

Ear Nose and Throat Briefing Paper - June 2019

1. Introduction

HOSC received a paper in November 2018 that provided an overview of proposed changes for the delivery of Ear Nose and Throat Services (ENT) within East Sussex. This paper provides a briefing on the changes made.

2. Reconfiguration

After further engagement with staff groups and stakeholders, the ENT service completed the proposed reconfiguration on 29th April 2019, by co-locating the majority of ENT surgery and adult inpatient services to Eastbourne District General Hospital (EDGH) from the Conquest Hospital.

Two full ENT operating lists per month remain at Conquest, one day case for adults and one paediatric operating list for children requiring a planned overnight stay following ENT Surgery. There have been no changes to outpatient services which remain at both Conquest and EDGH.

3. Service Improvements

3.1 Inpatients

As part of the service reconfiguration, we have increased access to theatre, to support emergency pathways. The change, which was effective from 29th April, has resulted in ENT operating lists being readily accessible Monday to Friday at EDGH.

Through maintaining operating lists each month at Conquest hospital we have retained an appropriate level of skill and expertise. This has addressed concerns raised during the consultation process.

3.2 Outpatient

Outpatient services continue to be provided in full at both Conquest and EDGH. Through successful recruitment to Specialist and Associate Specialist (SAS) Grade medical vacancies we have increased the number of outpatient clinics delivered from Conquest. This enables the provision of clinics every weekday, and increases the availability of ENT expertise to provide additional support on Kipling Ward for children who require ENT input as part of their inpatient stay.

3.3 Emergency Pathways

Emergency Pathways have been reviewed, developed and circulated within the Trust. There has been no change to the SECamb ambulance pathways. ENT patients are treated and transferred as required and ENT medical staff continue to provide emergency cover at either emergency department; travelling to the patient as clinical need requires.

Any emergency adult patient who requires admission will be transferred to EDGH, once clinically safe to do so. This pathway has not altered.

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. Since 29th April, this has not been necessary but will continue to be monitored.

3.4 Accessibility to training opportunities

The changes implemented have enabled the development of a varied and compliant training programme for junior doctors to meet their needs as outlined by the Kent Surrey and Sussex Deanery.

Trainees have the opportunity to access a range of outpatient and theatre activities and due to the consolidation of inpatients on the EDGH site, there is senior cover available to provide the supervision required. Feedback is provided and reviewed weekly providing assurance that our training and supervision is robust.

4. Monitoring

Key metrics, including patient feedback, will be monitored at quarterly intervals and reported internally through performance reviews. The first report is expected 3 months after reconfiguration of services. There have been no reported adverse outcomes for patients since the changes were implemented.

5. Further collaboration with BSUH

Whilst we have recruited to the SAS Grade vacancies, and feedback from trainees is positive, ESHT remains challenged in terms of consultant numbers to deliver the ENT services and there is on-going reliance on temporary staff.

Conversations are due to take place with lead clinicians at BSUH to review pathways, discuss additional support and expedite recruitment of joint consultant appointments working between ESHT and BSUH.

6. Conclusion

The measures implemented on 29th April have had a positive impact on the stability of the service and there have been no adverse outcomes for our patients as a result of the changes. Staffing challenges at consultant level will, in the medium term, continue to compromise delivery of a compliant rota. We are currently advertising to recruit to the post required and intend to develop partnership working with BSUH to increase the viability of the service longer term.

The Trust risk register reflects the challenges highlighted within this report and as outlined key metrics will be monitored through internal governance processes.