

NCEPOD 26th October 05

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Agenda

1. The relationship between Vascular Surgery and the settlement pattern of Britain

Sociology and the Vascular Surgeon

The extreme options

1. Milton Keynes
2. Cwm Cadian



Centralisation of VS is sensible but there must be a counterbalancing distribution of emergency assessment. V.Surgeons must play their part.

When the last sub-specialty has left the Surgery rota there will be no “general” surgery rota.

Selection and matching of cases becomes the key skill

There is evidence that pts with a ruptured aortic aneurysm can be transferred safely for journeys of more than one hour or over 25 miles

A fair trade – good science, good politics

1. Centralise VS expertise and logistic resources in major centres.
2. Vascular Surgeons play an active part in supporting remote Local Emergency Units.

Energy and creativity to make local assessment work without any loss of outcomes.

Footnote to senior managers and Secretaries of State.

The NCEPOD process of public self scrutiny and self criticism contrasts unfavourably with the Govt's unwillingness to tolerate any criticism or debate of its policies by its own senior (and loyal) field commanders. Unhealthy. May those few brave senior managers who do so be preserved.