Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**2 December 2021**
By:	**Assistant Chief Executive**
Title:	**Transformation of Cardiology Services at East Sussex Healthcare NHS Trust (ESHT)**
Purpose:	**To update HOSC on proposals to redesign cardiology services at ESHT**

RECOMMENDATIONS

The Committee is recommended to:

1. Consider whether the service change proposals relating to East Sussex Healthcare NHS Trust (ESHT) cardiology services set out in Appendices 1 and 2 constitute a 'substantial variation' to health service provision requiring statutory consultation with HOSC under health scrutiny legislation.

2. Agree that HOSC, if the proposals are a substantial variation to services, 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 acute cardiology services from both the Eastbourne District General Hospital (EDGH) and Conquest Hospital in Hastings.

1.2. In March 2021 HOSC received a report on the progress to date in developing proposals to change how cardiology 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 cardiology 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 cardiology services

2.1. The report from the East Sussex CCG and ESHT attached as **Appendix 1 and 2** sets out their proposals for the transformation of acute cardiology services in East Sussex.

2.2. Cardiology is the branch of medicine dealing with the diagnosis and treatment of heart disorders and related conditions. While there are many clinical conditions that can affect the heart in people of all ages, many heart conditions are age-related, making cardiology services more and more important as people get older. Cardiology is also constantly evolving with new developments in disease prevention, diagnostics and therapeutics.

2.3. The current operating model of cardiology services involves both hospital sites providing a weekday service for acute inpatient cardiac services, but at evening and weekends an element of the service – Primary Percutaneous Coronary Intervention (PPCI) – is provided from a single site

that alternates between the two. PPCI is also known as an angioplasty and is a procedure used to treat the narrowed coronary arteries of the heart in patients. Therefore, it is used as an emergency treatment for patients who have had a heart attack."

2.4. The CCG and ESHT set out a case for change for cardiology services that concluded, amongst other things:

- cardiology has become increasingly complex and specialised, and the current configuration of services limits the Trust's effectiveness by spreading its sub-specialist (specialising within cardiology) workforce across multiple sites and reducing opportunities for effective multidisciplinary team working;
- operationally providing complete and comprehensive services that directly mirror each other on both sites is a significant workforce challenge, exacerbated by subspecialisation, and further complicated by difficulties with recruitment and retention of the workforce;
- the national Getting It Right First Time (GIRFT) programme reviewed the cardiology service in November 2019 and recommended inpatient cardiology activity consolidated onto a single site. Non-invasive investigations and outpatients should be provided on both sites subject to appropriate infrastructure and sufficient volumes of activity;
- GIRFT concluded the volume of various procedures on both sites was below national safe numbers;
- the current service configuration prevents ESHT from consistently meeting all of the performance indicators and national guidance for cardiology care; and
- some of the catheterisation labs are due for replacement and are not operating reliably.

2.5. As a result, the CCG and ESHT are proposing the following changes to the acute cardiology services provided by ESHT:

- locate the most specialist cardiac services, including surgical procedures or investigations that might require an overnight or longer stay in hospital, **at one of the two acute hospitals;**
- introduce a "front door model" involving forming 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 acute hospital sites**; and
- retain outpatients, non-invasive diagnostics, cardiac monitored beds, cardiac rehabilitation and heart failure services **at both hospitals**, or in the community.

2.6. The CCG has agreed to conduct a public consultation from 6th December 2021 to 14th March 2022 on the following proposals:

- 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 acute hospital sites**.
- 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 acute hospital sites**.

2.7. Under Option 5A, the following patient activity provided at the Conquest site would be moved to Eastbourne (based on 2018/19 data):

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

2.8. Under Option 5B, the following patient activity provided at the EDGH site would be moved to Conquest (based on 2018/19 data):

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

2.9. The CCG does not have a preferred option. The CCG says the benefits of the proposals include:

- it will allow for the creation of flexible and resilient rotas, which in turn enables the workforce to provide front-end assessments (clinical assessments at the "front-end" of the patient pathway, when they arrive in A&E), through the introduction of a new cardiac response team and establishment of hot clinics;
- 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; and
- 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 hospital site. This would reduce the day case numbers needing to move by approximately 25%.

2.10. Plans for the public consultation are set out in **Appendix 3**, including plans for engagement with groups identified in the Equality and Health Inequalities Impact Assessment (EHIA).

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 cardiology services in East Sussex, in particular the proposal to co-locate all catheterisation laboratories and specialist cardiology inpatient services on one of the two hospital sites, alongside the establishment at both sites of Cardiac Response Teams in A&E and hot clinics providing rapid assessments.

3.2. The Committee is recommended to agree that the service change proposals set out in **Appendices 1 and 2** constitute a 'substantial variation' to health service provision requiring statutory consultation with HOSC; 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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