

# East Sussex Healthcare NHS Trust Transformation of Acute Cardiology Services

## Summary Report for: East Sussex Health Oversight Scrutiny Committee

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## 1.0 Background

Improving cardiology health outcomes is a key priority area for the Sussex Health and Care Partnership (SHCP).

On 4th March 2021, East Sussex Clinical Commissioning Group (ESCCG) and East Sussex Healthcare NHS Trust (ESHT) presented early draft proposals for a change in the way that acute cardiology services are provided in East Sussex to the Health Overview and Scrutiny Committee. At that meeting East Sussex HOSC confirmed that any proposals that include a relocation of current acute cardiology services will likely constitute a substantial variation in services and will require a formal consultation.

A pre-consultation business case has now been prepared that builds on the early draft proposals and this has been supported by NHS England and NHS Improvement as part of an assurance process.

At its meeting on Tuesday 30 November 2021, members of the East Sussex Healthcare NHS Trust Board are invited to review and consider the pre-consultation business case (PCBC) for the re-configuration of acute cardiology services, endorse the proposals and agree that the CCG commences a consultation process with the East Sussex Health Overview and Scrutiny Committee (HOSC), and agree that the proposal should be subject to formal public consultation. It has also been considered and approved, in principle pending approval from ESHT, by the CCGs' Joint Sussex Committee at its meeting on Wednesday 17 November 2021.

The full pre-consultation business case and associated documents, including the Equality and Health Inequality Impact Assessment, Quality Impact Assessment, the pre-consultation engagement report and options development and appraisal reports, will all be available and published on the CCG website. The PCBC Executive Summary is provided as Annex 1 to this report together with our plans for consultation which are set out in Annex 2.

## 2.0 The Proposal

Our proposal is to co-locate the most specialist cardiac services, needed by a small number of patients, at one of our two acute hospitals and form 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 of our acute hospital sites.

These specialist cardiac services include surgical procedures or investigations that might require an overnight or longer stay in hospital. The introduction of this front door model and hot clinics will ensure 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. These are key quality improvements to the cardiology service.

The services could be co-located to:

- Eastbourne District General Hospital, King's Drive, Eastbourne. Option 5a: Co-locating all catheterisation laboratories and specialist cardiology inpatient services from 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 our acute hospital sites.

- This would mean the activity provided at the Conquest site would be moved to Eastbourne. This equates to:

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

*NB: this data is based on 2018/19 data.*

- As part of the proposed model, it will be possible to convert a proportion of day cases to an outpatient procedure, which means patients would be able to access their care at either site. This would reduce the day case numbers needing to move by approximately 25%.
- Eastbourne is 19.3 miles from Conquest.
- Outpatients and diagnostics will continue to be delivered from both sites.

The services could be co-located to:

- Conquest Hospital, The Ridge, Hastings, Saint Leonard's-on-sea. Option 5b: Co-locating all catheterisation laboratories and specialist cardiology inpatient services from 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 our acute hospital sites.
- This would mean all catheter labs and specialist cardiology inpatient services currently run from Eastbourne would be moved to Conquest.
- The activity provided at the Eastbourne site would be moved to Conquest. This equates to:

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

*NB: this data is based on 2018/19 data.*

- As part of the proposed model, it will be possible to convert a proportion of day cases to an outpatient procedure, which means patients would be able to access their care at either site. This would reduce the day case numbers needing to move by approximately 25%.
- Conquest is 19.3 miles from Eastbourne.
- Outpatients and diagnostics will continue to be delivered from both sites.

We are not proposing to change the vast majority of our services, so there would still be cardiology care for anyone who needs it locally. To make sure that the majority of patients receive good quality care close to home, outpatients, non-invasive diagnostics, cardiac

monitored beds, cardiac rehabilitation and heart failure services would stay at both hospitals or in the community. For the many patients who are referred to a consultant by their GP (for non-urgent cases) they would continue to be seen in outpatient clinics, which will still be provided at both hospitals and some clinics in the community.

### **Maidstone and Tunbridge Wells NHS Trust**

Maidstone and Tunbridge Wells NHS Trust is also currently undertaking an in-depth engagement process around a similar transformation for their cardiology services. The potential options for their proposals are as follows, and have been included in our PCBC for transparency:

- Option 1: Do nothing. Leave services as they are
- Option 2: Consolidate specialist inpatient and cardiac catheter lab services at Maidstone Hospital by reconfiguring existing space
- Option 3: Consolidate specialist inpatient and cardiac catheter lab services at Tunbridge Wells Hospital by reconfiguring existing space
- Option 4: Consolidate specialist inpatient and cardiac catheter lab services at Maidstone Hospital by building a new space and reconfiguring existing space

*NB: The proposed changes will not affect the outpatient services MTW provide, which will stay the same.*

East Sussex CCG and ESHT continue to engage with MTW and Kent CCG colleagues to ensure that, whilst a relatively small number of East Sussex residents would be impacted by MTW proposals, the impact on our local people is fully understood.

### **3.0 How we developed the Proposal**

We have worked with patients, their families and carers, wider public and stakeholders, alongside our clinical teams and local GPs throughout the development of this programme, specifically engaging in how we have:

- set out the case for change for the reconfiguration and consolidation of the current acute cardiology services delivered at the East Sussex Healthcare NHS Trust (ESHT) in the context of a wider programme of transformation and improvement
- described the agreed clinical model for acute cardiology services in the context of the Trust's wider service provision and wider national and local drivers
- worked with stakeholders to inform, develop and evaluate viable options for the redesign of acute cardiology services in East Sussex.

All information gathered in the pre-consultation phase has shaped the development and selection of the shortlisted options and feedback has provided a rich source of information which has been used to further shape and refresh the Pre-Consultation Business Case (PCBC), Equality and Health Inequality Impact Assessment (EHIA), and Quality Impact Assessment (QIA).

This PCBC describes our case for change, needs assessment, engagement process, development of options, and sets out the scope of the shortlisted options for reconfiguration and modernisation and the associated costs, risks and benefits.

## 4.0 The process of assurance

When developing our options, our final draft proposals, and this Pre-Consultation Business Case:

- We have considered the outputs from engagement with local people and clinicians and used these to inform the Pre-Consultation Business Case.
- We have developed the Pre-Consultation Business Case with due regard to our duties to reduce inequalities and promote integration of health services where this will improve the quality of those services, in addition to ensuring compliance with all relevant equality duties.
- We have assessed the impacts of our proposal by undertaking a Quality Impact Assessment and an Equality and Health Inequality Impact Assessment to identify any potential negative impacts and identified appropriate mitigating actions.
- We have taken into account the recommendations of the South East Clinical Senate.
- We have been informed by feedback from the East Sussex Health Overview and Scrutiny Committee.
- We have assessed our proposal against the NHS Four Tests for service reconfigurations.<sup>1</sup>
- We have developed our proposal and associated consultation plans in line with the Gunning Principles<sup>2</sup> to ensure that:
  - a decision will not be taken until after public consultation
  - local people and stakeholders have information that enables them to engage in the consultation and inform our decision;
  - there is adequate time for people to participate in the consultation
  - we will demonstrate how we have taken account of engagement and formal consultation by publication of a consultation feedback report describing this.
- We have considered opinions and insight from a number service leads and managers within our acute hospitals in East Sussex that represent a broad range of clinical specialties.
- We have engaged extensively with NHS England and Improvement (NHSE/I) and completed a rigorous NHSE assurance process in relation to the proposal and our consultation and engagement plans.

A Quality Impact Assessment (QIA) has been completed and scored highly in terms of a positive impact on safety, experience and effectiveness. The QIA will continue to be developed as the proposals progress to ensure that quality and safety considerations are built into the outcome.

The Programme has also completed an Equalities and Health Inequalities Impact Assessment (EHIA). The EHIA concludes that the proposed changes will have a positive impact on service users with protected characteristics. The EHIA also indicated that through the design and location, there may be an opportunity to reduce health inequalities through these proposals. The EHIA is a live document and will continue to be developed with the proposals.

## 5.0 Conclusion

This proposal represents an opportunity to significantly improve acute cardiology services in East Sussex. The CCG and ESHT welcome the opportunity for wider engagement through public consultation and look forward to engagement with and feedback from the HOSC.

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<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>

<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>