

Proposed service specification for a local vascular surgery unit

GPs should continue to refer their patients to the hospital of choice in the usual way. Once referred, patients would be seen on an outpatient basis in the usual way for any venous surgery. Local units would be responsible for triaging and transferring elective arterial patients to a central unit, where appropriate.

The local unit should provide the following services:

1. Procedures

No arterial vascular procedures should be commissioned from a local unit. Local units should be commissioned for the following procedures.

- Varicose vein surgery
- Any other day-case venous vascular surgery
- Surgery on the lymphatic system
- Limb angioplasty (if the unit also have a coronary angioplasty service)
- Amputations

Local units should continue to deliver a full range of vascular diagnostics and outpatient services.

2. Emergency service

In conjunction with the centralised unit and London ambulance service, local units should develop protocols so that any patients presenting who require emergency arterial surgery can be safely transferred to the central unit.

3. Governance and network arrangements

Local vascular units should work as part of a regional vascular network, with the central unit acting as the hub for the network. Vascular surgeons based at the local units should continue to provide an outpatient service and the full range of vascular diagnostics. They should have their own regular operating list at the central unit, onto which they can refer patients from the local unit. For the majority of patients this means that any surgical work-up will be undertaken locally and they will travel to the central unit for their complex surgery.