

Integrated Care Board

Date of meeting	17 September 2026
Title of paper	Pre-Consultation Business Case – Vascular Reconfiguration
Presented by	Craig Harris - Chief Commissioner, Deputy Chief Executive
Author	Jason Newman – Programme Transformation Lead
Agenda item	14
Confidential	No

Executive summary

The attached paper is the Pre-Consultation Business Case (PCBC) that supports the Vascular Reconfiguration Programme. Development of the PCBC has aligned with the ICB service change policy and NHS England (NHSE) service review process. It has been reviewed and endorsed by the Vascular Programme Board, ICB governance meetings, North West Clinical Senate (NWCS), and NHSE assurance groups.

Implications and capacity: approximately 650 inpatient vascular cases per year would transfer to the arterial centre.

Financial Modelling: the proposal is expected to generate a projected £1.8 million annual system-wide financial improvement. Around £2 million of capital investment is required and will be funded through provider trust capital plans (factored into 26/27 planning and supported by LTH Exec Team) - no additional ICB or national capital funding is requested. Commissioner spending is not expected to increase.

Public Consultation: an eight-week public consultation is planned from Oct-2026 to gather stakeholder feedback. The consultation will use a range of engagement methods to ensure diverse participation and inform final decision-making. This would require £50,000 to be allocated to cover the delivery costs.

NHS England Four Tests: the proposal is designed to meet NHSE's requirements by demonstrating strong stakeholder engagement, the preservation of patient choice, alignment with national clinical evidence and standards, and support from commissioners. It satisfies the Bed Closure Test with no reduction in overall system bed numbers.

Integrated Impact Assessment: a comprehensive set of assessments has been completed which have been endorsed by relevant ICB groups and independently scrutinised by the NWCS and NHSE.

Timeline: subject to ICB Public Board approval, the indicative programme timeline is:

- Clinical Senate support - June 26
- Formal consideration of consultation plan by scrutiny committees: Aug-26.
- NHSE stage 2 assurance review of consultation plan to confirm readiness: Aug-26

- Public consultation – an 8-week public consultation is planned, engaging patients, the public, staff and stakeholders: Oct-26
- Decision-Making Business Case (DMBC) – Q3 26/27; with development of DMBC incorporating feedback and finalised financial information.
- Final decision – by Q4 26/27: LSC ICB to consider DMBC and make final decision on future service configuration.

Public and Stakeholder Engagement

Stakeholder Engagement: has been extensive from 2018 onwards to support the vascular service review and development of the proposed model.

Patient involvement has been a key component of the programme, including representation on the Vascular Programme Board. Public engagement undertaken between 2023 and 2025 helped shape the Case for Change and test public views on the proposed model.

Programme updates and information on progress have been provided to Health Overview and Scrutiny Committees (HOSCs) across Lancashire, Cumbria and Wigan, NHSE, and the NWCS as part of the programme assurance process. Greater Manchester commissioners and more recently the GM ICB have also been briefed.

Key findings from engagement indicate that most respondents support the proposed single-network vascular model, although travel and access concerns remain.

Recommendations

Public Board members are recommended to endorse:

- the Vascular Reconfiguration Programme Pre-Consultation Business Case in line with the Major Clinical Service Change process, and
- the recommendation to move to formal public consultation (including allocating a budget of £50,000).

Which Strategic Objective/s does the report relate to:		Tick
SO1	To improve population health and reduce inequalities through effective strategic commissioning.	✓
SO2	Commission high quality, safe and accessible services that deliver better and more equitable outcomes and patient experience.	✓
SO3	To develop and sustain the workforce, leadership and organisational capability required to operate as an effective strategic commissioner.	✓
SO4	Improved financial sustainability through directing available resources to deliver the greatest possible value.	✓
SO5	To deliver agreed national and local outcomes through a balanced focus on performance, improvement and long-term system resilience.	

Implications

	Yes	No	N/A	Comments
Associated risks	✓			
Are associated risks detailed on the ICB Risk Register?		✓		They are held within the PCB 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
Vascular Programme Board	9 Sept 2024			Endorsed
ICB Commissioning Resource Group	28 Nov 2025			Endorsed
ICB Executive Meeting	9 Dec 2025			Endorsed
ICB Commissioning Committee	17 June 2026			Endorsed
North West Clinical Senate	14 April 2026			Endorsed
NHSE Stage 2 Assurance	6 May 2026			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: Prof Craig Harris, Chief Commissioning Officer				

Integrated Care Board – 17 September 2026

Pre-Consultation Business Case – Vascular Reconfiguration

1. Introduction

- 1.1 Lancashire, South Cumbria, and Wigan (LSC&W) serves an estimated 1.8 million people, characterised by high levels of deprivation and lower than average life expectancy. Future demand will be driven by an aging population and rising prevalence of conditions related to older age and behaviour (for example, diabetes and hypertension).
- 1.2 The current model of vascular service provision involves two separate Vascular Centres. One at Lancashire Teaching Hospitals NHS Foundation Trust (LTHT) and one at East Lancashire Hospitals NHS Trust (ELHT).
- 1.3 This model is not compliant with the NHS England's Service Specification for Specialised Vascular Services, nor guidance provided by the Vascular Society of Great Britain and Ireland, or the national GIRFT (Getting it Right First Time) programme. For example:
 - ELHT's service area population (circa 550,000) does not meet the minimum population requirement of 800,000.
 - Both centres show performance issues against national quality standards, notably failing to meet minimum procedure volumes for core index procedures.
- 1.4 The programme Case for Change document also identifies workforce fragility and repatriation and rehabilitation challenges (that are contributing to complex patient discharge and patient lengths of stay). Risks to maintaining the status quo include continued variability in care, persistent recruitment and retention issues, under-performance against quality standards, and risk to patient safety and sustainability.
- 1.5 The requirement from NHSE commissioners is that the structure requires centralising emergency and complex arterial work at specialised 'Arterial Centres' (hubs) that serve a minimum population of 800,000 to maintain high procedure volumes and better outcomes.
- 1.6 Development of the attached Pre-Consultation Business Case (PCBC) has been aligned with the ICB service change policy and NHSE service review process.
- 1.7 The PCBC has been supported at various stages of governance including Vascular Programme Board, ICB governance meetings, and NW Clinical Senate review and NHSE Service Change Stage 2.

2. Model of Care Development

- 2.1 The Vascular Programme Board developed a vision focused on safety, efficiency, and improved outcomes which would meet the required standards in the NHSE service specification. An evaluation process ranked the

establishment of a single Vascular Network transitioning to one Arterial Centre hosted by LTHT (Royal Preston Hospital, RPH) as the highest scoring option, fully aligning with the National Service Specification.

3. Stakeholder Engagement

- 3.1 Engagement has been extensive from 2018 onwards to support the vascular service review and development of the proposed model.
- 3.2 Patient involvement has been a key component of the programme, including representation on the Vascular Programme Board, with feedback gathered through several engagement activities.
- 3.3 Health Overview and Scrutiny Committees (HOSCs) across Lancashire, Cumbria and Wigan have been regularly informed on progress since 2018.
- 3.4 The North West Clinical Senate has been engaged throughout the programme from June 2018, providing independent clinical scrutiny and recently undertaking detailed review with the ICB and provider trusts in April 2026.
- 3.5 NHS England Subject Matter Experts have reviewed and fed back their specific professional views on the PCBC, culminating in an endorsement of the model and approach in May 2026 through an NHSE Stage 2 Assurance Group meeting.
- 3.6 Additional engagement undertaken between 2023 and 2025 helped shape the Case for Change and test public views on the proposed model. The 2025 *Listening to Communities Report* incorporated feedback from over 1,000 stakeholders, including 110 people directly engaged during the latest phase.
- 3.7 Key findings from engagement indicate that most respondents support centralising complex surgery and the proposed single-network vascular model for clinical and quality benefits. Concerns have been raised about travel and access, particularly in East Lancashire.

4. Future Model of Care

- 4.1 The future model will create a single vascular network for the LSC&W system. The two current services will come together into one unified structure that will:
 - operate as a single consultant workforce with shared governance, standardised pathways and unified clinical leadership.
 - fully meet the NHS England Service Specification, including compliant population size, activity volumes, hybrid theatre access and co-dependencies.
 - provide a model that is more resilient & better able to absorb future growth, supported by a larger team, sustainable rotas & increased specialisation.
- 4.2 Consolidating arterial surgery at a single site ensures consistent specialist input and guarantees access to hybrid theatre capability and all required co-dependent services.
- 4.3 The reconfiguration will see the transfer of approximately 650 inpatient cases per year to the arterial centre.

- 4.4 This streamlined and compliant model ensures a resilient and equitable vascular service for all residents. Key features include:
- a single arterial centre at Royal Preston Hospital serving a compliant population of approximately 2.1 million.
 - guaranteed hybrid theatre access for all patients through an additional hybrid theatre
 - standardised pathways and governance across all Trusts.
 - local access maintained for outpatients, diagnostics, day-cases & follow up
- 4.5 Interventional Radiology (IR) is essential to arterial surgery. The PCBC also sets out the ambition for a resilient network-wide Endovascular IR model. Further detail will be finalised within the Decision Making Business Case to ensure it is deliverable, sustainable and aligned to clinical need. However, the PCBC describes how:
- elective day-case endovascular procedures will be delivered at both LTH and ELHT
 - all inpatient endovascular work relating to vascular surgery delivered at LTH.
 - the regional consultant-led on-call endovascular IR service will provide emergency endovascular procedures across the LSC&W network.

5. Integrated Impact Assessment

- 5.1 The PCBC presents extensive information from co-produced assurance processes that constitute an Integrated Impact Assessment (IIA).
- 5.2 These include a Quality Impact Assessment (QIA), an Equality and Health Inequalities Impact and Risk Assessment (EHIIIRA), Data Protection Impact Assessment, a Health Equity Assessment Tool, and a Sustainability Impact Assessment (SIA). These have been shared with and endorsed by respective relevant ICB groups.
- 5.3 As an additional independent assurance mechanism, the North West Clinical Senate and NHS England's 'Subject Matter Experts' have also reviewed these assessments as part of their wider scrutiny process.

6. NHS England Four Tests

- 6.1 This proposal has been developed to meet NHS England's Four Tests.
- ***Test 1 - Strong public and patient involvement***
Engagement with patients, carers, staff, Healthwatch and communities has taken place since 2018. Health & Social Care Overview & Scrutiny Committees have indicated that this is a 'significant service change' and a public consultation is required and appropriate.
 - ***Test 2 - Consistency with patient choice***

Patient choice for outpatient, diagnostic and follow up care is maintained. Centralising inpatient arterial surgery is justified on clinical safety grounds and improves equity.

- **Test 3 - Strong clinical evidence base**

The model aligns with the NHSE Service Specification, GIRFT and Vascular Society standards. It has been clinically co-produced and has undergone external review through the North West Clinical Senate.

- **Test 4 - Commissioner support**

The ICB and specialised commissioners have been involved throughout development. The PCBC reflects commissioner priorities for safety, equity, and sustainability.

- **Bed Closure**

There is no reduction overall in system bed numbers.

7. Financial Modelling

7.1 Indicative analysis shows a projected £1.8m annual system wide financial improvement.

- approximately £2m pounds capital, funded through provider Trust capital plans which will be profiled into the 26/27 plans has agreement from LTH executives,
- no capital is requested from the ICB and no requirement for national capital,
- no increase in commissioner spend, with changes limited to the movement of income between providers,
- financial benefits assume full mitigation of stranded costs at a future date following implementation,
- assumptions are indicative and will be refined and validated in the DMBC.

8. Public Consultation

8.1 The ICB Communications Team proposes to undertake an 8-week single option public consultation, launching from October 2026.

8.2 The aim of the consultation is to gather feedback from individuals with lived experience, families, carers and professionals, ensure the proposed change meets the needs of LSC's diverse communities, and to consider the proposed service change based on stakeholder insights.

8.3 The public consultation will be widely promoted through community forums and networks and will run in parallel with clinical and professional stakeholder engagement.

8.4 A range of accessible methods will be used to reach as many people as possible, and this will be supported by a comprehensive communication plan

sharing information with partners and asking for their support to promote the consultation.

- 8.5 With the importance of hearing those views from the people most impacted or who are less likely to engage in traditional methods there will be multiple ways to get involved including drop-in listening events (for areas disproportionately impacted) and targeted engagement with current vascular patients.
- 8.6 A range of communication channels will be used to promote the consultation, these include social media, community newspapers and press releases, and the ICB and Trust websites.

9. Programme Timeline

- 9.1 Subject to ICB Public Board approval, the indicative programme timeline is as follows:
 - Formal consideration of the consultation plan by scrutiny committees: during August 2026.
 - NHS England assurance review of consultation plan to confirm readiness for public consultation: August 2026
 - Public consultation – an 8-week public consultation is planned, engaging patients, the public, staff and stakeholders: October 2026
 - Decision-Making Business Case (DMBC) – Q3 26/27
 - Development of DMBC incorporating consultation feedback and finalised financial information.
 - Final decision – by Q4 26/27: LSC ICB to consider DMBC and make final decision on future service configuration.

10. Conclusion

- 10.1 There is a clear and compelling case for change to vascular services across Lancashire, South Cumbria and Wigan.
- 10.2 The evidence demonstrates that the current configuration — two separate vascular services operating independently — is not compliant with NHS England's Service Specification for Specialised Vascular Services, GIRFT recommendations or Vascular Society standards. As a result, our population is not receiving a consistently high-quality, safe or resilient service.
- 10.3 Several core elements of the NHSE Service Specification are not being met, including population coverage and mandatory procedure volumes. One of our current services does not have a hybrid theatre, failing a fundamental specification requirement.
- 10.4 These gaps affect the timeliness, safety and equity of care, including meeting clinical targets.
- 10.5 Patients across our geography have therefore been receiving care through a model that has been non-compliant for many years, resulting in unwarranted variation and avoidable inequalities.

10.6 The benefits for patients from the reconfiguration are substantial and are directly linked to improved outcomes and experience. Patients across the region deserve access to a modern, safe and nationally compliant vascular service. This proposal finally addresses the long-standing gaps that have persisted for years and ensures that the population can benefit from a recognised centre of excellence backed by a strong, unified network.

11. Recommendations

11.1 The Board is requested to:

1. endorse the Vascular Reconfiguration Programme Pre-Consultation Business Case in line with the Major Clinical Service Change process,
2. endorse the recommendation to move to formal public consultation (including allocating a budget of £50,000).

Jason Newman
Programme Transformation Lead
28 August 2026