

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

Date of meeting: 4 March 2021

By: Assistant Chief Executive

Title: Cardiology and Ophthalmology services

Purpose: To update HOSC on the proposed development of Cardiology and Ophthalmology services at East Sussex Healthcare NHS Trust (ESHT)

RECOMMENDATIONS

The Committee is recommended to:

- 1) consider and note the report; and
 - 2) agree to consider a further report at its 10th June meeting.
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1. Background

1.1. East Sussex Healthcare NHS Trust (ESHT) provides acute cardiology services from both the Eastbourne District General Hospital (EDGH) and Conquest Hospital in Hastings. The Trust also provides adult and children's ophthalmology (diagnosis and treatment of eye disorders) services from both acute hospital sites and the community hospital in Bexhill.

1.2. East Sussex Clinical Commissioning Group (CCG) in partnership with ESHT is developing proposals to redevelop both services and this report provides an initial overview of the current situation for HOSC to consider ahead of further reports later in the year.

2. Supporting information

2.1. The document attached as **Appendix 1** contains an update from the CCG and ESHT on the progress with developing the new proposals.

2.2. The CCG and Trust have undertaken engagement with local stakeholders about their experiences of the services. The next step will be to develop options for future cardiology and ophthalmology services during March 2021. The CCG is then planning to potentially begin formal consultation with local people beginning in the summer or autumn of 2021. A final decision is expected during winter or spring 2021/22.

HOSC role

2.3. Under health scrutiny legislation, NHS organisations are required to consult HOSCs about a proposed service change that would constitute a 'substantial development or variation' to services for the residents of the HOSC area. The HOSC

2.4. There is no national definition of what constitutes a 'substantial' change. Factors such as the number or proportion of patients affected, the nature of the impact and the availability of alternative services are often taken into account in coming to an agreement between the HOSC and the NHS on whether formal consultation is required.

2.5. Based on the CCG's timeline, the next step will be for HOSC to consider a report on the proposals at its next meeting on 10th June. At this point, HOSC should be able to agree whether the proposals constitute a substantial variation to services requiring formal consultation with the Committee, which will take place alongside but separate to the public consultation.

3. Conclusion and reasons for recommendations

3.1. This report provides HOSC with an update on developments in relation to cardiology and ophthalmology services at ESHT.

3.2. The Committee is recommended to consider the proposals and agree to a further update at its 10th June meeting.

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