Agenda Item 5

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date:	**20th November 2009**
By:	**Director of Law and Personnel**
Title of report:	**Cardiac services in East Sussex – proposals for providing primary angioplasty as a treatment for heart attacks**
Purpose of report:	**To brief HOSC on proposals for the provision of primary angioplasty in East Sussex, within the context of a wider strategy across Sussex**

RECOMMENDATIONS

HOSC is recommended:

1. **Consider and comment on the proposals for the provision of primary angioplasty in East Sussex.**
2. **Determine how the committee would want to be involved in the future.**

1. Background

1.1 Primary Angioplasty* has been shown by a Department of Health study to offer more heart attack victims a better outcome than relying solely on thrombolysis (clot-busting drugs) if the operation can be carried out within 120 minutes from the time the ambulance is called. This performance standard is known as the 'Call to Balloon' (CTB) time. It was established by the Department of Health in 'Treatment of Heart Attack National Guidance' (Final report of the National Infarct Angioplasty Project (NIAP) October 2008.)

1.2 The Primary Angioplasty Options Appraisal Group was established by the Sussex Commission Group to make recommendations to Sussex Primary Care Trusts (PCTs) about the service infrastructure required to achieve the 120 minutes CTB.

1.3 The Options Appraisal Group is chaired by Sarah Creamer, Director of Strategy of NHS West Sussex and membership includes directors of commissioning and senior managers of the four Sussex PCTs, hospital consultants and managers, GPs, representatives of South East Coast Ambulance Service NHS Trust (SECAmb), patient and public representatives, a member of the Heart Improvement Programme and the Manager of the Sussex Heart Network.

1.4 The Department of Health estimates that 97% of ST elevated heart attacks (type of heart attack which has specific characteristics on the initial electrocardiograph test) may be appropriately serviced by a network of Heart Attack Centres covering all but the most rural communities in England.

1.5 Time is of the essence in any care pathway for delivering Primary Angioplasty but if the performance of the NIAP pilots can be replicated for Sussex heart attack patients, the NHS in Sussex will deliver its contribution to the saving of an estimated additional 500 lives per annum across England, compared to thrombolysis-based strategies.

1.6 Between January and December 2008, 126 patients suffering from a heart attack were admitted to Eastbourne DGH and 109 were admitted to the Conquest. 134 heart attack patients were admitted to Royal Sussex County Hospital, Brighton and 50 admitted to Princess Royal Hospital, Haywards Heath.

2. Issues that the Options Appraisal Group is exploring

a) Achieving the 120 minute CTB standard in rural communities from where the transfer to a designated Heart Attack Centre may take longer and - linked to this – the extent of the residual role for pre-hospital thrombolysis.

b) Striking a balance between concentrating treatment in fewer larger centres (with statistically better patient outcomes - all other factors being equal) and the benefits of earlier treatment (lower levels of in-hospital mortality) where the treatment may potentially be accessed earlier in more local but a smaller unit.

c) Balancing the costs of any increase in longer ambulance transfers to a reduced number of centres receiving heart attack cases against the gains in patient outcomes promised by concentration of expertise.

d) Commissioning a hospital infrastructure that is sustainable in terms of the number of separate 24/7 primary angioplasty consultant operator rotas that may be required.

e) Avoiding two hospital episodes and the associated higher costs to commissioners for a single spell of care by minimising the proportion of post-treatment hospital transfers to a hospital bed closer to home.

f) The potential requirement to de-commission primary angioplasty services at one or more acute hospitals in Sussex currently offering the treatment.

2.1 An update on the work of the Options Appraisal Group is attached at appendix 1 and this paper gives the Sussex wide position. Tina Wilmer, Programme Director, Unscheduled Care, NHS West Sussex will attend HOSC to give an overview of the project and answer questions. A statement from East Sussex Hospitals NHS Trust is included in this update. The Trust supports the continuation of the alternate site model operating from the Eastbourne DGH and Conquest sites. SECAmb's preference would be for a single site providing the service, with Conquest being the optimal from a logistical perspective (i.e. equidistant between Brighton and Ashford in Kent).

4. Issues to consider

4.1 HOSC may wish to explore the following issues:

- Timescale of the project and when the decision will be made on the preferred option
- Outcomes from the Public Reference Panel
- How these plans might impact on the availability of thrombolysis treatment for stroke patients
- Potential impact on East Sussex residents and how HOSC would want to be involved in the future
- Consultation plans once the final model has been decided.

* Primary angioplasty is the short name for primary Percutaneous Coronary Intervention – the treatment for heart attacks which unblocks the artery by insertion of a balloon so that a stent (a stainless tube with slots) can be put on place, squashing the blockage and opening up the artery.

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NHS
West Sussex

PRIMARY ANGIOPLASTY
OPTIONS APPRAISAL FOR SUSSEX

PAPER FOR THE
HEALTH & OVERVIEW SCRUTINY COMMITTEE (HOSC)

1.0 INTRODUCTION

The purpose of this paper is to provide the HOSC with an up-date on the work of the Primary Angioplasty Options Appraisal Group.

2.0 PROCESS

Following its inaugural meeting in March, the Options Appraisal Group agreed that it would establish three sub-groups to take forward specific strands of work: Clinical, Technical (information and financial analysis) and a Public Reference Panel.

The work undertaken by each of these Groups is summarized below:

2.1 *Clinical Sub-Group (CSG)*

The CSG met on 12 June and the following are the key outputs from the meeting:

- An overwhelming agreement to work to a model that suits Sussex rather than following DH guidance. This is chiefly in relation to the recommended Call-To-Balloon time which clinicians would prefer to keep at 120 minutes rather than the latest 150 minutes considered acceptable by the DH.
- The likelihood that pre-hospital thrombolysis as an option would disappear if the 120 CTB was adhered to.

- No hurdle criteria would be established – all options would be considered against an agreed assessment framework.
- A number of scenarios were submitted from each of the Sussex Trusts.
- That, whilst it will provide valuable information, there is not the time available to wait for the outcomes of the Strategic Reperfusion Early After Myocardial Infarction (STREAM) project which could take 2 – 3 years to report. The STREAM project is a study to investigate the concept that pre-hospital thrombolysis can be at least as good as primary angioplasty.

2.2 *Technical Sub-Group (TSG)*

The TSG first met on 7 May when the following was discussed:

- the brief for external consultants
- verification of Myocardial Ischaemia National Audit Project (MINAP) data
- financial elements of options

The Group has met several times during the summer and agreed the brief for the external consultancy. Finnamore were appointed to undertake the mapping and subsequently briefed the TSG in August on the reporting format.

2.3 *Public Reference Panel (PRP)*

The PRP consists of 7 members drawn from both East and West Sussex and has met twice to date. Its primary concern is the possibility of pre-hospital thrombolysis being discontinued, with the PCTs committing ahead of the outcomes of the STREAM project being known.

4.0 MAPPING

Finnamore were briefed to model primary Percutaneous Coronary Intervention (pPCI) call-to-balloon performance under the range of configuration options submitted from each of the Sussex Trusts in order to give a detailed geographical equity study which included a comparison of network performance in deprived areas with the performance across Sussex.

The equity analysis was incredibly complex and Finnamore facilitated a workshop of the Options Appraisal Group (held on 16 October) when they presented their findings in detail.

5.0 WORKSHOP OUTCOMES

Regrettably, not ever member of the Options Appraisal Group was able to be present but there was representation from Western Sussex Hospitals Trust, Conquest and Eastbourne as well as Brighton. In addition PCT Commissioners and the Heart Improvement Programme representative were present.

The following was agreed;

- That pPCI should be the default treatment of choice.
- To deliver primary Percutaneous Coronary Intervention (pPCI) within 120 minutes.

- There should be a 24/7 service in East Sussex. There will need to be local negotiation in this regard as Conquest and Eastbourne have proposed a model of alternating care whereas SECAmb's preference would be for a single site providing the service, with Conquest being the optimal from a logistical perspective (ie equidistant between Brighton and Ashford in Kent).

- There should be a 24/7 service in Brighton.

- Assuming the 24/7 service in Brighton goes live in 2010 as planned, the equity study showed no additional advantage to patients to continue with a Monday-Friday daytime service at Worthing. Again, there will need to be local negotiation in this regard.

- That pre-hospital thrombolysis (PHT) should be retained until there was confidence in the performance of the pPCI service. It was confirmed that in the event of PHT being stopped if, at any point in the future, it was deemed necessary to recommence this treatment option that training impact on SECAmb personnel would be negligible.

6.0 NEXT STEPS

The draft recommendations will be circulated to the full Options Appraisal Group for agreement and sign-off.

No economic modeling of the various options was available at the time of the Workshop and this piece of work will need to be completed.

NHS East Sussex will be required to work with its acute providers to agree a service model.

NHS West Sussex will need to work with Western Sussex Hospitals Trust in order to understand the financial impact of the current week-day service being provided.

Tina Wilmer
Programme Director, Unscheduled Care, West Sussex PCT

23 October 2009

Statement from East Sussex Hospitals NHS Trust

Primary Angioplasty in East Sussex

The Board at East Sussex Hospitals Trust has followed with considerable interest the recent out of hours PAMI pilot, operating within the Trust on alternate weeks from the Eastbourne DGH and Conquest sites. The Trust strongly supports the permanent continuation of this service in future.

Provision of this service fits well with the Trust's strategy to improve access to local health services in East Sussex, in particular by developing services that are relevant to the high proportion of elderly people and areas of severe deprivation in the county.

The current pilot shows that the service is feasible on an alternate site model and has shown very good times to treatment across the county. Audited quality and patient outcomes have been excellent with this approach. We have reviewed other alternate site models elsewhere in the country such as in Manchester, which are working well.

Continuation of the alternate site model would in the Trust's view give good equity of access to this service across East Sussex. The main advantage of this approach in comparison to a single out of hours site in the county is that it offers a greater chance of treatment in East Sussex for the residents of East Sussex. It offers improved travel and intervention times to a greater proportion of the population of East Sussex. This applies out of hours, but also better supports retention of Primary Angioplasty services in both hospitals during normal working hours, when travel times are longer due to traffic. The alternate site model is also more cost-effective and easier to sustain in staffing terms: a single site option would in our view require additional consultant and multidisciplinary staff cover to make the rotas work appropriately.

There would be real benefits for patients in East Sussex if we can proceed on this basis, offering improved access to a more local and high quality service.

11 November 2009

David Williams
Director of Corporate Affairs and Marketing
East Sussex Hospitals NHS Trust