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To: Health Overview and Scrutiny Committee, 7 September 2012

Subject: Vascular Services

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## 1. Introduction<sup>1</sup>

- (a) Vascular services involve the care of patients with diseases of blood vessels outside the heart, lungs and brain.
- (b) Types of vascular disease
- Arterial disease:
    1. Narrowing or blockages of the arteries, arteries becoming hard and inflexible (atherosclerosis).
    2. Weakened section of artery stretches/balloons (aneurysm)
    3. Tear in the wall of the aorta (aortic dissection).
  - Venous disease – the most common kind is varicose veins.
  - Lymphatic disease - Problems in the lymphatic system where fluid cannot leave the limb (or other affected area) causing it to swell (oedema).

## 2. The Provision of Vascular Services

- (a) The Vascular Society of Great Britain and Ireland published *The Provision of Services for Patient with Vascular Disease* in February 2012 setting out ‘the principles by which a 24/7 high quality, consultant led vascular service might deliver optimal patient care.’<sup>2</sup>
- (b) The following are some of the key points in this document under the heading ‘current problems and pressures for change’:<sup>3</sup>
- The proportion of patients with vascular disease presenting urgently or in an emergency can be up to 50%. Vascular emergencies should be treated by a vascular specialist rather than a general surgeon.
  - Vascular surgery was a subspecialty of general surgery but has emerged as a separate speciality.

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<sup>1</sup> Information in this section: NHS Commissioning Support for London, *Cardiovascular project The case for change*, August 2010, pp.11-12, <http://www.londonhp.nhs.uk/wp-content/uploads/2011/03/Cardiovascular-case-for-change.pdf>

<sup>2</sup> The Vascular Society of Great Britain and Ireland, *The Provision of Services for Patients with Vascular Disease*, 2 February 2012, p.11, <http://www.vascularsociety.org.uk/library/vascular-society-publications.html>

<sup>3</sup> Ibid. pp.11-14.

Item 6: Vascular Services. Background Note.

- Training vascular surgeons to provide the full range of emergency general surgery and vascular on call is no longer possible.
- The demands of the European Working Time Regulations.
- There should be coordination between elective and emergency vascular surgical and interventional radiology services.
- Commissioning vascular services is currently the responsibility of PCTs/CCGs, but the Department of Health is currently considering it for inclusion in the Specialised Services National Definitions Set which will mean it could come under specialised commissioning. There are currently some elements of specialised commissioning.<sup>4</sup>
- The requirements of vascular services need to be considered along with the development of cardiac, renal, diabetes, stroke and trauma services.
- Providing an effective vascular service is relatively expensive so replication is not cost effective.
- This section ends with the following summary:

“The front door of the vascular service will remain the patient’s local hospital and it is important to maintain local vascular services which are as good, if not better than, before. Vascular specialists will be on site to perform clinics and see referrals in the local hospitals. It is only patients requiring intervention or emergency treatment who will be transferred, but may still be repatriated to their local hospital for rehabilitation.”<sup>5</sup>

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<sup>4</sup> See: National Specialised Commissioning Group, *Specialised Services for Vascular Disease (adult) – Definition No. 30*,

[http://www.specialisedservices.nhs.uk/library/26/Specialised\\_Vascular\\_Services\\_adult.pdf](http://www.specialisedservices.nhs.uk/library/26/Specialised_Vascular_Services_adult.pdf)

<sup>5</sup> The Vascular Society of Great Britain and Ireland, *The Provision of Services for Patients with Vascular Disease*, 2 February 2012, p.14,

<http://www.vascularsociety.org.uk/library/vascular-society-publications.html>