



Vascular services transformation:

Information for the public

Improving vascular care for
our communities



Foreword

Our plans for vascular services came from the promises we made to our patients over the last five years. We want more streamlined services, a more joined-up workforce, better outcomes for our patients, a reduction in duplication and to spend NHS money more wisely. We also want Lancashire and South Cumbria to be an appealing place for more staff to want to come and work in.

During our previous engagement around vascular services, there was general agreement that achieving these goals would make the NHS fit for the future and the service better for patients. We believe our proposal here is the practical implementation of those plans. It is one of many programmes of work people will see take place over the coming years.

We now need the public and vascular patients' help. Doctors and other NHS staff bring training and experience, but you know what it is like to use these services. Your views will help us check we are doing the right thing.

This document explains why change is needed and what we are proposing. You can skip ahead to the proposal if you want, but it may help you to read the earlier sections too, so you understand the reasons.

Some pages have extra information. If you are reading online, you may be able to click on underlined words to open other documents or webpages. You will also see a QR code option that you can scan from the online or printed versions of this document, using a phone camera. To request this document in an alternative format, please contact us using the details on the back page.

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Introduction

What is this about?

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

This document explains how current services are provided, the reasons that we need to make a change, the proposal and the process we have gone through to arrive at the proposal.

Later in this document, you will find out how you can get involved in sharing your views on our proposal.

We will then collate those views and use them to assess the merit of the proposal as part of the final decision-making process.

Your views are an important part of the process. We want to hear from people from all over Lancashire, South Cumbria and Wigan.

NHS organisations involved in the vascular reconfiguration programme

This work involves two main types of NHS organisations: **commissioners** and **providers**. Commissioners plan and pay for services. Providers deliver the care (for example, hospitals and clinics). They are working together to agree the proposed changes.

The commissioner for this programme is NHS Lancashire and South Cumbria Integrated Care Board (ICB).

Providers include GP practices and hospitals. This consultation is mainly about hospital care (often called 'secondary care'). There are five providers (acute hospital Trusts) across Lancashire and South Cumbria. For this consultation, four of those providers are 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)

In here we also mention Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust (WWL). This Trust is outside the Lancashire and South Cumbria area. Some patients from this Trust (mainly those living in the Wigan area) receive treatment at Royal Preston Hospital through an agreement between Trusts, so we would like to hear their views on this too.

Also involved in leading this piece of work is the Lancashire and South Cumbria Provider Collaborative Board, which brings hospital Trusts together to plan and improve services across the area. It includes the Chief Executives and Chairs of the NHS provider Trusts.

A Vascular Programme Board was set up in 2018 but was paused for a time during Covid and reconvened in 2022. It includes staff from the partner Trusts, doctors, managers and commissioners. It helps to:

- look at the clinical evidence.
- check how well services are doing against agreed standards.
- develop and compare different options for the future service.
- make sure plans match national rules for vascular services.
- use feedback from patients and partners to improve the plan.

The Programme Board helped develop the proposal that this consultation is about.

What are vascular services?

Vascular services help people with problems in their blood vessels. Blood vessels include **arteries** (which carry blood from the heart) and **veins** (which carry blood back to the heart). Vascular teams treat blocked, narrowed or weak blood vessels. This can help prevent strokes, save limbs and, in some cases, save lives.

Often, people can be treated with medicines and regular checks.

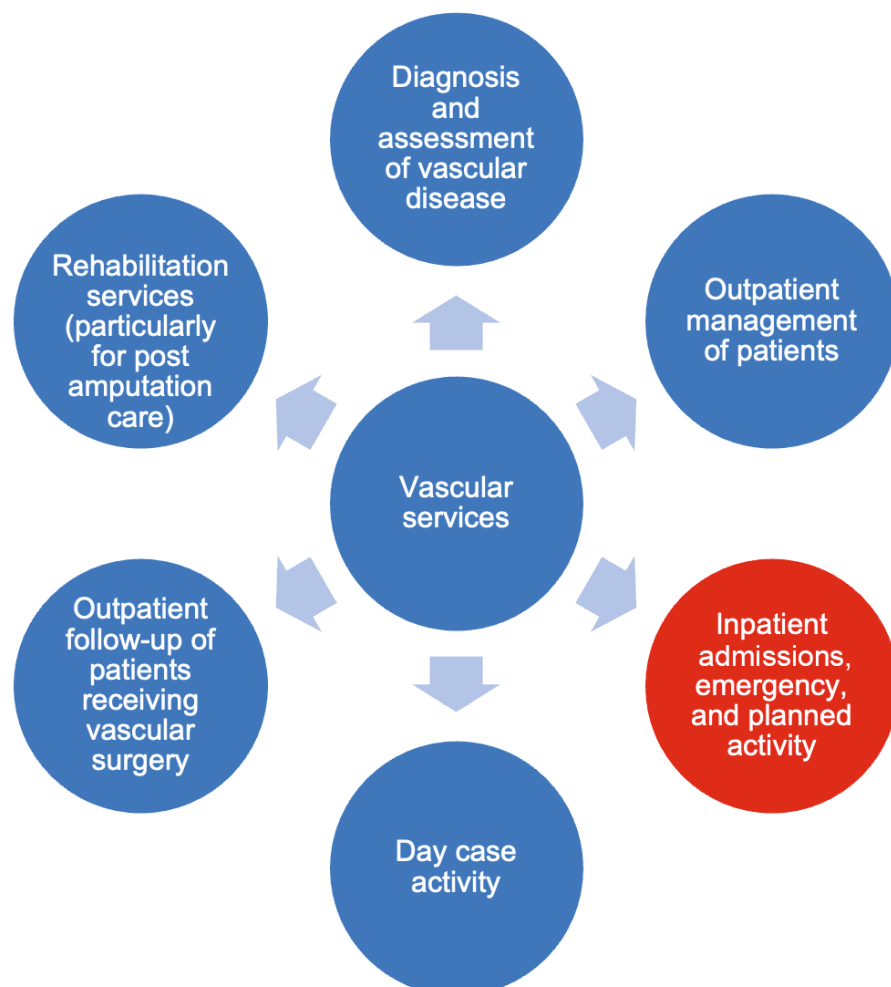
Surgery is needed when blood flow is badly reduced or there is a serious risk of harm. This is why vascular services must be able to treat people quickly, including in emergencies.

Many people who need vascular care are older or unwell. Treatment may be needed quickly, for example to repair an aneurysm (a weak, swollen part of an artery), improve blood flow to the brain to help prevent a stroke, or improve blood flow to a leg or foot to help avoid amputation.

Sometimes, the best way to stop infection or severe pain is to remove part of a limb (amputation). Vascular surgeons carry out this surgery when it is needed.

Which areas of vascular services might change?

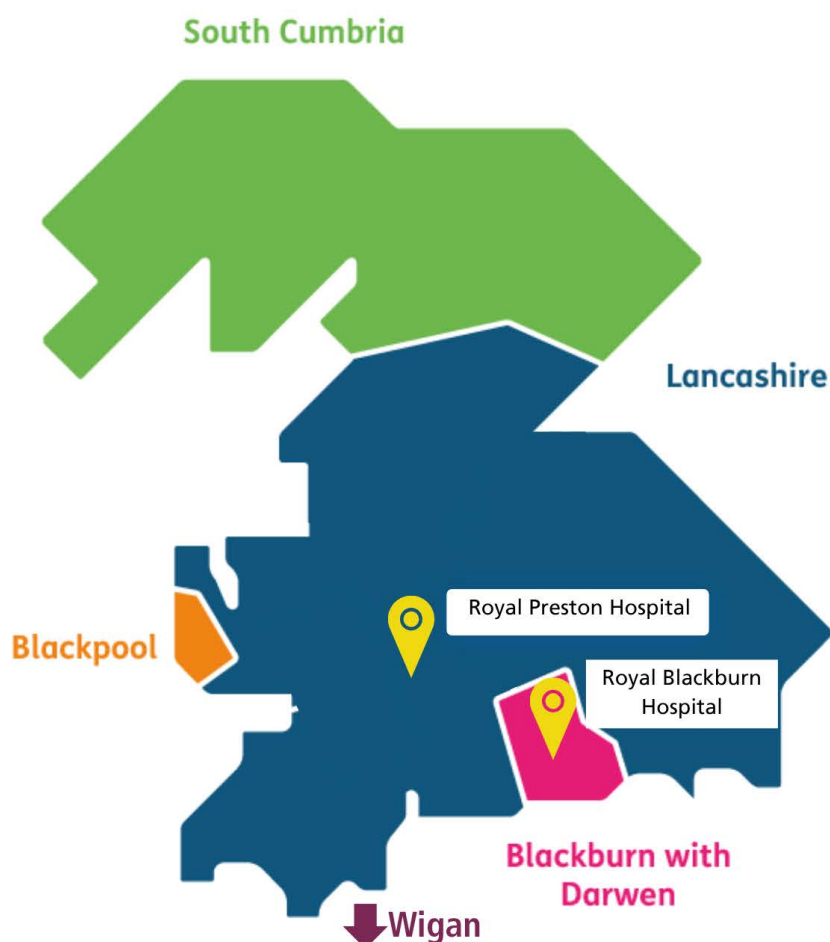
Out of all of the areas that vascular services cover, this proposal focuses on the activity highlighted in red, which is inpatient spells, emergency and planned activity.



How do vascular services look now?

The current vascular service in Lancashire and South Cumbria was set up in 2013.

At the moment, there are two main hospital centres for vascular inpatient care. They also support some patients from WWL Trust.



Patients in Blackburn with Darwen and East Lancashire

- Patients that need clinic appointments, day case surgery and tests can choose any hospital, but most people choose Royal Blackburn Hospital (run by ELHT).
 - If they need to stay in hospital for planned treatment (for example, major surgery), they can go to Royal Blackburn Hospital or Royal Preston Hospital (run by LTH).
- ◇ Most people choose Royal Blackburn Hospital.

Patients in Blackpool, South Cumbria, the rest of Lancashire and Wigan

- Patients that need clinic appointments, day case surgery and tests can choose any hospital, but most people choose their local hospital (run by LTH).
- ◇ These services are supported by staff employed by LTH at those hospitals.
- If they need to stay in hospital for planned treatment, they can go to Royal Blackburn Hospital or Royal Preston Hospital.
- ◇ Most people choose Royal Preston Hospital.

How many people use vascular services?

During 2025/26, Royal Blackburn Hospital treated 283 patients requiring planned (elective) vascular care and 258 emergency (non-elective) patients. For Royal Preston Hospital, the figures were 678 planned patients and 405 emergency patients.

The proposal in this document mainly affects people who currently go to Royal Blackburn Hospital for planned or emergency inpatient care. This is about 540 patients each year.

How is the service accessed?

The ambulance service supports the transportation of emergency or major trauma patients. Some patients requiring urgent attention are referred from their GPs, by community services or from an outpatient appointment. In these cases, the patient may not require an ambulance transfer. Clinical staff always advise and support the patient's referral during each episode, and staff will help with planning arrangements for transport home.

Why does the service need to change?



In March 2018, a national programme called Getting it Right First Time (GiRFT) published a [report on vascular surgery](#). This report explained how services can be set up to give safer care. You can use the link above or scan the code on the left to read the report.

The report said that vascular services should work as a network. This means hospitals work together as one team. NHS England also sets this out in its national rules for specialised vascular services.

The national rules say a vascular network should:

- cover enough people (at least 800,000) so the main centre treats enough patients each year to keep staff skills up to date.
- have one main ('hub') hospital for artery surgery and more complex treatments.
- make sure other hospitals in the network still provide local clinics, tests, some procedures (such as varicose veins), inpatient reviews and rehab.
- only involve travel to the main centre for certain artery and complex procedures, so, where possible, checks before and after should happen at your local hospital.

The main hospital should:

- provide specialist care 24 hours a day, including surgeons, radiologists and specialist nurses, with safe on-call rotas.
- have at least one endovascular ('hybrid') theatre.
- do enough key operations each year to keep care safe. For example, Abdominal Aortic Aneurysm (AAA) or 'triple A' is a localised, balloon-like swelling or enlargement of the aorta - the main artery that carries blood from the heart to the rest of the body - as it passes through the abdomen. Each surgeon should do at least 13 AAA procedures each year.
- record cases in the National Vascular Registry (NVR) and publish results.

Right now, our services do not meet all parts of this national guidance.

At the moment, both Royal Preston Hospital and Royal Blackburn Hospital provide vascular surgery in Lancashire and South Cumbria. There is no single hub hospital.

Our population size does not meet minimum clinical requirements, as our vascular centres do not cover at least 800,000 people each. Royal Preston Hospital serves just under 1.4 million people (including Preston, Chorley, South Cumbria, Wigan and Blackpool and the Fylde Coast). Royal Blackburn Hospital serves about 550,000 people.

Your influence so far

Patients have helped us at each stage as we developed the proposed plan.

2019

In February and May 2019, we asked patients at vascular clinics across Lancashire, South Cumbria and Wigan to complete a survey.

93 patients told us what matters most to them and their families or carers. This included being seen quickly, getting clear information, feeling involved in decisions, having good aftercare and having as much care as possible close to home.

We used this feedback when we compared different options for the future service.

[You can read the full engagement report online](#) (or scan the QR code).

Between 2019 and 2023, local NHS organisation changed. Clinical Commissioning Groups (CCGs) ended, and Integrated Care Boards (ICBs) were created. In Lancashire and South Cumbria, eight CCGs became one ICB.



2023

In 2023, the ICB spoke with patient groups about why change might be needed. We also asked what future services should look like.

In total, 393 people shared their views. We used this to make recommendations for the business case.

[You can read the full engagement report online](#) (or scan the QR code).

The ICB also ran a wider survey. It found that 51 per cent of people said they would travel further if it was for specialist care in hospital.



2024

From September to November 2024, we ran 'Your health. Your future. Your say' events in seven locations across Lancashire and South Cumbria. We shared information about local health services and asked people what they think.

People told us they supported changes to hospital services if it improved care. They also wanted services and staff to work together better.

[A report from these events is available online](#) (or scan the QR code).



2025

In 2025, we spoke with the same patient groups from 2023, and with patients attending outpatient clinics at Royal Blackburn Hospital. We wanted to hear their thoughts and any concerns about the proposal. We used this feedback to improve our plan.

[A report from this engagement is available online](#) (or scan the QR code).



You said, we did

The table below shows some key themes we heard and what we have done so far.

Feedback	Source of feedback	Programme intention/response
Patients want more treatments, such as bandage changing, to be done closer to home.	Multiple	Equal access and care will be provided across all of the hospital sites across the network (where it is safe to do so).
Patients want day case procedures at local hospitals.	2019 vascular patients	The new model was designed to make it possible for day case procedures to be available at a patient's local hospital site.
Patients are willing to travel to specialist services in order to access better quality, joined up services in one centre.	Multiple	This is the central consideration in the new model. The arterial centre will undertake all complex surgery requiring an overnight stay – with all of the consultant surgeons, support staff and resources offering a single high-quality service centrally. This may require more travel for some patients.
Communication between clinicians is essential.	Multiple	Vascular staff, including consultants, will be part of a single network covering all of the hospitals, with a single multidisciplinary team (MDT) meeting to discuss a patient's treatment need.
Services need to be mindful that people with vascular conditions often have other long-term conditions requiring treatment from multiple specialties.	2023 vascular patients	The programme has involved all interdependent service areas in the formulation of the business case and the new network model specifies a number of specialties that are to be involved in the network and summarises the recommendations and standards for the Vascular Network in terms of general services at all of the hospital sites making up the Network. This includes renal, stroke services, diabetes, cardiac and rehabilitation services.
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.	Multiple	The new network model requires that all clinicians involved with the care and treatment of vascular surgical patients will attend vascular multi-disciplinary team meetings on a weekly basis. This will include surgeons, interventional radiologists, anaesthetists, vascular nurse specialists and clinical vascular scientists.
Travel to Preston and parking for patients and visitors should be justified or mitigated against - especially for those with mobility issues or with low income.	2025 engagement	Opportunities have been identified to mitigate the risk of patient travel and parking as part of the proposed implementation. These include (but are not limited to): • using the Patient Transport Service if the patient meets the eligibility rules for planned surgery • some people can claim back travel costs if they are on a low income or certain benefits • patients coming for surgery at the elective surgical unit can use the drop-off point. The Trust is also looking at parking capacity and options to manage increased demand.
Best practice operational procedures should be adopted from ELHT.	2025 engagement	Doctors, nurses and other clinical staff from both Trusts have been involved in developing the best protocols and pathways for patients. The majority of these are taken from national guidance.

Feedback	Source of feedback	Programme intention/response
The capacity at LTH needs to be able to meet the demand created by the additional patients from ELHT.	2025 engagement	Significant investment is occurring within LTH to support the capacity required for the demand. For example, a new specialist 'hybrid' theatre is being commissioned at Royal Preston Hospital, as well as new staff being recruited.
There should be no impact on waiting times.	2025 engagement	Both Trusts continually strive to ensure that waiting times are as short as possible. This is a key objective of the operational teams.
Staffing should be arranged to ensure relationships between staff and patients are consistent.	2025 engagement	The proposal is to create a single networked service. Staff will be employed centrally by LTH and work across the partner Trusts - where possible consistent relationships between staff and patients will continue.
Full disclosure, openness and transparency about the decision-making process will be required during implementation.	2025 engagement	The Pre-Consultation Business case is a public document. It describes fully the process for proposing this networked service option, the steps that were taken and the stakeholders, including doctors, nurses, managers and members of the public who were involved in the decision making. The process has been continually reviewed by independent organisations such as the North West Clinical Senate and follows a thorough and transparent national process.

How we shaped our proposal

To choose the best option for a new service, the Vascular Programme Board spoke with staff and other partners and made a longlist of options.

We scored each option against agreed criteria. Patient feedback helped shape the criteria of:

- keeps care safe and high quality (or improves it)
- fits with local health and care priorities
- makes it easier for people to get care
- supports staff and improves their working lives
- supports training, learning, and research
- helps prevent illness and supports healthy living
- offers good value for money

The table below shows the longlist of options and what was decided during shortlisting.

Option (longlist)			Decision during shortlisting
Do nothing	1	Do nothing	Shortlisted
Two providers	2a	Two providers, combined rotas (sharing staff across both Trusts)	Discounted: Does not meet service specification.
	2b	Two providers, ELHT becomes a single centre for screen detected Abdominal Aortic Aneurysm, LTH does everything else.	Discounted: Splitting the service as such is not considered clinically safe.
	2c	Two providers, equalise catchment population	Shortlisted
	2d	Two providers one working only on emergency cases (LTH) and one on planned cases (ELHT)	Discounted: Does not improve quality.
	2e	Two providers, one network of all staff	Shortlisted
One provider	3a	One provider, two sites: one working only on emergency cases (LTH) and one on planned cases (ELHT)	Discounted: The clinical complexity of running two such sites is considered prohibitive. It does not support the national specification.
	3b	One provider, arterial centre hub and non-arterial spokes	Shortlisted – split into two options: ELHT or LTH as provider.
	3c	One provider, everything centralised	Discounted: Centralising all services did not support local service provision such as outpatient and day case treatment.
	3d	One provider, two arterial centres and non-arterial spokes	Shortlisted – split into two options: ELHT or LTH as provider.
	3e	One provider, two arterial centres and two centralised sites	Discounted: Does not support the national specification guidance.
Increased providers	4a	Vascular surgery from all providers	Discounted: This is not a sustainable solution and does not support the national specification guidance.
	4b	Vascular surgery at all hospital sites	Discounted: This is not a sustainable solution and does not support the national specification guidance.
	4c	Vascular surgery at three sites	Discounted: This is not a sustainable solution and does not support the national specification guidance.
	4d	Vascular surgery at four sites	Discounted: This is not a sustainable solution and does not support the national specification guidance.
Out of area provider	5a	Vascular services provided by Cheshire and Merseyside or Greater Manchester providers	Discounted: This is not a sustainable solution and does not support the national specification guidance.
	5b	No vascular surgery in Lancashire and South Cumbria. Patients go out of area	Discounted: This is not strategically acceptable and would not support patients within the whole geography of Lancashire and South Cumbria.

In 2019, we scored the shortlisted options again.

Option	Provider	Description	Rank
3di	LTH	LSC vascular network. Two arterial sites, transitioning to one site.	1
3b	LTH	Single site	2
3dii	ELHT	LSC vascular network. Two arterial sites, transitioning to one.	3
2e	ELHT + LTH	Amend catchment, collaborative approach	4
3b	ELHT	Single site	5
2c	ELHT + LTH	Amend catchment	6
1	ELHT + LTH	Do nothing	7

Since then, we have had more discussions with NHS England, clinicians, staff and patients. These discussions supported the top option and added a clear need to move to one main arterial site. It was decided it would not make sense to set up two main arterial sites and then change to one later. It is better to plan for one site from the start. This is why our proposal combines the best parts of the top option and option 3b.

Royal Preston Hospital was identified as the preference for the single arterial site as it provides the strongest existing network platform (with BTH, WWL and UHMBT partners) and, crucially, was the only option that met the required on-site clinical co-dependencies for the arterial hub. For example, it is already the major trauma centre for Lancashire and South Cumbria. People with serious injuries may need urgent vascular surgery to stop bleeding or save a limb.

The [South East Clinical Senate's Clinical Co-Dependencies of Acute Hospital Services report](#) (2024) says major trauma centres should have a vascular arterial centre on the same hospital site. [NHS England's major trauma service specification](#) also identifies vascular surgery as a service that should be on-site. With major trauma staying at Preston, it is the only existing location where we can create a single arterial centre and keep these essential services together.

An arterial centre needs services such as critical care, general surgery, anaesthetics, comprehensive/hyper-acute stroke services, CT/MRI, diagnostic imaging, interventional radiology, occupational therapy and physiotherapy on the same hospital site. Royal Preston Hospital meets all these criteria, whereas Royal Blackburn Hospital does not.

It is important to note that the proposal is not to move the whole vascular service to Preston. It is to centralise complex arterial, emergency and inpatient vascular surgery at Royal Preston Hospital while retaining outpatient, diagnostic, ambulatory, rehabilitation and appropriate day-case provision at network hospitals, including Royal Blackburn Hospital.

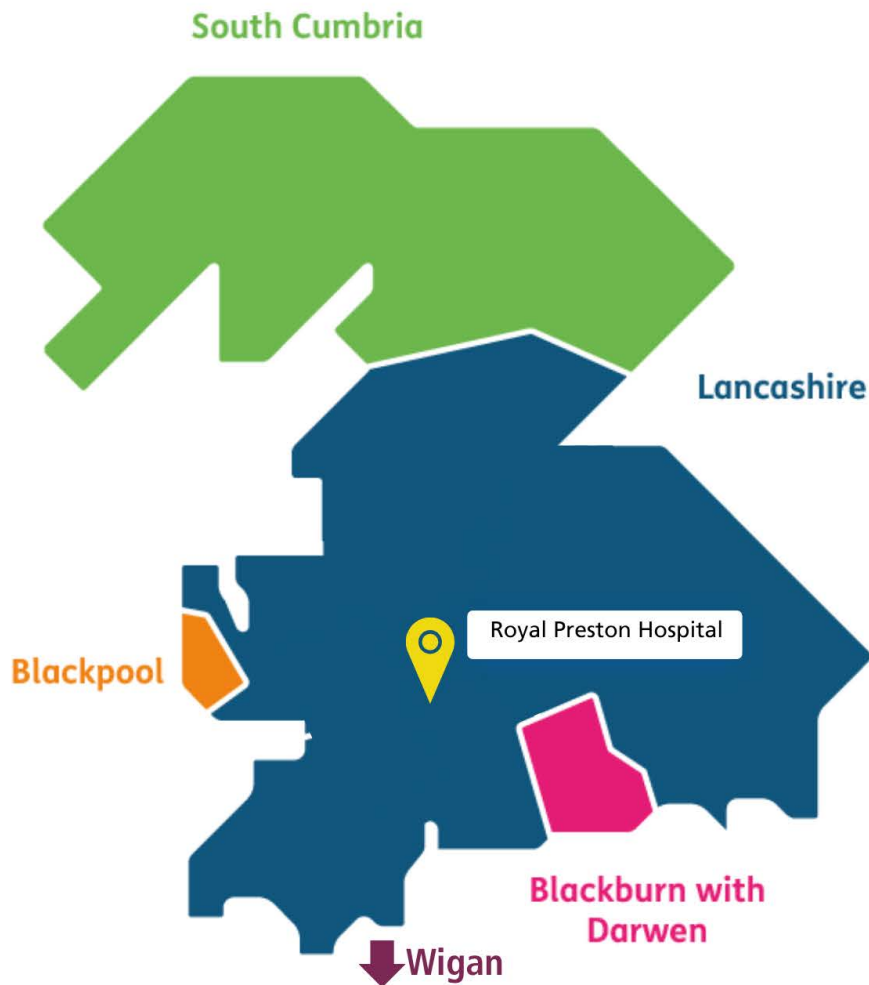


**South East
Clinical
Senate
report**



**NHSE Major
Trauma
Service
specification**

What are we proposing?



Our proposal has two parts.

First, Trusts will work together as one vascular network hosted by LTH.

Second, there will be one main specialist hospital for inpatient artery surgery (the arterial centre) at Royal Preston Hospital.

Creating one vascular network

In a vascular network, hospitals and staff work together as one team. This helps make care more joined up, even if you are seen at different hospital sites. This network will be hosted and run by LTH.

Working as one network can make the service stronger. It can help provide 24-hour cover, support training and make it easier to recruit and keep staff.

You should still see the same consultant where possible. Staff will also share advice and information, so your care follows the same standards across the network.

One single dedicated specialist arterial centre

Under the proposal, planned and emergency inpatient vascular care would move to one specialist arterial centre at Royal Preston Hospital (run by LTH) with network hospital sites at the other partner Trust hospitals.

- You will still go to your local hospital for clinics, day cases and tests.
- You will be seen by the local teams you already know.
- Your care information will be shared safely with the staff who need it.
- If you need to stay in hospital for vascular surgery, you will go to Royal Preston Hospital. This mainly affects the 540 patients each year who would currently go to Royal Blackburn Hospital for inpatient care.
- After your operation, when you can be safely discharged home or into community services, you will then return to your local hospital for outpatient post-surgery appointments.
- We will keep time away from home as short as possible.
- Rehab and follow-up appointments will be as close to home as possible, either in the community or at a network hospital.

This means people who need inpatient care will be treated in one specialist place with the right equipment and staff, including for emergencies.

The arterial centre and the network will deliver and coordinate care across the region.

There will be clear steps (pathways) so patients know what will happen and when.

The arterial centre will provide inpatient arterial surgery and specialist interventional radiology 24 hours a day, seven days a week. There will be an on-call team for vascular emergencies.

What won't change?

- Clinics, day cases and tests will still be at your local hospital with the local teams you are already familiar with.
- Rehabilitation and follow-up appointments will be either in the community or at a networked hospital.

What is the impact to our patients and people?

This section explains what the proposal would mean for patients, families and staff. It is based on what people have told us matters most. Some details will be confirmed later, but we have already started planning to reduce any negative impact.

What improvements could we see?

- Improved patient outcomes through treatment in a single high-volume arterial centre, with evidence showing lower mortality, fewer complications and better results for major vascular procedures such as AAA repair, carotid surgery and limb salvage.
- Faster access to urgent and emergency specialist vascular interventions, supported by a 24/7 consultant-led service and dedicated vascular infrastructure.
- More consistent standards of care across Lancashire, South Cumbria and Wigan, reducing current variation in treatment pathways, access and outcomes.
- Access to a specialist centre of excellence with co-located services including critical care, stroke, major trauma, interventional radiology and specialist vascular teams.
- Improved rehabilitation and recovery pathways through dedicated step-down rehabilitation beds, improved therapy input and clearer discharge arrangements.
- Better continuity of care through a single vascular network, shared MDTs, standardised pathways and stronger clinical governance.
- Greater equity of access, ensuring patients receive the same standards of specialist vascular care regardless of where they live.
- Most care will continue to be delivered locally, including outpatient appointments, diagnostics, day-case procedures, surveillance and follow-up care.
- Increased availability of vascular 'hot clinics', which are clinics that provide rapid assessment and treatment planning closer to home, reducing unnecessary admissions.
- Improved workforce resilience, helping maintain safe services and reducing risks associated with recruitment and staffing challenges.



Will there be any negative impacts?

- Some patients, particularly those from East Lancashire, will need to travel further for inpatient vascular surgery and emergency arterial procedures at Royal Preston Hospital.
- Carers and visitors may experience increased travel time and associated costs during inpatient stays.
- Older people, disabled people, people on low incomes and those living in deprived or rural communities may be disproportionately affected by increased travel requirements.

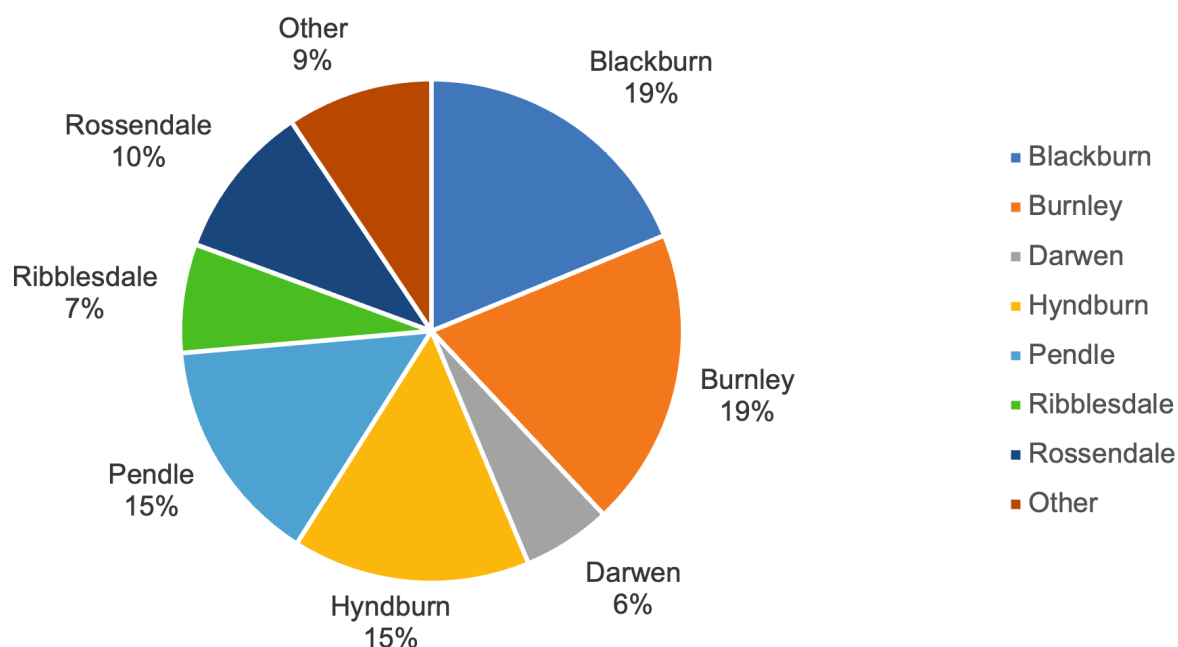
Mitigations against the above include retaining local outpatient services, diagnostics and follow-up care. Patient transport options, travel cost support, repatriation arrangements and parking concessions (where applicable) will also be available to help with the above.



Travel

Only people who currently go to Royal Blackburn Hospital for inpatient care would travel further under this proposal.

Proportion of admissions from each district in East Lancashire



The table below shows estimated travel times to Royal Blackburn Hospital (where people go now) and Royal Preston Hospital (where they would go under the proposal). Times are based on a typical journey from the centre of each area. They are a guide only and do not cover ambulance travel.

Start area	Travel to RBH (minutes)		Travel to RPH (minutes)		Difference travel time by car (mins)	Difference in travel time by public transport (mins)
	Car	Public transport	Car	Public transport		
Blackburn	11	11	34	74	23	63
Burnley	27	22	54	74	27	52
Darwen	13	32	33	94	20	62
Hyndburn	17	37	41	94	24	57
Pendle	32	89	58	143	26	54
Ribblesdale	39	90	52	122	13	32
Rossendale	34	57	60	127	26	70

By car, the extra travel time is around 15 to 30 minutes. By public transport, the extra time is often longer (around 30 to 70 minutes).

Around half of people who need inpatient specialist care arrive as an emergency. In these cases, an ambulance takes them to hospital.

We are working with the North West Ambulance Service (NWAS) to understand the impact and plan for any changes. NWAS will still support emergency patients as part of the trauma/major trauma, emergency and patient transport contracted services.

If your surgery is planned (not an emergency), you may be able to use the Patient Transport Service (PTS) if you meet the eligibility rules. Some people can also claim back travel costs if they are on a low income or certain benefits. These rules already apply to other specialist services where patients travel further (for example, some cancer services).



Scan to view PTS eligibility criteria

We know parking can be busy at Royal Preston Hospital at peak times. Patients coming for surgery use the elective surgical unit, which has a drop-off point at the door.

The Trust is also looking at parking capacity and options to manage any increase in demand.

The amount of time you need to be in the arterial centre in Preston will be as short as possible. You will be able to have people visit but they will have to make arrangements for transport. There are lots of ways to get to Preston Hospital by public transport.

Rehabilitation services will be carried out at your nearest network hospital in the same way they are now. If you receive this in a community setting, this will not change.

Staffing

This proposal would mean:

- most vascular surgeons will be based at Royal Preston Hospital.
- some consultants will work across hospitals in the network.
- vascular nurses will support both Royal Preston and Royal Blackburn and continue to run clinics at network hospitals.
- you will always see the same person in your clinic. If for some reason you do see someone else (for example, emergency cases will see multiple surgeons), they will have full access to your notes, so you won't have to explain your situation to them.

The benefit of working in a network is that all staff will work together as part of one integrated team. They will all have access to your notes and treatment plan. They will also have regular meetings with professionals from all specialties coming together to discuss your case, so they all know what others are doing and what they need to do too.

By managing staff and patients in this way, the workload will be better spread amongst the clinical teams available. We also hope this way of working will encourage other specialists to want to join our team and stay longer which will improve our workforce.

Staff changes would be planned carefully. If new roles are needed (for example, specialist theatre or radiology support), the Trusts will use recruitment and training plans to fill them.

Hospital capacity

All dedicated inpatient beds for vascular patients will be at the arterial centre. In the new model, there would be no need for vascular inpatient beds at the networked hospitals.

Although there would be no dedicated vascular beds at the networked hospitals, there would be a rota for the regular on-site presence of specialist vascular medical and nursing staff to support patients after their surgery and ensure they are linked in with other acute hospital specialties in their nearest networked hospital.

Direct communication links to the arterial centre and staff will be in place for 24/7 support for vascular advice and patient management.

Additional beds are being planned at Royal Preston Hospital with an aim of having 65 beds available for vascular inpatients. This would total more than is available across Lancashire and South Cumbria at the moment.

Work is underway at Royal Preston Hospital to convert existing theatre capacity into a second specialist vascular hybrid theatre to meet the additional number of vascular patients coming from Royal Blackburn Hospital and to support future patient demand. An additional interventional radiology suite is also undergoing planning for implementation to support the future demands of the radiology service. Even if this proposal does not get implemented, these will be utilised to improve the current service.

Interdependent services

Interventional radiology (IR) is a key service that is shared by vascular surgery. The service is required at both ELHT and LTH hospitals. A small number of the IR staff from ELHT would join the network if the proposal went ahead, and the service will benefit from planned recruitment for a new IR consultant and radiology nursing/support staff. Staffing of this service remains a risk to progress with the proposal. Additional specialist interventional radiology equipment and space is also required at Royal Preston Hospital to meet the demand from vascular patients. This is currently the biggest threat to the implementation of the proposal.

A separate working group of interventional radiologists has developed a proposal to create a network model of operation. This will address the issues and ensure the proposal is achievable. It is currently being reviewed and will go through the same decision-making process as any other service reconfiguration before the proposal is implemented.



Waiting times

LTH has been working over the last few years to increase capacity and has achieved a 45 per cent increase in new appointments available with a plan for a further 24 per cent increase during 2026-27. This means there will be no impact on waiting times as this new capacity is used.

Since ELHT demand will be reduced, it is expected that some waiting times for services at Royal Blackburn Hospital may also reduce.



Why we think this is the right choice

“We believe the best way to achieve our aims is for the five provider NHS Trusts to work collaboratively as a connected network of service providers. One size will not fit all – different clinical services would work together in different ways, from sharing clinical standards and best practice to a specialist team of health professionals working at a centre of excellence. Most services would continue to be delivered across all hospitals.”

Vascular Programme Board

The network approach

A network approach will give opportunities to develop specialist expertise associated with centres of excellence while continuing to deliver local services.

Benefits from such a networked approach, include:

- ensuring patients have local access to a vascular specialist in all areas of the network, but that emergency and complex arterial work is centralised where it can be best supported.
- better collaboration through working as a single, larger, more resilient team.
- offering system-wide resources to deliver improved quality and financial outcomes while still maintaining Lancashire and South Cumbria-wide access to services.
- standardised patient care pathways, improving patient care by offering better access to services which are better coordinated and offer consistent support and advice.
- a more attractive working environment across a range of different domains, meaning that the system is better able to recruit into vacancies and retain staff.

Clinical evidence

The case for changing vascular services is firmly based on clinical evidence outlining the benefits of consolidating services into one arterial centre (hub) and of broader clinical network working. This is supported by international best practice national guidance from Getting it Right First Time (GIRFT), the Vascular Society for Great Britain and Ireland, and the National Institute for Clinical Excellence (NICE).

This proposal and the programme have been led by clinical, nursing and medical professionals throughout. For example, high-volume centres such as that proposed at Royal Preston Hospital are shown to have better outcomes (lower death rates) for AAA repairs, due to more experienced surgeons, specialised teams (anaesthetists, nurses) and structured post-operative care, which reduces the chance of death after complications.

Evidence from other areas

The current configuration was initiated in 2013. At that time patients in South Cumbria (e.g. Barrow) and the Blackpool and Fylde district were also presented with the same proposal to transfer services to LTH and travel to Preston. They agreed with the proposal at the time, and this has now been in place for over a decade.

Centralising clinical services between multiple health organisations is not an uncommon process within regional areas. Vascular surgery itself has been the subject of a number of reconfigurations within this country and around the world.

Observations from [British research \(2014\)](#) on patient outcomes following a ruptured AAA shows evidence that operative mortality after rupture is lower in larger-volume vascular centres. It also highlights the safety of transfer pathways for patients to such specialist centres.

A study from Catalonia in 2020 showed that, after centralisation, there was a significant improvement as inflammatory AAA mortality fell from 4.7 per cent to 2 per cent and ruptured AAA mortality fell from 53.1 per cent to 41.9 per cent.

[Another study in South West England](#) showed that centralisation of AAA repair was safe with no immediate adverse impact.

This was supported by a [similar study for the UK](#) over a decade of analysis which concluded that there were significant outcome gains - especially for aortic aneurysm care - after moving arterial surgery to high-volume centres.

Scan each of the QR codes below to read more about each study.



British
research
(2014)



Catalonia
study



South West
England
study



UK
study

How to have your say



After reading this document, please complete our short survey to tell us your views on this proposal.

Access the survey: [Vascular services - public consultation](#) or
← scan the QR code on the left.

You have until **Friday 27 November** to complete the survey.

We have more documents that explain the proposal, including a video, available on our [vascular webpage](#) or scan the QR code on the right →



If you need this document, other supporting documents or the survey providing to you in an alternative format or a different language, please contact us using the details at the end of this document.

We are also holding drop-in listening sessions across East Lancashire, including two in Blackburn. You are welcome to come along to one or more of these. Please visit our webpage (link and QR code above) to find out where and when your nearest one will be.

Our team will also be visiting the outpatient clinics at Royal Preston and Royal Blackburn hospitals. Please visit our webpage to find out which dates we will be there.

Next steps and timeline

The consultation period will end on Friday 27 November 2026.

- Once the consultation has closed, all feedback will be collated and independently analysed and reported on. The feedback we receive throughout our consultation will be used to assess the merit of the proposal as part of the final decision-making process.
- A Decision-Making Business Case will then be produced, which will go through the national NHS England assurance process, be shared with local government oversight committees and then go to the ICB Board for a decision. We hope all of this will happen during 2027.
- Once a decision has been made by the ICB Board, we will explain how the feedback from this consultation was taken into consideration, and what happened as a result.
- Please check our vascular webpage above for updates throughout 2027 to stay up to date with the progress of vascular services transformation.



Vascular services transformation:

Information for the public

Improving vascular care for
our communities

Contact details and feedback

If you have any questions, or you need to request any of the consultation documents in an alternative format or different language, contact us by:

💻: lscicb.haveyoursay@nhs.net

🌐: lancashireandsouthcumbria.icb.nhs.uk/vascular

☎: **0300 373 3550**

Paper copies of the questionnaire can be posted to us at:

FREEPOST

NHS Lancashire and South Cumbria ICB