

Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 27 June 2019

By: Assistant Chief Executive

Title: East Sussex Healthcare NHS Trust Ear, Nose and Throat (ENT) Services Reconfiguration – Update

Purpose: To provide an update on the progress of the reconfiguration of ENT services provided by East Sussex Healthcare NHS Trust (ESHT).

RECOMMENDATIONS

The Committee is recommended to consider and comment on the report

1 Background

1.1 Ear, Nose and Throat (ENT) services are hospital services that treat problems related to those areas of a patient's body. This may include hearing loss, sinus problems, and thyroid surgery, amongst many others. ENT services are provided for the majority of residents in East Sussex by East Sussex Healthcare NHS Trust (ESHT).

1.2 In November 2018, HOSC considered and noted proposals by the Trust to reconfigure the service on the grounds that the existing configuration was clinically and financially unsustainable.

1.3 The proposals have now been implemented and this report provides an update on the ENT service.

2. Supporting information

2.1. The ENT service was previously split across Eastbourne District General Hospital (EDGH), Conquest Hospital, Hastings and Uckfield Community Hospital in the following configuration:

- Emergency ENT services at both main hospital sites with Emergency admissions at EDGH
- Adult inpatient services at EDGH
- Paediatric emergency/ inpatient services at Conquest Hospital (except for under 2s or children weighing less than 15kg).
- Outpatient services at both main hospital sites
- Planned day case surgery at all three sites; and
- Planned inpatient surgery at both main hospital sites.

2.2. ESHT reported to HOSC on 28th November 2018 that the service has had continuous challenges over a number of years in providing clinically effective care due to medical staffing shortages. These shortages included:

- three consultants covering the two sites, whereas there should be five or six, with one of the three consultants having retired and returned on an almost full time basis;
- a shortage of middle grade doctors – with no registrars or training grade doctors to fill the six middle grade rota posts. The service was instead relying on four speciality doctors, one of whom acts up to the consultant rota. They were also close to retirement age and could potentially hand in their notice, despite the work they were doing to support the service;
- reliance on the ad hoc support of 10 Sussex-based doctors, particularly at the A&E department at the Conquest Hospital; and

- two trainee ENT doctors who were at risk of the Kent Surrey and Sussex Deanery removing them unless the Trust could provide them with more training opportunities.

2.3. Whilst the Trust safeguarded patient safety in the short term through the use of an ad hoc temporary workforce and staff working additional hours, it argued that the service was unsustainable: ESHT operated the service at a deficit of £1.7million in the year ending March 2018 – a deterioration from a deficit of £987,000 in 2016/17. HOSC also learned that the ENT service had, despite the higher costs, admitted fewer patients in the past year up due to not having a sufficiently large consultant team to admit as many patients as the trust would like.

2.4. The proposed reconfiguration would therefore provide a safe and sustainable service that would cost less and be able to provide more activity. This would be achieved by addressing the workforce challenges through the following changes:

- Adult and paediatric day case and planned inpatient surgical activity undertaken at Conquest Hospital would be moved to EDGH (affecting approximately 494 patients per year, including 68 children).
- The emergency paediatric pathway would be redesigned so that children presenting with an ENT emergency requiring admission at either site would be diverted to the Royal Alexandra Children's Hospital in Brighton (affecting approximately 9 patients per year).

2.5. In terms of the profile of those who would be affected, the 494 patients receiving planned surgery at Conquest in 2017/18 comprised 311 day cases and 183 elective inpatients who stayed on average less than one day. A total of 1,301 patients had planned surgery across the three sites that year.

2.6. HOSC resolved to note the proposals at its meeting on 28th November 2018 and request an update at its 27th June 2019 meeting.

2.7. The update attached as **appendix 1** explains how ESHT had implemented the proposals by 29 April 2019. The Trust reports that the reconfiguration has had a positive impact on the stability of the service and there have been no reports of adverse outcomes for patients.

2.8. The proposals were implemented as set out to HOSC in November with the addition of two full ENT operating lists per month remaining at Conquest – one day case for adults and one paediatric operating list for children requiring a planned overnight stay following ENT Surgery. This is to enable the retention of an appropriate level of skill and expertise at the Conquest in response to concerns raised during the consultation process.

2.9. ESHT also reports that agreement was reached with Brighton and Sussex University Hospital (BSUH) that any out of hours paediatric cases that are stable and may require surgery can be transferred to the Royal Alexandra Children's Hospital, following a consultant to consultant referral; and

2.10. Whilst the Trust has recruited to Specialist and Associate Specialist (SAS) Grade vacancies, and feedback from trainees is positive, the number of consultants makes delivering ENT challenging and there is an ongoing reliance on temporary staff.

2.11. The Trust is currently advertising to recruit to the consultant post. Conversations are also due to take place between ESHT and lead clinicians at BSUH to review pathways, discuss additional support, and expedite recruitment of joint consultant appointments working between ESHT and BSUH.

2.12. Key metrics, including patient feedback, will be monitored at quarterly intervals and reported internally at ESHT through performance reviews. The first report is expected three months after the reconfiguration of services.

3. Conclusion and reasons for recommendations

3.1 The Committee is recommended to consider and comment on the report.

PHILIP BAKER
Assistant Chief Executive

Contact Officer: Harvey Winder, Democratic Services Officer
Tel. No. 01273 481796
Email: Harvey.winder@eastsussex.gov.uk