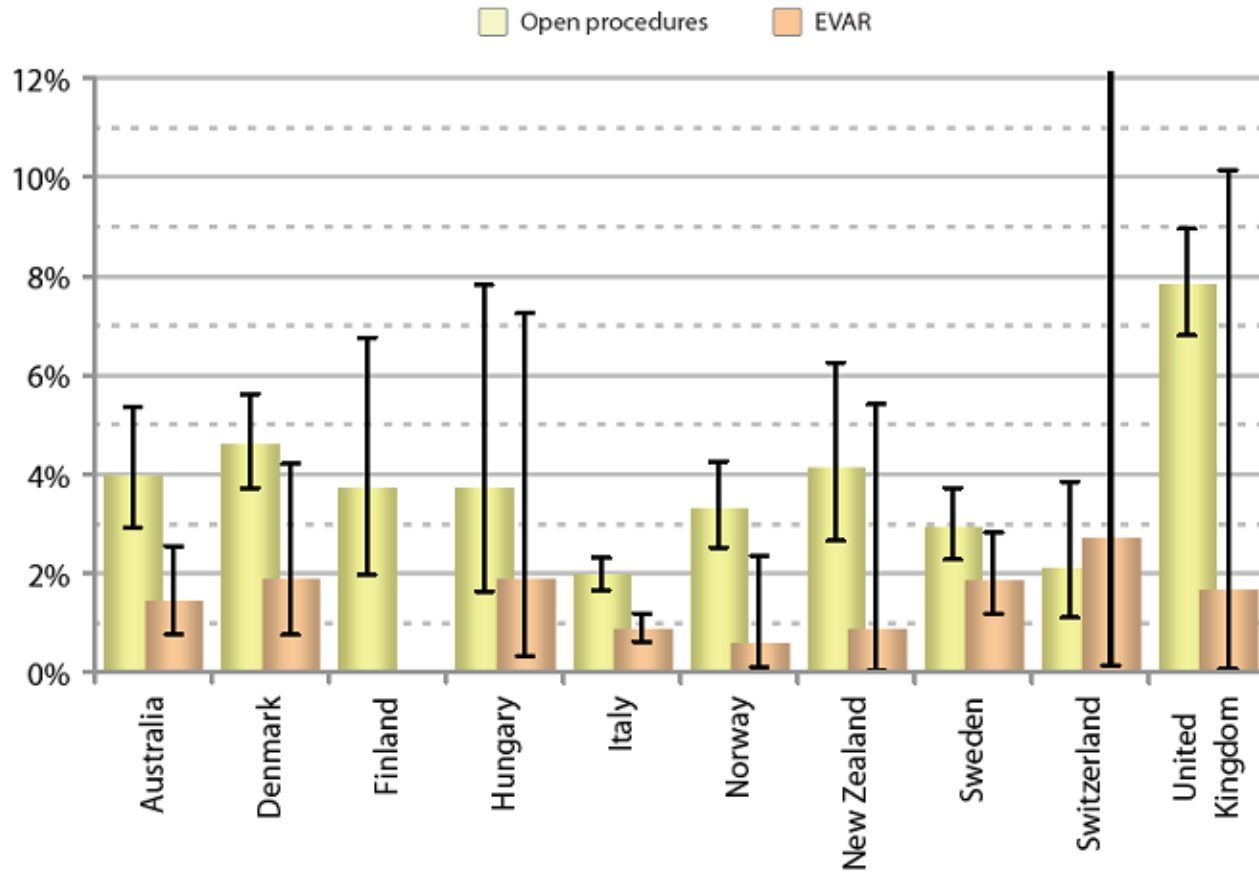


# SOUTH CENTRAL VASCULAR SERVICES REVIEW

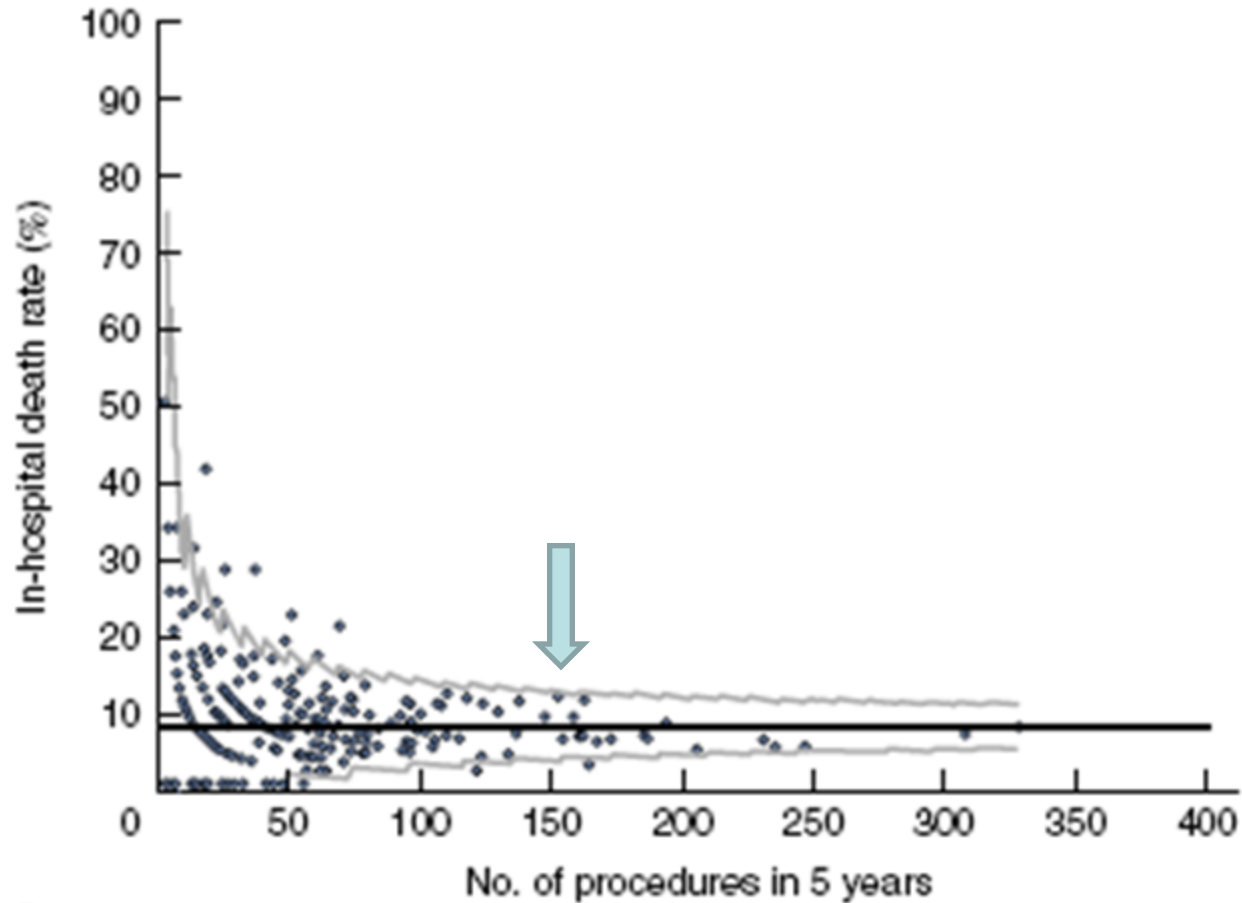
**Why?**

# OUTCOMES

AAA surgery: Crude mortality and country for intact aneurysms (n=25,773)



# OUTCOMES = VOLUME

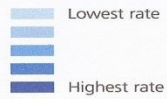


ENDOCRINE, NUTRITIONAL AND METABOLIC PROBLEMS

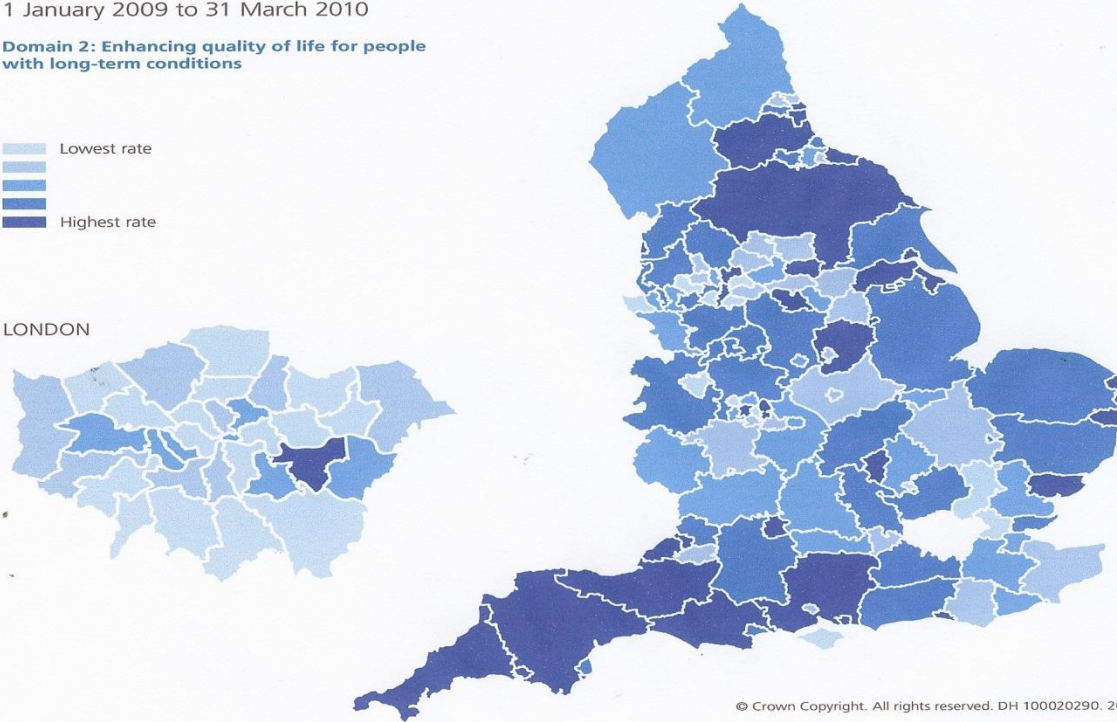
### Map 8: Percentage of people in the National Diabetes Audit (NDA) having major lower limb amputations five years prior to the end of the audit period by PCT

1 January 2009 to 31 March 2010

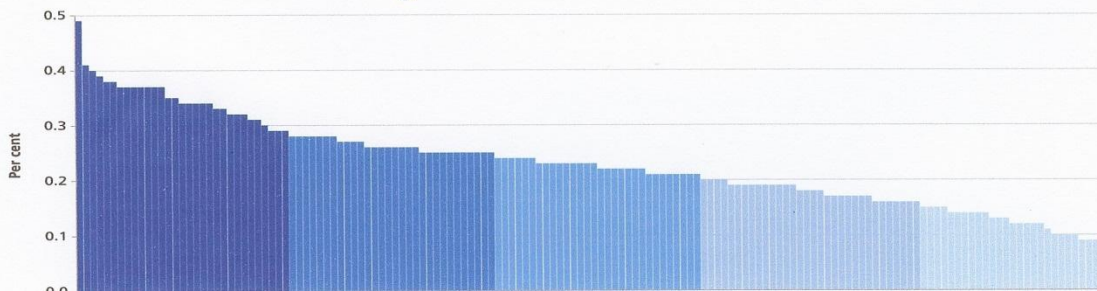
Domain 2: Enhancing quality of life for people with long-term conditions



LONDON



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# Emergency work

- 35% of total workload
  - High risk
  - Complex
  - Cost
  - Immediate availability of team and facilities

# BBC News

## Hospital patients 'more likely to die at weekends'

By Nick Triggle

Health correspondent, BBC News



**A shortage of senior doctors is said to be at the heart of the problem**

Being admitted to hospital in England at the weekend is risky, experts say.

# 3 Key Factors

- Elective
  - High Volume = Best outcomes
- Emergency work
  - Concentrate facilities and personnel
- Cost Effective
  - Sustainable

# THE PROPOSAL

- Single Team
  - consultant delivered
  - surgeon of week
- Enhanced presence in both sites
  - outpatients/rehabilitation
  - urgent referrals
  - intermediate surgery
  - other specialty support
- Major complex elective work one site
- Emergency intervention one site



# ADAVANTAGES

- Improve outcomes
  - high volume elective
  - 7 day working
- Consolidate manpower/facilities for emergencies
  - No duplication
  - Critical mass of personnel
- Cost effective
  - consultant delivered
  - reduced admissions/ length stay
  - sustainable for future
  - No increase in man power