HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY, 30 JUNE 2022

10.00 AM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP -

East Sussex County Council Members
Councillors Abul Azad, Colin Belsey (Chair), Penny di Cara, Sorrell Marlow-Eastwood, Sarah Osborne, Christine Robinson (Vice Chair) and Alan Shuttleworth

District and Borough Council Members
Councillors Councillor Mary Barnes, Rother District Council
Councillor Christine Brett, Lewes District Council
Councillor Richard Hallett, Wealden District Council
Councillor Amanda Morris, Eastbourne Borough Council
Councillor Mike Turner, Hastings Borough Council

Voluntary Sector Representatives
Geraldine Des Moulins, VCSE Alliance
Jennifer Twist, VCSE Alliance

AGENDA

1. **Minutes of the meeting held on 3 March 2022** *(Pages 7 - 16)*

2. **Apologies for absence**

3. **Disclosures of interests**

   Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.

4. **Urgent items**

   Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.

5. **Reconfiguration of Cardiology Services at East Sussex Healthcare NHS Trust** *(Pages 17 - 50)*

6. **Reconfiguration of Ophthalmology Services at East Sussex Healthcare NHS Trust** *(Pages 51 - 74)*

7. **Access to GP Practices in East Sussex** *(Pages 75 - 82)*

8. **HOSC future work programme** *(Pages 83 - 92)*

9. **Any other items previously notified under agenda item 4**

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
LEWES BN7 1UE

22 June 2022

Contact Martin Jenks, 01273 481327,
01273 481327
Email: martin.jenks@eastsussex.gov.uk

Next HOSC meeting: 10am, Thursday, 22 September 2022, County Hall, Lewes

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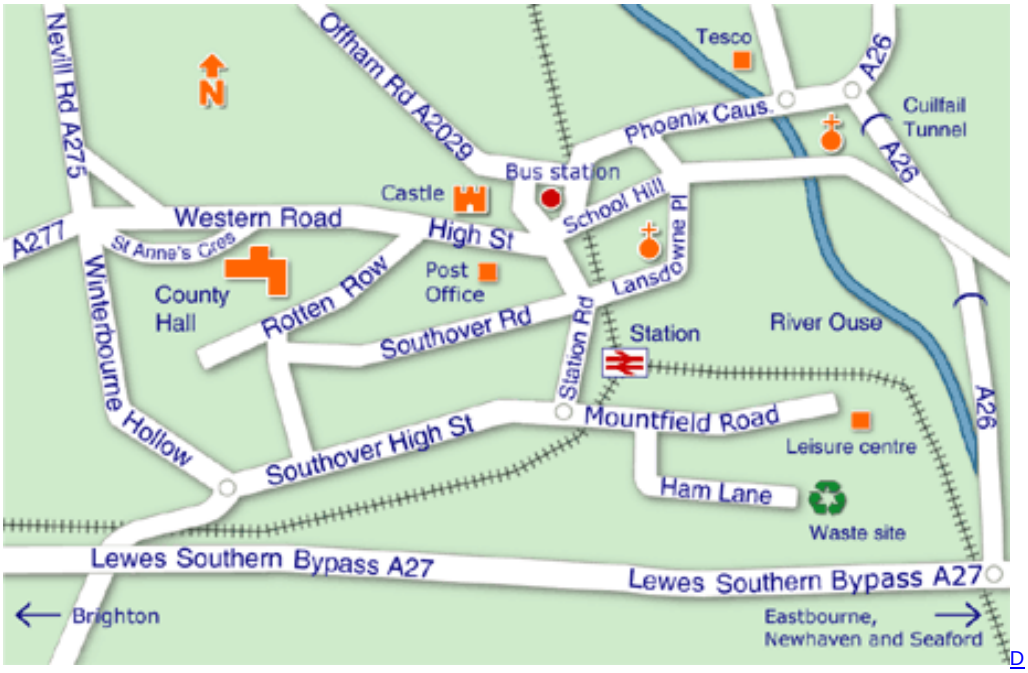

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 3 March 2022

PRESENT:

Councillors Colin Belsey (Chair), Councillors Sam Adeniji, Penny di Cara, Carolyn Lambert, Sorrell Marlow-Eastwood, Steve Murphy and Christine Robinson (all East Sussex County Council); Councillors Councillor Mary Barnes (Rother District Council), Councillor Christine Brett (Lewes District Council), Councillor Richard Hallett (Wealden District Council), Councillor Mike Turner (Hastings Borough Council) and Geraldine Des Moulins (VCSE Alliance)

WITNESSES:

Sussex Partnership NHS Foundation Trust (SPFT)

John Child, Operational Director- Adults Services Brighton & Hove, East Sussex & West Sussex, Sussex Partnership NHS Foundation Trust

Adam Churcher, SPFT

Rachael Skates, SPFT

Rachel Walker, Operational Director, CAMHS, Specialist, Learning Disability / Neurodevelopmental Services

Dr Alison Wallis, Clinical Director

East Sussex Healthcare NHS Trust (ESHT)

Richard Milner, Director of Director of Strategy, Inequalities & Partnerships ESHT

East Sussex CCG/Sussex Health and Care Partnership (SHCP)

Ashley Scarff, Deputy Managing Director – East Sussex and Brighton & Hove CCGs

South East Coast Ambulance Trust (SECAmb)

Ray Savage, Strategic Partnerships Manager, South East Coast Ambulance Foundation NHS Trust

Julie-Marie Allsopp-West

John O'Sullivan, Associate Director of Operations

East Sussex County Council (ESCC)

Mark Stainton, Director of Adult Social Care

Leigh Prudente, Assistant Director, Operations

LEAD OFFICER: Martin Jenks, Senior Scrutiny Adviser

26. MINUTES OF THE MEETING HELD ON 2 DECEMBER 2021

26.1 The minutes of the meeting held on 2 December 2021 were agreed as a correct record.

27. APOLOGIES FOR ABSENCE

27.1 Apologies for absence were received from Councillor Abul Azad (Councillor Adeniji substituting), Councillor Sarah Osborne (Councillor Murphy substituting), Councillor Alan Shuttleworth (Councillor Lambert substituting), Councillor Amanda Morris (Eastbourne Borough Council) and Jennifer Twist (VCSE Alliance).

27.2 Apologies were also received from Jessica Britton (CCG/SHCP), Joe Chadwick-Bell (ESHT) and Dominic Ford (SPFT).

28. DISCLOSURES OF INTERESTS

28.1 Councillor Hallett declared a personal, non-prejudicial interest under item 6 as he is a Trustee of the Friends of Crowborough Hospital.

29. URGENT ITEMS

29.1 There were none.

30. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

30.1 The Committee considered a briefing on Child and Adolescent Mental Health Services (CAMHS), and Children's and Young People's Emotional Wellbeing and Mental Health by the Sussex Partnership NHS Foundation Trust (SPFT) and the Sussex Health and Care Partnership (SHCP). A copy of the presentation slides used for the briefing is included under item 5 of the agenda for the meeting.

30.2 The Committee noted that some early support is provided via referrals from schools and asked what happens if children are excluded or not in school for another reason.

30.3 Alison Wallis, Clinical Director (SPFT) outlined that although there are referrals from schools, referrals cans also be made by GP's or via self-referral. However, it is acknowledged that providing help and support is much more difficult if children or young people are not known to services. SPFT are working to increase the knowledge and information about mental health and wellbeing services (e.g. the i-Rock project), so that they are visible in the community and services are easier to access. Rachel Walker, Operational Director (SPFT) added that school support teams are also working with Pupil Referral units and special schools to enable access to services.

30.4 The slides in the briefing indicate that there are long waiting times for some services. The Committee asked what prioritisation is there for those who have been waiting and when does SPFT expect to see a significant improvement in waiting times.

30.5 Rachel Walker responded that those waiting for Autistic Spectrum Condition (ASC) services will be seen over the current calendar year, so all people waiting for an assessment will be seen this year, this is because an independent provider has been sourced to support with the those waiting the longest for assessment. There is also a system wide response to expand capacity and tackle the increase in demand. Work is also being undertaken to understand why there has been an increase in young people needing services. It is acknowledged that waiting times are too long and are impacting on outcomes for young people. Work is underway to make sure services recover and young people receive the services they need.

30.6 The Committee asked where the additional investment had been spent on services, particularly CAMHS, and what difference had this made?

30.7 Rachel Walker outlined that the additional investment had been spent on Autism assessments with approximately 600 assessments transferred to an external provider. Money has been spent on recruiting additional staff for Attention Deficit Hyperactivity Disorder (ADHD) services, which has a prevalence rate which is three to four times higher in East Sussex than in either Brighton and Hove or West Sussex. Additional staff have also been recruited to provide Cognitive Behavioural Therapy (CBT), with the majority of referrals being for depression and anxiety. The additional money is being focussed on where there are the largest number of referrals and on those that have been waiting the longest. The additional funding will continue into the next year and beyond in order to achieve the ambitions of the NHS Long term Plan.

30.8 Alison Wallis added that there had also been a significant investment in Eating Disorder services and having an on duty crisis team. During Covid there has been an increase in urgent assessment work, and investment has been used to enable the service to work more quickly and efficiently. It was also clarified that all of the investment of £2.4 million has been carried forward in to 2022/23 and SPFT will continue with investment to improve pathways and outcomes.

30.9 The Committee asked why there is a higher number of ADHD referrals.

30.10 Rachel Walker responded that East Sussex is an outlier in terms of the number of ADHD referrals and the reason for this is not well understood. Work is underway with the Director of Children's Services to understand why there has been an increase in demand for ADHD services.

30.11 The Committee noted that the Mental Health Support Teams (MHSTs) in schools will not all be in place until 2024. The Committee asked why there is a delay and how could Mental Health Support Teams could be provided for all schools.

30.12 Rachel Walker explained that the delay in implementing MHSTs in schools is due to it being a staggered programme with different cohorts of schools. At the end of the programme 51% of schools will have MHSTs and how to fund the remaining 49% of schools is being explored with the Local Authority in East Sussex.

30.13 The long waiting times for ADHD referrals have the potential to have knock effects for children's education, exclusions and getting an Education, Health and Care Plan (EHCP). What interim measures can be put in place to tackle this and what services are there available to help prevent eating disorders.

30.14 Alison Wallis responded that in terms of waiting times for ADHD referrals, a number of new posts have been created to tackle this, so there will be an improvement. In the meantime, SPFT work closely with social care colleagues to provide support including parenting support to deal with behaviours prior to diagnosis. SPFT has also worked with GPs to help provide information and support prior to diagnosis. For eating disorders, psychologists in the team have been providing education support to other colleagues to help pick up children and young people with eating disorders. Rachel Walker added that schools can help with surveillance as parents do not always notice weight loss as they are with their children all the time. SPFT also has a relationship with Beat, who are an eating disorder charity, to help promote messages and information around prevention.

30.15 The Committee noted that some service users did not want to engage digitally, and others might not have tablets, PCs or smart phones to be able to access services this way. The Committee asked if this represents an additional challenge to providing services and what is SPFT doing about this.

30.16 Alison Wallis outlined that in the first lockdown SPFT used a matrix of factors to assess referrals, so they were clear about which young people needed to come into a clinic. The factors included how unwell the young people were, digital access, home environment and whether they could get to a clinic safely. SPFT is having explicit conversations about the methods used for clinical assessments and is open about the constraints (e.g. from building constraints, digital access, and the method that works best). SPFT is taking a blended approach and is using virtual methods where they work and are appropriate (e.g. using virtual methods for follow up ADHD assessment meetings).

30.17 The Committee asked how the service approaches situations where the parents of young people needing treatment are not engaged, and how the transition to adult services is managed to ensure ongoing care.

30.18 Rachel Walker commented that when a child is not brought to appointments informs whether a family is engaged in treatment. It is important that families are involved in treatment but there are also circumstances where it is important to see a child alone for safeguarding reasons. SPFT works with Children's Services in such circumstances when a child is not brought to appointments to ensure parents are involved with treatment. Alison Wallis added that it is vital to engage parents to look at what the young person is finding difficult. A skills based approach is taken to help and safely negotiate fears and anxieties "worry fears". It is also important for the young person to have a trusted adult to work with.

30.19 Rachel Walker outlined that the cut off for transition to adult services is at 18 years of age, but a tailored approach is taken for each young person. At 17 years of age a young person can be discharged from CAMHS if they no longer need services. If they need adult services work will be undertaken in the 17th year to transition the young person into adult services. It should be noted that parents and carers have a different role in adult services, but family

engagement remains important. More work will be done on transitions for Looked After Children, young people with special needs and those young people that are more vulnerable.

30.20 The Committee asked what short term interventions, such as medication, could be made whilst waiting for an ADHD referral, and how SPFT deals with digital poverty if most communication and information is delivered that way.

30.21 Rachel Walker responded that SPFT will continue to work on reducing waiting times and the additional staff will have an impact. There is an acknowledgement that children and young people need to be seen in a timely way, but there are challenges in prescribing medication before an assessment has taken place due to the lack of an adequate evidence base. Alison Wallis added that for ADHD there are NICE guidelines where evidence needs to be triangulated from an assessment and developmental histories to make sure the diagnosis is right before medication is prescribed. It is especially important with young children not to mis-diagnose or over diagnose as poor attention can be caused by other things such as trauma.

30.22 In terms of digital exclusion, access to information technology and equipment can be provided by i-Rock and at schools. Printed materials are also available via i-Rock and schools.

30.23 The Chair thanked those attending the meeting for the presentation and answering the Committee's questions.

30.24 The Committee RESOLVED to:

1) Note the report; and

2) Request an update report at the 22 September 2022 HOSC meeting to update the Committee on referrals and assessment waiting times, the use of additional investment and the impact it is having on the provision of services, especially for CAMHS.

31. URGENT CARE IN EAST SUSSEX - UPDATE REPORT

31.1 The Committee considered a report which provided an update on various aspects of Urgent Care in East Sussex. Representatives from SECAmb provided an update on 999 and 111 ambulance services. These services continue to be challenged, as with the national picture, in terms of response times, telephone call answering times and dealing with increased demand for 111 services. However, SECAmb have performed well in comparison with other ambulance services in the region. Representatives from ESHT and the CCG provided updates on other aspects of Urgent Care, including Walk in Centres (WIC) and the Crowborough Minor Injuries Unit (MIU).

SECAmb Services

31.2 The Committee asked for more information on the increased call volumes for the 111 service.

31.3 John O'Sullivan, SECAmb outlined that call volumes were up year on year. Call volumes for the 111 service are still significantly above the contracted level SECAmb was commissioned to provide. Commissioners have created a clear pathway to access 111 services, and this has

led to increased activity. It is expected that activity will continue to go up in 2022/23 due to the role of 111 as the single point of access for services.

31.4 The Committee asked if there was an impact when A&E departments are full and whether more people are still using the 111 service.

31.5 John O'Sullivan responded that Emergency Department (ED) capacity is not something that is within the 111 service's control. However, the role of 111 is to triage patients as to whether they need to go to EDs or not. Of those patients who went through the 111 service, 82% had a direct ED booking. SECAmb is in the vanguard of ambulance services nationally who offer this service. There is still some reluctance by patients to go through the 111 service, but overcrowded EDs are not because of the 111 service and are more a result of patients who elect to present at A&E / Emergency Departments.

31.6 The Committee asked for an update on the new Make Ready Centres and the use of zero emission vehicles.

31.7 Ray Savage, Strategic Partnerships Manager SECAmb, outlined that the new Make Ready Centre at Falmer is now operational and combines facilities for staff welfare and vehicle servicing enabling an efficient service to be provided. The next development will be at Medway where the Make Ready Centre will be co-located with the operations centre for 999 and 111 services for the SECAmb east area. This will create efficiencies and inter-operability between 111 and 999 services, as it enhances the opportunities for dual role staff. The Medway operations centre will cover 999 and 111 services for East Sussex, Kent and Medway which comprises the east operational area of SECAmb. Currently there are separate operations centres in Ashford and Medway. Julie-Marie Allsopp-West, SECAmb, added that the Medway centre is due to become operational in Autumn 2022, with the building due to be handed over in August 2022.

31.8 Ray Savage outlined that SECAmb is exploring the use of zero emission vehicles, but there are limits on the distance these vehicles can travel. Ambulances are heavy vehicles, and their weight constrains the range of zero emissions vehicles. However, SECAmb is experimenting with some electric vehicles to assess their suitability for a number of uses within the service.

31.9 The Chair asked if it would be possible to arrange a visit for HOSC members to the new Medway Operations and Make Ready Centre once it is operational. Action: Ray Savage and Julie-Marie Allsopp-West to organise a suitable time for a visit by HOSC in the Autumn.

31.10 The Committee asked if it would be possible to possible to see the IT Critical Incident report findings.

31.11 Ray Savaged responded that the findings will be made available to HOSC once the report has been cleared with the CCG. Action: Ray Savage to inform the Committee of the date when the report will be available.

Walk In Centres

31.12 Ashley Scarff, Deputy Managing Director East Sussex CCG provided an update on the actions flowing closure of the Eastbourne walk in centre (WIC) and the plans for the primary care led hub in Hastings. He confirmed that all patients from the Eastbourne WIC had been

transferred to the Victoria Medical Centre and a service had been commissioned for homeless and vulnerable people.

31.13 The Committee noted the issues with telephone answering times and the ability to book an appointment at the Victoria medical centre and asked if the system for booking appointments could be reviewed.

31.14 Ashley Scarff responded that there is a generic point around access to primary care appointments and there is an acknowledgement that some work needs to be done to get access points better and smoother. GP practices are working on this and it would be possible to come back to the Committee with more information on this point.

31.15 John O'Sullivan commented that one of the constraints in the 111 service, which operates 24 hours a day, is access to available bookings with GP surgeries. He outlined that 31% of triaged patients had a direct appointment booking to a secondary provider, and the more appointments that are made available, the more bookings the 111 service can achieve.

31.16 The Committee asked how many patients who go to see a GP at the Hastings Primary Care led Hub, will be seen by a nurse practitioner, and what the GP presence will be at the Hub.

31.17 Ashley Scarff agreed to share the service specification for the Hub with HOSC members after the meeting which will provide more information on this. Action: Ashley Scarff.

Crowborough Minor Injuries Unit (MIU)

31.18 The Committee welcome the re-opening of the Crowborough MIU on 14 February 2022 but noted the opportunity has not been taken to re-open the MIU in the larger space available in the building. The Committee asked if the CCG is planning to review the accommodation used by the MIU.

31.19 Ashley Scarff outlined that the activity levels at the MIU will be monitored, but the CCG does not have a plan to move the MIU into a new space in the building. It will be up to the providers, who are Sussex Community Foundation Trust (SCFT), to request more space. The CCG would want to maximise the use of the building and can look at the opportunities to use the available space.

31.20 The Committee RESOLVED to note the report.

32. HOSPITAL HANDOVERS

32.1 The Committee considered a report on hospital handovers, introduced by Ray Savage and Julie-Marie Allsopp-West from SECAmb and Richard Milner, Director of Strategy, Inequalities & Partnerships at East Sussex Healthcare NHS Trust (ESHT). It is recognised by SECAmb, ESHT and the CCG that delays in hospital handovers can cause patient harm. Much work has been undertaken to reduce delays over 60 minutes and the current focus is on achieving patient handover in under 30 minutes and meeting the national target of 15 minutes. Work is undertaken to support ambulance crews with handovers and hospitals are alerted whilst on route if an ambulance has a critically unwell patient. ESHT is working on this with SECAmb

with a new set of targets for Emergency Department handovers and initiatives like “fit to sit”, ambulance awareness week, and dedicating 2 bays for handovers.

32.2 The Committee asked if there was a difference in handover times between the Conquest and Eastbourne DGH hospitals.

32.3 Ray Savage responded that performance between the two hospitals fluctuates, with a low point around September 2021. Separate charts showing the different hospital performance can be provided to HOSC in future.

32.4 The Committee welcomed the collaborative approach between SECAmb and ESHT to reduce handover times with initiatives like “fit to sit” and ambulance awareness week and asked why the handover time figures at the Royal Sussex Hospital were so high with 207 delays over 60 minutes in December.

32.5 Ashley Scarff responded that work is also taking place with colleagues in Brighton to reduce delays as a matter of priority. There is an acknowledgement that handover delays are symptomatic of wider system pressures and delays in patients flows through hospitals. The CCG is working closely with the Royal Sussex Hospital and the Brighton and Sussex University Hospitals NHS Trust (BSUH) on a refreshed hospital handover improvement plan, which will include sharing any learning from colleagues. It should be noted that the Royal Sussex has tertiary service pressures and estates constraints, but there is some work that can be done to reduce demand and improve patient flows and discharge.

32.6 The Committee asked if patients can be taken directly to ambulatory and emergency day care or do they have to go through A&E.

32.7 Julie-Marie Allsopp-West responded that there are some pathways to take patients directly to the right part of the hospital such as maternity and surgical, but not ambulatory care yet.

32.8 The Committee asked if stroke patients are included in the figures in the report.

32.9 Julie-Marie Allsopp-West confirmed that stroke patients are included in the figures. For stroke patients the receiving hospital is pre-alerted, and the patient is handed over to the team waiting for them within 15 minutes.

32.10 Ray Savage commented that admissions avoidance and the focus on alternative pathways (e.g. direct access bookings) is part of the current work. Work is also being undertaken to provide easy access to specific pathways that avoid A&E and identify suitable alternative pathways (e.g. a blocked catheter could be actioned by a community nurse). Alternative end points for ambulance crews such as more access to same day emergency care is also being explored.

32.11 The Committee noted that not all ambulance journeys have the same urgency and asked if there is some clinical prioritisation for handovers.

32.12 Julie-Marie Allsopp-West outlined that the more critically ill patients will have a pre-alert and non-critical patients will be taken into hospital based on their clinical need. If all patients arriving at the same time have the same level of clinical need, then the one that has been waiting the longest would be taken in first. Ambulance crews review observations whilst waiting and can escalate patients if they become more unwell or unstable to ensure the patients with the greatest clinical need are seen first.

32.13 The Committee asked if the NHS and local government are getting together to work on this issue.

32.14 Mark Stainton, Director of Adult Social Care commented that working together is part of the answer. The delays in hospital handovers are a symptom of a whole system pressure and as such is a whole system priority which includes Adult Social Care. There is a need to ensure that only patients that need to be conveyed to hospitals are transported to them. There is an increase in activity that all parts of the system, and there are challenges with staff recruitment and retention across the system. There is work to be done on systems and processes that contribute to hospital admission and to enable discharge. There are challenges with patient flows through hospitals and as a local authority East Sussex County Council (ESCC) is block booking home care and residential care to facilitate discharges. It is also working with the independent care sector on staff recruitment and retention. Richard Milner added that there are challenges around patient flow through hospitals and discharges. This is where working as a system on discharges helps to achieve a balance between admissions and discharges.

32.15 The Committee asked if the Joint Community Rehabilitation (JCR) service also operates at the Royal Sussex Hospital where patients from the Newhaven and Seaford areas might be taken.

32.16 Mark Stainton confirmed that the JCR is a countywide service and there are also staff based in the Royal Sussex hospital where East Sussex residents may be taken.

32.17 The Committee RESOLVED to:

1) Note the report; and

2) Request a further update report in six months time at the September Committee meeting, including the actions being taken at the Royal Sussex and Pembury hospitals to reduce hospital handover times.

33. HOSC FUTURE WORK PROGRAMME

Covid Verbal Updates

33.1 Adam Churcher and Rachael Skates from SPFT gave a verbal update on the impacts of the Covid Pandemic on their organisation and the provision of services. During the pandemic SPFT's focus has been on providing safe and effective, high quality services. An outbreak control plan has been implemented with consistent messaging to staff and attention to detail on safe staffing levels. This has included dealing with the Government's announcement concerning making Covid vaccination as a condition of employment. At SPFT Gold Command meetings are held twice a week to review measures and monitor infection prevalence amongst the workforce.

33.2 There is a continuing focus on infection control and at present the number of staff having to self isolate is in the low thirties. To date there have been five outbreaks which resulted in two ward closures. Ongoing monitoring shows there is a downward trend on absences due to Covid, with 95% of staff having had two vaccinations and 85% having had a booster. There is daily monitoring of the Covid situation and any outbreaks.

33.3 The Chair thanked everyone for the Covid situation updates.

33.4 The Committee RESOLVED to note the Work Programme with the addition of update reports on CAMHS and Hospital Handovers, as outlined in paragraphs 30.24 and 32.17 above, for the Committee meeting to be held on 22 September 2022.

34. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

34.1 There were none.

The meeting ended at 12.47 pm.

Councillor Colin Belsey

Chair

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**30 June 2022**
By:	**Assistant Chief Executive**
Title:	**Reconfiguration of Cardiology Services in East Sussex**
Purpose:	**To consider the HOSC Review Board's report on NHS proposals to reconfigure cardiology services in East Sussex.**

RECOMMENDATIONS

The Committee is recommended to:

1) **agree the report and recommendations of the HOSC Review Board attached as Appendix 1; and**
2) **agree to refer the report to NHS Sussex for consideration as part of its decision making process.**

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1. Background

1.1. On 2nd December 2021 the HOSC considered a report by the East Sussex Clinical Commissioning Group (CCG) in partnership with East Sussex Healthcare NHS Trust (ESHT) on the proposals to reconfigure ESHT's cardiology services in East Sussex.

1.2. ESHT provides acute cardiology services for the residents of East Sussex at its two main hospital sites at Eastbourne District General Hospital (EDGH) and Conquest Hospital, Hastings, as well as cardiology rehabilitation in the community. The Trust's acute cardiology services encompass interventional cardiac services, which include surgical procedures or investigations that might require an overnight or longer stay in hospital, as well as outpatients, non-invasive diagnostics, cardiac monitored beds and heart failure services.

1.3. The CCG and ESHT undertook a review of the Trust's acute cardiology services that concluded, amongst other things, the service has workforce challenges; is not providing the recommended safe volume of various interventional procedures; and is not consistently meeting all of the performance indicators and national guidance for cardiology care.

1.4. As a result, the CCG and ESHT are proposing the following changes to the acute cardiology services provided by ESHT:

- locate the most specialist cardiac services, including surgical procedures or investigations that might require an overnight or longer stay in hospital, **at one of the two acute hospitals** (either EDGH or Conquest);
- introduce a "front door model" involving forming a Cardiac Response Team to support patients on their arrival at A&E, alongside 'hot clinics' that will provide consultant-led rapid assessment at **both acute hospital sites**; and
- retain outpatients, non-invasive diagnostics, cardiac monitored beds, cardiac rehabilitation and heart failure services **at both hospitals**, and in the community.

1.5. A pre-consultation business case (PCBC) setting out specific proposals, was developed by the CCG in partnership with ESHT, to reconfigure the Trust's cardiology services. The CCG undertook a public consultation between 6th December 2021 and 11th March 2022 seeking views on the case for change, the proposed new clinical model for services and whether people preferred EDGH or the Conquest as a site for the location of the specialist cardiac services.

2. Supporting information

2.1. Under health scrutiny legislation, NHS organisations are required to consult affected HOSCs about a proposed service change that would constitute a 'substantial development or variation' to services for the residents of the HOSC area. At the meeting held on 2nd December 2021 the Committee resolved that the proposals constituted a 'substantial development or variation to services' requiring formal consultation by the CCG with HOSC in accordance with health scrutiny legislation.

2.2. The HOSC established a Review Board to consider the evidence in relation to the proposed reconfiguration of cardiology services and prepare a report and any recommendations as the Committee's response to the consultation. The Board comprised Councillors Belsey, di Cara, Marlow-Eastwood, Robinson, and Turner. The Review Board elected Councillor Robinson as the Chair of the Review Board.

2.3. The Review Board considered a wide range of written and oral evidence from NHS and other witnesses and agreed a report and recommendations by a majority decision (with one Board member not supporting recommendation 1), which is included as **Appendix 1** to this report.

2.4. The HOSC is recommended to agree the Review Board report and submit it to NHS Sussex (the NHS organisation due to replace the CCG from 1st July 2022) for consideration as part of its decision making process, alongside its own Decision Making Business Case (DMBC). NHS Sussex will then report its decision to the HOSC on 22nd September 2022 and the Committee will consider whether the decision is in the best interest of health services locally.

3. Conclusion and reasons for recommendations

3.1 The HOSC is recommended to agree the Review Board's report and agree to refer it to NHS Sussex for consideration as part of its decision making process.

PHILIP BAKER
Assistant Chief Executive

Contact Officer: Harvey Winder, Scrutiny and Policy Officer
Tel. No. 01273 481796
Email: Harvey.winder@eastsussex.gov.uk

Scrutiny Review of the proposal to redesign Cardiology Services in East Sussex

Report by the Health Overview and Scrutiny Committee (HOSC) Review Board

Councillor Christine Robinson (Chair)

Councillor Colin Belsey

Councillor Penny di Cara

Councillor Sorrell Marlow-Eastwood

Councillor Mike Turner

June 2022

Health Overview and Scrutiny Committee (HOSC) – 30th June 2022

Scrutiny Review of the proposal to redesign Cardiology Services in East Sussex

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Recommendations

1	**The Committee endorses the proposed new clinical model for cardiology including:** - **Cardiology cath labs should be single sited;** - **that both Eastbourne DGH and Conquest hospital sites are viable sites;** - **there is potential for new services to improve patient care and outcomes via the 'Front Door' model and 'Hot Clinics';** - **there will be better services for patients at either Emergency Department (ED) sites; and** - **Other services provided at each of the hospitals will not be affected or downgraded by the proposals for cardiology.**
2	**The Board recommends:** - **Further measures to support the recruitment and retention of staff are explored in collaboration with the Sussex ICS and other system partners, which address the workforce challenges of the service.** - **Staff recruitment and retention is monitored to ensure the workforce challenges are being met and to assess whether additional measures to support recruitment and retention are needed.**
3	**The Board recommends:** **A package of travel and access mitigation measures is put in place to assist those patients who will have to travel further under the proposals, and in particular those on low incomes or without other forms of support, including but not limited to:** - **the establishment of a Travel Liaison Officer post is essential.** - **the communication and clear messaging of advice and guidance on travel support options, including accessing financial support, including the ability to claim back travel costs following appointments etc.** - **the provision of information on the travel support available in referral letters via a separate leaflet or information sheet in an accessible format and links to the website.** - **the CCG and ESHT explore processes to ensure patients are asked about their travel and access needs at the point of referral or at an appropriate point in the patient pathway.** - **encourage providers to provide clear explanations of the eligibility criteria for Patient Transport Services.** - **actions to improve access via other transport alternatives (e.g. development of a shuttle bus service, volunteer transport services, community transport, taxi services, liaison with bus operators and the local authority etc.).**

4	**The Board recommends:** - **Implementation of the proposals is undertaken as soon as possible and consideration is given to mitigating the risks posed by workforce challenges and the development of other competing services to ensure no loss of services in the implementation plan.** - **The Decision Making Business Case (DMBC) contains assurances that other services provided at the two hospitals will not be affected by the implementation of the proposals for cardiology.**

Background

1. East Sussex Healthcare NHS Trust (ESHT) provides acute cardiology services for the residents of East Sussex at its two main hospital sites at Eastbourne District General Hospital (EDGH) and Conquest Hospital, Hastings, as well as cardiology rehabilitation in the community.

2. The Trust's acute cardiology services encompass interventional cardiac services, which include surgical procedures or investigations that might require an overnight or longer stay in hospital, as well as outpatients, non-invasive diagnostics, cardiac monitored beds and heart failure services.

3. East Sussex NHS Clinical Commissioning Group (CCG) – which is the responsible organisation for service reconfigurations – and ESHT undertook a review of the Trust's acute cardiology services that concluded, amongst other things, the service has workforce challenges; is not providing the nationally recommended volume of various procedures; and is not consistently meeting all of the performance indicators and national guidance for cardiology care.

4. As a result, the CCG and ESHT proposed the following changes to the acute cardiology services provided by ESHT:

- locate the most specialist cardiac services, including surgical procedures or investigations that might require an overnight or longer stay in hospital, **at one of the two acute hospitals;**
- introduce a "front door model" involving forming a Cardiac Response Team to support patients on their arrival at A&E, alongside 'hot clinics' that will provide consultant-led rapid assessment at **both acute hospital sites**; and
- retain outpatients, non-invasive diagnostics, cardiac monitored beds, cardiac rehabilitation and heart failure services **at both hospitals**, and in the community.

5. The CCG undertook a public consultation between 6th December 2021 and 11th March 2022 seeking views on the case for change, the proposed new clinical model for services and whether people preferred EDGH or the Conquest as a site for the location of the specialist cardiac services.

6. In addition to its duties to engage with the public, the NHS is required under regulations to consult with the local health scrutiny committee on any proposal that is deemed by the committee to be a substantial variation or development to existing services. As a result, representatives of the CCG and Trust attended the East Sussex Health Overview and Scrutiny Committee (HOSC) meeting on 2nd December 2021 to explain the proposed changes to cardiology services.

7. The HOSC agreed the proposals constituted a substantial variation to services requiring formal consultation with the Committee under health legislation. The HOSC established a Review Board to carry out a detailed review of the proposals and produce a report and recommendations on behalf of the Committee. The Review Board comprised Councillors Colin Belsey, Penny di Cara, Sorrell Marlow-Eastwood, Christine Robinson, and Mike Turner. The Review Board elected Councillor Robinson as the Chair.

8. The Review Board carried out the majority of its review between March and June 2022. This report sets out the evidence the Board considered, along with its conclusions and recommendations.

1. The proposals for the future of cardiology

9. Cardiology is the branch of medicine dealing with the diagnosis and treatment of heart disorders and related conditions. While there are many clinical conditions that can affect the heart in people of all ages, such as diabetes, many heart conditions are age-related; this makes cardiology services more and more important as people get older. Cardiovascular disease remains one of the biggest killers in the UK, responsible for more than a quarter of all deaths – around 136,000 each year.[1]

10. Cardiology commonly includes the diagnosis and treatment of amongst other things Angina (chest pain caused by narrowing of the coronary arteries), Arrythmias (irregular heartbeat), disease of the heart muscle, heart attack, diseases of the arteries, heart murmurs, hole in the heart, and shared care of pregnant women with heart disease. [2]

11. Cardiology is also constantly evolving with new developments in disease prevention, diagnostics and therapeutics that reshape the way in which cardiology services are delivered. These modernising changes reduce risk, pain and infection, and allow patients to recover more quickly; many planned procedures are now done safely as day-cases, without having to stay overnight in hospital. They also result in the field of cardiology becoming more complex and requiring subspecialisation, with cardiologists now specialising in one or two types of treatment rather than offering the full range of services they would have done 20 years ago. This can make recruitment of a full complement of cardiologists more challenging.

Current Service provision

12. ESHT's current cardiology department provides the following services at its two district general hospitals – Conquest Hospital and Eastbourne DGH:

- Coronary care units (CCU) for higher acuity cardiology patients, such as those with heart attacks who require continuous monitoring;
- Dedicated cardiology inpatient wards for patients who need admitting but not to a CCU;
- Three cardiac catheter laboratories (cath labs) across the two hospitals, which are examination rooms with specialist equipment used to look at how well the heart is working, diagnose problems and to provide certain types of treatment;
- Outpatient cardiology clinics (also provided once a week at Bexhill and Uckfield Community Hospitals);
- On-call 24/7 primary percutaneous coronary intervention (PPCI) service for patients suffering an acute heart attack;
- Cardiac pacemaker and diagnostic imaging services;
- Electrophysiology (EP) services that provide alternative diagnostic services via the monitoring of electrical impulses of the heart to diagnose and treat a wide variety of abnormal heart rhythms, (at EDGH only); and
- Cardiac rehabilitation and heart failure services are provided in the community.[3]

13. The number of cardiology beds across both sites is as follows:

[1] GIRFT report p.10 /PCBC p.15

[2] Cardiology presentation to the HOSC Review Board, East Sussex Clinical Commissioning Group (CCG) and East Sussex Healthcare NHS Trust (ESHT), 21st April 2022

[3] Ibid. and PCBC p.32

	EDGH	Conquest
Coronary Care Unit (CCU)	✓ 11 beds	✓ 6 beds
Recovery	✓ 12 beds	✓ 6 beds
Ward beds	✓ 14 beds	✓ 16 beds
Catheter labs	✓ 2 labs	✓ 1 lab
Advanced procedure room/pacing lab	✓ 1 room	×

[4]

14. The main emergency surgical procedure the Trust provides to treat patients who have had an acute heart attack and need who need immediate life-saving intervention is a PPCI, also known as an angioplasty. It is a procedure carried out in a cath lab used to treat the narrowed coronary arteries of the heart in patients through the insertion of a catheter balloon into the blocked artery through which a stent is inserted to keep the artery open. Patients with a suspected heart attack will be taken via ambulance directly to a cath lab to receive a PPCI, bypassing the Emergency Department (ED). National guidelines require acute trusts to provide PPCI on a 24/7 basis.

15. In East Sussex in order to offer a 24/7 service, the PPCI service is currently provided as a weekday service for acute inpatient cardiac services in the cath labs at both hospital sites, but at evening and weekends it is provided from a single site that alternates between the two hospitals. This means any emergency admissions from the community by ambulance will be to whichever hospital site is on call and South East Coast Ambulance NHS Foundation Trust (SECAmb) will be aware of which site to use. Likewise, SECAmb will transfer any inpatients who have a heart attack or patients who arrive at ED with a suspected heart attack during out of hours to the site operating the PPCI service. This out of hours service during evenings and weekends has been operating safely for some time.

16. Cath labs also provide elective (planned) Percutaneous Coronary Intervention (PCI) for patients who require stents but not as an emergency, the implantation of pacemakers, and diagnostic procedures such as angiography – measurement of the extent of the narrowing of the arteries – via a CT Scanner.

17. Under the current pathway, any patients attending the ED with chest pains or other symptoms of a heart condition would first be seen by the emergency teams, who may then consult a cardiologist for an opinion. The patient would then be admitted to an Acute Medical Unit (AMU) under the care of the acute medical doctors, but Cardiologists also attend ward rounds in order to provide specialist opinion for patients and would visit these patients on the AMU. The patient would then be transferred to a cardiac bed or be discharged for further outpatient appointments, diagnostic tests and treatment, depending on the acuity of their condition.

18. Under temporary operating arrangements introduced during the COVID-19 pandemic and again whilst the cath labs at the Conquest Hospital were closed for refurbishment, patients requiring the services provided by the cath labs, including PPCIs, travelled or were taken by ambulance to the EDGH both in and out of hours. This arrangement has now reverted back to normal.

[4] PCBC p.31

Number of patients using service

19. As outlined above, the acute cardiology services provide a mixture of non-elective and emergency care, elective and day case surgery, and outpatient and diagnostic appointments. The Review Board saw figures from ESHT showing cardiology activity across all three sites that were based on the 2018/19 year, due to the disruption caused by COVID-19 in the subsequent two years and the temporary closure of the Conquest's cath lab for refurbishment during 2020/21. The vast majority of activity is either outpatient or diagnostic appointments:

Activity	Conquest Hospital	EDGH	Bexhill & Uckfield Hospitals	Total
Non-elective (emergency/ unplanned inpatients)	1,081	909	N/A	1,990
Day Case	937	1,427	N/A	2,364
Elective (Planned inpatient procedures)	106	149	N/A	255
Outpatient/Diagnostics	21,454	26,025	1,135	48,614
Total	**23,578**	**28,510**	**1,135**	**53,223**

[5]

20. The Board also sought information on patient flows for the non-elective, day case and elective activity over the past six years (as outpatients and diagnostics will not be affected by the proposals). This showed the volume of activity remaining fairly stable across both sites except for when the cath lab at Conquest Hospital closed for refurbishment in 2021 (NB the figures for EDGH are slightly higher as they include approximately 500 Electrophysiology cases per year which are only provided at the pacing lab in the EDGH).

[5] PCBC p.34 and figures provided by ESHT, 24th May 2022

Financial Year	Conquest Hospital	EDGH	
2015/16	1,988	2,579	
2016/17	2,002	2,664	
2017/18	1,864	2,481	
2018/19	1,989	2,399	
2019/20	1,863	2,560	
2020/21	1,006	2,616	

[6]

21. Some East Sussex residents also receive cardiac care at other hospital trusts outside of the county, mainly at the hospital sites provided by University Hospitals Sussex NHS Foundation Trust in Brighton and Haywards Heath. For 2020/21, this was as follows:

Point of Delivery (POD)	East Sussex Healthcare NHS Trust	Maidstone & Tunbridge Wells NHS Trust	Queen Victoria Hospital	University Sussex Hospitals NHS Trust (East)	University Sussex Hospitals NHS Trust (West)
Day Case	1,498	95	0	474	4
Elective Inpatient	84	22	0	107	0
Emergency admission	1,353	57	0	380	0
Total	**2,935**	**174**	**0**	**961**	**4**

[6] figures provided by ESHT, 24th May 2022

Case for Change

22. As part of the Pre-Consultation Business Case (PCBC), the CCG and ESHT set out a Case for Change highlighting concerns about the long-term sustainability of being able to provide a safe and effective service in light of an ageing population and the projected increase in patient numbers. Predominantly these concerns were about meeting national standards and overcoming workforce challenges.

Meeting national standards

23. Cardiology services are required to meet a number of national and international standards that are set out in the NHS Standard Contract. The CCG and ESHT highlighted in the PCBC and in discussions with the Board that not all standards were being met. For example:

- Over 75% of PPCI should be delivered within 60 minutes of a patient's arrival at hospital. This is known as "door to balloon time"; the percentage of PPCI administered within a door-to-balloon time of 60 minutes is below 75% at Conquest, although above 75% for EDGH;[7]
- Trusts must provide 24/7 access to PPCI, which is met albeit with an alternating out of hours service;
- centres providing PPCI should treat 400 or more PPCI patients per annum but the volume is below 400 per year – Conquest Hospital was 342 in 2019/20 and EDGH was 243;[8]
- individual consultants should treat 75 PCI patients per annum (elective and emergency) but individual numbers of procedures for some clinicians on both sites are below the minimum of 75 cases per year; and
- PPCI centres must have two or more cath labs, but the cardiology department has two labs at Eastbourne and only one dedicated lab at Conquest. [9]

24. In addition, a Getting it Right First Time (GIRFT) report on cardiology was produced in November 2019 that concluded the volume of various procedures on both sites was below nationally recommended numbers and set out a number of recommendations to address this including:

- single site all elective and non-elective inpatient cardiology activity, including elective and emergency PCI, on the grounds that the low volume of procedures at each site is not sustainable in the longer term;
- Non-invasive investigations and outpatients should be provided on both sites subject to appropriate infrastructure and sufficient volumes of activity; and
- the Trust should aim to provide continuous on call consultant cardiology cover across both sites, as there is not continuous 24/7 consultant cardiology cover at Conquest when it is not on call for PPCI.[10]

25. The Board asked Professor Nik Patel, Clinical Lead for Cardiology at ESHT, if this critical mass number of procedures cannot be reached, whether services would be stopped entirely at either site. Professor Patel said that minimum numbers of activity are required for delivery of a high quality service and some sites nationally have had to stop undertaking some

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[7] Ibid.

[8] Ibid.

[9] NAPCI-Domain-Report_2021_FINAL.pdf (nicor.org.uk), p.39 and NHS Standard Contract 2013/14

[10] PCBC p,16

procedures owing to small volumes of patients. He said the Trust "100% needed the changes to happen", and that without them there will be "a much poorer service and we will not meet national guidelines"[11].

26. Alan Keys, from Healthwatch, reiterated this concern to the Board and said that failure to continue to provide specialist services in a sustainable way could eventually lead to the loss of them on both sites and the need for patients to travel outside of East Sussex to receive certain care.

Workforce challenges

27. The Board heard a number of concerns relating to the sustainability of the cardiology workforce in its current configuration, including:

- operationally providing complete and comprehensive services that directly mirror each other on both sites is a significant workforce challenge, including covering the interventional cardiology rotas, and staffing two coronary care units (CCU) and wards with the appropriately skilled staff;
- this is exacerbated by the sub-specialisation of cardiologists who, due to increased complexity and technological advances, now specialise in one or two types of treatment rather than offering the full range of 'generic' skills. This means covering all disciplines of cardiology across two sites is becoming unsustainable. For example, the service requires eleven full time equivalent (FTE) consultants for a full establishment, however the service is currently utilising three full time locums to reach this level due to difficulties in recruitment, and still has one remaining vacancy;
- there is national shortage of cardiac physiologists, as well as challenges with recruitment of trained cardiac nurses and sufficient cardiac radiographers to cover both acute sites; [12]
- there is competition for staff with Brighton and London hospitals that may be perceived to be able to offer more opportunities than locally; and[13]
- the current model prevents the Trust from providing dedicated 'front door' specialist cardiology services in ED, which evidence from other Trusts and ESHT's pilot shows can improve outcomes.[14]

28. The Review Board also saw that, despite the concerns listed above, the current service provides high quality care and services, for example:

- during discussions with the Board, Professor Nik Patel said the Cardiology service is one of the better performing in the country with both EDGH and Conquest regarded as 'Centres of Excellence' presently and are the top two hospitals regionally for expertise;
- Dr Simon Merritt, Chief of Service for Medicine, said at the same meeting that ESHT are fitting more devices such as pacemakers than Royal Sussex County Hospital (RSCH) in Brighton and that whilst not a teaching centre, the Trust is a centre of excellence;

[11] 21st April meeting

[12] Pre-Consultation Business Case (PCBC) p.36

[13] 21 April meeting

[14] This is from 21 apr powerpoint, rest is 2 dec cover report.

- The PCBC also says ESHT was recognised in a recent review for being at the forefront of district general hospital Cardiology in relation to its development of Electrophysiology services at the EDGH.[15]
- The provision of PPCI is not provided at all district general hospitals, for example, it is not provided at Maidstone Hospital;[16]
- Despite the workforce challenges, the out of hours service, which had been alternating on a two-weekly basis between EDGH and Conquest hospital, had operated well;
- The PCBC states the Trust was meeting guidelines for the maximum amount of time that it should take for a patient to be taken to a catheter lab if they are having a heart attack during these periods; and[17]
- The PCBC also showed the service had a Friends and Families Test score of between 94.8-100% for each of the cardiology services.[18]

Comments of the Board

29. The Board agrees with the view of Professor Nik Patel and Dr Simon Meritt that the current cardiology service is one of the better performing in the country. The Board also agrees, however, that the clinical case for change put forward by the CCG and ESHT is well evidenced. Workforce challenges and an inability to meet national requirements for the volume or procedures puts the sustainability of the service at risk, and changes to the service need to be made to address these shortcomings.

[15] PCBC p.31

[16] Ibid p.34

[17] PCBC p.39

[18] PCBC p.35

Proposed options for reconfiguring cardiology

30. In response to the Case for Change, the CCG and ESHT are proposing the following changes to the acute cardiology service model provided by ESHT:

- locate the most specialist cardiac services, including surgical procedures or investigations that might require an overnight or longer stay in hospital, **at one of the two acute hospitals;**
- introduce a "front door model" involving forming a Cardiac Response Team to support patients on their arrival at A&E, alongside 'hot clinics' that will provide consultant-led rapid assessment at **both acute hospital sites**; and
- retain outpatients, non-invasive diagnostics, cardiac monitored beds, cardiac rehabilitation and heart failure services **at both hospitals**, and in the community.

31. The CCG conducted a public consultation from 6th December 2021 to 11th March 2022 on the following proposals:

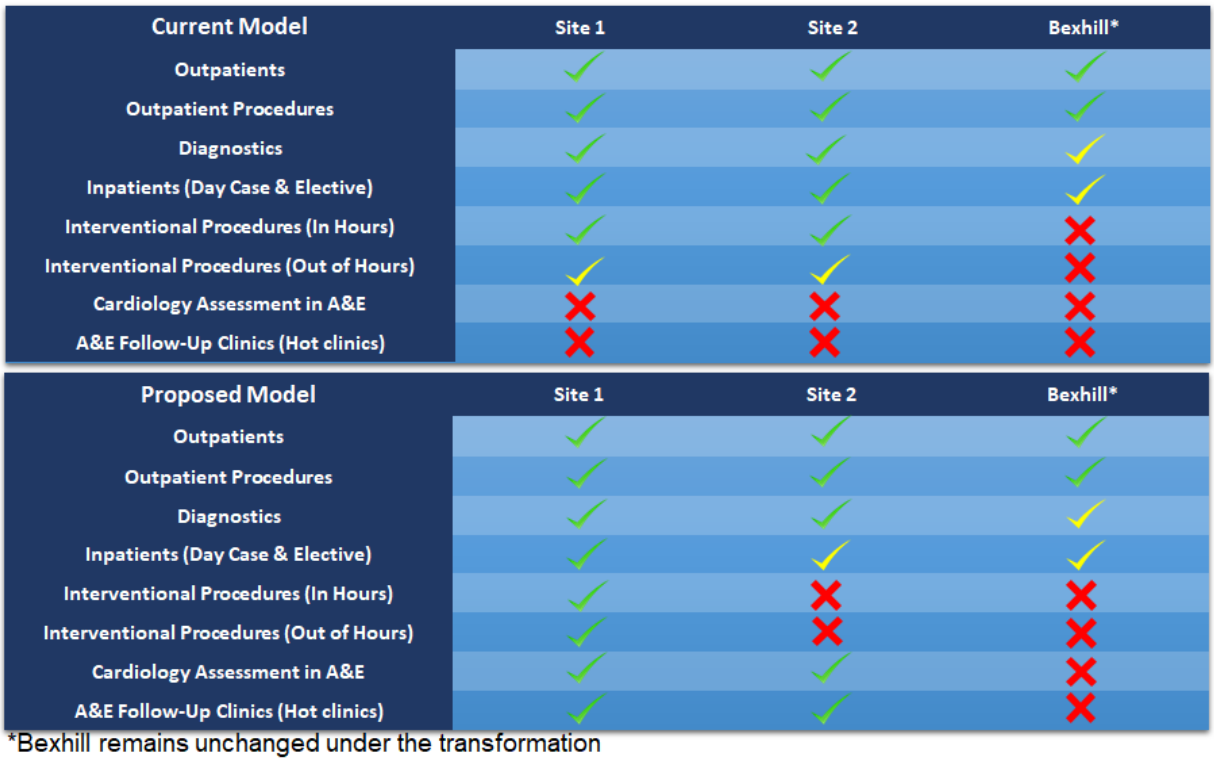
- Option 5a: Co-locating all catheterisation laboratories and specialist cardiology inpatient services at **Eastbourne District General Hospital**, with acute outpatients and diagnostic services remaining at **both sites**; alongside establishment of Cardiac Response Team in A&E and hot clinics providing rapid assessment at **both acute hospital sites**.
- Option 5b: Co-locating all catheterisation laboratories and specialist cardiology inpatient services at **Conquest Hospital**, with acute outpatients and diagnostic services remaining at **both sites**; alongside establishment of Cardiac Response Team in A&E and hot clinics providing rapid assessment at **both acute hospital sites**.

32. The PCBC states the CCG and ESHT do not have a preferred option for the site where cath labs and specialist inpatient services would be located. When asked by the Board, Professor Patel said the siting of the three cath labs can work at either site.[19]

33. The proposals put forward by ESHT focus on the following adult areas only: interventional cardiology pathways; inpatient pathways that require admission under a cardiac specialist; front-door pathways including ED review; and cardiac specialist opinion. The range of other services like diagnostic imaging, radiology, pathology, echocardiogram, outpatients, community services, and rehabilitation are outside of the scope of the CCG's proposals and were not considered by the Review Board.

34. The Board was provided with the following table summarising the current and proposed models:

[19] 21st April meeting



[20] Green tick = full service; yellow tick = partial service; red cross = no service.

Number of patients affected

35. The table below shows that, based on 2018/19 activity, only around 8.6% of patient activity is subject to the reconfiguration. This figure of under 10% was confirmed by Professor Patel when asked by the Board.

Point of Delivery	Number of Patients	Percentage
Outpatients	29567	54.5
Outpatient Procedures	11057	20.4
Outpatient Diagnostics	8992	16.6
Emergency / Unplanned Inpatients	1990	3.7
Planned Day Case Procedures	2364	4.4
Planned Inpatient Procedures	255	0.5
Grand Total	54225	

[21]

36. In addition, depending on which site is chosen the figure will be less, as only one site stands to close its cath labs. Under Option 5A, the following patient activity provided at the Conquest site would be moved to Eastbourne (based on 2018/19 data):

[20] 27 May presentation

[21] PCBC p.41

POD	Number of Conquest patients	Percentage of total cardiology activity
Non-elective	1,081	1.99%
Elective	106	0.20%
Day Case	937	1.73%

37. Under Option 5B, the following patient activity provided at the EDGH site would be moved to Conquest (based on 2018/19 data):

POD	Number of Eastbourne patients	Percentage of total cardiology activity
Non-elective	909	1.68%
Elective	149	0.27%
Day Case	1,427	2.63%

38. Professor Patel advised the Board that only 2% - 3% of total cardiac patients would be ultimately affected by the proposal to consolidate cath lab services on one site or another. This means that under the proposals, whichever site is chosen, approximately 1,500 patients per year will have to travel to an alternative hospital site for their elective or day case care. Non-elective, emergency patients would be taken to whichever site is chosen via ambulance.[22] Taking into account that not all emergency or non-elective activity involves PPCI, Professor Patel further clarified that only 1% of patients the Trust manages will have to move to the other site for stenting.

39. It also means, according to the CCG and ESHT, that the projected increase in population of East Sussex of 64,000 in the coming 10 years would have a minimal impact on the number of additional PPCI interventions undertaken each year at both sites, meaning population increase would not make a two site option viable.

40. The Board also sought information on where patients travelled from for non-elective, day case and elective activity over the past five years (as outpatients and diagnostics will not be affected by the proposals). This showed the volume of activity remaining fairly stable across both sites except for when the cath lab at Conquest Hospital closed for refurbishment in 2021. It also showed that the number of patients travelling to each of the hospital sites was roughly the same (excluding approximately 500 Electrophysiology cases per year provided only at EDGH, which could be relocated). This means the number of patients whose travel and access to interventional services affected by the proposed options will be approximately the same, irrespective of the site chosen. There will also be a number of patients who live equidistant from the two hospitals who will be unaffected

41. The Board heard that an emergency patient's outcomes are not determined by the distance travelled but by how quickly a patient is seen by a specialist member of staff. Either site falls within the golden hour to an hour and a half target time, between door to treatment (door to balloon) for patients in East Sussex. The CCG and Trust is confident that either site is suitable, and the model offers the best treatment option and is based on experience and evidence seen in other parts of country e.g. London. The CCG and Trust argue that having the

[22] 24 May meeting

specialist team there to see patients quickly is more important than travel time. The Trust also clarified that Electrophysiology services can be located at the selected site.

Benefits of new service model

42. The Board heard how the service model represented a clinician led and supported proposal for how the Trust can preserve the quality of its services.

43. The CCG and ESHT produced a Quality Impact Assessment to understand the impact of the proposals on Patient Safety, Clinical Effectiveness, and Patient Experience. Overall, the QIA indicates that, for each of the shortlisted options, transformation would bring about quality improvement.

44. The Equality and Health Inequalities Impact Assessment (EHIA) included in the PCBC looks at the impacts of the proposals on different sections of the local population, including those classed as having protected characteristics in the Equality Act 2010. The EHIA shows a positive or neutral impact on all protected characteristics.

45. The main changes under the model can be summarised as:

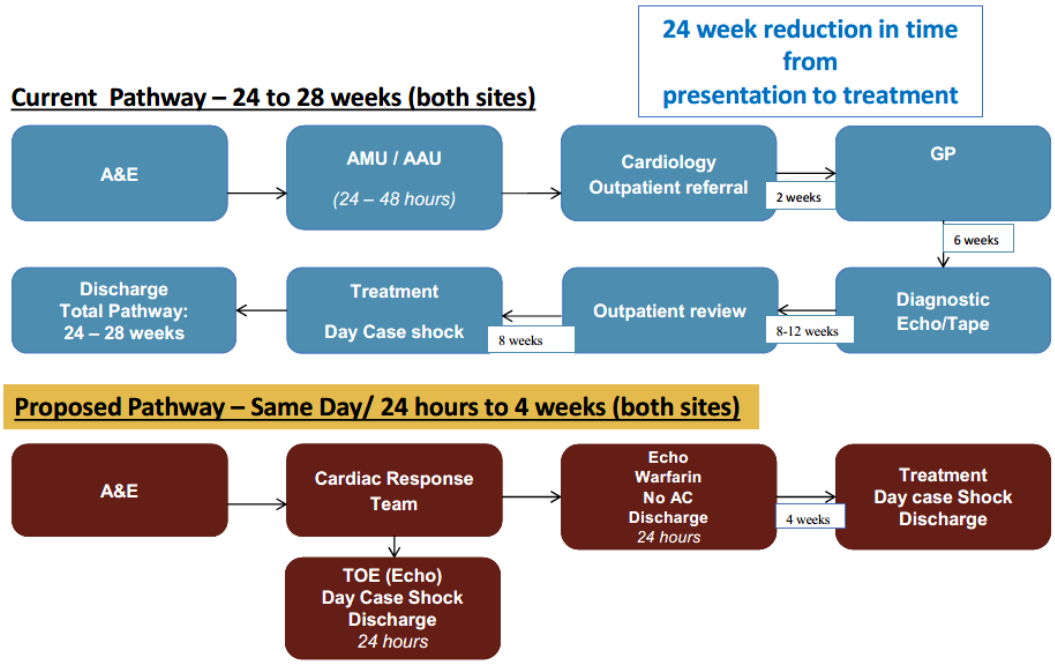
- The addition of a 'front end' model and 'hot clinics', increasing access to specialist opinion
- The consolidation of interventional services on one site.

Benefits of the Front End Model

46. Under this new model, a patient attending ED with cardiac symptoms would no longer be seen as described in paragraph 17, but instead would be streamed to a member of the front door cardiology team for physical review and/or specialist opinion. There would also be the addition of a hot-clinic – a consultant-led clinic which provides rapid access to assessment for adults with either acute or sub-acute symptoms – in which patients can be booked in for re-review quickly in the hospital after attending the emergency department rather than waiting for a GP appointment and referral. [23]

47. The CCG and ESHT provided the Board with a diagram showing how the pathway for patients arriving at the ED with Atrial Fibrillation (chest pains) would change once the front door model of cardiac response teams and hot clinics are in place:

[23] ibid



48. The Board also saw a summary of how various other cardiac symptoms would be addressed in new pathways:

Procedure	Current timescale	Proposed timescale for new pathway
High risk syncope	Up to 28 weeks	Same day
Atrial Fibrillation	Up to 28 weeks	24 hours
Shortness of breath Heart failure	Up to 9 days	24 hours – 3 days
Stable chest pain	Up to 28 weeks	24 hours – 8 weeks
Unstable chest pain	Up to 96 hours	24 hours – 48 hours

[24]

49. Both in the PCBC and in discussions with the Board, the CCG and ESHT put forward a number of benefits the new service will provide to patients and the workforce:

- the introduction of this 'front door' model and 'hot clinics' will ensure a better patient experience through faster diagnosis, reduce waiting times, reduce the number of appointments required for patients and reduce the length of time patients have to stay in hospital;
- The new model will improve waiting times and patient experience significantly – from 140 days down to 40 days waiting times for routine Cardiology investigations from presentation to treatment;
- In other hospitals where a 'front door' cardiac assessment model has been implemented in their EDs, the early cardiac specialist involvement in a patient's care often led to early and effective patient management, timely patient care and avoids admission to hospital,

[24] Presentation 27th may

therefore improving patient experience. The evidence also suggests a discharge rate of 30-40%, meaning 30-40% of patients can go home the same day.[25]

Front end model Pilot

50. The temporary closure of the cath lab at Conquest Hospital as a result of the COVID-19 pandemic allowed ESHT to test the 'front door' model during May and June 2020 by releasing senior clinicians to work in the ED alongside coronary care nurses, A&E triage nurses and Registrars in a temporary cardiac response team and creating a skeleton form of a hot-clinic at the EDGH. This allowed the trust to undertake diagnoses and tests such as Echo cardiograms on patients in the ED who otherwise would have had to be admitted for further investigations or discharged with a letter to their GP requesting a referral to an outpatient appointment.

51. When asked by the Board about the success of the 'front door' model pilot, the Trust said prior to implementation the waiting time was 129 days between referrals and appointment for treatment and post implementation of the pilot it was 39 days from presenting to treatment; a 70% improvement in treatment time.

52. The temporary closure of the Conquest Cath lab for refurbishment in late 2021 has allowed the pilot to be tested again and it has been expanded to cover out of hours. 'Hot Clinics' have been started with patients getting appointments within two weeks.

Benefits of consolidation of interventional sites

53. Also under the proposed model, all patients requiring a PPCI would be taken via ambulance to a single site where the cath labs will be located permanently, and where other interventional procedures would be performed. The CCU will also be co-located at the site along with the EP. Prof Patel confirmed to the Board that the pacing lab where Electrophysiology is conducted will also be co-located at the same site and that there will be no reduction in the number of beds.

54. The Board heard how with the evolution of cardiology imaging, MRI and other technologies, will mean other non-invasive services can be expanded at both sites. This may include CT imaging for diagnostic angiograms to assess the state of arteries, for example. Non-invasive procedures will be retained at both sites and patients will not need to go to cath labs for this type of diagnostic and imaging.

55. The advantages of a single site are:

- it will allow for the creation of flexible and resilient staff rotas, which in turn frees up the workforce to provide the 'front door' model (which the Board was informed is not possible in the current model);
- consolidating catheter laboratories will improve the care pathways and the door to balloon times. This will mean that the national target of 75% of call-to-balloon time within 150 minutes will be achievable, and access to catheter laboratories will improve;[26]
- single siting of catheter labs and developing a Centre of Excellence will offer greater opportunities for staff development, training, sub specialisation and provide attractive professional career opportunities for cardiologists by offering high level specialist work and complex procedures for heart failure patients. This will attract candidates who want the opportunity to undertake a range of specialist work, for example, a new Cardiologist has recently been recruited and the proposed new service model made it easier to bring this person on-board once they saw the vision for the service. The presence of an Electrophysiology service has also aided recruitment; and

[25] PCBC

[26] PCBC p.39

- the use of non-invasive services on both sites will allow the Trust to convert a proportion of day cases to an outpatient procedure, which means patients would be able to access their care at either hospital site, and would reduce the day case numbers needing to move by approximately 25%.[27]

Ambulance transfers

56. The Board heard that an emergency patient's outcomes are not determined by the distance travelled but by how quickly a patient is seen by a specialist member of staff on arrival. This is known as door to balloon time, which the CCG and Trust believe the single siting of interventional cardiac services will improve. The CCG and Trust are confident that either site is suitable to meet the call to door time, which is the time it takes an ambulance to deliver a patient to the hospital from the time they made a call for assistance.

57. There are three categories of patients who require ambulance transfers: those who have a heart attack in the community who can be taken directly by ambulance to the new single centre; those who have a heart attack whilst an inpatient at the hospital; and those who are stable but who require non-elective treatment within 48 hours, for example, a patient who turns up at an ED with chest pains and is admitted to an Acute Medical Unit.

58. In the event of the interventional cardiac services being moved to a single site, the number of patients who would have to travel further via ambulance from the community is **238** if EDGH is the chosen site and **217** if EDGH is chosen. This is based on patient location data for 2018/19 and equates to 4-5 patients per week. [28]

59. The number of diverts to other hospitals outside of East Sussex in the event of a single site will be around 20-24 per year. The PCBC states SECAmb is not concerned with this volume and already undertakes diverts out of hours when a single cath lab site is operating in East Sussex.[29]

60. The number of transfers for inpatient heart attacks is **69** if EDGH is chosen and **71** if Conquest Hospital is chosen. Of this number, the total who require a transfer with anaesthetist support (e.g. ITU to ITU transfers) is fewer than 10 per year.[30]

61. Non-elective patients will either be treated in the Acute Medical Unit with cardiologist supervision (as is the case now), or if they need more specialist care they will be transferred via ambulance to the interventional site within 48 hours, where the specialist cardiac beds will also be located. The PCBC says under the proposals that a total of **448** patients would require transfer after 48 hours if EDGH were chosen as the cath lab site and **212** patients would receive medical management on the non cath lab site. Conversely the figures would be **383** transfers and **207** on site management, respectively, if Conquest was the chosen site. This equates to **7-9** patients per week. [31] The Board also heard that fewer than 10% of patients presenting at ED are transferred to tertiary centres (such as the Royal Sussex County Hospital in Brighton), so the majority will be transferred within the Trust.

62. The Board heard from Professor Patel that the potential need to transfer patients under the proposed model needs to be put in the context of the numbers involved and it needs to be made clear that the current service of transferring patients to the out of hours site works well.

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[27] HOSC report 2nd Dec

[28] Pre-Consultation Business Case (PCBC) p.43

[29] PCBC p.44

[30] Ibid and 21 april minutes

[31] Pre-Consultation Business Case (PCBC) p.46

63. The impact on patients travelling to elective or day case appointments is covered in a later section in the report.

Views of ambulance trust (SECAmb)

64. The Board questioned representatives of SECAmb on their views about the proposals. The Board heard that SECAmb is fully supportive of the single site proposal, feeling it will be beneficial to patients and to the Trust itself. Some of the reasons the Trust is supportive include:

- Currently there are challenges around having two alternating sites and crews needing to check which site is active, which can add to delay. It is crucial for SECAmb to have consistency as to which site to take patients to. Single siting will be simpler for crews, with no time delays and cross checking;
- Stable patients who require cath lab services are transferred within a 48-hour period, and this target, according to SECAmb, can be achieved even when the ambulance service is busy;
- Inter facility transfers for all services are already a significant proportion of the Trust's overall work. SECAmb are looking internally at this to see if improvements can be made in the transfer service they provide; and
- In effect SECAmb has been taking patients to one site for a number of years as part of the alternating model for out of hours emergency treatment, so SECAmb has already been operating services under the proposed model.

65. The Board asked if SECAmb had a preferred site. Representatives said based on the travel analysis of existing data, there is no differentiation between sites. Either site is of benefit, and the site selected does not make any difference from a SECAmb perspective.

66. Asked whether the SECAmb would have any difficulties supporting the new service, representatives of the Trust acknowledged that there have been pressures on ambulance services nationwide causing challenges meeting ambulance response waiting times. This is, however, a much wider issue and the cardiology transformation proposals will not make a difference to ambulance response and waiting times. A pre alert system is used to provide quicker access to areas of specialism allowing for fast clinical and specialist assessment and treatment. Ambulance staff can take patients directly to the cath labs, and SECAmb is also looking to pilot the use of tele-medicine to support more direct patient pathways and quicker access.

Views of the Clinical Senate

67. The Board saw a summary of the Clinical Senate's review of the PCBC in which it highlighted benefits of the model including:

- nurse led 'front door' cardiology service have also been successfully piloted elsewhere too with impressive results reported in the literature; and
- It is likely that the new front door cardiology service will result in fewer patient journeys and fewer inappropriate investigations requiring patients to travel. Similarly reduced hospital length of stay and avoidance of unnecessary admission also reduces patient and relative/carer journeys.[32]

GP views

68. The CCG's GP Clinical Lead informed the Board that from a GP perspective 'Hot Clinics' and having senior specialist opinion at the 'front door' is very important and will result in fewer

[32] Clinical Senate report

follow up appointments and shorter hospital stays. The proposals will improve the quality of care, speed and streamlining of services, which will ultimately improve patient experience. Overall, the Board was told that GPs are supportive of the proposals.

Views of Healthwatch

69. Healthwatch East Sussex has been involved in the options appraisal process. The Board considered verbal evidence from Healthwatch East Sussex that overall the clinical arguments for the reconfiguration were strong, particularly the development of the 'front door' model, which was described as a "first class innovation". One of the benefits of consolidating PPCI procedures onto one hospital site will be a reduction in call-to-treatment times.

70. However, it was noted that call-to-treatment times are to some extent dependent on ambulance service response times, with many ambulance services experiencing service pressures. It was noted the recruitment, retention and training of paramedic staff may also have an impact on emergency cardiac patient care.[33] This was a serious concern raised by Healthwatch.

Views of stakeholder groups

71. The Board received written statements from both Friends of the Conquest and Friends of the Eastbourne DGH raising concerns about the proposals and setting out the reasons why the hospital they are associated with should be selected as the single site. These included:

- The plans to turn Royal Sussex County Hospital (RSCH) into a Regional Centre for Cardiology and Cardiothoracic Surgery and how this will impact on the services ESHT plan to provide. It would be better to maintain a flexible joint cardiac centre approach across both sites until at least until the Trust learns how the Brighton Regional Cardiac Centre is going to affect ESHT Cardiac services;
- Concerns about an aging population, especially if a significant percentage live in deprived circumstances, and how they would access acute medical care due to the difficult geography, poor transport infrastructure and deprivation across East Sussex;
- Concerns about maintaining staffing across the two hospitals, staff location and travel under the new model;
- Whether the proposals will impact general medical services and lead to a down grading of the other services provided at the hospital not selected as the interventional site;
- An acknowledgement that some centralisation of invasive more complex procedures may be necessary;
- Suggestions for siting the service based on population, ease of access and proximity to regional centres; and
- Questions on how the new service will be sustainably staffed and whether the anticipated benefits in terms of a reduction of waiting times, length of stay and the ability to provide new and more advanced medical procedures will be realised.

Views of staff

72. The Lead Nurse for Cardiology advised the Board that staff have been involved at every stage of the process and have been encouraged to and have taken part in the consultation. Small focus groups have also been convened, providing an opportunity for staff to air any concerns. Some staff are happy with the proposals, and some are more neutral in their opinion. The main issue raised by staff is the possibility of increased travel related to the changes to the site they may be working at and the consequent travel and petrol costs. There is some level of anxiousness, pending the decision to be made on which site will be chosen, but there is also

[33] 24th may meeting

excitement about the new combined services and support for them. The Board also heard that across the board there is recognition of the value of the model and staff are excited about the approach and being able to offer 'Front Door' cardiac assessment and 'Hot Clinics' on both sites. All concerns will be discussed in the final Decision Making Business Case (DMBC).

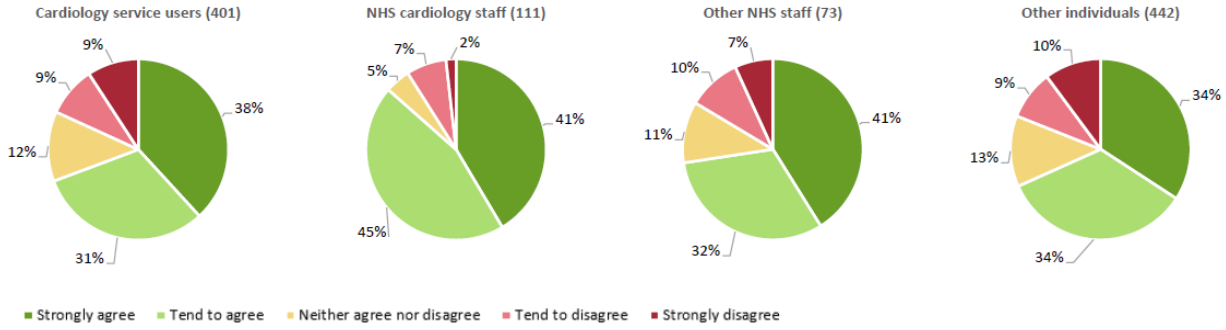
Public consultation

73. The CCG and Trust ran a public consultation on the proposals for 16 weeks from 6th December 2021 to 11th March 2022 and residents and stakeholders were invited to give feedback on both the proposed model of care and their preferred location for interventional cardiology services.

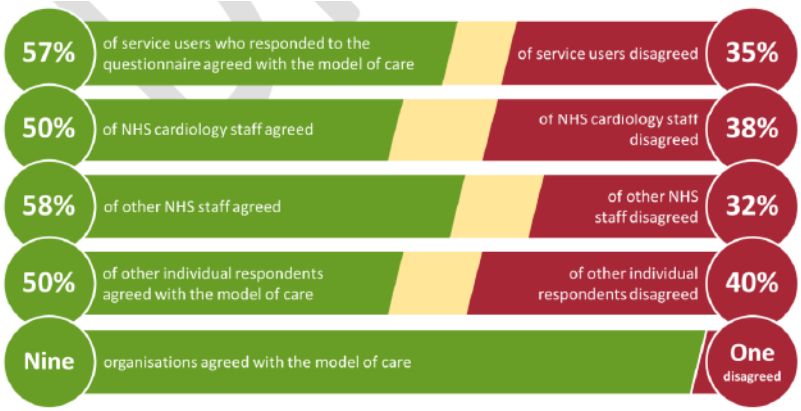
74. Opinion Research Services (ORS) provided an analysis of the consultation and the Board received a presentation summarising the findings.

75. According to ORS, the consultation had 1,067 responses including 410 cardiology service users, 112 NHS cardiology staff members, 74 other NHS staff members, and 11 responses from 10 separate organisations. The consultation also included a number of focus groups and group discussions with services users, carers and ESHT cardiology staff; in-depth interviews and engagement with service users; workshops and in-depth interviews with stakeholder organisations; public meetings, listening events, staff forums and briefings, meetings with community groups, and 'pop-up' events in public spaces.[34]

76. Despite positive feedback about current cardiology services, there was broad support for the overall need for change among all stakeholder groups responding to the consultation questionnaire:



77. There was also generally broad support for the proposed model of care for acute cardiology services among questionnaire respondents, although opinion was a more split:



[34] Presentation: Improving cardiology services in East Sussex – public consultation findings, 25th May 2022

78. People who agreed with the model, did so because of:

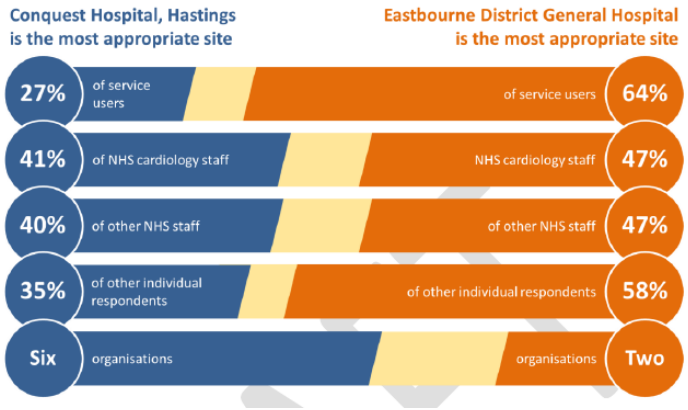
- The potential to improve efficiency and quality of care.
- The proposed introduction of Cardiac Response Teams in both emergency departments was viewed positively by service users and organisations.
- Agreement that continued access to 'local' services for most cardiology service users would be positive.
- Stakeholder organisations in particular felt that the model offered an opportunity to address current challenges and deliver a more efficient service and high-quality care for patients
- Some staff felt that the consolidation during the pandemic had provided evidence that the proposed Cardiac Response Teams would be effective.

79. Reasons for disagreement centred around:

- Concerns around travel and access for those needing to travel further to access specialist care.
- Potential negative impacts on patient outcomes in the event of treatment delays.
- The geography of East Sussex and its growing population necessitates services being provided as locally as possible over two sites.
- concerns about impacts on other services (such as the ambulance service and ED) in the event of specialist cardiology services being co-located on a single site.[35]

80. The Board heard from the CCG and Trust that they felt the reasons for disagreement had been sufficiently addressed in the development of the proposals, for example, that there are no issues with treatment delays for cardiology; only 2% - 3% of the 64,000 projected increase in population will be affected by the proposal to consolidate cath lab services on one site or another meaning a rising population will not require two sites in the future; and the ambulance service has expressed full support for the proposals. [36]

81. Most respondents expressed a preference for EDGH compared to Conquest, with some groups being more evenly split, and six of 11 organisations preferring Conquest:



82. It should be noted that the overall response to this question is influenced by the fact that there were more respondents to the consultation who were from the Eastbourne area and were expressing a preference for the hospital nearest to them, as shown below.

83. However, analysis of postcode information (where provided) indicates that most respondents were expressing a preference for their nearest hospital:

[35] ibid

[36] Minutes of 24th may meeting

37

84. Results suggest that geography has a very considerable influence on respondents' preferences (more so than stakeholder type, demographics or other characteristics such as deprivation).

85. **Respondents who favoured Conquest did so because:**

- Perceptions around unacceptable travel times for those needing to travel to Eastbourne from the east of the county (especially Rye and rural areas), while Eastbourne is located comparatively close to cardiac services in Brighton.
- The site being more centrally located within the Trust area;
- A risk of increased health inequalities (on the basis of high deprivation levels and low car ownership in Hastings).
- NHS staff members also highlighted the longstanding use of Cardiac Nurse Practitioners at Conquest Hospital, and the potential of easier expansion given the cardiology department is at ground floor level.

86. **Respondents who favoured EDGH did so because:**

- Perceptions that travel links to the site are good and/or better that those to Conquest;
- The presence of a large and growing elderly population in the Eastbourne area;
- The potential for high service demand in future as a result of ongoing building development and population growth in the area;
- Better proximity to the regional centre in Brighton;
- The opportunity to co-locate specialist cardiology and stroke services
- NHS staff members whose preference was for Eastbourne DGH tended to highlight strengths in staffing, skills and the level of facilities on the site (e.g., it has two catheterisation labs rather than one, a larger critical care unit, and interventional electrophysiology has already been centralised there).

Comments of the Board

87. The Board notes that the public consultation shows a preference for EDGH as the location of the interventional cardiology services but that this is largely because most respondents were from the Eastbourne area. All other evidence reviewed and heard by the Board suggests that both options for locating interventional services either at the Conquest in Hastings or Eastbourne DGH are viable. The Board has examined patient flow data and the impact on travel and access is approximately the same for each site. There is also no clinical preference for either site, nor is SECAmb concerned which site is chosen. The Board has some concerns about travel and access issues which are set out in the next section below.

88. The Board found that the clinical case for change is sound and is well supported by clinicians, staff, GPs and Healthwatch. The Board heard that there is a risk that if no changes are made to address the minimum case numbers needed for interventional services, some of these services may cease to be provided by the Trust in future. The Board considers that it is in patient's best interests that these services are retained in East Sussex in the future, and therefore supports the clinical case for change. The Board also heard that from the CCG's

[37] Ibid.

perspective it is important to have two thriving hospitals in East Sussex and the proposals will not have an impact on any other services.

89. The Board welcomes the creation of a 'front door' model and 'hot clinics' and hopes to see an improvement in the pathways and reduction in treatment time. If possible, the Board would like to see these aspects of the proposals implemented as soon as possible as it would appear they have the potential to improve patient care, outcomes, and experience. Consequently, the proposals have the potential to provide enhanced services at both sites from a clinical and service perspective.

90. The Board understands the public are likely to be concerned about how quickly they are going to be seen in an emergency and how easy it is to travel to an appointment. The Board heard that in an emergency patient outcomes are not determined by the distance travelled but by how quickly a patient is seen by a specialist member of staff. Either site falls within the golden hour to an hour and a half, between a patient calling and the ambulance arriving at the hospital site (call to door). The Trust is confident that either site is suitable, and the model offers the best treatment option and is based on experience and evidence seen in other parts of country (e.g. London). On the balance of evidence, it would appear that having the specialist team there to see patients quickly is more important than travel time.

91. The Board notes that outpatients' appointments will not be affected by proposals, so there will not be an impact on travel for the majority of patients. However, there will be an impact on around 3% of patients, their families, and carers who would need to travel further under the proposals to the single site for day case and elective interventional procedures, and to visit relatives admitted as an emergency.

92. Overall, the Board supports the clinical proposals, but does however maintain some concerns which are set out below.

Recommendation 1

The Committee endorses the proposed new clinical model for cardiology including:

- **Cardiology cath labs should be single sited;**
- **that both Eastbourne DGH and Conquest hospital sites are viable sites;**
- **there is potential for new services to improve patient care and outcomes via the 'Front Door' model and 'Hot Clinics';**
- **there will be better services for patients at either Emergency Department (ED) sites; and**
- **Other services provided at each of the hospitals will not be affected or downgraded by the proposals for cardiology.**

Issues with the new service that should be addressed

93. During the course of its review, the Board identified several issues that the CCG and Trust should address, regardless of which site they choose.

Workforce challenges

94. Information on staffing levels for the existing[38] and proposed service models is set out in the PCBC and is reproduced below. Year 0 of the current service provision is the provision now. Year 10 of current service provision shows how significantly the service will need to grow to deliver acute cardiology services in the future and to manage the expected demand on the service if ESHT were to do nothing. Whereas the new model will make managing that demand easier as not such a significant increase in workforce will be needed.

Current service provision (Full Time Equivalent)											
	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Doctors	13.6	14.1	14.8	15.5	16.3	17.1	17.9	18.9	19.8	20.9	21.9
Nurses	147.0	154.9	163.2	191.5	202.0	213.1	224.8	237.2	250.3	264.2	278.9
Non-clinical staff	10.1	10.2	10.7	11.3	11.9	12.5	13.2	14.0	14.7	15.6	16.4

Proposed service provision (Full Time Equivalent)											
	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Doctors	13.6	14.1	14.8	12.2	12.9	13.6	14.3	15.0	15.8	16.7	17.5
Nurses	147.0	154.9	163.2	158.8	167.7	177.1	187.1	197.6	208.7	220.5	233.0
Non-clinical staff	10.1	10.2	10.7	9.2	9.7	10.2	10.8	11.4	12.0	12.7	13.4

95. It would appear that addressing the workforce challenges is key to providing sustainable cardiology services in the future. The Board heard that creating a 'centre of excellence' for cardiology would be more attractive for the recruitment of all staff, allow appropriate training and supervision to develop subspecialisation, and enable flexibility in cross-subject training for the multidisciplinary team. The Trust has developed a cardiology workforce strategy for a sustainable and thriving future workforce to deliver cardiology services to local people which these proposals support.[39] This responds to the recommendations set out in the Clinical Senate report. The Board heard that ESHT has regular meetings with the Cardiology Network, and with Royal Sussex County Hospital Brighton, who have endorsed and supported the proposals, and confirmed that there are no impacts or interdependencies.

Comments of the Board

96. Although it is envisaged that creating a 'centre of excellence' will greatly assist with the recruitment and retention of specialist cardiology staff needed by the service, there appears to be no detail of what the Trust will do if the proposals fail to attract sufficient suitably qualified staff, or what will happen whilst proposals are implemented. It is understood that the proposals need to be implemented to release staff in order to provide the 'Front Door' and 'Hot Clinic' proposal. There is a risk that workforce challenges may undermine the ability to provide these services at both hospital sites.

97. The Board is concerned about whether the workforce challenges will be fully addressed by the proposals and whether sufficient staff can be attracted and retained given the potential competition with other providers. It may be possible to undertake further work in collaboration with the Sussex Integrated Care System (ICS) and other system partners to address these challenges. The Board therefore recommends that further measures to support the recruitment

[38] PCBC p.91

[39] PCBC p.87

and retention of staff are explored to address these issues, and that are capable of being put in place whilst the proposals are being implemented.

Recommendation 2

The Board recommends:

- **Further measures to support the recruitment and retention of staff are explored in collaboration with the Sussex ICS and other system partners, which address the workforce challenges of the service.**
- **Staff recruitment and retention is monitored to ensure the workforce challenges are being met and to assess whether additional measures to support recruitment and retention are needed.**

Travel and access

98. The Board understands that the proposed changes to cardiology services will only affect the travel and access of around 3% of the service's patients and their families. These will mainly be those patients undergoing interventional procedures provided in the cath labs which will be single sited either at the Conquest Hospital in Hastings or the Eastbourne DGH. It is estimated that the proposals will affect around 1,500 patients per year. Outpatients and other services will continue to be provided at both hospital sites.

99. The Board has examined postcode data over the last five years to identify where those patients who are likely to be affected are travelling from and which hospital they are using. Excluding the Electrophysiology cases which are only provided at Eastbourne DGH, approximately the same numbers of patients are travelling to each hospital. Therefore, the impact on travel and access is likely to be the same whichever hospital is chosen to single site interventional procedures. There are patients who live equidistant to the two hospital sites who will be unaffected. However, the number of patients who will have to travel further for their procedure if the proposals are implemented will be around 15-18 patients per week, and their journey time by car will increase by around 15 minutes.

100. The evidence provided by Healthwatch and the feedback from the public consultation suggests that patients and families are prepared to travel further if the quality of care is good.

101. The Board heard that a Travel and Access Group has been established to look at mitigation measures that can be put in place for those who will have to travel further under the proposals.[40] Possible measures include:

- the establishment of a Travel Liaison Officer to assist and advise patients;
- greater communication of the support available including Patient Transport Services;
- a shuttle bus between hospitals and to town centres;
- a taxi service with direct payments for those eligible;
- expanding volunteer provided services;
- exploring transport lessons learnt during the Covid-19 vaccination programme; and
- the ability to claim back travel costs on the same day for those eligible to do so.

[40] 24 May meeting

Comments of the Board

102. The Board considers that a range of mitigation measures will need to be put in place to assist those who will have to travel further under the proposed changes to the service. In particular, those people who may not be able to count on help from family and friends, or who may have fixed or limited incomes, may need additional support. The Board welcomes the proposal to establish a Travel Liaison Officer post and recommends that a package of travel and access mitigation measures is included in the Decision Making Business Case for those affected by the proposals.

Recommendation 3

The Board recommends:

A package of travel and access mitigation measures is put in place to assist those patients who will have to travel further under the proposals, and in particular those on low incomes or without other forms of support, including but not limited to:

- **the establishment of a Travel Liaison Officer post is essential.**
- **the communication and clear messaging of advice and guidance on travel support options, including accessing financial support, including the ability to claim back travel costs following appointments etc.**
- **the provision of information on the travel support available in referral letters via a separate leaflet or information sheet in an accessible format and links to the website.**
- **the CCG and ESHT explore processes to ensure patients are asked about their travel and access needs at the point of referral or at an appropriate point in the patient pathway.**
- **encourage providers to provide clear explanations of the eligibility criteria for Patient Transport Services.**
- **actions to improve access via other transport alternatives (e.g. development of a shuttle bus service, volunteer transport services, community transport, taxi services, liaison with bus operators and the local authority etc.).**

Timelines for implementation and loss of specialist services

103. The Board expressed some concerns about the timescales to implement the changes once a decision is reached on the option to proceed with. The Board considered that there were real patient benefits in implementing the 'Front Door' model and 'Hot Clinics' as soon as possible, but understands that the staffing of these services is dependent on being able to implement the single siting of interventional services.

104. The Board heard that the reconfiguration proposals may take several years to implement and a more detailed implementation plan will be included in the Decision Making Business Case (DMBC). It may be possible to implement some aspects of the proposals earlier based on the experience gained during the Covid-19 pandemic. It was confirmed that capital funding is available and both sites are capable of accommodating the necessary infrastructure changes.

105. The Board understands that there are wider proposals to develop cardiology services at a regional centre in Brighton. This has the potential to impact the proposals being put forward by the CCG and ESHT and the Board is concerned that specialist staff and services may be drawn into the regional centre.

106. There is also a concern that other services at the site not chosen for the single siting of the interventional services will be downgraded. The Board has had reassurances from the CCG and ESHT that this will not be the case and thinks that it would be advisable to reiterate this point in the DMBC.

Comments of the Board

107. If agreed, the Board would like the proposed changes implemented as soon as possible in order that the benefits in patient care can be realised, and to minimise the risk to the sustainability of the service from workforce challenges and the development of other services.

Recommendation 4

The Board recommends:

- **Implementation of the proposals is undertaken as soon as possible and consideration is given to mitigating the risks posed by workforce challenges and the development of other competing services to ensure no loss of services in the implementation plan.**
- **The Decision Making Business Case (DMBC) contains assurances that other services provided at the two hospitals will not be affected by the implementation of the proposals for cardiology.**

Summary Comments

108. The Review Board has carefully examined a range of evidence on the proposals for the reconfiguration of cardiology services in East Sussex. The clinical case for change is sound and addresses the staffing challenges and future sustainability of specialist interventional cardiology services. It is acknowledged that members of the public may ideally wish to see interventional services retained at both acute hospitals, but it would be in patients' best interests if such services continue to be provided in East Sussex at whichever hospital is selected. There are clear patient benefits arising from the 'Front Door' cardiac response teams and 'Hot Clinic' models and the Board would like to see these proposals implemented as soon as possible. On balance, the Board considers the clinical considerations, patient benefits and the need to address staffing challenges, outweigh any disbenefits of the proposals in terms of increased travel. It is also important that social deprivation is taken into account in the development of the DMBC and throughout the implementation of the proposals.

Appendix 1

Review Board meeting dates

The Review Board met on:

- 28th March 2022 to agree its terms of reference and consider the CCG's proposals;
- 21st April 2022 to examine in more detail the clinical case for change contained in the Pre consultation Business Case.
- 24th May 2022 to examine stakeholder views including Healthwatch; patient flows, travel and access, and feedback for the public consultation.
- 15th June 2022 to further examine the public consultation outcomes, patient travel impacts, and consider the draft report of the Review Board.

Witnesses

East Sussex Clinical Commissioning Group (CCG)

Jessica Britton, Executive Managing Director

Fiona Streeter, Associate Director of Commissioning and Partnerships

Dr Suneeta Kochhar, GP Clinical Lead representative

East Sussex Healthcare NHS Trust (ESHT)

Richard Milner, Director of Strategy

Michael Farrer, Strategic Transformation Manager

Dr Simon Merritt, Chief of Service for Medicine

Cardiology Staff

Professor Nik Patel, Clinical Lead for Cardiology

Hazel Church, Lead Nurse for Cardiology

Kerrie Nyland, Matron CCU and Cath Labs

Rick Veasey, Consultant Cardiologist

Sharon Grain, Head of Nursing for CCU & Inpatients

Lesley Houston, General Manager Cardiovascular Services (ESHT)

SECAmb

Ray Savage Strategy & Partnership Manager SECAmb

Claire Hall, Clinical Pathways Lead SECAmb.

Healthwatch East Sussex

Alan Keys

List of documents considered by the Review Board

Documents provided to Review Board by the CCG and ESHT

Pre Consultation Business Case (PCBC) and appendices.
Travel Analysis Summary and Travel Study.
Patient flow data for the cardiology service, including postcode travel information.
Patient impact summary presentation.
Public Consultation summary and document
Public Consultation Feedback draft report (OCS). May 2022.
Recommendations for South East Clinical Senate Review PCBC for Cardiology Services for East Sussex CCG

Witness Statements

Witness statements received from the following organisations and groups.

Friends of Conquest Hospital
Friends of Eastbourne District General Hospital

Contact officer for this review:

Harvey Winder, Scrutiny and Policy Officer

Telephone: 01273 481796
E-mail: harvey.winder@eastsussex.gov.uk

East Sussex County Council
County Hall
St Anne's Crescent,
Lewes BN7 1UE

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**30 June 2022**
By:	**Assistant Chief Executive**
Title:	**Reconfiguration of Ophthalmology Services in East Sussex**
Purpose:	**To consider the HOSC Review Board's report on NHS proposals to reconfigure ophthalmology services in East Sussex.**

RECOMMENDATIONS

The Committee is recommended to:

1) **agree the report and recommendations of the HOSC Review Board attached as Appendix 1; and**
2) **agree to refer the report to NHS Sussex for consideration as part of its decision making process.**

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1. Background

1.1. On 2nd December 2021 the HOSC considered a report by the East Sussex Clinical Commissioning Group (CCG) in partnership with East Sussex Healthcare NHS Trust (ESHT) on the proposals to reconfigure ESHT's ophthalmology services in East Sussex.

1.2. East Sussex Healthcare NHS Trust (ESHT) provides ophthalmology services for the residents of East Sussex. This includes adult and paediatric ophthalmology services provided at three main centres, which are the Conquest Hospital in Hastings, the Eastbourne District General Hospital (EDGH), and Bexhill Hospital. Ophthalmology is a branch of medicine and surgery that provides diagnosis, treatment and prevention of conditions that affect the eye and visual system. Many eye conditions are age-related, making ophthalmology services more and more important as people get older.

1.3. East Sussex has amongst the highest numbers of over 65-year olds and over 85-year olds in the country, and this is expected to grow further. This means that increasing numbers of people are needing to use ophthalmology services. The changing needs of the population, the changing nature of ophthalmology care and the associated challenges in providing ophthalmology services has made the reconfiguration of ophthalmology services a key priority for the CCG (which is the responsible organisation for service reconfigurations) and ESHT.

1.4. The CCG and ESHT are proposing the following changes to ophthalmology services provided by ESHT:

- to consolidate ophthalmology services at two hospital sites, Eastbourne District General Hospital and Bexhill Hospital;
- create one stop clinics at both hospitals and a diagnostic eye hub at Bexhill Hospital; and
- move outpatient appointments currently provided at the Conquest Hospital to Bexhill Hospital.

1.5. A pre-consultation business case (PCBC) setting out specific proposals, was developed by the CCG in partnership with ESHT, to reconfigure the Trust's ophthalmology services. The CCG undertook a public consultation between 6th December 2021 and 11th March 2022 seeking views on the case for change, the proposed new clinical model for services and the proposals to locate services at Bexhill Hospital and EDGH.

2. Supporting information

2.1. Under health scrutiny legislation, NHS organisations are required to consult affected HOSCs about a proposed service change that would constitute a 'substantial development or variation' to services for the residents of the HOSC area. At the meeting held on 2nd December 2021 the Committee resolved that the proposals constituted a 'substantial development or variation to services' requiring formal consultation by the CCG with HOSC in accordance with health scrutiny legislation.

2.2. The HOSC established a Review Board to consider the evidence in relation to the proposed reconfiguration of ophthalmology services and prepare a report and any recommendations as the Committee's response to the consultation. The Board comprised Councillors Azad, Belsey, Brett, Robinson, and voluntary sector representative Geraldine Des Moulins. The Review Board elected Councillor Belsey as the Chair of the Review Board.

2.3. The Review Board considered a wide range of written and oral evidence from NHS and other witnesses and agreed a report and recommendations, which is included as **Appendix 1** to this report.

2.4. The HOSC is recommended to agree the Review Board report and submit it to NHS Sussex (the NHS organisation due to replace the CCG from 1st July 2022) for consideration as part of its decision making process, alongside its own Decision Making Business Case (DMBC). NHS Sussex will then report its decision to the HOSC on 22nd September 2022 and the Committee will consider whether the decision is in the best interest of health services locally.

3. Conclusion and reasons for recommendations

3.1 The HOSC is recommended to agree the Review Board's report and agree to refer it to NHS Sussex for consideration as part of its decision making process.

PHILIP BAKER
Assistant Chief Executive

Contact Officer: Harvey Winder, Scrutiny and Policy Officer
Tel. No. 01273 481796
Email: Harvey.winder@eastsussex.gov.uk

Scrutiny Review of the proposal to redesign Ophthalmology Services in East Sussex

Report by the Health Overview and Scrutiny Committee (HOSC) Review Board

Councillor Colin Belsey (Chair)

Councillor Abul Azad

Councillor Christine Brett

Councillor Christine Robinson

Geraldine Des Moulins (Community and voluntary sector representative)

June 2022

Health Overview and Scrutiny Committee (HOSC) – 30th June 2022

Scrutiny Review of the proposal to redesign Ophthalmology Services in East Sussex

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Recommendations

1	**The Committee endorses the reasons for reconfiguring ophthalmology including:** - **Clinical case for change and the potential for new services to improve patient care and experience.** - **The creation of the 'Centre of Excellence' diagnostic hub, one stop clinics, and measures to support staff recruitment and retention.**
2	**The Committee notes that the proposed choice of the Bexhill Hospital to consolidate ophthalmology services and recommends that mitigation measures are put in place to address the concerns about travel and access to this site.**
3a	**The Board recommends:** **A package of measures is put in place to mitigate the travel and access impacts of the proposals on patients, families, and carers, including:** - **the establishment of a Travel Liaison Officer post is essential.** - **the communication and clear messaging of advice and guidance on travel support options, including accessing financial support, including the ability to claim back travel costs following appointments etc.** - **the provision of information on the travel support available in referral letters via a separate leaflet or information sheet in an accessible format and links to the website.** - **the CCG and ESHT explore processes to ensure patients are asked about their travel and access needs at the point of referral or at an appropriate point in the patient pathway.** - **encourage providers to provide clear explanations of the eligibility criteria for Patient Transport Services.** - **increasing and maximising the number of on-site parking spaces at the Bexhill Hospital site.** - **actions to improve access via other transport alternatives (e.g. development of a shuttle bus service, volunteer transport services, community transport, taxi services, liaison with bus operators and the local authority etc.).**
3b	**The Board recommends:** **Ongoing monitoring of Did Not Attend (DNA) information is undertaken after implementation of the proposals to establish the reasons why patients do not attend appointments, and review the travel and access mitigations in the light of this information.**

4	**The Board recommends:** - **Patients are given a choice of hospital site for referral where appropriate.** - **Consideration is given to providing some specialist treatments at the Eastbourne DGH site in addition to Bexhill Hospital.**
5	**The Board recommends:** - **Detailed implementation plans are drawn up as soon as possible to facilitate the timely implementation of the proposals, once a decision is made.** - **The opportunity is taken to make early changes to services where this is possible.**
6	**The Board recommends:** - **Regular monitoring of staffing levels is undertaken post implementation to ensure the sustainability of the service.** - **Further staff recruitment and retention measures are developed.**

Background

1. East Sussex Healthcare NHS Trust (ESHT) provides ophthalmology services for the residents of East Sussex. This includes adult and paediatric ophthalmology services provided at three main centres, which are the Conquest Hospital in Hastings, the Eastbourne District General Hospital (EDGH), and Bexhill Hospital.

2. Ophthalmology is a branch of medicine and surgery that provides diagnosis, treatment and prevention of conditions that affect the eye and visual system. Many eye conditions are age-related, making ophthalmology services more and more important as people get older. Ophthalmology services commonly include the diagnosis and treatment of Age-related Macular Degeneration (AMD), Cataracts and Glaucoma.

3. East Sussex has amongst the highest numbers of over 65-year olds and over 85-year olds in the country, and this is expected to grow further. This means that increasing numbers of people are needing to use ophthalmology services. The changing needs of the population, the changing nature of ophthalmology care and the associated challenges in providing ophthalmology services has made the redesign of ophthalmology a key priority for East Sussex NHS Clinical Commissioning Group (CCG), - which is the responsible organisation for service reconfigurations – and ESHT.[1]

4. The CCG and ESHT are proposing following changes to ophthalmology services provided by ESHT:

- to consolidate ophthalmology services at two hospital sites, Eastbourne District General Hospital and Bexhill Hospital;
- create one stop clinics at both hospitals and a diagnostic eye hub at Bexhill Hospital; and
- move outpatient appointments currently provided at the Conquest Hospital to Bexhill Hospital.

5. The CCG undertook a public consultation between 6th December 2021 and 11th March 2022 seeking views on the need to change the service, the proposed model of care, and the proposed location of ophthalmology services at Bexhill Hospital and EDGH.

6. In addition to its duties to engage with the public, the NHS is required under regulations to consult with the local health scrutiny committee(s) on any proposal that is deemed by the committee to be a substantial variation or development to existing services. As a result, representatives of the CCG and Trust attended the East Sussex Health Overview and Scrutiny Committee (HOSC) meeting on 2nd December 2021 to explain the proposed changes to ophthalmology services.

7. The HOSC agreed the proposals constituted a substantial variation to services requiring formal consultation with the Committee under health legislation. The HOSC established a Review Board to carry out a detailed review of the proposals and produce a report and recommendations on behalf of the Committee. The Review Board comprised Councillors Abul Azad, Colin Belsey, Christine Brett, and Christine Robinson and a community and voluntary sector representative, Geraldine Des Moulins. The Review Board elected Councillor Belsey as the Chair.

8. The Review Board carried out the majority of its review between March and June 2022. This report sets out the evidence the Board considered, along with its conclusions and recommendations.

[1] Pre-Consultation Business Case (PCBC) p.5/6

1. The proposals for the future of ophthalmology

9. Ophthalmology is the branch of medicine and surgery that provides diagnosis, treatment and prevention of diseases of the eye and visual system. Medical ophthalmology involves diagnosis and management of disorders affecting a person's vision. Surgical ophthalmology involves surgical procedures to correct or improve a person's vision, for example, cataract surgery.

Department of ophthalmology

10. Ophthalmology services at East Sussex Healthcare NHS Trust (ESHT) are Consultant-led and provide services for children (paediatric) and adults across three hospital sites. Paediatric services are also provided from community sites across Hailsham, Crowborough and Seaford, and these will remain as this Pre-Consultation Business Case is focussed on the provision of specialist medical and surgical ophthalmology services across East Sussex Healthcare NHS Trust's three main hospital sites, Eastbourne District General Hospital, Conquest and Bexhill.[2] The Trust also provides a Glaucoma Referral Refinement clinic, the purpose of which is to determine a patient's risk of having glaucoma.[3]

11. East Sussex Healthcare Trust's current ophthalmology service provision for adults and children is shown below[4]. This details the ophthalmology service as it currently exists.

Service/treatments, e.g.:	Conquest	EDGH	Bexhill	Community
Outpatients	✓	✓	✓	✓
Screening – Cataract, Maculopathy, Glaucoma	✓	✓	✓	✓
Monitoring/review (in person*)	✓	✓	✓	✓
Diagnostic testing	✓	✓	✓	✓
Pre- / post-operative assessment	✓	✓	✓	✓
Day surgery	✓	✓	✓	✗
Inpatient surgery	✓	✓	✗	✗
Non-elective (emergency)	✓	✓	✗	✗

*Virtual clinics have been developed during the COVID-19 pandemic, and this shift to non face to face activity will continue to be developed where clinically appropriate

12. The ophthalmology service is one of the most used outpatient services, as well as providing day case surgical procedures, and inpatient surgery. The table below[5] gives the activity levels for the service provided by ESHT from April 2019 to March 2020. It should be

[2] PCBC p.37

[3] PCBC p.38

[4] PCPB p.37, figure 7

[5] Patient flow information provided at 12 May meeting.

noted that March 2020 was impacted by the COVID-19 pandemic and Ophthalmology services were focused at the Bexhill site to ensure the Conquest and Eastbourne sites could be prioritised for acute services and COVID-19 infected patients.

Point of Delivery (POD)	Bexhill Hospital	Conquest Hospital	Eastbourne District General Hospital
Day Case	2,094	92	2,291
Elective Inpatient	0	6	21
Emergency admission	0	14	18
Outpatients	17,535	24,271	41,580
Total	**19,629**	**24,383**	**43,910**

13. Some East Sussex residents also receive ophthalmology care at other hospital trusts outside of the county.[6] For 2019/20, this was as follows:

Point of Delivery (POD)	East Sussex Healthcare NHS Trust	Maidstone & Tunbridge Wells NHS Trust	Queen Victoria Hospital	University Sussex Hospitals NHS Trust (East)	University Hospitals Sussex NHS Trust (West)	Other
Day Case	4,440	203	806	1,006	6	462
Elective Inpatient	36	3	47	101	1	15
Emergency admission	31	0	7	105	0	33
Outpatients	82,397	3,259	7,171	13,050	79	3,280
Total	**86,904**	**3,465**	**8,031**	**14,263**	**86**	**3,790**

Reason for changing the ophthalmology service

14. The East Sussex Clinical Commissioning Group (CCG) and East Sussex Healthcare Trust (ESHT) set out their concerns about the current service and why it needs to change (the case for change) in the PCBC document[7] which brings together local, regional and national requirements and drivers for change. These include:

- ***Quality*** - Healthcare systems are required to minimise the risk of significant harm, through delivering timely follow-up for patients with chronic conditions. The high and growing number of these cases within ophthalmology makes this a challenge.
- ***Service performance*** - Nationally, ophthalmology outpatient services are the most used of all outpatient services, with East Sussex Healthcare Trust seeing 18,075 new outpatients and 65,511 follow-up appointments in 2019-20. The Covid-19 pandemic has impacted heavily on ophthalmology provision and this, coupled with the very high levels of need for care, has led to the service no longer meeting national waiting time standards.
- ***Growing need*** - It is estimated that, over the next 20 years, the need for cataract services will rise by 50%, glaucoma cases by 44% and medical retina by 20%.
- ***IT / Digital*** - There would be a significant benefit to patients through ophthalmology services making the best possible use of modern digital technology, such as an Electronic Eyecare Referral System (EERS). Modern technology presents opportunities to improve patient pathways and better manage the growing need for ophthalmology services.
- ***Workforce*** - A census carried out by the Royal College of Ophthalmologists (RCOphth) in 2019 identifies gaps in recruitment for ophthalmologists and workforce planning, amid a predicted 40% increase in need over the next 20 years.

[6] Ibid

[7] PCBC p.6/7

- ***Estates and equipment*** - Diagnosis and monitoring of ophthalmic patients is highly dependent on equipment. Much of the equipment currently used by the department across its three sites is old, which impedes the service's ability to work efficiently and effectively. There are limitations of physical space in the current service configuration limiting the capacity of the service to meet the current and growing need of the local population which contributes to challenges in meeting service standards.
- The national ***Getting it Right First Time*** (GIRFT)2 programme reviewed the ophthalmology service in March 2018. It was recommended that ESHT:
    - Review pre-assessment clinics and review/audit coding for complex cataracts to ensure the patient pathway for cataract surgery is optimised.
    - Continue to develop health care professional (HCP) staff by training and developing all members of the multi-disciplinary team, whilst utilising competency frameworks to increase the number of non-consultant clinical staff.
    - Look into using consultant-led and technician-provided virtual clinics for age-related macular degeneration (AMD) and glaucoma to improve refinement of treatment plans.
    - Review coding practices to ensure accuracy, particularly around complex cataracts, corneal grafts, strabismus follow-ups and vitreo-retinal conditions.
    - Continue to refer to the Royal College of Ophthalmologist's "The Way Forward"3 document to identify options to help meet demand and the Common Competency Framework to support health care professional staff development.

15. The Review Board has also reviewed the recommendations from the Clinical Senate report on the proposals and the responses to them which have been included in the PCBC document. Amongst these recommendations the Clinical Senate makes clear that continuing with the current position, where a fragmented service is provided across three sites (i.e. the do nothing option), is not a sustainable option for the service going forward.[8]

Comments of the Board

16. The Board notes the reasons behind the proposals to change the model of care and transform the service in line with a number of local, regional, and national programmes and initiatives. It is clear that the 'do nothing' option would not be in the interests of patient care and would not address waiting times or workforce issues.

Proposed option for reconfiguring ophthalmology

17. Currently services are spread across three sites, and the proposal for the future is to locate ophthalmology services at two hospital sites, Eastbourne District General Hospital and Bexhill Hospital, supported by one stop clinics at both hospitals and a diagnostic eye hub at Bexhill Hospital. The introduction of one stop clinics and a diagnostic eye hub are aimed at ensuring faster diagnosis, reducing waiting times, reducing the number of appointments required for patients to attend and repeated tests. These are key quality improvements to the ophthalmology service identified in the proposals.

18. The selection of this option followed an options appraisal process that looked at the strengths and weaknesses of four options in total. More information on this process can be found in the Pre Consultation Business Case (PCBC). Under the proposals, the range of services provided at Eastbourne DGH will remain the same and will include the provision of a one stop clinic. The key changes under the proposals are that the outpatient services currently located at the Conquest Hospital will move to the Bexhill Hospital site. Day case procedures are currently provided at Bexhill Hospital rather than the Conquest Hospital, and any inpatient

[8] South East Clinical Senate Review PCBC for Ophthalmology Services for East Sussex CCG

surgery requiring an overnight stay and emergency treatment in A&E will remain at the Conquest.

19. The Review Board heard that the proposed model provides the best opportunity to deliver high quality, safe and clinically sustainable services that also addresses the current challenges by bringing ophthalmology services together on two hospital sites. The benefits include:

- better patient experience;
- improved patient outcomes through streamlined outpatient pathways;
- a one stop service, including access to a multidisciplinary team; and
- providing sustainability of services for the future.

20. The Board questioned how the proposals will improve services. It heard evidence given by the CCG and ESHT that senior clinicians will have greater involvement in treatment plans and clinical decisions, and staff from different areas of ophthalmology would be able to work more closely together as one team enabling the service to meet national standards, guidelines and performance targets in the future. The new model will rationalise estates and equipment and align with the Sussex-wide ophthalmology Transformation Programme plan.

21. The Review Board heard evidence from a number of witnesses on the reasons for the proposed changes. This included the clinical lead for Ophthalmology, Mr Kash Qureshi, staff involved in providing the service and GP representatives in order to gain an understanding of the benefits for patients in terms of treatment, outcomes and patient experience.[9] The Board also considered evidence from Healthwatch East Sussex and submissions from the Friends of Bexhill Hospital, the Friends of Conquest Hospital and other stakeholders who responded to the HOSC Newsletter.[10]

Choice of site

22. The Board considered the reasons for the proposed location of the combined services at Bexhill Hospital and asked why Bexhill is the preferred site. The Board heard that if services stayed at the Conquest Hospital it would require an expansion of theatre space and would be more costly due to limited theatre capacity. The majority of procedures do not need to be on an acute site, so the clinical aspect of the service does not need to be at the Conquest Hospital. In addition, as the Bexhill site is a non acute site, services such as the treatment of macular degeneration were able to continue during the Covid pandemic.

23. Locating services at the Conquest was not the preferred option for a number of reasons. These included the position of the theatres which are located away from the outpatients department and the length of walk especially for elderly patients, which does not allow high patient throughput. The Conquest outpatients is not suitable for expansion to provide enhanced outpatient services needed.

24. The Board understands that the benefits of choosing the Bexhill site are that the Bexhill Hospital layout is better for patients, with the waiting areas next to the theatre, has room for expansion and allows increased patient flow. The proposals also allow for pre-assessment to be linked to the day case service as they can be done in the same location. Pre-assessment can take place on the same day as being seen, resulting in fewer appointments being needed and therefore fewer journeys for patients. This is not currently possible with the service spread across three sites and the proposals allow for a much more joined up service to be provided.

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[9] 22 April meeting

[10] 12 May meeting

This includes the creation of a multi-disciplinary team and enhanced provision of senior consultant advice and supervision.

Services at new facility

25. The Board heard that it is proposed to create a 'Centre of Excellence' at the Bexhill Hospital site which will include a diagnostic hub. These proposals include refurbished outpatients' areas and the purchase of the latest diagnostic equipment. This will allow the provision of the most technologically advanced procedures and treatment for patients, which the board understands will lead to better patient care and outcomes.

26. The Board questioned the availability of funding for the transformation proposals. It was confirmed that the Trust has the necessary capital funding in place to implement the proposals and buy new equipment. The proposals will not require an expansion of the Bexhill hospital buildings but will mean other building users will be re-located to provide the expansion space for ophthalmology. A more detailed implementation plan for the proposals will be drawn up and included in the Decision Making Business Case (DMBC).[11]

Stated benefits to patients

27. The Board heard that under the proposed model patient waiting times will be shorter, with technician led diagnostic hubs meaning fewer appointments will be needed and decisions can be made more quickly. Patients will require fewer visits for diagnosis and treatment under the new model and will be seen in a timely way due to direct supervision by consultants. The new model will improve waiting times and crucially minimise risk of sight loss due to long waiting times for referrals. The new model will provide a one stop service with diagnostics and pre operation/procedure assessment taking place in one appointment. The new model will provide capacity for clinical staff to upskill and will provide sustainability of services for the future.

Stated benefits to staff

28. The Board was told that a 'Centre of Excellence' will be good for recruitment and retention and create an attractive environment for staff. Consolidation of the sites will make a more attractive proposition when recruiting as it provides the number and level of complex cases, coupled with the right level of supervision. Consolidation of services, using staff resources to their best potential, and working in a multidisciplinary team will provide opportunities for training (e.g. on laser techniques and injections) and provide efficiencies to cover staff sickness thereby avoiding the need to cancel appointments.

29. There will be no reduction of staff numbers and currently many of the ophthalmology staff work across all three sites. Under the proposals, members of staff currently working at the Conquest will transfer to Bexhill.

GPs Views

30. The Board heard that GPs are generally positive about the proposals from a service, diagnostic, and treatment perspective. Timely access to early diagnosis and assessment, and better access to qualified ophthalmological opinion are seen as a major benefits of the proposals. It is anticipated that individual patients will require fewer follow up appointments through the use of One Stop clinics and virtual clinics, which will benefit patient experience. GPs recognise the workforce pressures and the benefits of consolidation for recruitment and retention, and the training and development of non-medical roles, which can be upskilled. There

[11] 12 May meeting

is also an opportunity to upskill community services as part of the proposals. The new model to some extent has been tested during Covid-19 pandemic with Bexhill being used as a 'cold site'.

31. The patient feedback from the pre engagement work is that people are generally happy to travel if they are receiving a senior opinion and if it involves fewer appointments. This is tempered by the issues with parking and travel at the Bexhill site. The Board heard that the overall view from GPs is the case for change is explained well. Under the new model the availability of a senior ophthalmologist is an important point which means clinical decisions can more easily be made in a single appointment. Virtual clinics are also an important element of the proposals which provides a variety of ways to access care and treatment. The proposals also provide opportunities to upskill community optometrists, who can deliver a wider range of care closer to home, which is complementary to this model.[12]

Views from Healthwatch

32. Healthwatch advised the Board that, in their view, the new model offers good quality services and an acknowledgement of the need for more space and modernisation. Healthwatch indicated that ESHT currently provides a good service, but it is overcrowded and needs more space. The challenges around recruitment are acknowledged with competition with London and hospitals within the M25 radius for suitably qualified ophthalmology staff. In this context it is important for ESHT and the CCG to provide up to date and efficient services to attract staff and to ensure a high quality of care for patients in East Sussex.

33. Healthwatch indicated that there are concerns about travel and access and there is a need to mitigate these concerns especially for people short of resources.

34. Healthwatch is supportive of the changes to ophthalmology services in East Sussex as set out in the PCBC. However, it is noted that the time taken to implement changes is sometimes slow and Healthwatch is keen to see the best quality of care being provided expeditiously for the benefit of patients in East Sussex.

Public consultation

35. A public consultation on the proposals for ophthalmology services was undertaken between 6 December 2021 and 11 March 2022, in which service users, members of the public, NHS staff members, organisations and other stakeholders were invited to give feedback on both the proposed model of care and locations for core ophthalmology services. The consultation and subsequent analysis were conducted by Opinion Research Services (ORS).

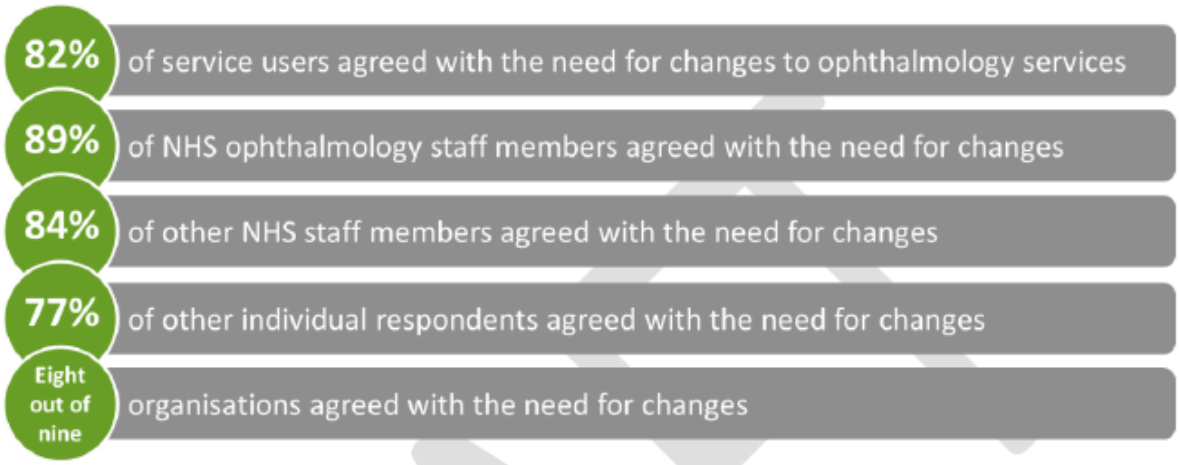
36. According to ORS, the consultation had 531 responses including 334 ophthalmology service users, 27 NHS ophthalmology staff members, 25 other NHS staff members, and 9 responses from 8 separate organisations. The consultation also included a number of focus groups and group discussions with services users, carers and ESHT ophthalmology staff; in-depth interviews and engagement with service users; workshops and in-depth interviews with stakeholder organisations; public meetings, listening events, staff forums and briefings, meetings with community groups, and 'pop-up' events in public spaces.

37. The public consultation outcomes included the following views on the need for change, the proposed model of care, and the proposed location of ophthalmology services:[13]

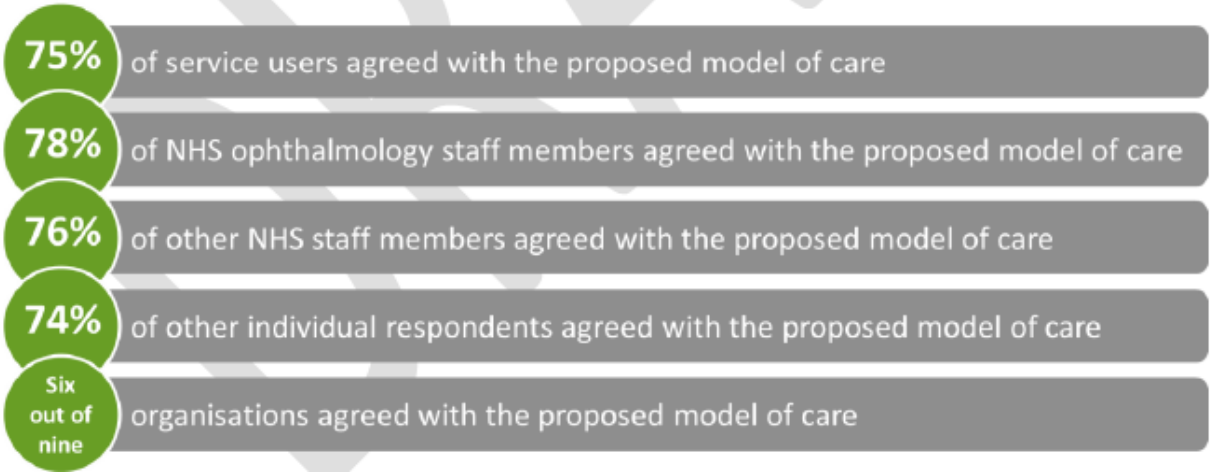
[12] 12 May meeting

[13] Presentation at 25 May meeting and ORS Public Consultation feedback draft report May 2022.

Views on the need for change – Overall, there was broad recognition for the need to make changes to address challenges and deliver improvement to ophthalmology services across the consultation feedback. There was high agreement from all stakeholder groups.

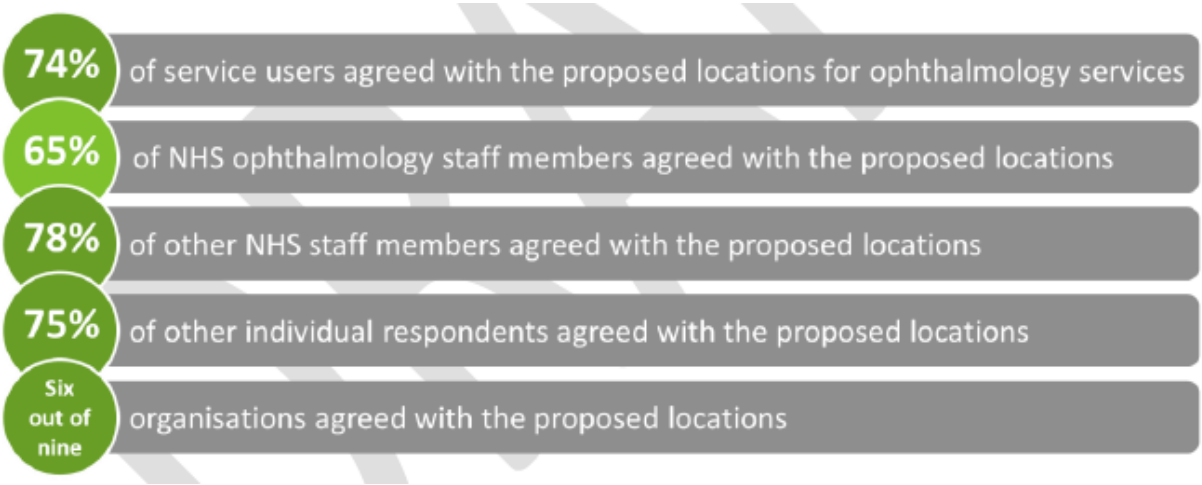


Views on the proposed model of care - There was broad agreement across the consultation feedback on the model of care. However, there were some concerns expressed by those living closest to the Conquest Hospital.



However, there were some evidence of concerns expressed by those living closest to the Conquest Hospital.

Views on the proposed locations of services - There was majority agreement across the consultation feedback on the proposal to deliver ophthalmology services from Eastbourne DGH and Bexhill Hospital in future.



However, a significant minority of respondents living closest to the Conquest Hospital (39%) disagreed with the proposed location.

38. Among those consultation participants who agreed with the proposed model of care, it was commended for:

- Aiming to speed up the referral process and reduce waiting times;
- Centralising services on two sites and introducing the 'one stop clinic' model at both sites with a diagnostic hub at one site;
- Potentially creating a 'centre of excellence' in East Sussex with a high-quality service which could attract specialist clinicians.[14]

39. Across all consultation strands, the main reasons for disagreement with the proposed model of care centred around:

- Travel and access, including longer journey times and increased costs for people from Hastings and other areas of East Sussex used to traveling to Conquest Hospital for appointments; and
- Concerns with current road access and parking at, and public transport links to, the Bexhill Hospital site. [15]

40. The most commonly suggested mitigation measures to reduce travel and access impacts, if the changes did go ahead, were:

- Increasing and improving access to patient transport services, including addressing changes to eligibility criteria which were reported to have left large numbers of people without lifts;
- Recruiting more volunteer drivers and supporting 'community bus services';
- Introducing shuttle buses between East Sussex hospital sites and to and from local train stations;

[14] ORS Public Consultation feedback draft report May 2022

[15] Ibid

- Working with local councils and public transport providers to improve public transport links to and from proposed sites;
- Providing financial support for service users who must use taxis to reach hospital;
- Introducing adequate and affordable/free parking (including additional disabled parking bays) at Bexhill Hospital and Eastbourne DGH; and
- Consult with Bexhill residents living close to the hospital who might be impacted by increased traffic and parking on residential streets. [16]

Comments of the Board

41. The Board found that the proposals for change are good, with patients being seen more quickly and having to make fewer visits. There is a convincing case that patient experience will be improved and there will be better outcomes. Getting the right processes in place for multidisciplinary teams needs to be done well, and this will be a key management responsibility in implementing the proposals. The Board notes the concerns about the time taken to implement changes in services which will benefit patients.

42. The ophthalmology consultants and staff are very supportive of the proposals to go ahead in order to be able to offer a sustainable, high quality and technically advanced service and to improve patient care and experience. Healthwatch and GP representatives considered the proposals would benefit patient care with reduced awaiting times, fewer appointments, and enhanced services, but were concerned about the inequity of access for some patients to the Bexhill Hospital site.

43. In summary, all witnesses were positive about the proposals for improvements in the service which will lead to a good quality service and increased patient care. The Board can see the potential problems with travel and access and any mitigating measures will need to be closely monitored. The Board notes there is a strength of feeling about travel and access to the Bexhill Hospital site, with a perception that it is difficult to get to via public transport and has limited parking.

Recommendation 1

The Committee endorses the reasons for reconfiguring ophthalmology including:

- **Clinical case for change and the potential for new services to improve patient care and experience.**
- **The creation of the 'Centre of Excellence' diagnostic hub, one stop clinics, and measures to support staff recruitment and retention.**

Recommendation 2

The Committee notes that the proposed choice of the Bexhill Hospital to consolidate ophthalmology services and recommends that mitigation measures are put in place to address the concerns about travel and access to this site.

[16] ORS Public Consultation feedback draft report May 2022.

2. Issues with the new service that should be addressed

44. During the course of its review, the Board identified several issues that the CCG and Trust should address. These are detailed below.

Access and travel

45. Access and travel are key issues at the Bexhill site. The Board heard from ESHT that patients will mostly travel by car or taxi to get to and from appointments. However, not everyone has family or friends who can help patients get to appointments and the situation regarding increased travel costs and affordability has changed since the PCBC was drawn up. Many people are on fixed incomes and there is a concern that those in deprived communities may not attend appointments due to these barriers.

46. It is acknowledged that the proposals may lead to patients needing to attend fewer appointments at the diagnostic hub at Bexhill. However, the difficulty of getting to this site, especially if you do not have access to a car or cannot afford a taxi, needs to be mitigated. The Board also heard concerns about the number of parking spaces available on site and the lack of frequent bus services.

47. Currently, Bexhill Hospital is served by two bus routes. Route 95 which runs 2 hourly between Bexhill and Battle via Bexhill Hospital and the Conquest. Route 98 runs hourly between Eastbourne, Bexhill and Hastings, and half hourly between Hastings and Bexhill. Neither route operates services on a Sunday. This compares with the Conquest Hospital which is served by a bus linking the hospital to the town centre and railway station approximately every 10 minutes, and Eastbourne DGH which is served by a bus linking the hospital to the town centre and railway station approximately every 5 minutes.[17]

48. These travel and access constraints will affect patients, families, and carers as well as the increased number of ophthalmology staff working at the site. With an estimated additional 18,750 outpatient visits per year[18] (taking into account the anticipated reduction in the number of appointments), there is a need to increase the amount of parking available on site for patients, people with disabilities, and staff.

49. The Board understands that a Travel and Access Group (TAG) has been established by ESHT to explore the deliverability and feasibility of a number of options to mitigate the travel and access issues at the Bexhill site. The outcomes from this work will be included in the Decision Making Business Case (DMBC) and may include:

- Creating a Travel Liaison Officer post to support patients and advise on the help that is available;
- Reviewing on-site parking provision, with a view to increasing the number of parking spaces. The Trust is confident it can fit any additional parking needed on site;
- Reviewing building and estates provision to ensure accessibility issues are addressed;
- Examining the potential of setting up a shuttle bus service;
- Looking at whether it is possible to increase work with volunteers and the voluntary sector;

[17] 12 May meeting

[18] Ibid

- Examining how transport was used during the vaccination programme to see if there are any lessons learnt that could be used; and
- Exploring whether it would be possible to pay for taxis directly for those patients that are eligible to reclaim travel costs (e.g. through a contract with taxi firms).

50. The Board welcomes these proposals and supports the proposal to create a Travel Liaison Officer post that could help and support patients with their travel and access needs, and where patients could be referred to if they needed help with travel arrangements to get to an appointment.

51. From the evidence reviewed, it is unclear to the Board whether patients are routinely asked if they need help getting to an appointment and whether information on the support that is available for travel and access is consistently made available to patients at the point of referral or when appointment letters are sent out. The Board recommends that information on travel and access support is included with referral letters, and patients' travel and access needs continue to be identified and recorded when referrals are made.

52. The Board also understands that at hospital sites where there is a cashier's office it may be possible for patients to claim back travel costs on the same day as their appointment if they are eligible to do so. For people on limited incomes this would provide a faster way of reclaiming any travel costs, and the Board considers this option should be more widely publicised to those patients who may need financial help getting to appointments.

53. The Board is concerned that some patients may not attend appointments due to the difficulty of getting to the Bexhill Hospital site. The Board has reviewed Did Not Attend (DNA) data for the ophthalmology services provided at the Conquest and Bexhill Hospitals[19]. Anecdotally the most common reason for not attending an appointment during the period covered by the pandemic was the fear of catching Covid. There was no discernible difference in recent DNA rates due to an increase in the cost of travel or cost of living. However, the Board recommends that ongoing monitoring of DNA data is undertaken after implementation of the proposals to establish the reasons why patients do not attend appointments and review the travel and access mitigations in the light of this information.

Comments of the Board

54. The Board considers that a comprehensive package of measures needs to be introduced to mitigate the impact of the proposals on travel and access. It is clear that the existing support available needs to be publicised more widely, including the eligibility criteria for free Patient Transport Services. Asking about patient travel and access needs and offering information and support at the point of referral is also vital. The Board understands the clinical administration teams currently record any travel and access needs for existing patients and this should be continued and be included in all patients' records.

55. The provision of information needs to be in accessible formats (including hard copies and large print) in a separate leaflet or information sheet for inclusion with referral letters. The Board considers that the eligibility criteria for Patient Transport Services needs to be clearly explained and more detailed clarification is required to make it easily understood. Examples should be given where a patients' condition makes them eligible.

[19] 25 May meeting.

Recommendation 3

The Board recommends:

3a. A package of measures is put in place to mitigate the travel and access impacts of the proposals on patients, families, and carers, including but not limited to:

- **the establishment of a Travel Liaison Officer post is essential.**
- **the communication and clear messaging of advice and guidance on travel support options, including accessing financial support, including the ability to claim back travel costs following appointments etc.**
- **the provision of information on the travel support available in referral letters via a separate leaflet or information sheet in an accessible format and links to the website.**
- **the CCG and ESHT explore processes to ensure patients are asked about their travel and access needs at the point of referral or at an appropriate point in the patient pathway.**
- **encourage providers to provide clear explanations of the eligibility criteria for Patient Transport Services.**
- **increasing and maximising the number of on-site parking spaces at the Bexhill Hospital site.**
- **actions to improve access via other transport alternatives (e.g. development of a shuttle bus service, volunteer transport services, community transport, taxi services, liaison with bus operators and the local authority etc.).**

3b. Ongoing monitoring of Did Not Attend information is undertaken after implementation of the proposals to establish the reasons why patients do not attend appointments, and review the travel and access mitigations in the light of this information.

Patient choice and patient pathways

56. In reviewing patient flow information the Board could see that some patients, and in particular those in the west of the county around Seaford and Newhaven, were travelling quite long distances for appointments and treatment, rather than attending Brighton hospitals which are nearer. The Board examined whether patients had a choice of provider and where they go for appointments and treatment.

57. The Board heard that most outpatient appointments and diagnostic procedures can be accessed via any hospital site. However, some specialist treatments (e.g. eye injections) equipment and technicians are available only at certain hospitals (e.g. Bexhill Hospital). It was clarified that GPs will normally refer to the nearest provider and usually people would choose to travel to the nearest treatment centre. If there is a requirement for a specific treatment, there may not be a choice of provider. Referrals made by ESHT would normally be to ESHT provided services or tertiary centres where appropriate.

58. Although not part of the proposals, the Board asked whether specialist treatments such as regular injections for Age-related Macular Degeneration could be provided at Eastbourne DGH (e.g. via a weekly clinic) as well as Bexhill Hospital. This would lessen the amount of travel to the Bexhill site and improve patient experience as travelling to Eastbourne may be easier for a number of patients.

Comments of the Board

59. The Board considered that it would be beneficial for patients to be made aware of different patient pathways and where there is a choice of provider so that they can choose the hospital where they go for appointments and treatment. It was also noted that some services in

future may increasingly be available from community-based opticians, which would also increase access to services.

Recommendation 4

The Board recommends:

- **Patients are given a choice of hospital site for referral where appropriate.**
- **Consideration is given to providing some specialist treatments at the Eastbourne DGH site in addition to Bexhill Hospital.**

Implementation timescales

60. The Board notes that one of the reasons for the proposed changes to the ophthalmology service is to reduce waiting times and allow the service to meet national waiting time standards. One of the concerns expressed by Healthwatch is how quickly the proposals can be implemented, in order to benefit patients as quickly as possible.

61. The Board heard that implementation of the proposals, if agreed, can take place relatively quickly. It may be possible to change some elements of the service, in advance of others, based on the experience gained during the Covid-19 pandemic. The Board heard that capital funding is in place to implement the proposals and agreement has been sought from Friends groups to relocate donated equipment if required. A detailed implementation plan will be included in the Decision Making Business Case, but it is estimated that given the lead times it may take 12 months to complete the necessary works.

Comments of the Board

62. The Board considers that implementing the proposals quickly once a decision is made will be key to achieving the anticipated benefits for patients, staff, and recruitment and retention. Therefore, any measures that can facilitate the timely implementation of the proposals should be taken where feasible.

Recommendation 5

The Board recommends:

- **Detailed implementation plans are drawn up as soon as possible to facilitate the timely implementation of the proposals, once a decision is made.**
- **The opportunity is taken to make early changes to services where this is possible.**

Staff recruitment and retention

63. The Board heard evidence of a number of measures to recruit and retain staff including innovative training contracts and providing assistance with relocation and training expenses. There is a rolling training programme with a pre-registration year being offered in a hospital

setting which provides a training opportunity not commonly seen elsewhere. The transformation proposals also provide a basis to cross train and upskill existing staff.[20]

64. However, the Board is concerned about the impact on the sustainability of the service if the transformation fails to attract sufficient numbers of suitably qualified staff or provide the opportunities to cross train staff as envisaged. Therefore, the Board recommends that staff levels are closely monitored after the implementation of the changes to the service. If the proposals fail to attract the staff needed by the ophthalmology service, a package of additional staff recruitment and retention measures may need to be developed to tackle recruitment issues, in collaboration with system wide partners and the Sussex Integrated Care System (ICS).

Recommendation 6

The Board recommends:

- **Regular monitoring of staffing levels is undertaken post implementation to ensure the sustainability of the service.**
- **Further staff recruitment and retention measures are developed.**

Summary Comments

65. The Board has carefully considered the clinical case for change and the anticipated benefits for patients from the proposed service reconfiguration. The Board has also examined the proposed choice of the Bexhill Hospital site for the consolidation of some services serving the east of the county. The Board notes that the Bexhill site presents a number of challenges for travel and access to services based there. On balance, the Board considers that the proposed changes to the ophthalmology services in East Sussex are in the best interests of patients, but adequate mitigations must be put in place to address the travel and access issues that have been identified.

[20] 22 April meeting.

Appendix 1

Review Board meeting dates

The Review Board met on:

- 29th March 2022 to agree its terms of reference and consider the CCG's proposals.
- 22nd April 2022 to examine in more detail the clinical case for change contained in the Pre consultation Business Case.
- 12th May 2022 to examine patient flows, travel analysis and consider stakeholder views
- 25th May 2022 to consider feedback form the Public Consultation and review 'did not attend' information.
- 14th June 2022 to consider the draft report of the Review Board.

Witnesses

East Sussex Clinical Commissioning Group (CCG)

Jessica Britton, Executive Managing Director

Fiona Streeter, Associate Director of Commissioning and Partnerships

Dr Suneeta Kochhar, GP Clinical Lead representative

East Sussex Healthcare NHS Trust (ESHT)

Richard Milner, Director of Strategy

Michael Farrer, Strategic Transformation Manager

Ophthalmology Staff

Mr Kash Qureshi, Clinical Lead for Ophthalmology

Helen Peregrine, Head of Optometry

Sarah Bradbury

Sharon Ball

Jo Tucker

Healthwatch East Sussex

Alan Keys

East Sussex County Council (ESCC)

Neil Maguire, ESCC Transport Hub

List of documents considered by the Review Board

Documents provided to Review Board by the CCG and ESHT

Pre Consultation Business Case (PCBC) and appendices.
Travel Analysis Summary and Travel Study.
Patient flow data for the ophthalmology service.
Public Consultation summary and document
Public Consultation Feedback draft report (OCS). May 2022.
Did not Attend (DNA) information for the ophthalmology service.
Parking space capacity at Bexhill Hospital
Recommendations for South East Clinical Senate Review PCBC for Ophthalmology Services for East Sussex CCG

Witness Statements

Witness statements received from the following organisations and groups.

Friends of Bexhill Hospital
Friends of Conquest Hospital

Contact officer for this review:

Harvey Winder, Scrutiny and Policy Officer

Telephone: 01273 481796
E-mail: harvey.winder@eastsussex.gov.uk

East Sussex County Council
County Hall
St Anne's Crescent,
Lewes BN7 1UE

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Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**30 June 2022**
By:	**Assistant Chief Executive**
Title:	**Access to GP Practices in East Sussex**
Purpose:	**To provide an overview of access to GP surgeries and appointments following the Covid-19 pandemic, including the challenges Practices are facing in returning services to pre-Covid levels and changes in working practices.**

RECOMMENDATIONS

The Committee is recommended to:

1) **note the report outlining the current position regarding access to GPs in East Sussex; and**
2) **consider whether to include any further items on GP services in the Committee's future work programme.**

1. Background

1.1. The Health Overview Scrutiny Committee (HOSC) has included a number of items in its work programme to explore the impact of the Covid-19 pandemic on health services in East Sussex. One of the concerns which has been brought to the attention of HOSC members is the issue of access to GP practices and the ability to get an appointment with a GP.

1.2. During the pandemic, the way in which primary care services are provided changed rapidly in response to Covid restrictions and the need for social distancing to prevent the spread of the disease. Many new and innovative ways of working were introduced in response to the challenges faced by GP practices in maintaining services.

1.3. The Committee is also aware of reporting in the media that people are finding it hard to get an appointment with a GP and that there are challenges with the number of GPs working in GP Practices in East Sussex.

1.4. This report aims to provide an overview of the current situation in regard to GP services and access to GP appointments in East Sussex.

2. Supporting Information

2.1. East Sussex Clinical Commissioning Group (CCG), which has delegated powers relating to the commissioning of GP practices in East Sussex, has produced a report covering a number of topics relating to GP Access. The report is attached as **appendix 1**.

3. Conclusion and reasons for recommendations

3.1 The HOSC is recommended to note the report and consider whether to include any further work, or reports, on subject of access to GPs in the Committee's future work programme.

PHILIP BAKER
Assistant Chief Executive

Contact Officer: Harvey Winder, Scrutiny and Policy Officer
Tel. No. 01273 481796
Email: Harvey.winder@eastsussex.gov.uk

Report: To provide an overview of the current access to GP appointments in East Sussex; the contractual mechanism by which these are delivered; and support for these services provided by East Sussex Clinical Commissioning Group[1]

To: East Sussex Health Overview and Scrutiny Committee

From: Amy Galea, Chief Primary Care Officer (designate) NHS Sussex (go live 1 July 2022); and Executive Director, Primary Care, NHS East Sussex CCG

Recommendations: The Committee is asked to note progress in restoring primary care medical services in East Sussex over the past months, particularly regarding access to appointments; and the current and planned support offered by East Sussex Clinical Commissioning Group (CCG) to further improve this.

Background

As of 1 April 2022, a total population in East Sussex of 567,500 people is served by 52 GP practices across our communities.

The number of practices has remained static over the past year, with only the closure of Eastbourne Station Health Centre.

The number of people in East Sussex is projected to grow by nearly 69,000 over the next 15 years, with an increase of 56,000 in the number of people aged 65+, compared with little change in younger age groups.

Currently the lowest patient list size for a GP practice in East Sussex is 2,991 and the highest is 28,227.

In terms of patient care, GPs are required to provide essential and urgent medical services to people registered with them between 8:00am and 6:30pm Monday to Friday.

Additional appointments outside these times are also offered under an “Improved Access” scheme that is currently commissioned by the CCG; and an “Extended Access” Directed Enhanced Service (DES) commissioned nationally by NHS England from Primary Care Networks (PCNs). PCNs are groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. All practices are members of a PCN, of which there are 12 in East Sussex. Details of each PCN, and their member practices, are available on the CCG website. Each PCN then provides additional appointments across their group of GP practices in the evening and at weekends.

[1] From 1 July the Clinical Commissioning Groups will cease to exist, and the Integrated Care Board (NHS Sussex) will assume these delegated functions from NHS England as per the Health and Social Care Act 2021.

The Care Quality Commission (CQC) inspects and monitors GP practice services. Practices are given a rating for 5 domains (safe, effective, caring, responsive and well led) and an overall rating. Ratings range from outstanding to inadequate. Currently, over 94% of practices have a rating of 'good' or better and three practices require improvements.

Current position

Appointments offered

During the pandemic GPs changed their delivery model overnight to continue to offer care and support to people under lockdown and infection and prevention and control guidance. This was based on national guidance and temporary changes to the GP contract, that adopted a total triage model that managed patients care virtually wherever possible, whilst ensuring those patents who did need a face to face consultation received this with as little risk to their own safety and that of the practice staff. Since the lockdown measures ceased, there has been a noticeable rise in patient demand for general practice services. The number of appointments offered has increased to above pandemic levels in Sussex, i.e. 10,000 per day.

Table 1 shows the number of GP appointments offered in East Sussex from April 2019 to March 2022. It highlights an increased number of appointments available during 2021-22 compared to 2020-21 – an increase of 17.5% – and shows that the level of appointments available in 2021-22 is comparable to pre-pandemic levels.

Table 1: Number of GP appointments offered in East Sussex Apr 2019 to Mar 2022[2]

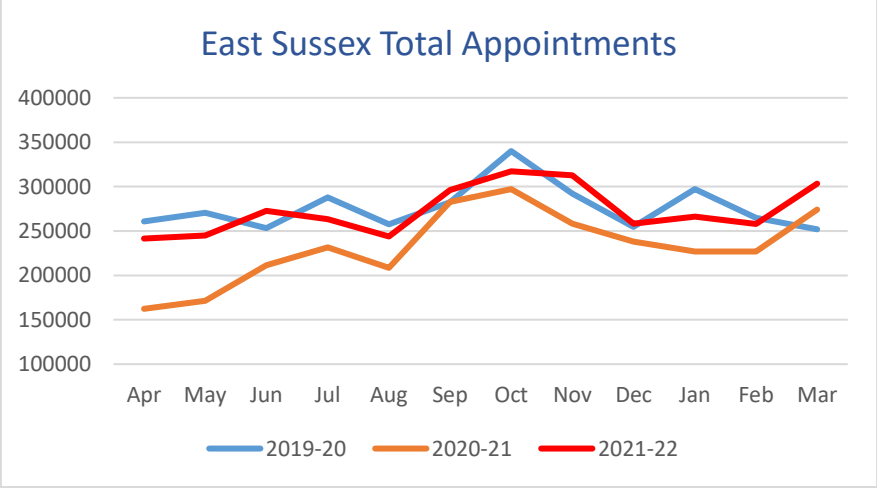

Table 2 indicates that the number of appointments, standardized for list size offered in East Sussex are above Sussex, Southeast, and national averages.

[2] Source: NHS Digital - https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice

Table 2: appointments per 1000 list size[3]

Appointments Per 1000 List Size												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
East Sussex	429	435	484	474	431	523	561	553	456	470	455	535
Sussex Total	395	398	447	428	399	492	499	502	415	429	418	492
South East	383	378	430	414	383	460	487	488	401	418	404	472
England	395	388	442	423	392	469	497	497	411	411	413	482

These figures demonstrate that notable progress has been made in restoring services, but that is not to that there is equitable access across all GP practices for patients. All GP practices are reporting increasing demand, which is due to a range of factors, including a growing number of people with multi-morbidity; increasing complexity of physical and mental health needs; changing patient expectations; and workforce challenges.

Workforce profile

Workforce availability and increasing access are intrinsically linked. The committee will be aware of media campaigns in recent months relating to low GP – to – patient ratios reported across England. Some reports have specifically focussed on one practice in Hastings which featured due to erroneous data on the NHS digital website which has since been corrected. Nevertheless, across Sussex, and indeed nationally, the increase in appointments highlighted above has not been matched by a significant increase in the GP workforce which has grown by 0.79% over the past year. The slow growth in GP numbers has been mitigated to some extent by an increase in the number of other roles which are operating in general practice. Nurse numbers are up by 4.7% over the last year; and other roles employed in patient care are up by 35%. These roles include pharmacists, physiotherapists, paramedics and mental health practitioners, working across a group of practices in PCNs. These roles are funded nationally by the NHS under the Additional Roles Reimbursement Scheme (ARRS).

Across Sussex, over the last year, these ARRS roles have increased by 49.6% (to a total of 165 whole time equivalent staff (wte)); with most of the increases being in care co-ordinators, pharmacy technicians, paramedics and first contact physiotherapists. During the period April 2020 to April 2022 the increase in wte ARRS roles has increased in East Sussex by 1650% (from 9.54 wte to 165 wte).

This increase in staff inevitably requires, and indeed drives different ways of working to meet the needs of patients. The CCG is matching these enhanced numbers with an investment programme tailored to the needs of each area.

[3] Source: as per footnote 2

East Sussex CCG support for General Practice

The CCG continues to invest in General Practice to respond to create better resilience in these services, to respond to Care Quality Committee findings and in some cases to respond directly to concerns raised by patients. Over the past 12 months the East Sussex Primary Care Commissioning Committee approved an additional £604,264 to support practices in the county against the four key strategic aims:

- Access to primary care
- Increasing practice space
- Supporting primary care resilience
- Reducing health inequalities
- Supporting the vaccination programme

Examples of such investment have included additional locum staff and CCG wide improved access appointments to support practices during times of high pressure including the winter months and bank holidays; improvements to security and the overall practice environment; and the development of better signposting and patient information resources on practice websites.

A significant recent development is the implementation of eHubs. The CCG has commissioned shared hubs that use digital tools to support administrative and clinical working between practices. From 1 July 2022 there will be six eHubs will be operational in East Sussex covering 30 practices and 309,000 patients. The aim is to free up additional time by processing the online consultations in the hub rather than separately in each practice. This also offers benefits by ensuring the patient gets the most appropriate care for their needs and increases the availability online consultations through economies of scale.

We have an ongoing programme of work aimed at further improving access to primary care that includes:

- ***Improving communications*** – Co-designing materials with Healthwatch for practices to use on their websites and phone communication to help signpost people to the care they need
- Working with Health Education England to ***maintain a pipeline of future healthcare professionals*** in primary care with the promotion and expansion of training places in general practices across East Sussex

Future developments and estate

The Sussex Primary Care Estate strategy aligns to the national aim of developing a resilient estate. The fundamental principle is to protect a scarce resource (doctors and health staff) and facilitate a greater service provision at a site, so as to support population access and care.

Estates developments are discussed at the Strategic Property Asset Collaboration in East Sussex (SPACES). This is a partnership of a group of public bodies and third sector organisations, which was established in 2013. The work of the SPACES Programme is guided by a Board made up of representatives from each of the constituent organisations, with the Chair of the Board rotating each year between the partners.

The CCG recognises the estates pressures across the primary care footprint in East Sussex and is working to address these pressures with practices.

We have worked with a number of practices to develop new premises; St Leonards Medical Centre, Ice House, Warrior Square, Victoria Drive Medical Centre and the Beacon. A further 9 developments are currently underway.

Conclusion

This paper has described the current position about accessing GP appointments in East Sussex. Considerable progress has been made to restore service delivery to pre-pandemic levels, but further work is being done to continuously improve this. The CCG – and NHS Sussex from 1 July 2022 – is supporting practices to meet challenges they are facing and to continue to focus on delivering high quality care.

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Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**30 June 2022**
By:	**Assistant Chief Executive**
Title:	**Work Programme**
Purpose:	**To agree the Committee's work programme**

RECOMMENDATIONS

The Committee is recommended to agree the updated work programme at appendix 1

1 Background

1.1 The work programme contains the proposed agenda items for future HOSC meetings and is included on the agenda for review at each committee meeting.

1.2 This report also provides an update on any other work going on outside the Committee's main meetings.

2. Supporting information

2.1. The work programme is attached as **appendix 1** to this report. It contains the proposed agenda items for the upcoming HOSC meetings, as well as other HOSC work going on outside of the formal meetings. The updated work programme will be published online following this meeting. The HOSC work programme is also available online.

2.2. The Committee is asked to consider any future reports or other work items that it wishes to add to the work programme.

2.3. The Committee is also asked to consider whether to schedule any of the items listed under "Items to be Scheduled" section of the work programme for future meetings to be held later this year.

3 Conclusion and reasons for recommendations

3.1 The work programme sets out HOSC's work both during formal meetings and outside of them. The committee is asked to consider and agree the updated work programme.

PHILIP BAKER
Assistant Chief Executive

Contact Officer: Harvey Winder, Scrutiny and Policy Officer
Tel. No. 01273 481796
Email: Harvey.winder@eastsussex.gov.uk

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Health Overview and Scrutiny Committee (HOSC) – Work Programme

Current Scrutiny Reviews		
Title of Review	**Detail**	**Proposed Completion Date**
Cardiology	The NHS East Sussex Clinical Commissioning Group (CCG) and East Sussex Healthcare NHS Trust (ESHT) are proposing the following changes to acute inpatient cardiology services provided by ESHT: • locate the most specialist cardiac services, including surgical procedures or investigations that might require an overnight or longer stay in hospital, **at one of the two acute hospitals;** • introduce a "front door model" involving forming a Cardiac Response Team to support patients on their arrival at A&E, alongside 'hot clinics' that will provide consultant-led rapid assessment at **both acute hospital sites**; and • retain outpatients, non-invasive diagnostics, cardiac monitored beds, cardiac rehabilitation and heart failure services **at both hospitals**, or in the community. HOSC agreed at its meeting on 2nd December 2021 that this proposal was a 'substantial variation to services' requiring formal consultation with the Committee under health regulations. The consultation will be conducted via a Review Board comprising the following members: • Cllr Colin Belsey • Cllr Christine Robinson • Cllr Mike Turner • Cllr Penny di Cara • Cllr Sorrell Marlow-Eastwood	June-September 2022

	The Review Board will submit its report and recommendations for consideration by the full HOSC at a future meeting. The report will then be submitted to the CCG ahead of its final decision. The Committee will then consider whether the decision is in the best interest of health services locally. Timelines for the review are subject to NHS decision-making	
Ophthalmology	The NHS East Sussex Clinical Commissioning Group (CCG) and East Sussex Healthcare NHS Trust (ESHT) are proposing the following changes to day case and outpatient ophthalmology services provided by ESHT: *Locate ophthalmology services at two hospital sites, Eastbourne District General Hospital and Bexhill Hospital, supported by one stop clinics at both hospitals and a diagnostic eye hub at Bexhill Hospital.* HOSC agreed at its meeting on 2nd December 2021 that this proposal was a 'substantial variation to services 'requiring formal consultation with the Committee under health regulations. The consultation will be conducted via a Review Board comprising the following members: • Cllr Colin Belsey • Cllr Christine Robinson • Cllr Christine Brett • Cllr Abul Azad • Geraldine Des Moulins The Review Board will submit its report and recommendations for consideration by the full HOSC at a future meeting. The report will then be submitted to the CCG ahead of its final decision. The Committee will then consider whether the decision is in the best interest of health services locally.	June-September 2022

Initial Scoping Reviews		
Subject area for initial scoping	**Detail**	**Proposed Dates**
To be agreed.	To be scheduled once the reviews of Cardiology and Ophthalmology have been completed.	

List of Suggested Potential Future Scrutiny Review Topics	
Suggested Topic	**Detail**

Scrutiny Reference Groups		
Reference Group Title	**Subject Area**	**Meetings Dates**
University Hospitals Sussex NHS Foundation Trust (UHSussex) HOSC working group	A joint Sussex HOSCs working group to consider the performance of UHSussex and any upcoming issues that may be of interest to the wider East Sussex HOSC. Membership: Cllrs Belsey, Robinson and one vacancy *meetings postponed due to COVID-19.	Last meeting: 9 September 2020* Next meeting: TBC 2022
Sussex Partnership NHS Foundation Trust (SPFT) HOSC working group	6-monthly meetings with SPFT and other Sussex HOSCs to consider the Trust's response to CQC inspection findings and other mental health issues. Membership: Cllrs Belsey, Robinson, and Osborne	Last meeting: 21 December 2021 Next meeting: June 2022 TBC
The Sussex Health and Care Partnership (SHCP) HOSC working group	Meetings of Sussex HOSC Chairs with SHCP leaders to update on progress and discuss current issues. Wider regional HOSC meetings may also take place on the same day from time to time. Future arrangements for the meeting being discussed due to changing governance of SHCP. Membership: HOSC Chair (Cllr Belsey) and Vice Chair (Cllr Robinson) and officer	Last meeting: 20 November 2020 Next meeting: TBC

Reports for Information		
Subject Area	**Detail**	**Proposed Date**
Future Car parking arrangements at Conquest Hospital	Confirmation from ESHT about the planned car parking arrangements at the Conquest Hospital under the Building for our Future programme	2022

Development of the new Inpatient Mental Health facility	A future update via email on the progress of the development of the new facility in North East Bexhill.	2022
Integrated Care System (ICS) and implementation of the Health and Social Care Bill	A report or away day session on the new health structures that are part of the Sussex Integrated Care System (ICS) which will be formally implemented when the Health & Social Care Bill receives Royal Assent (this is anticipated to be from 1 July 2022). Sussex Health & Care Partnership / Sussex Integrated Care Board (ICB)	Autumn 2022
Training and Development		
Title of Training/Briefing	**Detail**	**Proposed Date**
Joint training sessions	Joint training sessions with neighbouring HOSCs on health related issues.	TBC
Building for Our Future	A briefing on the Building for Our Future plans for the redevelopment of Eastbourne District General Hospital (EDGH), Conquest Hospital and Bexhill Hospital developed by East Sussex Healthcare NHS Trust (ESHT)	TBC
Visit to Ambulance Make Ready station and new Operations Centre – East.	A visit to the new Medway Make Ready station and new Operations Centre for 999 and 111 services once the new centre is operational.	Autumn 2022
Visit to the new Inpatient Mental Health facility at Bexhill	A visit to the new Inpatient Mental Health facility due to be built at a site in North East Bexhill to replace the Department of Psychiatry at Eastbourne District General Hospital (EDGH).	TBC but likely 2024

Future Committee Agenda Items		Witnesses
22nd September 2022		
Cardiology	Committee to consider whether the CCG's decision in relation to the proposals to reconfigure inpatient acute cardiology services run by East Sussex Healthcare NHS Trust (ESHT) are in the best interests of the health service locally. *Please note: dates are dependent on the NHS own decision making process.*	Representatives of CCG and ESHT
Ophthalmology	Committee to consider whether the CCG's decision in relation to the proposals to reconfigure day case and outpatient ophthalmology services run by East Sussex Healthcare NHS Trust (ESHT) are in the best interests of the health service locally. *Please note: dates are dependent on the NHS own decision making process.*	Representatives of CCG and ESHT
Child and Adolescent Mental Health Service (CAMHS)	An update report on CAMHS with particular emphasis on the progress being made to reduce referral and assessment waiting times for the various services provided by CAMHS and in particular those children and young people waiting for referrals and assessment from Autistic Spectrum Conditions (ASC), ADHD and eating disorders. The report is also to cover the use and impact of additional investment in CAHMS on service provision and performance.	Representatives of CCG and SPFT
Hospital Handovers	An update report on the hospital handover times to cover updated performance figures against the national targets and the eradication of over 60 minute handover times. This is to include the actions being taken to improve handover times at the Royal Sussex Hospital (University Hospitals Sussex NHS Foundation Trust - UHSussex) and Pembury Hospital (Maidstone & Tunbridge Wells NHS Trust - MTW).	Representatives of CCG, SECAmb and hospital trusts ESHT/MTW/UHSussex

Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Policy and Scrutiny Officer
15th December 2022		
Primary Care Networks (PCNs), Emotional Wellbeing Services and mental health funding	A report on the performance of PCNs and the future plans for primary care in East Sussex. Report to also include: • an update on the roll out of Emotional Wellbeing Services, which will be co-ordinated across PCN footprints; and • the future of mental health investment.	Representatives of Sussex Health & Care Partnership (ICS), ESHT/SPFT/PCNs
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Policy and Scrutiny Officer
2nd March 2023		
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Policy and Scrutiny Officer
Items to be scheduled – dates TBC		
Transition Services	A report on the work of East Sussex Healthcare NHS Trust (ESHT) Transition Group for patients transitioning from Children's to Adult's services	Representatives of ESHT
Patient Transport Service	To consider proposals to recommission the Patient Transport Service (PTS) and to consider the outcome of the Healthwatch PTS survey. *Note: provisional dependent on CCG's plans*	Representatives of lead CCG and Healthwatch

Implementation of Kent and Medway Stroke review	To consider the implementation of the Hyper Acute Stroke Units (HASUs) in Kent and Medway and progress of rehabilitation services in the High Weald area. *Note: Timing is dependent on NHS implementation process*	Representatives of East Sussex CCG/Kent and Medway CCG
Adult Burns Service	A report outlining proposals for the future of Adult Burns Service provided by Queen Victoria Hospital (QVH) in East Grinsted. *Note: provisional dependent on NHS England's plans*	NHS England and QVH
Implications of the Health and Care Bill	A report to the Committee on the impact of the Health and Care Bill including the replacement of CCGs with Integrated Care Systems (ICS) and the effect of the proposal to allow the Secretary of State to intervene in local service reconfigurations on HOSC's powers to consider whether substantial variation to services are in the best interests of health services locally.	Representatives of the ICS and Policy and Scrutiny Officer.