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Professor Donal O'Donoghue  
Renal Association President  
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Dear Professor O'Donoghue,

I am writing to you in your capacity as President of the Renal Association to request advice in relation to the planning of vascular and renal services in West Yorkshire.

As you know, it has come to my attention that the number of 'arterial centres' in West Yorkshire is to be reduced, with the creation of two main vascular surgery 'hubs'. One of these hubs will be based in Leeds. The question of where to base the second hub has been explored as part of a regional vascular services review involving NHS England and the Yorkshire and The Humber Senate. The attached documentation sets out the status quo and the rationale for change. A key difference between the two potential locations for the second hub (Bradford and Calderdale) is that Bradford is a renal centre for West Yorkshire (the other regional renal centre is in Leeds). The Bradford renal service is currently compliant with the NHS England national service specification. Patients with advanced renal disease are of course very dependent on vascular services, and this is acknowledged in the 'Yorkshire and The Humber Senate Report' (Part 2, page 12). A more general review of the regional status quo is set out in the 'Vascular Stocktake for Yorkshire and The Humber' document (both documents are attached).

You kindly invited me to set out the concerns that we have for patients in Bradford who are dependent on renal services. I have appended a brief summary of the co-dependency of renal and vascular services in Bradford.

I would be grateful if your advice could encompass the following queries:

- If it were to be decided that we should transfer patients from our renal centre in Bradford to a vascular centre in Calderdale (which has only an outpatient satellite haemodialysis facility linked to Leeds, representing a significant step down in renal care provision), what new structures and processes would need to be in place in both Bradford and Calderdale to ensure that the quality of our currently co-located service is maintained? Who would assume responsibility for the care of our renal patients during their stay in Calderdale?
- What recommendations should be made as part of the review to ensure that the future regional strategy will deliver a high quality of care for all patients in West Yorkshire,

including renal patients irrespective of whether their care is in Leeds (supported by a co-located vascular service) or Bradford (supported by a co-located vascular service at present but facing the possibility of becoming dependent on a remote vascular service which would necessitate the transfer of renal care to a non-renal centre)?

As Clinical Lead for Renal Services in Bradford, I am very concerned about the prospect of a more fragmented pathway of patient care, especially in view of the fact that we look after an increasing number of renal patients with complex vascular problems who benefit from very close interdepartmental collaboration and continuity of care. I am grateful to you and senior Renal Association colleagues for reviewing these concerns and helping us to ensure that the future strategy for West Yorkshire will deliver a safe service of the highest quality for Bradford renal patients and maintain the same access to optimal vascular treatment and continuity of renal care in both West Yorkshire renal centres.

Kind regards

A handwritten signature in purple ink that reads "John Stoves". The signature is written in a cursive style with a horizontal line underneath the name.

**DR J STOVES MD FRCP**  
**Consultant Nephrologist and Renal Clinical Lead**  
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