

Integrated Care Board

Date of meeting	19 March 2026
Title of paper	Case for Change – Vascular Reconfiguration Programme
Presented by	Craig Harris, Chief Commissioning Officer
Author	Jason Newman, Programme Transformation Lead
Agenda item	15c
Confidential	No

Executive summary

The attached paper is the Case for Change that supports the Vascular Reconfiguration Programme.

The Case for Change has previously been endorsed by the ICB Clinical Advisory Group – CAG (31st January 2024)
ICB Commissioning Resource Group – CRG (29th February 2024).
NHSE Stage 1 Assurance Group (21st March 2024)

These initiated the subsequent service change process that is currently underway. However, with the recent ICB Policy and SOP that reflects the long standing NHSE Major Clinical Service Change guidance it is important that first the Service Change Assurance Group and then ICB Public Board review and endorse the attached paper. Approval through the ICB's CAG/CRG will not fulfil the requirements of the stated NHSE guidance alone.

Although both Lancashire & South Cumbria (L&SC) Vascular Centres provide safe, quality services to their patient cohorts, the current configuration of services across L&SC is not compliant with the national specification. This presents a risk to both the future quality of health care being delivered to patients and the sustainability of the workforce delivering it.

The central case for change is that the current dual-site model of hospital services provided by Lancashire Teaching Hospitals NHS Foundation Trust (LTHT – supporting Central and West Lancashire, South Cumbria, and Wigan populations) and East Lancashire Hospital Trust (ELHT) does not, and cannot, meet the national standards.

Evidence has been growing for more than a decade that vascular surgical units that carry out high volumes of specialised procedures have better patient outcomes. In addition to the NHS England specification both the national Getting it Right First Time programme (GIRFT) and the Vascular Society of Great Britain and Ireland (with recommendations published [2021] in The Provision of Services for Patients with

Vascular Disease) advise that changes to the current service model delivery are required.

These recommendations align with the L&SC Health and Care Partnership and Integrated Care Board (ICB) vision of a networked approach that will provide opportunities to develop specialist expertise associated with centres of excellence while continuing to delivery local services.

Local drivers for change have also been identified where: the Vascular Centres do not work within recommended network configuration; the population size of ELHT does not meet minimum requirements (needing to be above 800k); neither Vascular Centre is consistently achieving target clinical metrics (e.g., Below Knee: Above Knee amputation ratio); repatriation and rehabilitation services are challenged across the region.

Public and Stakeholder Engagement

Health Overview and Scrutiny Committees:

Blackpool – Briefing paper sent October 2018

Blackburn with Darwen – advised of the VPB establishment Sep-18

Cumbria – Briefing paper sent October 2018

Lancashire – Briefing paper sent November 2018 and presentation given to the Health Overview Steering Group November 2018.

Clinical Senate: June 2018 NW Clinical Senate Manager advised of the Vascular programme.

Patient representatives were on the VPB, all of whom had received treatment from L&SC Vascular services. In addition, the Programme team undertook a survey of patients on site at vascular clinics (February and May 2019). The Patient Feedback Report Spring 2019 report has a full list of visits.

The results of the survey demonstrated what users of the service thought was needed to provide a good experience for the patient and their family and/or carers. This information was used to inform the scoring process by using the key points for consideration to evaluate whether a service model option would improve patient and carer experience. The following elements, in no particular order, were most identified from the survey as important to patients when receiving care:

- Being seen and treated quickly
- Being kept appropriately informed
- Being listened to
- Clean environment
- Good quality after care and pain management
- Personalised care
- Personalised information and advice
- Receiving care close to home/where is convenient wherever possible
- Having understanding staff

Areas for improvement were also identified, for example, where possible to receive treatment locally, consideration of other health problems and reduction of waiting times in outpatient clinics. Cost of car parking was also an issue and some suggestions for improving communication were also received.

Wigan CCG in October 2018 and Specialist Commissioners (April 2019). A full

briefing paper including implications for Wigan residents and Wigan CCG commissioning responsibilities provided to the Director of Commissioning May 2019.

Wider staff groups

The VPB signed off a Communication's Strategy which defined the approach for communicating and engaging with the key stakeholders, including the wider staff groups working across the region. Following each VPB a 'Key Messages' document was circulated to the HR leads, each vascular related service within every Provider Trust and shared to a joint CCG forum. There was local responsibility for sharing the document further within their departmental/team meetings. Vascular Clinical Team Event - An event for vascular clinical team members to find out more about the work of the LSC&W Vascular Network Programme took place on 14th February 2019. The event provided an opportunity for teams to give feedback and ask questions. Information was provided around the background and history of the programme, the process undertaken and progress. 40 delegates attended, representing a variety of disciplines.

Case for Change Development

To support the rationale behind the case for change a further period of patient engagement took place between September and October 2023. This included a series of listening events held with known patient groups, online, open invite focus groups, and surveys.

The purpose of these was twofold: Firstly, to check that patient experience reflected the issues in the case for change, for example long waiting times, variation in service etc. Secondly, to ascertain whether the proposed plans would raise any concerns or issues for patients that would need to be taken into consideration. Views around a more community-centric approach were also collected to see which services patients felt could be delivered nearer to home if possible.

The events were well attended and although still represent small numbers of people the feedback through lived experience is of high quality. The main findings can be summarised as:

- Services in the community should be set up so that their catchment is wide enough to promote regular contact with other patients as this allows for better peer support.
 - Services in the community should be based in one common venue so that services are able to work better together and be available as a 'one stop shop'.
 - All services in the network, whether that be in community or in hospital should be connected. Preferably with regular meetings with all staff that a patient comes in to contact with but, at the very least, with access to each other's notes and shared patient records.
 - Vascular network services should have close links and access to other specialties since many patients have other connected long-term conditions.
 - A network model should support staff learning from each other but not allow them to be influenced by each other so that 'second opinions' remain independent.
6. Services should be mindful of the longevity of the condition following complex surgery making a patient 'a patient for life'.

The patient perception that services needed to be better joined up supported the case for change. The other findings gave a direction for future models of care associated with the programme.

Regular presentations and discussions have been undertaken with Health Overview and Scrutiny Committees throughout the review and members have been invited to the engagement events.

The engagement activity emphasised the importance of taking the patient's views into account and, as a result, the Vascular Network Board committed to including a Patient Advocate as part of its core membership. The patient groups, which had been approached during the engagement, were contacted to seek volunteers to fulfil this role. Following some informal discussions with the volunteers, a suitable representative with a wealth of experience was identified. They have since attended the monthly meetings and been involved in the development of the Business Case and pre-consultation planning.

Throughout the programme the role of staff and their feedback has been a primary consideration. At the beginning of the programme in 2022 a series of staff newsletters were created which provided updates on the programme and gave the opportunity for departmental teams to have discussions internally.

The emphasis has been on programme leads within provider Trusts to have discussions with staff and to ensure their views and concerns are addressed in decision making at Vascular Network Board meetings. A generic presentation slide-set was produced to facilitate these discussions and to ensure consistency of message across all partners.

Subsequently, information has been shared on the former 'Engagement HQ' platform which was promoted on Trust intranets and used as a repository for information on the various programmes. A dedicated vascular page contained updates on decisions and the decision-making process along with the Case for Change document and updated proposed models of care. This directed staff accessing the information to leave comments and start discussions or to speak directly with the relevant lead in their Trust.

Listening to Communities Report published in July 2025. It described a period of engagement between May and July 2025, aiming to:

- Gather opinion about the proposal.
- Highlight any issues with the model that would need to be mitigated against during implementation.
- Check what information was of interest to patients so that this could be properly communicated during the next phase of the process.

Engagement included drawing on previous relevant engagement, focus groups with community groups and one-on-one interviews with patients attending out-patient clinics. The ICB Team heard from 110 people during this engagement. The report draws on feedback from previous engagement, where it is relevant, bringing the number of views taken into consideration to 1,062.

The main findings can be summarised as:

- Majority of people supported the proposed new model.
- There are concerns about travel that must be addressed to avoid negative reactions.

A draft **Consultation Strategy and Plan** is currently being developed by the ICB Communications & Engagement Team) as part of the pre-consultation work of the programme. This document outlines the strategic rationale and implementation plan for a formal consultation on the vascular reconfiguration in L&SC.

Recommendations

The Public Board membership is recommended to endorse the Vascular Reconfiguration Programme Case for Change for in line with the Major Clinical Service Change process.

Which Strategic Objective/s does the report relate to:

Tick

SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓
SO4	Meet financial targets and deliver improved productivity	✓
SO5	Meet national and locally determined performance standards and targets	✓
SO6	To develop and implement ambitious, deliverable strategies	

Implications

	Yes	No	N/A	Comments
Associated risks	✓			
Are associated risks detailed on the ICB Risk Register?		✓		They are held within the PCB Vascular Programme Risk Register
Financial Implications	✓			Outline model published in PCBC. Provider Teams are currently modelling the detailed financial impact for the Decision Making Business Case.

Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes
ICB Clinical Advisory Group	31 st Jan 2024	Endorsed
ICB Commissioning Resource Group	29 th Feb. 2024	Endorsed
NHSE Stage 1 Assurance Group	21 st March 2024	Endorsed

Conflicts of interest associated with this report

Not applicable

Impact assessments

	Yes	No	N/A	Comments

Quality impact assessment completed	✓			QIA finalised with ICB Quality Team (June-24).
Equality impact assessment completed	✓			EHIIRA finalised with ICB Inclusion Team (May-24).
Data privacy impact assessment completed	✓			Online DPIA (CSU700620) completed with ICB Information Governance Team (09/09/24).

Report authorised by:	Craig Harris, Chief Commissioning Officer
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