the Vascular Services from the Bedford Hospital to the LDUH site?

2. How much engagement has there been with other Vascular Networks and Specialised Commissioning about potential changes in patient flows both into and away from the BMLK network?

3. Is the data that has been provided to the Panel all local data? Please can the BHFT Team provide available data from the National Vascular Society/national database.

4. Has there been a visit from the Vascular Society? Or is there a visit being planned or under discussion? If there has been a visit, what were the outcomes and/or recommendations?

5. What is the plan for improving patient access to the Vascular Services, particularly for groups with Health Inequalities?
    - What are the ambulance travel times between all the sites and what is the impact on emergency travel times across the geographic area covered?

6. What is the strategy for workforce including engagement, planning and consultation?

    - How has this been updated following the impact of COVID-19?

    - Please can more detail be provided for the workforce strategy for critical specialities e.g. Interventional Radiology, Vascular Anaesthetists.

    - What is the mood within the Trust towards this move and the degree of staff engagement on both sites?
        - Are there any particular groups that object to the plans?
        - Please can the Panel be advised how this information is being collected and the outcomes.

    - What is being planned about transfer of staff to LDUH?

7. What is the current, and future provision for Out of Hours Vascular service particularly for Interventional Radiology and delivery of obstetric high-risk cases?

    - Where are higher risk obstetric cases delivered?

8. What is the impact of the move on the provision and capacity of diagnostic services such as CT, MRI, Ultrasound?

    - What model for service provision will be used?

    - What is being planned about transfer of diagnostic/treatment equipment to LDUH?

| **Clinical Review Panel members** | | |
|---|---|---|
| **Name** | **Area / organisation** | **Role / area of expertise** |
| Bernard Brett – Chair | | East of England Clinical Senate Chair |
| Tanyah Ewen | North West Anglia Foundation Trust | Clinical Vascular Scientist |
| Fay Gilder | Princess Alexandra Hospital, Harlow | Consultant Vascular Anaesthetist, Medical Director |
| Mark Lewis | Norfolk and Norwich University Trust | Consultant Interventional Radiologist |
| Jay Menon | Essex Partnership University Hospital | Consultant General and Vascular Surgeon |
| Christine Moss | The River Surgery, Essex | General Practitioner |
| Mark Smith | Allied Health Professionals | Clinical Director |
| Nikki Young | | Expert by Experience |
| In attendance | | |
| Mary Parfitt | NHS England and NHS Improvement | Interim Head of Clinical Senate |

| **Bedfordshire Hospitals NHS Foundation Trust: Presenting Team** | | |
|---|---|---|
| **Name** | **Role** | **Organisation** |
| Cathy Jones | Deputy Chief Executive | Bedfordshire Hospitals NHS Foundation Trust |
| Nadim Noor | Clinical Director - Vascular Surgery and BLMK AAA Screening Programme | Bedfordshire Hospitals NHS Foundation Trust |

| | | |
|---|---|---|
| Ben Gainsford | General Manager - Group 3 | Bedfordshire Hospitals NHS Foundation Trust |
| Anna Rimmer | Head of Nursing Surgery | Bedfordshire Hospitals NHS Foundation Trust |
| Emily King | Senior Integration and Transformation Manager | Bedfordshire Hospitals NHS Foundation Trust |

# APPENDIX 5: Summary of evidence set provided

| | |
|---|---|
| Bedford, Luton, Milton Keynes Vascular Network | Bedfordshire Hospitals |
| | Vascular Services configuration |
| | Activity levels |
| | Clinical Outcomes |
| | Demography and Health Inequalities |
| Proposed Change | Case for Change |
| | Risks |
| | Travel impact |
| | Work Plan |

## End of report.