



**Lancashire and  
South Cumbria**  
Integrated Care Board

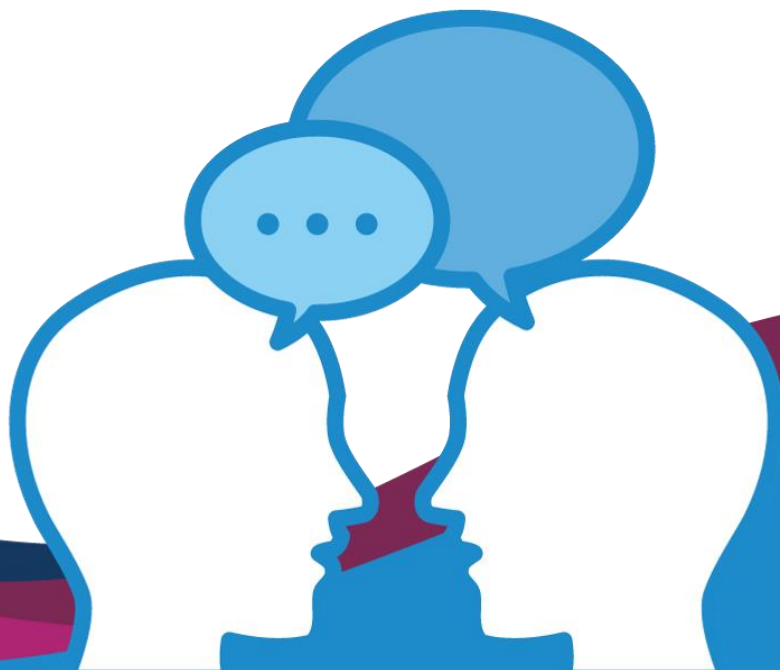
# Vascular reconfiguration phase 2

## Listening to communities report

July 2025

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## Acknowledgements

Many thanks to all the participants of this engagement. Special thanks to Mobility Matters and Heartbeat and to the staff of East Lancashire Teaching Hospitals for supporting us in the engagement.

## Introduction

The NHS Lancashire and South Cumbria Integrated Care Board (ICB) along with the NHS Trusts in Lancashire and South Cumbria have a joint vision to improve our clinical services through collaboration.

The Lancashire and South Cumbria Vascular Network Programme is working on a model of care that:

- *Is safe, efficient, and sustainable.*
- *Reduces variation in access.*
- *Improves patient diagnosis and treatment.*
- *Improves mortality and morbidity rates.*
- *Is consistent with national guidance and best practice.*

To achieve this, the Vascular Network Board is investigating the possibility of a move to a network model with the provider NHS Trusts working collaboratively as a connected network of service providers. This is being undertaken with the support of senior clinicians and departmental leads.

A due process of assurance with NHS England and governance through the ICB is being followed including engagement with patients and elected members through Health Overview and Scrutiny Committees and Health and Wellbeing Boards. As part of this process the ICB must evidence it has upheld its duty to involve patients and the public in its decision making.

As the programme develops its plans, engagement is needed at each stage of the process.

This report outlines the method and findings of the engagement carried out with patients during the NHS England stage 2 assurance process, also referred to as pre-consultation engagement.

## Executive summary

In our recent community engagement efforts, we have focused on understanding the needs and concerns of the local population regarding vascular specialist surgery.

Based on national guidance and feedback from previous engagement, a proposed new model for vascular services has been agreed by the Lancashire and South Cumbria provider collaborative board. The proposed new model would see the establishment of a Lancashire and South Cumbria and Wigan Vascular Network. It would bring vascular staff from all hospitals together as one collaborative team. There would be a single arterial centre hosted by Lancashire Teaching Hospitals NHS Foundation Trust where all complex inpatient surgery would be carried out.

Around 672 patients in East Lancashire needing complex surgery, who would normally have gone to Royal Blackburn Hospital, would now need to travel to Royal Preston Hospital.

The period of engagement between May and July 2025, discussed in this report, aimed to:

1. Gather opinion about the proposal.
2. Highlight any issues with the model that would need to be mitigated against during implementation.
3. 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.

We heard from 110 people during this engagement. This 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.

The following recommendations have been made based on the findings:

1. Travel to Preston must be justified or mitigated against - especially for those with mobility issues or with low income.
2. The programme should adopt as many of the best practice operational procedures as possible from ELHT.
3. Ensure the capacity is available at Lancashire Teaching Hospitals NHS Foundation Trust to meet the demand created by the additional patients from East Lancashire Hospitals NHS Trust.
4. Ensure there is no negative impact on waiting times.
5. Ensure staffing is arranged such that relationships between staff and patients are consistent.
6. During implementation, full disclosure, openness and transparency about the decision-making process will be required.

## What have we been talking to people about and why?

The NHS Trusts that manage our hospitals in Lancashire and South Cumbria have been working together with the Integrated Care Board (ICB) to look at how vascular services can be improved.

Vascular surgery covers a range of surgical procedures undertaken on veins and the lymphatic system – but the most important part of the vascular surgeon's work is to reconstruct, unblock or bypass arteries that are blocked (such as by atherosclerosis).

Complex vascular surgery covers:

- Abdominal Aortic Aneurysms (AAA)
- Screening people for AAA
- Strokes (such as Carotid Endarterectomy (CEA) or Transient Ischaemic Attacks (TIAs or mini strokes)
- Poor blood supply to the feet or legs

Under the current model vascular services are provided as follows:

- Lancashire Teaching Hospital NHS Foundation Trust (LTHT) and East Lancashire Teaching Hospital (ELHT) provide vascular inpatient and outpatient services for Lancashire and South Cumbria.
- Regional inpatient hubs and local day case, outpatient and diagnostic services are based at LTHT and ELHT.
  - LTHT also provide outpatient, day case and diagnostic services at Blackpool Teaching Hospital NHS Foundation Trust (BTH), University Hospital Morecambe Bay NHS Foundation Trust (UHMBT) and Wrightington, Wigan and Leigh NHS Foundation Trust (WWL).
  - ELHT provide vascular services to East Lancashire. They provide some community-based services but do not currently partner with another acute trust.

Currently, vascular services are carried out at varying levels across our hospitals. This means:

- National guidance suggests each inpatient surgical hub should serve more than 800,000 people whereas ELHT serves just 550,000 people.
- Waiting lists are very different depending on which hospital you go to.
- Our hospitals see different numbers of patients, meaning they are not meeting nationally recommended targets such as number of surgeries carried out and number of patients seen.
- Smaller teams in some hospitals makes recruitment and sharing of expertise difficult.

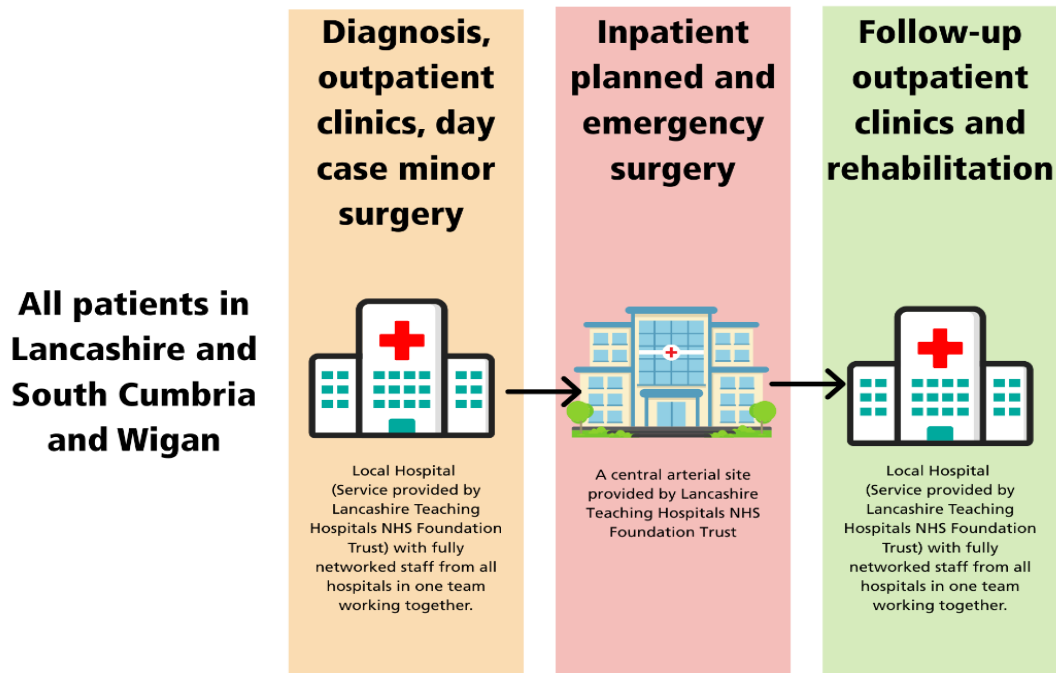
Based on national guidance and feedback from previous engagement about services a new model has been agreed by the Lancashire and South Cumbria Provider Collaborative Board.



The new model would see the establishment of a Lancashire and South Cumbria and Wigan Vascular Network. It would bring vascular staff from all hospitals together as one collaborative team. There would be a single arterial centre where all complex inpatient surgery would be carried out.

This proposed model was presented to patients during [previous engagement](#) with most being supportive of it.

Since that previous engagement the model has been refined, and it has been decided that Lancashire Teaching Hospital NHS Foundation Trust would be the host Trust for the network and that the proposed single arterial centre would be based at Royal Preston Hospital.



This would mean that diagnostic testing, consultation appointments and outpatient follow-up clinics would continue to be offered at network hospitals close to a patient's home - as they are now. It would also make the service more robust, share expertise between staff and meet national best practice.

Patients in East Lancashire needing complex surgery, who would normally have gone to Royal Blackburn Hospital would now need to travel to Royal Preston Hospital. A review of utilisation has shown that on average East Lancashire currently performs in-patient surgery on 672 patients per year. These 672 are the only patients that would be directly impacted.

The period of 'pre-consultation engagement' discussed in this report aimed to talk to patients about the new model and its technicalities to:

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

## What have we talked about before?

To ensure our findings cover as many people, from as many walks of life as possible, we must draw upon insight that has previously been gathered that is relevant to this proposal.

Previous engagement that has been used in addition to the specific engagement outlined in the next section of the report includes the following activity.

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### Previous engagement with vascular patients

As part of developing the business case in 2023 a period of engagement was carried out with groups of vascular patients. This included focus groups and questionnaires. We heard from nearly 400 people with experience of vascular services.

The full report for this can be found here: [Vascular service engagement](#)

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### Clinical strategy

This programme is part of a wider programme of clinical service transformation. The ICB and the five provider Trusts in Lancashire and South Cumbria have a joint vision to improve our clinical services through collaboration. Together we aim to ensure clinically and financially sustainable services that improve health outcomes, reduce health inequalities and offer a great place to work.

In May 2023, an engagement programme commenced to capture insight from local people and staff regarding the principles of networked clinical services and to understand important considerations which will be factored into engagement within individual services. This concluded in August 2023.

The engagement asked questions about travel, use of community settings and local hospitals, and having specialised services centralised in specialist centres. The results of this can be applied when looking at the vascular service transformation.

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### ICB public roadshows

Throughout September to November 2024, the 'Your health. Your future. Your say.' roadshow events took place in seven locations across the Lancashire and South Cumbria ICB area. They featured information about challenges and areas of focus for the ICB including the quality and sustainability of health and care services, increasing health inequalities, hospital reconfiguration, integrated urgent care and transforming community care. Insights were also gathered through an ICB perception survey, an Integrated Urgent Care (IUC) survey and targeted engagement with health inclusion groups.

[Read the full report](#)

## Who have we heard from and how?



In order to meet the NHS duty to involved we must include as many people that would be impacted by the service change as possible.

We must be aware of groups of people who may be impacted by the change more than others and ensure our engagement is equitable.

We must also ensure our engagement activity does not exclude people by relying on tactics that are not accessible to some.

### Deciding who to talk to

The equality and health inequalities impact and risk assessment (EHIIRA) highlighted that the change would most likely impact:

- Those who do not have access to their own vehicle
  - Due to age related conditions that make driving difficult
  - Due to levels of deprivation without the financial resources to own a vehicle.
  - Due to disability
- Those from ethnic minority populations in the East Lancashire area
  - There is a link between some populations from Black and Minority Ethnic backgrounds and the prevalence of vascular conditions.

Special consideration was given to ensure we engaged with people with disabilities, from areas with higher levels of deprivation, from ethnic minority backgrounds or are older in age.

At the same time, we had to ensure that resources were used efficiently at this stage of engagement.

The table below shows how many patients are seen by the two hospital Trusts per year (2022/23).

Organisation	Day Case Spell Totals	Elective Spell Totals	Non-Elective Spell Totals	Totals
East Lancashire Hospital NHS Trust	819	360	312	1,491
Lancashire Teaching Hospital NHS Foundation Trust	489	561	566	1,616
<b>Total</b>	<b>1308</b>	<b>921</b>	<b>878</b>	<b>3,107</b>

Only those currently attending East Lancashire Hospital NHS Trust for elective and non-elective spells will be impacted by the proposed change – day cases will still be dealt with at Royal Blackburn Hospital, as they currently are. This means that **around 672 patients would be affected by the changes each year.**

Therefore, engagement activity has focussed on ELHT patients. Many of these were from ethnic minority backgrounds and some were from deprived areas too. Some patients from outside of the area were engaged with for thoroughness.



## How did we speak to people?

To ensure feedback opportunities were as accessible as possible a range of engagement techniques were adopted.

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### Patient interviews

Thanks to staff at ELHT we were able to set up a room in the four hospitals where out-patient vascular clinics take place:

- Royal Blackburn Teaching Hospital
  - Attended on 9 June and 23 June 2025
- Burnley General Teaching Hospital
  - Attended on 28 May, 20 June and 27 June 2025
- Rossendale Primary Health Care Centre
  - Attended on 24 June 2025 and 15 July
- Pendle Community Hospital
  - Attended on 4 June and 16 July 2025

This allowed us to have one-to-one conversation with patients and any accompanying family member or carer. This gave us access to people with experience of the services who would be best placed to provide insight into what impact the service change would have on them.

We were able to explain the new model to them individually and note any questions they had, the issues they raised and their initial reaction to the proposal.

A member of the engagement team who can speak Punjabi attended to ensure there was an opportunity to hear from people who have Punjabi as their first language. On one occasion a hospital translator was relied upon.

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### Focus groups

Focus groups were used to capture the insight from those patients outside of East Lancashire. To do this we returned to two groups that we had spoken to during previous engagement:

- Heartbeat
  - A charity offering support for people with cardiovascular conditions.
  - Two sessions were attended on 13 May 2025 and 29 May 2025.
- Mobility matters
  - A support group for patients who have had lower limb amputations at the Specialist Rehabilitation Centre in Preston.
  - Attended a group session on 10 June 2025.

These opportunities allowed us to describe the new service model to participants and discuss with them the issues that they felt would impact patients the most.

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### External comment boards

News of the engagement being carried out reached a local press outlet in East Lancashire and a news article was published by the Lancashire Telegraph in June 2025.

[The story](#) was published online and allowed comments from the public to be added to it. Although the story did not have the detail about the case for change it did give the general information. The comments from the article have been included in our analysis.

## How many people got involved?

The table below shows the number of people engaged with during this specific period of activity. During previous engagement with vascular patients we heard from 400 patients, the clinical strategy engagement heard from 364 people and the ICB roadshows had 188 attendees.

Engagement opportunity		Number of people engaged
Outpatient clinics	RBH 9 June	12
	RBH 23 June	6
	BGH 28 May	7
	BGH 20 June	7
	BGH 27 June	6
	Rossendale 24 June	0 (due to a number of patients failing to attend and others opting out of the engagement)
	Rossendale 15 July	8
	Pendle 4 June	17
	Pendle 16 July	0 (cancelled)
<b>Total representation from East Lancashire</b>		<b>63</b>
Heartbeat sessions	Session 1	18
	Session 2	8
Mobility Matters session		11
Lancashire Telegraph article comments		10
<b>Total number of people engaged with</b>		<b>110</b>
<b>Total number of views considered – including previous engagement</b>		<b>1,062</b>

Given that the current vascular service across all of Lancashire and South Cumbria sees around 3,107 patients per year, on average, this represents a sample of 3.5 per cent (based on the number of people engaged with during this activity).

Given around 672 patients from ELHT per year will see an impact and based on the number of people spoken to from East Lancashire we can say this had a sample size of 9.4 per cent.

Nearly all the people engaged with were aged over 50 with the majority being aged 65 and over.

18 people (16 per cent) were identified as having a disability and ten (nine per cent) were from an ethnic minority background. (The estimated total population of Lancashire and South Cumbria from an ethnic minority community is 12.3 per cent).



### Findings of previous engagement

The relevant detail and comments from the previous engagement outlined earlier in the report can be summarised as:

- ICB Roadshows
  - People were generally happy with the approach and principles the ICB was working to.
  - People highlighted long waiting times as a key issue.
  - Experience of difficulty with accessing specialist services was mentioned.
  - Comments about the bureaucratic nature of the NHS, including excessive paperwork and communication regarding appointments, indicate a need for more streamlined administrative processes.
- Clinical Strategy
  - More than 50 per cent were willing to travel for specialist treatment.
  - Some patients expressed concern for people with disabilities or multiple long-term conditions having to travel to multiple 'specialist hospitals' rather than having everything offered at local hospitals.
  - People highlighted the need for more patient transport services.
  - Nearly all people wanted to see more connected staff and services.
  - Other issues highlighted included:
    - Estates (the state of repair of hospitals)
    - Staff wellbeing and morale
    - Waiting times
    - Increase in population
- Vascular patients earlier in the programme
  - In general, the patients we spoke to were happy to travel for specialist care, especially as a 'centre for excellence' would encourage greater sharing of expertise.
  - There were some concerns around parking and visitor access.
  - The people taking part spoke mostly about how services are delivered rather than where. The way services at all levels; specialist, hospital, community and primary care shared information and communicated with each other was discussed at length with improved record sharing being a priority. Another key theme was the ability to connect with other services and patients.

## General opinion of the model

The majority of people thought the idea of a single arterial site was good and the majority were happy for it to be Preston. Many said they would go to wherever they had to go for complex treatment. Many cited that they knew Blackpool was the main centre for cardiac services and they were happy for such a centre for vascular.

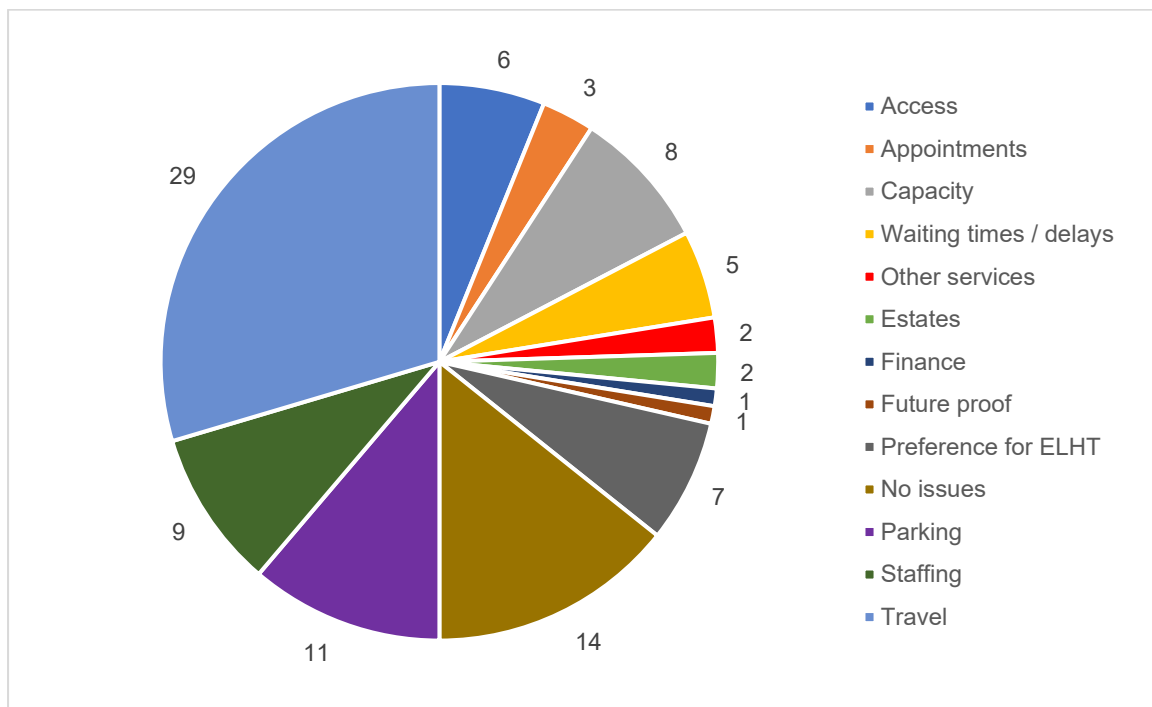
They were very much in favour of having joined up network of specialists and the opportunities this brings with it.

There were caveats with their support however which included the issue of travel. They were mostly keen to stress that it was important to them that recuperation following an operation and any follow-up appointments be handled in a hospital as close to home as possible. This would increase opportunities for patients to have visitors without them travelling too far and allow patients to attend appointments more easily. This is something the proposed model does allow for.

There were some people from East Lancashire area that were against the change - but not all. There is a notable loyalty to their local hospital, particularly Royal Blackburn Hospital. Those few who were against the proposal did not want to see services removed from their local area. One person fervently opposed the plan, suggesting Blackburn was built as a 'super hospital' and it was a waste of money to not take advantage of this – they felt more services should be moved there not taken away.

## Issues and concerns

The comments made during the engagement were collated and summarised into key themes.



There were two main themes of concern that stood out from all of the comments made: travel and parking.

Around 29 per cent of people said that travel would be an issue for them. Some suggested it would be an extra hour for them to make the journey. People talked about the tendency for the M6 motorway to suffer from traffic jams and congestion making the journey times even longer. Others had concerns that elective surgery is open to last minute cancellation and they would be frustrated to travel to Preston and then have the operation cancelled.

Again, this was the main reason people talked about visiting. They felt that after a major operation having visitors would be very important to them and expecting people to travel to Preston to visit for an hour at visiting times was not ideal. They worried this would reduce the likelihood of people visiting.

This was particularly true of patients in Pendle and Burnley where they said public transport links are not good. The cost of using public transport or taxis was highlighted too.

Those with disabilities and those who were frail due to age were particularly concerned with the issue around travel.

Connected to this, 11 per cent of comments were related to parking at Preston. Many had experience of visiting Royal Preston Hospital and said that they have always found parking difficult. They felt with additional patients travelling to Preston from East Lancashire this would add to the pressure on parking and would be untenable.

Other themes were related to staffing. Some asked whether they would see the same staff or whether they would be moved to other teams. They talked about how good the staff were and hoped they would not be moved.

The way staff operate the services at East Lancashire was highlighted as being exceptional and many patients said they hoped the day-to-day operation of services and out-patient appointments would continue even if they worked under a different Trust. They particularly mentioned the way in which scans, consultations and access to support form nurses was available at the same time when attending appointments.

Another area of concern was the level of care provided and the capacity at Preston to meet the demand for theatre space. Patients from all over Lancashire and South Cumbria were worried that if there was not enough theatre space there could be more cancelled operations.

Those with disabilities also added that the accessibility of Preston vascular department is not ideal. They said it was a long way from the car park and along a long corridor making walking very difficult.

Some also commented about the state of repair of Royal Preston Hospital and a general dislike for the estate at the hospital.

Others noted the case for change around East Lancashire serving a population of 550,000 and the recommendation it should be 800,000; noting that the population increase over the next few years will mean ELHT could be serving a population over 800,000. They were worried that the model might not be fit for the future, and we may be in a position where a second site at Blackburn would be needed in the not-too-distant future anyway. Their point being 'why change it now when you have to change it back in a few years.'

## Information of interest

From the above we can ascertain that further information is needed by the public about the technicalities of travel. This will need to include:

- The expected travel time for patients.
- The knock-on effect of additional travel for ambulances.
- Repatriation arrangements in place to get patients home following an operation.
- What options there are for patients to be transported to Preston.
- What affect the model will have on parking and what is in place for patients who need to park for a long time when having a procedure.

Patients are interested in the capacity of Preston:

- How many additional patients the model will add to Preston.
- Whether the theatres have the capacity to manage the additional patients.
- Whether there are enough beds available at Preston for the additional patients and if not, what is being moved out of Preston to make room.

Additional questions that were asked were around waiting lists, particularly around whether the model would improve waiting times for diagnostics and whether the delays from referral to treatment would be improved.

Two patients also asked about what the impact on other services that are connected to vascular services would be with, mention of diagnostics specifically.

Due to the loyalty to Royal Blackburn Hospital felt by many of the patients it can be assumed that patients will want to know the knock-on effect of reducing attendance at Blackburn, whether that means reduced funding, what the vacated space created by patients moving to Preston will be used for etc. One patient asked if the full list of reasons why LTH was chosen over ELHT could be provided in the future.

## What we have learned – Conclusion and recommendations



The benefits associated with the model are widely accepted and welcomed, especially the networking of the service to share expertise, improve resilience and increase capacity.

There is still some concern around the logistics of the programme.

1. The additional travel to Preston for those in East Lancashire is not favourable.
  - a. As expected, this is especially true of those with lower income and those who rely on public transport.
  - b. This is important not only for the patient getting to and from the hospital but also because of the value they place on having visitors and the impact travel and parking will have on them.
2. Patients are keen to see the operational practices they have experienced at ELHT maintained as they hold them in very high regard.

Based on the findings, the following recommendations are made:

1. Travel to Preston and parking for patients and visitors must be justified or mitigated against - especially for those with mobility issues or with low income.
2. Adopt as many of the best practice operational procedures as possible from ELHT.
3. Ensure the capacity is available at LTH to meet the demand created by the additional patients from ELHT.
  - a. Provide reassurance to patients about this.
4. Ensure there is no impact on waiting times
  - a. Provide reassurance to patients about this.
5. Ensure staffing is arranged such that relationships between staff and patients are consistent.
  - a. Provide reassurance to patients about this.
6. During implementation, full disclosure, openness and transparency about the decision-making process will be required.