



Vascular services transformation: a summary of the consultation

Improving vascular care for
our communities

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We propose that the acute hospitals in Lancashire and South Cumbria work together as one vascular network hosted by Lancashire Teaching Hospitals, with all planned and emergency inpatient vascular surgery taking place at one site (Royal Preston Hospital) as a single specialist centre, rather than across two sites as currently happens (Royal Preston Hospital and Royal Blackburn Hospital).

Foreword

The NHS wants vascular care to be safer, simpler and better joined up. It also wants to use staff and NHS money wisely, avoid repeated work and make Lancashire and South Cumbria a good place for specialist staff to work.

Doctors and NHS staff understand treatment. Patients, families and carers understand what it is like to use the service. Both views are needed before a final decision is made.

Please note, this is a summary of the full consultation document. To read the full consultation document, please visit [LSC Integrated Care Board: Vascular transformation](#), or scan the QR code below.



1. Introduction and what vascular services do

What is this about?

NHS Lancashire and South Cumbria Integrated Care Board (ICB) is consulting the public about the future of vascular services.

Feedback from people across Lancashire, South Cumbria and Wigan will be considered before a final decision is made.

NHS organisations involved

Commissioners plan and pay for NHS services. Providers deliver care in hospitals and clinics.

The ICB is the commissioner.

Four local hospital trusts are directly involved:

- East Lancashire Hospitals NHS Trust (ELHT)
- Lancashire Teaching Hospitals NHS Foundation Trust (LTH)
- Blackpool Teaching Hospitals NHS Foundation Trust (BTH)
- University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT)

Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust (WWL) is also mentioned because a small number of Wigan patients receive care at Royal Preston Hospital.

The Provider Collaborative Board and the Vascular Programme Board have helped develop and check the proposal over a number of years. The programme board includes clinicians, managers and commissioners. It has looked at evidence, national standards, possible options and previous feedback from patients and partners.

What are vascular services?

Arteries carry blood away from the heart. Veins carry blood back to the heart. Vascular teams treat blocked, narrowed or weak blood vessels.

- Medicines and regular checks are enough for many people.
- Urgent surgery may be needed when blood flow is badly reduced or there is a serious risk.
- Treatment can help prevent strokes, save limbs and save lives.
- Sometimes part of a limb must be removed by a vascular surgeon to stop severe infection or pain.
- Many people who need vascular care are older or unwell.

Which parts might change?

The proposal covers planned and emergency hospital stays for vascular treatment. It does not propose moving all vascular care. Diagnosis, clinics, tests, suitable day cases, follow-up and rehabilitation would continue to take place in local hospitals.

2. The service now and why it may need to change

How services look now

The current service began in 2013. Royal Blackburn Hospital and Royal Preston Hospital both provide inpatient vascular care. Local hospitals provide clinics, tests and day-case treatment.

- People in Blackburn with Darwen and East Lancashire mainly use Royal Blackburn Hospital for inpatient surgery.
- People in Blackpool, South Cumbria, Wigan and the rest of Lancashire mainly use Royal Preston Hospital for inpatient surgery.
- Wigan patients only use Royal Preston Hospital for inpatient care.

How many people use the service?

Hospital	Planned stays, 2025/26	Emergency stays, 2025/26	Totals
Royal Blackburn Hospital	283	258	541
Royal Preston Hospital	678	405	1,083

The change would mainly affect around 540 people every year who currently use Royal Blackburn Hospital for a planned or emergency inpatient stay.

How patients reach the service

Ambulances carry emergency and major trauma patients. Other urgent patients may be referred by a GP, community service or outpatient clinic. Clinical staff advise on each referral and help plan transport home.

Why does the service need to change?

National guidance says hospitals should work as one vascular network. A network should serve at least 800,000 people and have one main hub for artery surgery and complex treatment. Other hospitals should still provide local clinics, tests, some procedures, reviews and rehabilitation.

The main centre should have specialist cover 24 hours a day, a hybrid operating theatre, do enough operations to keep skills strong and good reporting of results. We do not meet every part of this guidance because there are two surgery centres instead of one hub. Royal Preston Hospital serves just under 1.4 million people, while Royal Blackburn Hospital serves about 550,000.

3. Your influence so far

2019

In February and May 2019, 93 vascular patients completed a survey. They said being seen quickly, clear information, involvement in decisions, good aftercare and care close to home were important.

2023

The ICB spoke with patient groups about why change might be needed and what future care should look like. In total, 393 people shared their views, which were used to make recommendations for the business case. A separate wider survey found that 51 per cent of people would travel further for specialist hospital care.

2024

From September to November 2024, public events took place in seven locations. People said they would support hospital changes if care improved. They also wanted services and staff to work together better.

2025

The ICB returned to the 2023 patient groups and spoke with patients at Royal Blackburn Hospital outpatient clinics. Their concerns and ideas were used to improve the proposal.

You said, we did

Below is a summary of the themes that we have heard throughout the engagement we have already undertaken. A full list of feedback and our responses can be found on the vascular webpage.

People said:	We will:
Keep more care close to home	Keep local clinics, tests, suitable day cases, follow-up and rehabilitation at local network hospitals, when safe to do so.
Good communication is essential	Use one network, shared standards and weekly team meetings.
Think about other health conditions	Ensure the new network links with services such as kidney, stroke, diabetes, heart and rehabilitation care.
Travel and parking may be difficult	Utilise patient transport, signpost to travel-cost help and drop-off arrangements and review parking capacity.
Preston must have enough space and staff	Plan more beds, a new hybrid theatre and recruitment.
Be open about decisions	Publish the business case and use national assurance and independent review.

4. How we shaped our proposal

The Vascular Programme Board created a long list of choices. Staff, partners and patient feedback helped decide how each option should be judged.

The tests used to compare options:

- Is care safe and high quality?
- Does it fit local health priorities?
- Can people get care when they need it?
- Does it support staff and improve working life?
- Does it support training, learning and research?
- Does it help prevent illness and support healthy living?
- Is it good value for NHS money?

Options considered

The programme looked at a number of different options. Many options were rejected because they did not meet national guidance, were not thought safe or sustainable, reduced local care or were too clinically complex to run.

In 2019, the highest-ranked option was a Lancashire and South Cumbria vascular network run by Lancashire Teaching Hospitals, starting with two arterial sites and later moving to one. A single site run by Lancashire Teaching Hospitals ranked second. Doing nothing ranked last.

Why the final proposal changed

Later discussions with NHS England, clinicians, staff and patients supported one main arterial site. The programme decided it would not make sense to build two main centres and later close one. It chose to plan for one centre from the beginning.

Why Royal Preston Hospital?

Royal Preston Hospital has the strongest existing network and the services needed on the same site. It is the major trauma centre and has critical care, general surgery, anaesthetics, stroke care, scans, interventional radiology, occupational therapy and physiotherapy.

The proposal is not to move the whole vascular service to Preston. It is about complex artery surgery, emergencies and inpatient stays. Outpatient, diagnostic, ambulatory, rehabilitation and appropriate day-case provision will remain at network hospitals, including Royal Blackburn Hospital.

5. What is being proposed?

Our proposal has two parts:

There would be one vascular network and one main specialist hospital for inpatient artery surgery.

One vascular network

Hospitals and staff would work as one team across Lancashire and South Cumbria. Lancashire Teaching Hospitals would host and run the network. Shared advice, records, standards and team meetings would make care more joined up.

- The network could support 24-hour cover.
- It could improve training and make it easier to recruit and keep staff.
- Patients should see the same consultant where possible.
- Staff at different hospitals would follow the same care standards.

One specialist arterial centre

Royal Preston Hospital would become the main centre for planned and emergency inpatient vascular surgery. It would provide inpatient artery surgery and specialist interventional radiology 24 hours a day, seven days a week, with an on-call emergency team.

- Local hospitals would still provide clinics, tests and suitable day-case care.
- If you need to stay in hospital for vascular surgery, you would go to Royal Preston Hospital.
- After discharge, follow-up and rehabilitation would be near home where possible.
- The NHS would try to keep time away from home as short as possible.
- Clear care pathways would explain what happens and when.

What will not change?

- Clinics, tests and suitable day cases would remain at local hospitals.
- Local teams would continue to see patients.
- Rehabilitation and follow-up would stay in the community or at a networked hospital.

Who is most affected?

About 540 patients a year who currently have an inpatient stay at Royal Blackburn Hospital would instead go to Royal Preston Hospital.

6. Possible impacts on patients and families

What improvements could we see?

- Better results from one busy specialist centre with experienced teams.
- Quicker access to urgent specialist treatment through a 24/7 consultant-led service.
- The same care standards across all networked hospitals.
- Specialist services together on one site, including critical care, stroke, trauma and interventional radiology.
- Clearer rehabilitation, recovery and discharge plans.
- Better teamwork through shared meetings, records and care pathways.
- The same standard of specialist care wherever a patient lives.
- Most appointments, tests, day cases, monitoring and follow-up still provided locally.
- More rapid assessment clinics closer to home.
- A stronger workforce with fewer risks caused by staff shortages.

Possible negative effects

- Some East Lancashire patients would travel further for inpatient or emergency artery treatment.
- Families and carers may have longer journeys and higher costs when visiting.
- Older people, disabled people, people on low incomes and people in rural or poorer areas may be affected more by increased journey times.

Ways to reduce these effects:

- Keep as much care as possible at local hospitals.
- Use patient transport for eligible planned-care patients.
- Signpost to travel-cost support for some people on low incomes or certain benefits.
- Use safe transfer-back arrangements and local rehabilitation.
- Consider parking support where it applies.



Travel

Only people who currently use Royal Blackburn Hospital for inpatient vascular care would need to travel further.

It is estimated that for people living in East Lancashire it would take on average an extra 15-30 minutes to travel to Royal Preston Hospital by car and an extra 30-70 minutes by public transport.

Around half of specialist inpatient cases arrive as emergencies and are taken by ambulance.

The NHS is working with the North West Ambulance Service on emergency and patient transport planning. People having planned surgery may qualify for non-emergency patient transport. Some people can claim travel costs. The elective surgical unit at Royal Preston Hospital has a door-side drop-off point and Lancashire Teaching Hospitals is also reviewing parking capacity.

Staffing

- Most vascular surgeons would be based at Royal Preston Hospital.
- Some consultants would work across network hospitals.
- Vascular nurses would support Royal Preston Hospital and Royal Blackburn Hospital and run local clinics.
- Patients should see the same clinician. If someone else provides care, they will be able to read the patient's notes.
- New roles would be filled through recruitment and training.

Hospital capacity

All dedicated vascular inpatient beds would be at Royal Preston Hospital. Network hospitals would still have regular vascular medical and nursing support, plus 24/7 advice from the arterial centre. Royal Preston Hospital is planning for 65 vascular inpatient beds, a second hybrid theatre and an extra interventional radiology suite.

Services that depend on each other

Interventional radiology uses minimally invasive, image-guided procedures to diagnose and treat diseases in the body. It is essential for vascular surgery.

Staffing, equipment and space for this service are the biggest issues for putting the proposal into practice.

Waiting times

Lancashire Teaching Hospitals has increased new appointment capacity by 45 per cent and plans a further 24 per cent increase during 2026/27. This should prevent longer waits.

It is also expected that the reduced demand at Royal Blackburn Hospital will shorten some waiting times there.

7. Why the NHS thinks this is the right choice

The network approach

A connected network can combine specialist expertise with local care. Complex and emergency artery work would happen at the main centre. Vascular specialists, clinics and other suitable care would continue across the network.

- One larger team may be more reliable and better able to cover vacancies.
- Shared pathways should make care more consistent and coordinated.
- The network can share skills, resources and good practice.
- A specialist centre may help recruit and keep staff.

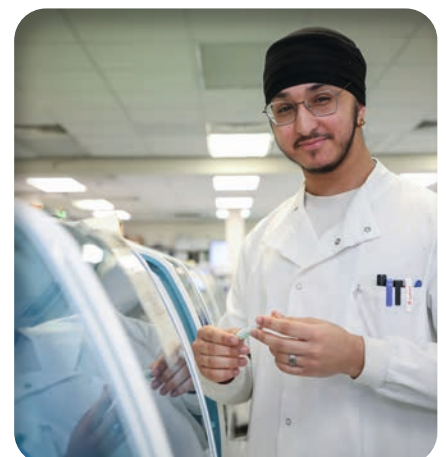
Clinical evidence

The proposal is based on national guidance and research. Larger centres can have better results for major vascular operations because teams carry out more procedures, have more experience and provide specialist care after surgery.

Since 2013, hospitals in South Cumbria, and Blackpool and the Fylde area stopped providing this type of inpatient care and patients have travelled to Preston for it.

Evidence from other areas

- British research from 2014 found lower death rates after a burst abdominal aortic aneurysm in larger vascular centres and supported safe transfer routes.
- A 2020 Catalonia study reported a fall in inflammatory aneurysm deaths from 4.7 per cent to 2 per cent and a decrease in burst aneurysm deaths from 53.1 per cent to 41.9 per cent, after services were centralised.
- A South West England study found that centralising aneurysm repair was safe with no immediate harmful effect.
- A wider UK study covering ten years reported improved results, especially for aortic aneurysm care, after artery surgery moved to high-volume centres.



8. How to have your say

After reading this document, you can complete our short survey.

You can also attend a drop-in listening session in East Lancashire or speak with the consultation team at some of the outpatient clinics run by Lancashire Teaching Hospitals and East Lancashire Hospital Trust. You can find out the dates of these sessions on our vascular webpage.

Alternative formats and other languages are available on request.

Send your response by

Friday 27 November 2026

[Access the survey online](#) or scan the QR code on the right.



9. Next steps and timeline

- After the consultation closes, all feedback will be collected and independently analysed.
- The feedback will help assess the proposal before a final decision is made.
- A Decision-Making Business Case will be produced.
- It will go through NHS England assurance, be shared with local government oversight committees and then go to the ICB Board.
- We hope these steps will happen during 2027.
- After the decision, we will explain how consultation feedback was considered and what happened as a result.



10. Contact details and feedback

✉: lsicb.haveyoursay@nhs.net

🌐: lancashireandsouthcumbria.icb.nhs.uk/vascular

☎: 0300 373 3550

✉: FREEPOST, NHS Lancashire and South Cumbria ICB

References and further reading

The full consultation document includes more information such as links and QR codes for national guidance, earlier engagement reports, research studies and a detailed travel table.

To access this document or other materials, [visit our vascular webpage](#) or scan the QR code on the right.



Your voice matters

We want to hear whether you think the proposal is clear, whether you support the approach and your thoughts on the potential benefits, any concerns and the impact of the proposal.

