

VIA E-MAIL:

To All Acute Trust Chief Executives
Acute Trust Medical Directors
Vascular Providers

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Dear Colleagues,

Vascular Surgery

We write further to the published Cardiovascular Strategy for London which has now finished consultation and has received a highly significant level of support, with 83% of respondents in agreement with the proposals.

London Sectors are now in the process of examining how the strategy pertaining to Vascular Surgery can be implemented, with the intention that there should be 5 specialist vascular centres in London. Within North Central London there are three significant providers of arterial vascular surgery based at Barnet, The Royal Free and UCLH. No one centre is delivering the volumes of work needed to establish the critical mass of patients and expertise considered necessary to further improve patient outcome and our working lives, indeed given the current activity only one centre in North Central London can be justified.

We have no doubt that moving forward to one specialist centre, working in conjunction with a vascular network across NCL presents significant challenges and will require a high degree of co-operative working between providers. Nevertheless the absolute procedural numbers are small and the benefits to patients of establishing such a service are clear. These benefits should mirror what has already been achieved in other specialities. Therefore it is our intention to commission a service, as closely aligned to the consulted cardiovascular strategy as possible, and this service development is a high priority within our QIPP plan for 2011/12.

Sectors are moving in different ways towards implementation. We propose and hope to seek a co-operative and acceptable solution from providers in the first instance. This would remove the need for an independent designation process to be run. We propose that such a solution (in principle) would need to be agreed by 14th January 2011, but we will be running in parallel the development of process which could fairly establish who best could provide the service of the future should a co-operative and acceptable solution not be forthcoming.

We are aware that at a clinical level a NC group of vascular surgeons already meets to discuss provision, and we would be happy to host further talks with the view of establishing a co-operative solution if this was necessary.

We enclose a summary document detailing the essential components of the proposed network and vascular service. Implementation of the change will be supported by the NC Cardiac and Stroke Network, as in the recent changes in stroke provision.

Yours sincerely,

Rachel Tyndall

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