

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

Date of meeting: 2 December 2021

By: Assistant Chief Executive

Title: Reconfiguration of Ophthalmology Services at East Sussex Healthcare NHS Trust (ESHT)

Purpose: To update HOSC on proposals to redesign ophthalmology services at ESHT

RECOMMENDATIONS

The Committee is recommended to:

1. Consider whether the service change proposals relating to East Sussex Healthcare NHS Trust (ESHT) ophthalmology services set out in Appendices 1 & 2 constitute a 'substantial variation' to health service provision requiring statutory consultation with HOSC under health scrutiny legislation.
 2. Agree, if the proposals are a substantial variation to services, that HOSC will undertake a detailed review of the proposals in order to prepare a report and recommendations.
 3. Comment on the NHS East Sussex Clinical Commissioning Group's plan for undertaking public consultation on the proposals (Appendix 3)
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1. Background

- 1.1. East Sussex Healthcare NHS Trust (ESHT) provides ophthalmology services (diagnosis and treatment of eye disorders) from three sites – the Eastbourne District General Hospital (EDGH), Conquest Hospital in Hastings, and Bexhill Hospital.
- 1.2. In March 2021 HOSC received a report on the progress to date in developing proposals to change how ophthalmology services at ESHT were delivered. The Committee agreed to consider a further report once further details of the proposals were made available.
- 1.3. At a Joint Committee of Clinical Commissioning Group (CCG) Governing Bodies on 17th November, East Sussex CCG – which is the responsible organisation for service reconfigurations – agreed in principle, subject to the outcome of the ESHT Trust Board meeting on 30 November 2021, a pre-consultation business case (PCBC) setting out specific proposals, developed in partnership with ESHT, to reconfigure the Trust's ophthalmology services and agreed to undertake a public consultation on these proposals from 6th December 2021 to 11th March 2022.
- 1.4. This report provides the opportunity for the HOSC to consider whether the proposals constitute a substantial variation to services requiring formal consultation with the Committee alongside and separately to the public consultation.

2. Supporting information

Proposals for ophthalmology services

- 2.1. The report from the East Sussex CCG and ESHT attached as **Appendices 1 and 2** sets out their proposals for the transformation of ophthalmology services in East Sussex, including specific proposals to reconfigure the provision of outpatient and day case services (procedures that require some recovery time but patients should be able to go home on the same day).
- 2.2. Ophthalmology is a branch of medicine and surgery that provides diagnosis, treatment and prevention of conditions that affect the eye and visual system. Medical ophthalmology involves diagnosis and management of disorders affecting a person's vision, while surgical ophthalmology

involves a surgical procedure to correct or improve a person's vision, for example, cataract surgery.

2.3. Acute ophthalmology services for adults in East Sussex are provided by ESHT at Eastbourne District General Hospital, the Conquest Hospital in Hastings and Bexhill Hospital.

2.4. The table below shows the current (Pre-Covid) percentage split of outpatients and day case activity across the three sites:

Percentage Activity split per site and by point of delivery (Pre-Covid)			
POD	Bexhill	Conquest	Eastbourne
Outpatient First Appt	5.3%	39.3%	55.4%
Outpatient Follow Up	25.4%	26.3%	48.3%
Day Case	46.2%	2.4%	51.4%

2.5. The CCG and ESHT are proposing to change the current service on the grounds that:

- there are currently very high levels of need for the service, which has been made worse by the impact of COVID-19, meaning ESHT is no longer meeting national waiting time standards;
- there is a predicted 40% increase in need over the next 20 years and there are gaps in recruitment for ophthalmologists;
- 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; and
- 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.

2.6. As a result, the CCG and ESHT are proposing the following changes to outpatient and day case ophthalmology services:

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.

2.7. This means there would be no change to activity at the Eastbourne site, and the services provided at the Conquest site would move to Bexhill, however, the services being moved would only relate to outpatients and day cases. The proposal does not affect unplanned or emergency care, the pathway for which is not changing. This means Emergency and General Anaesthetic surgical cases (including cases which require overnight stay) will continue to be delivered at Conquest Hospital.

2.8. Bexhill Hospital is 6.6 miles from Conquest and both Conquest and Bexhill are outside of the Hastings main population centre. The number of Conquest Hospital patient appointments are as follows (pre-COVID data) but do not accurately reflect the number of individual patients, as many patients attend multiple appointments:

POD	Number of Conquest patients	Percentage of total ophthalmology activity
Outpatient First Appt	7,113	8.08%
Outpatient Follow Up	17,158	19.50%
Day Case	111	0.13%

2.9. The CCG and ESHT say the benefits of the new service include:

- The proposed pathways would reduce the number of appointments that individual patients need to attend due to one-stop clinics, faster diagnostics and senior decision making. Patients who move would need to attend an alternative site but may need to attend less often.
- Moving Conquest activity to Bexhill would allow the Trust to avoid fragmentation of the service and implement redesigned pathways to increase quality of care and efficiency (including High Volume Low Complexity work), provide one-stop clinics, and provide a consultant led (as opposed to delivered) model of working that efficiently utilises skill mix and training opportunities.
- The change also enables the wider Sussex Ophthalmology plan, as training and supervision from the ESHT consultant body support upskilling the community Optometry workforce.

2.10. Plans for the public consultation on the proposal are set out in **Appendix 3**, including plans for engagement with groups identified in the Equality and Health Inequalities Impact Assessment (EHIA). The consultation will run from 6th December 2021 to 14th March 2022.

HOSC role

2.11. 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.

2.12. There is no national definition of what constitutes a ‘substantial’ change. Factors such as the number or proportion of patients affected; whether the service provides planned care (outpatient appointments or day case surgery) where patients and carers make arrangements for travel beforehand or un-planned care (emergency and urgent care) where patients may be admitted via ambulance or travel to an Emergency Department; the level of improvement offered by the new service; and the availability of alternative services nearby are often taken into account in coming to an agreement between the HOSC and the NHS on whether formal consultation is required. NHS England also recommends that CCGs conduct a public consultation for proposals that the local HOSC considers to be a substantial variation to services, so the CCG plans to consult publicly may be an indication the proposals could be deemed ‘substantial’ by the HOSC.

2.13. If HOSC agrees that the proposals do constitute a substantial change, the Committee will need to consider the plans in detail in order to respond to the CCG with a report and recommendations. The Committee may wish to consider how it would undertake this task, which could be through establishing a Review Board to conduct a review on behalf of the full HOSC, with the Committee agreeing any recommendations before they are submitted to the NHS.

2.14. Where the HOSC does not consider a proposal to be a substantial variation to services there are alternative options for further scrutiny work including submitting a written response to the public consultation, informal HOSC board meetings to scrutinise the proposals in more detail, and further reports to the Committee as the proposals are agreed and implemented.

2.15. Finally, the NHS England assurance process for any planned service reconfiguration requires a CCG to demonstrate evidence that the local HOSC(s) considers the NHS public consultation process to be adequate. The Committee is, therefore, invited to comment on the planned public consultation as set out in **Appendix 3**.

3. Conclusion and reasons for recommendations

3.1. This report presents HOSC with proposals for the development of ophthalmology services in East Sussex, in particular the proposal to consolidate outpatient and day case ophthalmology services from three to two hospital sites, EDGH and Bexhill Hospital, supported by one stop clinics at both hospitals and a diagnostic eye hub at Bexhill Hospital.

3.2. The Committee is recommended to consider whether the service change proposals set out in **Appendix 1 and 2** constitute a ‘substantial variation’ to health service provision requiring statutory consultation with HOSC; if so, to agree to undertake a detailed review of the proposals;

and to comment on the CCG's plan for undertaking public consultation on the proposals as set out in **Appendix 3**.

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