

Decision-Making Business Case Summary for Ophthalmology Transformation at East Sussex Healthcare NHS Trust

1 CONTEXT

1.1 NHS Sussex works in partnership with health and care organisations across Sussex as part of our Integrated Care System. Our aim is to ensure better health and care for all now and in the future. Our ambition is for every person living in Sussex to have access to the best health and care from the moment they are born and throughout their lives. We want:

- People to live for longer in good health.
- To reduce the gap in life expectancy between people living in the most and least disadvantaged communities.
- People's experience of using services to be better.
- Staff to feel supported and work in a way that makes the most of their dedication, skills and professionalism.
- The cost of care to be affordable and sustainable in the long term.

1.2 Our proposals sit within this context and focus on the improvement of ophthalmology services to benefit our population in East Sussex. We want to ensure sustainable services into the future. This means that there is a focus on expanding services within local communities and recognising that for some of our more specialist services, consolidating these in one place will ensure the retention of this specialist expertise within East Sussex in a way that offers the best outcomes for local people. Our commitment to two thriving district general hospital sites, both with Emergency Departments (ED) and a wide range of services, is supported by specialist services at one or other site in order to deliver the best outcomes for patients.

East Sussex Healthcare NHS Trust services

1.3 East Sussex Healthcare NHS Trust has made significant improvements for patients and local residents in recent years. The Trust is rated 'good' by the CQC, with several 'outstanding' services and has ambitious plans, enabling residents to access the best care in the most appropriate place: at home; in the community; or when they need to come into hospital.

1.4 As an integrated acute and community provider, an important part of the Trust's five-year strategy to best meet the healthcare needs of our population is to increase and improve the care provided outside of hospital. This means being proactive in supporting the health of local residents, preventing avoidable hospital visits and stays, improving patient outcomes and experience and making better use of resources. This has helped the Trust to focus their hospitals to build on their strengths while improving how services work together across the whole health and care system.

1.5 The Trust has two acute hospital sites, Conquest Hospital in Hastings and Eastbourne District General Hospital. Both the Conquest and Eastbourne District General Hospital sites provide urgent and emergency services, with some services already located solely or

primarily at one or other of these sites.

- 1.6 Eastbourne District General Hospital looks after serious stroke cases, ear nose and throat inpatients and is also home to the trust's urology service, for which we have recently invested in a dedicated investigation suite, robotic surgery and non-invasive treatment for kidney stones. The hospital also provides for patients needing inpatient diabetes care, day case eye surgery (undertaken in the Jubilee Eye Suite) and a diabetic foot service. In addition, inpatient endocrinology beds are only at Eastbourne District General Hospital.
- 1.7 Conquest is the Trust's trauma unit and looks after emergency surgical services and complex elective surgical services, including general, vascular, gynaecology and orthopaedic surgery, and patients needing closer medical monitoring and support when giving birth. The hospital also includes paediatric inpatient services.
- 1.8 Both hospitals are supported by a range of clinical support services, operate 24/7 emergency departments and intensive care units (ITUs).
- 1.9 The Trust also operates services at Bexhill Hospital. Bexhill Hospital is a community-based facility with an emphasis on ophthalmology and rehabilitation services. East Sussex Healthcare NHS Trust provides ophthalmic day surgery (mainly cataract and glaucoma), outpatient clinics, wet age-related macular degeneration (AMD) services at the Dowling Unit and diabetic retinal screening from Bexhill Hospital. The site also provides short-stay rehabilitation services at the Irving Unit for patients admitted with a range of conditions and offers radiology and physiotherapy services for patients.
- 1.10 We are committed to improving hospital services across our sites including at both acute sites, Conquest Hospital and Eastbourne District General Hospital. As detailed above, each hospital site has its own profile of services, and we are working to strengthen and develop these to make best use of the resources at each site to best serve our patients; having two thriving acute hospital sites is central to this plan.
- 1.11 Looking further ahead, the trust's Building for our Future programme, funded as part of the government's commitment to build 40 new hospitals, will deliver a complete redesign of both our ageing hospitals, taking advantage of new technologies and improvements in healthcare to ensure that we can meet the future needs of our population.

2 INTRODUCTION

- 2.1 The purpose of the Decision-Making Business Case is to describe the final proposals to provide a model of care that will improve the ophthalmology services, their sustainability, and outcomes for the benefit of the local population. It describes the evidence base, the process for the development of the proposals, quality and equality impact assessment and details key enablers such as workforce and finance.
- 2.2 This summary also describes the wide engagement to date, including the public consultation, and the processes East Sussex Healthcare NHS Trust and NHS Sussex have followed in developing proposals, ensuring clinical assurance of the model, seeking wide engagement

and feedback, and finalising proposals for decision-making.

- 2.3 The full Decision-Making Business Case has been published online and is available to all committee members on request. The full Decision-Making Business Case is available [here](#). It recommends one option to take forward for implementation, which has been approved by the NHS Sussex Integrated Care Board, and is now submitted to the East Sussex Health Overview Scrutiny Committee for their consideration.
- 2.4 The Decision-Making Business Case follows the approved Pre-Consultation Business Case and subsequent formal public consultation and shows how all available information and evidence has been considered, together with feedback captured from the public consultation. This has informed the final proposal to transform ophthalmology services that has been developed by NHS Sussex, in partnership with the East Sussex Healthcare NHS Trust (ESHT). Subject to the outcome of the East Sussex Health Overview and Scrutiny Committee, mobilisation of the transformation proposal can begin for implementation within the timeframe outlined, by December 2023 – May 2024. Early implementation of some elements of the model will be sooner than this, to realise quality benefits as quickly as possible.
- 2.5 The document provides a summary of the context and of the case for change as outlined in the Pre-Consultation Business Case. It also provides an analysis of the feedback received from the public consultation and the consultation with the East Sussex Health Overview and Scrutiny Committee, and the updated post-consultation proposal approved by NHS Sussex that has been informed by the feedback received from local people and stakeholders during the consultation process.
- 2.6 There was broad recognition for the need to make changes to address challenges and deliver improvement, and broad agreement on the proposed model of care across the public consultation feedback. NHS Sussex recognises the importance of access to services and has carefully and systematically analysed the consultation outcomes and balanced it with evidence that has been collected since the Pre-Consultation Business Case (PCBC) and in response to the consultation. This process informed NHS Sussex's considerations during the Decision-Making Business Case development process to ensure consultation feedback informed final proposals.
- 2.7 The model of care has been confirmed throughout the process as the right strategic proposal to improve ophthalmology services and outcomes for the local population and is supported by stakeholders across local communities. It remains unchanged from the previously approved Pre-Consultation Business Case.
- 2.8 The model of care sets out that services would deliver improvements for all local people with the development of one-stop clinics at both sites, Bexhill Hospital and Eastbourne District General Hospital, and a diagnostic eye hub at Bexhill Hospital. Outpatients and day case surgery that currently takes place at Conquest will be moved to Bexhill. Emergency and general anaesthetic surgical ophthalmology cases (including cases which require an overnight stay) will continue to be at Conquest Hospital: these services will not be affected by these proposals. The model is based on clinical best practice and national guidance and evidence including NHS High Impact Intervention, the national Getting It Right First Time programme, the Royal College of Ophthalmologists, NHS National Elective Care Outpatient

Transformation Programme, the College of Optometrists and the Clinical Council for Eye Health Commissioning. Alongside local clinical engagement and leadership in the development of the model of care, it has also been reviewed by the South East Clinical Senate. The one-stop clinics at both hospitals and diagnostic eye hub at Bexhill Hospital will enable a redesigned ophthalmology pathway that will increase quality of care ensuring patients are seen by the right person, in the right place, and at the right time, meaning we can better meet service standards so that patients receive care in a timely manner, meaning faster diagnosis, shorter waiting times, fewer repeat appointments for tests and therefore less travelling for patients thereby improving outcomes for local people.

- 2.9 The approved Pre-consultation Business Case upon which we consulted was very clear as to why Bexhill Hospital was preferred rather than the Conquest Hospital. This was detailed as part of a full options appraisal in the Pre-Consultation Business Case explaining the limitations of current theatre capacity at Conquest Hospital; ophthalmology not having clinical interdependencies that mean that it can be sited at Bexhill whilst other specialities could not; adapting the Conquest site would be prohibitively costly in terms of capital requirements; and there are physical space limitations that would make it difficult to expand and build the infrastructure required.
- 2.10 In summary, the proposal approved by NHS Sussex, is to improve the services at both hospital sites through forming one-stop clinics, and at Bexhill Hospital through forming a diagnostic eye hub, both of which will provide rapid assessment for patients which will reduce waiting times and the number of appointments needed. It demonstrates that we believe this is the right strategic proposal to improve ophthalmology services for the local population and is supported by stakeholders across local communities.
- 2.11 The proposed transformation, with the one-stop clinics and diagnostic eye hub, will make key quality improvements to the service, such as:
- enable a redesigned ophthalmology pathway that will increase quality of care ensuring patients are seen by the right person, in the right place, and at the right time
 - ensure that we can better meet service standards so that patients receive care in a timely manner, meaning faster diagnosis, shorter waiting times, fewer repeat appointments for tests and therefore less travelling for patients
 - provide a consultant-led model of working that efficiently utilises skill mix across the workforce and provides training opportunities
 - ensure staff and expert knowledge are consolidated, allowing for improved supervision and opportunities for training and educational needs for staff who wish to upskill. Thereby, gradually improving the skills in the workforce to improve the service quality and care provided to our population.
- 2.12 This proposal will have positive impacts for our patients, as well as workforce, and will improve patient experience, patient outcomes and our performance against national standards in the long term by reducing waiting times alongside repeated travel for patients, whilst making the service more efficient and sustainable for the future. It also supports the wider Sussex Ophthalmology plan enabling future training and supervision from ophthalmology consultants to upskill the community Optometry workforce.

3 CONSIDERATIONS

3.1 The Case for Change was developed by a wide range of stakeholders including clinicians, operational staff and experts by experience. It was recognised that the current service is unsustainable. We have reviewed the strategic drivers for change and the existing ophthalmology services. This led us to the following conclusions:

- Quality: healthcare systems are required to minimise the risk of significant harm, through delivering timely follow-up for patients with chronic conditions. The high and growing number of these cases within ophthalmology makes this a challenge.
- Service performance: nationally, ophthalmology outpatient services are the largest of all outpatient services that people use, with East Sussex Healthcare NHS Trust seeing 18,075 new outpatients and 65,511 follow-up appointments in 2019-20¹. The Covid-19 pandemic has impacted heavily on ophthalmology provision and this, coupled with the very high levels of need for care, has led to East Sussex Healthcare NHS Trust no longer meeting national waiting time standards.
- Growing need: It is estimated that, over the next 20 years, the need for cataract services will rise by 50%, glaucoma cases by 44% and medical retina by 20%.
- IT / Digital: making the best possible use of modern digital technology in ophthalmology services would be a significant benefit to patients, for example Electrical Eyecare Referral System (EERS)². Modern technology presents opportunities to improve patient pathways and better manage the growing need for ophthalmology services. This system will improve patient safety, deliver eye care more efficiently and effectively, and facilitate other improvements for optometrists and dispensing opticians who work with hospital colleagues. This includes the development and improvement of communication, advice and guidance, feedback, shared care, discharge to primary care and supporting extended primary eye care services.
- Workforce: a census carried out by the Royal College of Ophthalmologists (RCOphth) in 2019 identifies gaps in recruitment for ophthalmologists and workforce planning, amid a predicted 40% increase in need for ophthalmology services over the next 20 years.
- Net Zero NHS: the NHS is committed to reach net zero carbon by 2050 which means we need to significantly reduce carbon emissions caused by procedures, travel, estates, etc. The NHS Long Term Plan encourages service delivery to happen virtually, where appropriate.
- Estates and equipment: 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. 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 which contributes to challenges in meeting service standards.

¹ 2019-20 has been used throughout our Pre-Consultation Business Case, public consultation and Decision-Making Business Case as the last full year of data that was not skewed by the Covid-19 pandemic.

² An Electronic Eyecare Referral System is essentially shorthand for a secure, electronic system for the two-way transfer of patient and clinical data (including images) between eye care services (and with GPs).

- Making best use of our resources: we want to ensure that our services are delivered in a way that gives the greatest benefit for local people.
- The national Getting it Right First Time (GIRFT)³ programme reviewed the ophthalmology service in March 2018. It was recommended that:
 - Review pre-assessment clinics and review/audit coding for complex cataracts to ensure the patient pathway for cataract surgery is optimised.
 - Continue to develop health care professional staff by training and developing all members of the multi-disciplinary team, whilst utilising competency frameworks to increase the number of non-consultant clinical staff.
 - Look into using consultant-led and technician-provided virtual clinics for age-related macular degeneration (AMD) and glaucoma to improve refinement of treatment plans.
 - Review of coding practices to ensure accuracy, particularly around complex cataracts, corneal grafts, strabismus follow-ups and vitreo-retinal conditions.
 - Continue to refer to the Royal College of Ophthalmologist's "The Way Forward"⁴ document to identify options to help meet demand and the Common Competency Framework to support health care professional staff development.

3.2 As a result, the Decision-Making Business Case proposed changes to a range of ophthalmology services provided by East Sussex Healthcare NHS Trust.

Covid-19 Pandemic

3.3 In response to Covid-19, East Sussex Healthcare NHS Trust had to reconfigure their hospital services to ensure they operated in a safe manner and also increased the number of beds available for Covid patients. With adult and paediatric ophthalmology services operating at a reduced level of capacity, the service was moved to operate solely from Bexhill during the first peak with particular focus on urgent services. This was also important from the perspective of infection, prevention and control and services responding to the pandemic. With its staff together at one location it enabled the department to deliver whole-team training events for its staff and learn from different ways of arranging services that had not been previously explored.

3.4 The requirement of the service to respond to the needs of local people in a different way during the early stages of the Covid-19 response, coupled with the service being temporarily consolidated on one site, led to the service working in new ways including new diagnostic pathways and virtual clinics. Feedback from the service is that working in this way has been positive, improving the working relationships of the team through improved communication, and more supervision and support for junior staff.

4 PROCESS TO DATE

Our Case for Change and developing our Pre-Consultation Business Case

³ The Getting It Right First Time (GIRFT) programme is helping to improve the quality of care within the NHS by bringing efficiencies and improvements.

⁴ The Royal College of Ophthalmologists, 2016, *The Way Forward*

- 4.1 Following analysis of the current service provision and the emerging future needs of local people, we developed a Case for Change that outlined the key drivers for service transformation. This provided the basis for our engagement with local people, clinicians and other professionals to further understand what is important to them about ophthalmology services. This initial engagement indicated several key themes as important to local people:
- Care provided
 - Equality and diversity
 - Access and transport
 - Clinical services
 - Community optometry.
- 4.2 Alongside finding out what is important to local people and clinicians, we reviewed local health needs in East Sussex. This told us that there are some groups of local people who have particular needs and may be disadvantaged in accessing current services. We took account of these needs in our proposals and sought to mitigate those disadvantages through the proposals outlined in the Pre-Consultation Business Case (more detail on this can be found in Appendix 1 and Appendix 2 of the Decision-Making Business Case).
- 4.3 Following pre-consultation engagement, three options development and appraisal workshops (independently chaired and facilitated by Opinion Research Services - ORS⁵) took place, during March 2021, to identify and consider a longlist of possible options for the future provision of acute ophthalmology services, including sites where the service would be delivered from, to appraise these options and make recommendations for preferred viable options.
- 4.4 Following this, and as part of our in-depth comparative analyses for the Pre-Consultation Business Case, we also reviewed quality indicators, travel analysis, the impact this transformation could have on other services within Sussex and outside of Sussex, the impact this transformation could have on the equality and health inequalities of our population, and the financial feasibility of each option.
- 4.5 A Pre-Consultation Business Case was developed to make the case for change and set out the plans for a Public Consultation around the transformation of ophthalmology services at East Sussex Healthcare NHS Trust. It was approved by East Sussex CCG and East Sussex Healthcare NHS Trust, on 17 and 30 November 2021 respectively, and submitted to the East Sussex Health Overview and Scrutiny Committee on 2 December 2021 prior to formal public consultation. An independent report on the findings of the consultation has been produced and this report presents the feedback from those who participated in the consultation. This is found at Appendix 3 of the Decision-Making Business Case.
- 4.6 When developing our options, our final draft proposals, the Pre-Consultation Business Case and Decision-Making Business Case:
- We considered the outputs from engagement and consultation with local people and

⁵ Opinion Research Services is a social research organisation, whose mission is to provide applied social research for public, voluntary, and private sector organisations across the UK.

clinicians and used these to inform the Pre-Consultation Business Case and Decision-Making Business Case.

- We developed the Pre-Consultation and Decision-Making Business Cases 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 assessed the impacts of our proposals by undertaking a Quality Impact Assessment and an Equality and Health Inequalities Impact Assessment to identify any potential negative impacts and identified appropriate mitigating actions.
- We commissioned an independent travel analysis to understand the impact of the proposals in this regard.
- We took into account the recommendations of the South East Clinical Senate.
- We considered opinions and insight from a number of service leads and managers within our acute hospitals in East Sussex that represent a broad range of clinical specialties.
- We were informed by feedback from the East Sussex Health Overview and Scrutiny Committee including the East Sussex Health Overview and Scrutiny Committee Review Board.
- We assessed our proposals against the NHS Four Tests for service reconfigurations.⁶
- We undertook stage one and stage two process with NHSE to assure our plans prior to public consultation.
- We developed our proposals and associated consultation plans in line with the Gunning Principles⁷ to ensure that:
 - a decision would not be taken until after public consultation.
 - local people and stakeholders had information that enabled them to engage in the consultation and inform our decision.
 - there was adequate time for people to participate in the consultation.
 - we could demonstrate how we have taken account of engagement and formal consultation by publication of a consultation feedback report describing this.
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Public Consultation

- 4.7 The formal public consultation into the proposal to transform ophthalmology services at East Sussex Healthcare NHS Trust began on 6 December 2021 and ended on 11 March 2022. It set out the quality improvements anticipated from the proposed transformation, together with the site options. Opinion Research Services (ORS), was appointed to advise on, independently manage and report on the public consultation programme of engagement with service users, their families and carers, clinicians and other NHS staff and other stakeholders. The Public Consultation Feedback Analysis report outlined that our consultation was open, accessible, and following 'good practice' guidelines in both the scale

⁶ <https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>

⁷ <https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>

and the balance of elements used, and that we took appropriate action to ensure any potential impacts of the Covid-19 pandemic were mitigated throughout undertaking the consultation process. The full report is Appendix 3 of the Decision-Making Business Case.

4.8 The public consultation was well promoted and included virtual public meetings, stakeholder events and face-to-face listening events, and included a wide range of activities including a focus on groups identified by the Equality and Health Inequalities Impact Assessment (EHIA).

4.9 Several common themes were identified during the public consultation process. These included:

- Travel and access, for example:
 - Older people and families with young children, people with significant visual impairment, particularly those with macular degeneration who require regular and frequent treatment.
 - People with other disabilities and long-term conditions or additional needs.
 - People with low incomes and from deprived communities – particularly those living in and around Hastings – and anyone without access to a private vehicle.
- Potential loss of services from Conquest Hospital.
- Buildings at Bexhill Hospital were reported to be older with poorer accessibility and facilities.
- Sufficient investment required to develop Bexhill site.

Key actions following public consultation

4.10 Alongside public consultation, East Sussex Health Overview and Scrutiny Committee established a Review Board to carry out a detailed review of the proposals and produce a report and recommendations on behalf of the Committee. In addition, following feedback from the public consultation regarding travel and access, we established a Travel and Transport Review Group to review our developing proposals and make recommendations. The feedback from the Health Overview and Scrutiny Committee Review Board and the Travel and Transport Group are outlined below, followed by the recommendations, and associated planned action.

Engagement with East Sussex Health Overview and Scrutiny Committee (HOSC) – Health Overview and Scrutiny Committee Review Board

4.11 The Review Board carried out its review between April and June 2022. A full report (Appendix 4 of the Decision-Making Business Case) sets out the evidence the Board considered, along with its conclusions and recommendations. The HOSC review board report is available [here](#) and the travel and transport review group report is available [here](#). The East Sussex HOSC was presented with the Review Board's report, findings and recommendations at their meeting on 30 June 2022, where it was approved by the membership. The recommendations made by the East Sussex HOSC were as follows:

1. The Committee endorsed the reasons for reconfiguring ophthalmology on 30 June 2022, including:

- Clinical case for change and the potential for new services to improve patient care and experience.
 - The creation of the 'Centre of Excellence' diagnostic hub, one-stop clinics, and measures to support staff recruitment and retention.
2. The Committee noted the proposed choice of the Bexhill Hospital to consolidate ophthalmology services and recommended that mitigation measures are put in place to address the concerns about travel and access to this site, such as:
- increasing and maximising the number of on-site parking spaces at the Bexhill Hospital site.
 - ongoing monitoring of Did Not Attend (DNA) information is undertaken after implementation of the proposals to establish the reasons why patients do not attend appointments and review the travel and access mitigations in light of this information. It was reported that Bexhill Hospital had the fewest number of patients that Did Not Attend.

4.12 The Health Overview and Scrutiny Committee Review Board carefully considered the clinical case for change and the anticipated benefits for patients from the proposed service reconfiguration. The Review Board also examined the proposed choice of the Bexhill Hospital site for the consolidation of some services serving the east of the county and noted that the Bexhill site presents a number of challenges for travel and access to services based there.

4.13 On balance, the Health Overview and Scrutiny Committee Review Board considered that the proposed changes to the ophthalmology services in East Sussex are in the best interests of patients and asked that adequate mitigations to be put in place to address the travel and access issues that were identified.

4.14 These recommendations have been taken into account and further details on how these have been considered and addressed, for our post-consultation proposal and as part of the development of the Decision-Making Business Case, can be found in section 6 of the Decision-Making Business Case, summarised in 4.21 and 4.22 below. Of particular note, our Decision-Making Business Case proposal includes provision of additional car parking at Bexhill Hospital and a range of travel and transport support for local people.

4.15 At this stage, initial actions in response to insight from the public consultation included a review and update of the Quality Impact Assessment, Equality and Health Inequalities Impact Assessment, as well as updating of previous Equality and Health Inequality Impact Assessment actions, and the establishment of a Travel and Transport Review Group.

Travel and Transport Review Group

4.16 During the public consultation, travel and transport (public and private transport, including access and parking) were raised by many respondents as issues to be addressed. Therefore, we established a Transport and Travel Review Group to consider the issues raised.

4.17 The group was tasked with reviewing findings from the pre-consultation engagement

processes, options development and appraisal processes, Equality and Health Inequalities Impact Assessment (EHIA), the Public Consultation, as well as independent travel analysis carried out by external consultants, and considering the conclusions to make suggestions and recommendations on possible transport solutions for those who may be affected by the proposed service change.

- 4.18 People responding to the consultation identified key groups who may be adversely affected by transport and travel impacts created by the proposals, e.g., some people having to travel further to see their loved ones and some staff having longer journeys to work. Alongside this, respondents made some suggestions, e.g., to work with authorities in relation to public transport, consider parking, consider financial reimbursement.
- 4.19 Following the review outlined above including insight from the public consultation, the Travel and Transport Review Group made several recommendations some for implementation and some for further investigation. These are outlined below.

Recommendations and associated action/action plans from Health Overview and Scrutiny Committee Review Board and Travel and Transport Review Group

- 4.20 The Health Overview and Scrutiny Committee Review Board and the Travel and Transport Review Group made a range of recommendations which have been taken into account in our final proposal and our developing draft mobilisation planning. These key recommendations were focused on travel and transport and included providing travel support for local people; the introduction of Travel Liaison Officer at East Sussex Healthcare NHS Trust; improved parking at Bexhill Hospital; improved communication about travel options; liaising with patients about their individual travel and access needs; supporting patients with information and processes about accessing financial reimbursement where eligible; improving information for patients about alternative transport options and exploring over the longer-term improvements to public transport; and measures to support recruitment and retention of staff.
- 4.21 In response to these recommendations, some have been implemented and others have been committed to and we are progressing them as this programme continues and we implement our proposals. A summary is provided below:
- The programme has committed to improve car parking on the Bexhill Hospital site. This has been included in our final proposals to ensure it is implemented in line with this transformation
 - The establishment of a travel and transport liaison officer has been committed to by the Trust and will be implemented alongside these proposals
 - Work has taken place within the Trust to ensure information provided via its website, patient letters and patient information leaflets is clear for patients around travel, transport and access options and parking to its various sites. This work will continue to be reviewed and updated as additional actions and recommendations are addressed
 - Work has taken place to update communications to ensure patients who are eligible for reimbursement of travel costs know that they are able to reclaim their expenses on arrival via the hospital cashier. The travel liaison officer will also be able to support eligible patients that are otherwise unable to travel to access this scheme
 - Work has taken place to ensure staff are aware of travel opportunities, such as Trust

- schemes, are promoted and this will be included in staff messages on a frequent basis
- Work has taken place with Integrated Care System colleagues to understand learning around travel arrangements for the recent vaccination programme
 - A commitment has been made to monitor staff recruitment and retention measures and these have been included in the Key Performance Indicators (KPIs) of this programme
 - As part of the upcoming communications plan, post decision, further work will take place to ensure information around the changes will be shared with our local stakeholder and population, including a Frequently Asked Questions document
 - Working with Trust and primary care colleagues to ensure individual needs of patients are recognised and taken account of when booking appointment and procedures, along with clear communications to patients to raise awareness of the options available to them
 - Work is in progress to compile a directory of any, and all, transport services, including community, volunteer and charity organised services, and their eligibility criteria where necessary, that patients could be signposted to
 - Work with voluntary, community and social enterprise and patient representatives to ensure changes to services and facilities is co-designed.
 - Consideration by the Trust of a long-term travel and transport strategy.

4.22 There are also a number of recommendations which are being explored by the wider NHS Sussex system, which relate to patients who attend East Sussex Healthcare NHS Trust, such as:

- Exploring the options for a pilot shuttle bus service.
- Working with NHS colleagues on additions to the Non-Emergency Transport Service (NEPTS), such as a digital tracking element and eligibility criteria.
- Working with local authority and public transport providers on and potential future services.

A summary of the recommendations of the HOSC Review Board and the Travel and Transport Group and progress against these is provided at Annex 1 to this report.

Plans for implementation

4.23 This Decision-Making Business Case presents the public consultation feedback together with additional information and evidence that have been collated as part of the document's development and in response to the consultation. The purpose of the Decision-Making Business Case was to enable and support the NHS Sussex Integrated Care Board's decision-making process.

4.24 If the post-consultation proposal is formally supported by the East Sussex Health Overview and Scrutiny Committee, we would enact our implementation plan from December 2022 for full implementation in December 2023 – May 2024, although early implementation of some elements of the model will be sooner than this, to realise quality benefits as quickly as possible.

Decision-making

4.25 The purpose of the Decision-Making Business Case is to ensure that the proposals have been consulted upon, are clinically sound, financially viable, and in line with the improved outcomes agreed in the Pre-Consultation Business Case. At their meeting in public on 11 October 2022, East Sussex Healthcare NHS Trust noted the development of the Decision-Making Business Case, including the feedback from the public consultation; and following their review of the summary Decision Making Business Case, endorsed the case for consideration by the NHS Sussex Integrated Care Board. Following this, NHS Sussex Integrated Care Board met on the 2nd of November and approved the recommendations in the Decision-Making Business Case.

5 IMPLICATIONS

Financial implications:

5.1 There would be a positive financial impact on the Trust of implementing the changes outlined, this is as a result of implementing best practice and benefiting from resulting economies of scale.

Revenue

5.2 The case shows that under co-location there will be net efficiency savings, which takes into account the cost of capital, resulting in a favourable revenue position from year 2 for the preferred option (two sites).

£'000	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6	Yr7	Yr8	Yr9	Yr10
Preferred Option vs. Do Nothing	(85)	49	232	427	658	902	1,160	1,433	1,692	1,959

Capital

5.3 The total capital required for the recommended option is £3.5m, with capital expenditure phased over two financial years between 2022/23 and 2023/24. Full implementation of the model of care is planned from quarter 3 2023/24.

5.4 The levels of capital outlined in this case for the recommended option can be funded within the Integrated Care System's capital allocation, in agreement with system partners.

Legal implications:

5.5 NHS Sussex has a legal requirement under the NHS Act 2006 to ensure patients and the public are involved in service changes. Therefore, the Gunning Principles as outlined above have been followed.

5.6 This underpins the pre-consultation engagement and the public consultation processes that have been followed for this programme.

- 5.7 Our Pre-Consultation and Decision-Making Business Cases have demonstrated compliance with former Clinical Commissioning Group and now Integrated Care Board statutory duties.

Other compliance:

Data and Privacy Impact Assessment (DPIA)

- 5.8 The proposal has no impact or changes to data that would be processed nor how it would be processed. There would be no new or different organisations and/or providers involved in accessing and/or sharing patient information, and no new data processing systems would be utilised. No further Data Privacy Impact Assessment is, therefore, required.

NHSE/ Five Tests for service reconfiguration

- 5.9 Part of the evaluation of any service reconfiguration is the demonstration that five specific areas have been considered to ensure best practice has been followed and affordability in terms of capital and revenue costs.:
1. that service users and the public are involved in the development of the proposals
 2. whether any proposed redevelopment would maintain the availability of service user choice
 3. demonstration of sufficient clinical evidence and clarity on the case for change
 4. assurance that the proposals have the approval of local commissioners
 5. relates to any proposal including plans to significantly reduce hospital bed numbers
- 5.10 Full consideration has been given to these points, details of which have been included in our Decision Making Business Case. In brief, the process has been clinically informed and led. Defining the vision for improved ophthalmology services across East Sussex involved a wide range of partners, these included service users, carers and their families, clinicians, including the service's workforce, and other local communities and interested organisations such as Healthwatch. Feedback collated from the pre-consultation engagement was provided to inform decision-making and a wide range of stakeholders were involved in the options development and appraisal process to ensure different perspectives could be heard and accounted for in the decisions made. There will be no reduction in bed numbers.

Quality and Safety implications

- 5.11 The aim of transforming these services is to deliver significant clinical improvements that will improve quality, outcomes, and safety for patients.
- 5.12 The Quality Impact Assessment has been completed in relation to the recommended option and in conjunction with the quality team. The Quality Impact Assessment is a live document and has been re-iterated throughout each phase of the programme and shown to have positive impacts.

Equality, diversity, and health inequalities

- 5.13 Integrated Care Boards have a duty to reduce inequalities between patients in respect to

outcomes and access and this transformation has embedded health inequality considerations into the redesign process.

- 5.14 A screening Equality and Health Inequalities Impact Assessment was initially developed, followed by a full Equality and Health Inequality Impact Assessment. Taking account of feedback from Integrated Care System colleagues and NHSE/I. This Equality and Health Inequality Impact Assessment is a live document and has been re-iterated throughout each phase of the programme. Action from this has been undertaken, is reflected in the model of care, informed our public consultation and communications and engagement delivery plan, and our communications plan post-decision. The Equality and Health Inequalities Impact Assessment is Appendix 1 of the Decision-Making Business Case.

Patient and public engagement:

- 5.15 Following historical informal engagement, full pre-consultation engagement took place to understand what is important to local people. The information gathered during this engagement process informed our model of care and options appraisal process.
- 5.16 The transformation programme has been further informed by local people through our formal public consultation process, where the proposals were broadly welcomed with overall agreement on the proposed model of care, as there was recognition for the need to make changes to address challenges and deliver improvement to ophthalmology services.
- 5.17 The feedback was helpful, and a number of common themes were identified during the public consultation process, and initial actions in response to insight from the public consultation have included a review and update of the Quality Impact Assessment, Equality and Health Inequalities Impact Assessment, as well as updating of previous Equality and Health Inequality Impact Assessment` actions, and the establishment of a Travel and Transport Review Group, the actions of which have been, or are currently being, taken forward as part of the programme and when informing our final Decision-Making Business Case and recommendations.

Health and wellbeing implications:

- 5.18 The transformation of services in East Sussex is expected to improve access to care and health outcomes for our patient population, supporting the health and wellbeing agenda and reducing inequalities.

6 CONCLUSION

- 6.1 The process to develop these proposals has been comprehensive and the recommended model will deliver benefits for our local populations. Services will deliver improvements for all local people with the development of one-stop clinics at both sites, Bexhill Hospital and Eastbourne District General Hospital, and a diagnostic eye hub at Bexhill Hospital. Outpatient and day case surgery that currently takes place at Conquest will be moved to Bexhill. Emergency and general anaesthetic surgical ophthalmology cases (including cases

which require overnight stay) will continue to be at Conquest Hospital: these services will not be affected by these proposals. The introduction of one-stop clinics and a diagnostic eye hub will ensure faster diagnosis, reduce waiting times, reduce number of appointments required for patients to attend and repeated tests. These are key quality improvements to the ophthalmology service.

- 6.2 To deliver this model of care we need to bring staff together across a range of disciplines into multidisciplinary teams and the proposal enables the physical space for these staff to work together in this way. This also improves access to senior decision making and input when it is required in relation to patient care, so that patients will see the right people at the right time and repeat attendances will be reduced.
- 6.3 Through our engagement and options development and appraisal process we developed five potential model of care options. During the Pre-Consultation Business Case, and public consultation, with patients, the public and local stakeholders, the conclusion was to recommend the post-consultation proposal detailed in the Decision-Making Business Case. This is the same model of care that was appraised (as part of our options development and appraisal and pre-consultation processes) as the one that will best provide good patient experience, support improved outcomes for local people and a high-quality sustainable service; enabling the model of care to be implemented that will realise these benefits and is deliverable.
- 6.4 We recognise that this will represent a change for some people who currently use these services and we will continuously engage with local people and stakeholders throughout the implementation and evaluation processes to continue to understand the implications of our proposal. All new information and evidence gathered as part of an evaluation will inform how the final proposal is working.
- 6.5 Subject to the outcome of the East Sussex Health Overview and Scrutiny Committee's consideration as to whether the proposals are in the best interests of local people, mobilisation will begin. During any implementation and transition stages we will ensure that changes are communicated in a clear and timely manner. This would include working with local people and stakeholders to understand how best to provide easily accessible information, to support local people and professionals, about the changes; and to communicate the changes to existing services, the nature of new services and how to access them to ensure people who use these services at East Sussex Healthcare NHS Trust continue to access the care and support they need.

Annex 1: Themed actions in response to public consultation and recommendations

Following the feedback from the public consultation, the HOSC Review Board and the Travel and Transport Review Group made a range of recommendations which have been taken account of as we have developed our proposals and our developing draft mobilisation planning. These key recommendations were focused on travel and transport and included providing travel support for local people; the introduction of Travel Liaison Officer at East Sussex Healthcare NHS Trust; improved parking at Bexhill Hospital; improved communication about travel options; liaising with patients about their individual travel and access needs; supporting patients with information and processes about accessing financial reimbursement where eligible; improving information for patients about alternative transport options and exploring over the longer-term improvements to public transport; and measures to support recruitment and retention of staff.

In response to these recommendations, some have been implemented and others have been committed to and we are progressing them as this programme continues and we implement our proposals. There are also several actions/recommendations which are being pursued and/or explored by the wider Sussex system, as these do not solely relate to ophthalmology patients who attend East Sussex Healthcare NHS Trust. Themes, recommendations and progress updates are detailed in the table below.

Theme	Recommendations from HOSC Review Board and Travel and Transport Review Group (TTRG)	Progress update
Workforce	Further measures to support the recruitment and retention of staff are explored in collaboration across the Sussex ICS, which address the workforce challenges of the service (HOSC)	Collaboration across the Sussex ICS is ongoing and is a continuing programme, as workforce challenges are widespread across the system and multiple services.
	Staff recruitment and retention is monitored to ensure the workforce challenges are being met and to assess whether additional measures to support recruitment and retention are needed (HOSC).	Monitoring of recruitment and retention has been built into the programme's KPI reporting to ensure we can incorporate this important element in our future evaluations to demonstrate the impact the proposed changes will have.
	Trust to ensure travel opportunities for staff, such as pool cars and salary sacrifice schemes, are advertised	This has been completed, and this information is shared with staff on a frequent basis.

	and widely known to staff (TTRG for implementation)	
Travel and Access	The Board recommended a package of travel and access mitigation measures is put in place to assist those patients who will have to travel further under the proposals, and those on low incomes or without other forms of support, including but not limited to those outlined below; the Travel and Transport Review Group recommendations are also outlined:	These have been completed, are in progress or being further explored as part of the programme timeline.
• Travel support options including communication	The establishment of a Travel Liaison Officer post is essential (HOSC)	The Trust has committed to this and it will be implemented as this programme is implemented.
	Trust to introduce a “Travel and Access Liaison Officer” role, possibly within PALS, who will provide patients and families bespoke support, information/advice and, if needed, arrangements to be made for around travel (TTRG for implementation)	As above.
	Trust to increase and maximise the number of on-site parking spaces at the Bexhill Hospital site (HOSC)	The programme has committed to improve car parking on the Bexhill Hospital site. This has been included in our final proposals within the Decision-Making Business Case (incorporating additional car parking) to ensure it is implemented in line with this transformation.
	The communication and clear messaging of advice and guidance on travel support options, including accessing financial support, including the ability to claim back travel costs following appointments, etc (HOSC)	This has been completed, and this information will continue to be shared on a frequent basis via our websites, social media, patient letters, etc., to ensure patients are aware of these opportunities.

	<p>The provision of information on the travel support available in appointment letters via a separate leaflet or information sheet in an accessible format and links to the website (HOSC).</p>	<p>This has been completed and will be updated as additional work around this programme and related actions progress.</p>
	<p>Encourage providers to provide clear explanations of the eligibility criteria for Patient Transport Services (HOSC)</p>	<p>This has been completed, and this information will continue to be shared on a frequent basis via our websites, social media, patient letters, etc., to ensure patients are aware of these opportunities.</p>
	<p>Trust to provide clearer parking information for people attending Bexhill (TTRG for implementation)</p>	<p>This has been completed and will be updated as additional work around this programme and related actions progress.</p>
	<p>NHS Sussex to explore the opportunities for digital tracking element when the Non-Emergency Patient Transport Services is re-commissioned, so patients have a clearer idea of when they will be picked up (TTRG for investigation).</p>	<p>This is being pursued and/or explored by the wider NHS Sussex system, as this does not solely relate to ophthalmology patients who attend East Sussex Healthcare NHS Trust.</p>
	<p>Following agreement of decisions, ensure all FAQs are updated to explain proposed recommendations and resolutions for these programmes (TTRG for investigation).</p>	<p>This will form part of our communications plan post-decision, pending the decision that is agreed. Our communications plan is a live document and is continually being re-iterated as we get closer to our post-decision/implementation phase.</p>
	<p>Programme to monitor Did Not Attend (DNA) information following implementation of proposals to establish reasons why patients do not attend appointments and review the travel and access mitigations in light of this information (HOSC).</p>	<p>This will form part of our implementation, monitoring and evaluation as the programme progresses. Key Performance Indicators (KPIs) have been drafted to monitor implementation including Did Not Attend rates.</p>
<ul style="list-style-type: none"> Establishing travel needs in advance of appointment 	<p>The CCG and ESHT explore processes to ensure patients are asked about their travel and access needs at the point of referral or at an appropriate point in the patient pathway (HOSC)</p>	<p>This is being pursued and/or explored by the wider Sussex system, as this does not solely relate to ophthalmology patients who attend East Sussex Healthcare NHS Trust.</p>

	Trust to include travel and transport information, hospital site map and signposting information and advice in patient letters and/or patient information leaflets (TTRG for implementation)	This has been completed and will be updated as additional work around this programme and related actions progress.
	NHS Sussex and Trust colleagues to identify when/where in a patient's pathway is the most appropriate opportunity for their individual needs to be highlighted, e.g., if a longer appointment is needed or it needs to be held at a specific time of the day due to other conditions or learning/physical disabilities, dementia, etc., and then ensure this is built in and embedded to the pathway working with key stakeholders (TTRG for investigation).	<p>This is being pursued and/or explored by the wider Sussex system, as this does not solely relate to ophthalmology patients who attend East Sussex Healthcare NHS Trust. NHS Sussex has a personalised care programme committed to embedding a personalised care approach in all pathways, including ophthalmology, to give people choice and control over the way their care is planned and delivered.</p> <p>The Trust's agreed Travel and Access Liaison Officer will support individual patients with this.</p>
<ul style="list-style-type: none"> • Other transport options 	Actions to improve access via other transport alternatives (e.g., development of a shuttle bus service, volunteer transport services, community transport, taxi services, liaison with bus operators and the local authority etc (HOSC)	Discussions with the local authority regarding transport alternatives are ongoing and will be included in implementation planning as appropriate.
	NHS Sussex and East Sussex Healthcare NHS Trust to investigate potential options to pilot a shuttle bus service between the Trust's hospital sites for staff and/or patients (TTRG for investigation)	The programme team will continue to assess the requirement and the feasibility of a shuttle bus as part of the implementation plan. This will be resolved ahead of go live.
	NHS Sussex to compile a directory of any, and all, local charity, and volunteer transport services that patients could be signposted to if they are ineligible for other services, such as Non-Emergency Patient Transport Services (NEPTS) (TTRG for implementation).	This is currently ongoing and will be ready prior to implementation.

	Explore details and arrangements of shuttle bus services that other Trusts have implemented.	The programme team will continue to review other Trust transportation solutions prior to implementation as part of the travel and transportation workstream.
	Explore progress of the Trust's potential plans to have an in-house patient transport service.	The programme team will continue to review other Trust transportation solutions prior to implementation as part of the travel and transportation workstream.
<ul style="list-style-type: none"> Exploring improvements to existing public transport 	NHS Sussex and Trust colleagues to discuss potential resolutions to public transport concerns with local public transport providers (TTRG for investigation).	This work will form part of implementation plans and wider trust approach.
	NHS Sussex and Trust colleagues to initiate discussions with East Sussex County Council (ESCC) and Stagecoach to investigate potential future bus provision to meet the needs of the re-configured ophthalmology services (TTRG for investigation).	Working with local authority partners, the programme team will continue to review a range of transportation solutions, including bus service improvement, prior to implementation as part of the travel and transportation workstream.
	NHS Sussex and Trust colleagues to approach ESCC to discuss how the local population's transport and travel needs could be considered as part of its Bus Service Improvement Plan (TTRG for investigation).	Working with local authority partners, the programme team will continue to review a range of transportation solutions, including bus service improvement, prior to implementation as part of the travel and transportation workstream.
<ul style="list-style-type: none"> Insight from local people and communities in implementing travel and transport action 	All decisions and recommendations taken forward will be co-designed with voluntary, community and social enterprise members who represent the patient population (TTRG for implementation).	This will form part of implementation plans, to ensure our new service is accessible and user friendly for all our local population.
	NHS Sussex to investigate learning from the vaccination programme, as travel arrangements have been arranged to support patients to get to their vaccination programmes (TTRG for investigation).	This has been completed.

<ul style="list-style-type: none"> Evaluating impact of travel and transport actions 	<p>Trust and NHS Sussex colleagues to work in partnership with voluntary, community and social enterprise organisations and patient groups to review access to hospitals, e.g., a mystery shopper exercise, to focus on those groups highlighted in the programme Equality and Health Impact Assessment, pre-consultation engagement, options development and appraisal processes, and public consultations who have experienced access issues (TTRG for implementation).</p>	<p>This will form part of implementation plans, to ensure our new service is accessible and user friendly for all our local population.</p>
<ul style="list-style-type: none"> Strategic approach 	<p>Trust to consider drafting a long-term Trust-wide transport and travel strategy to meet all patient, carer, family, and staff needs across East Sussex (TTRG for investigation).</p>	<p>This is being explored by Trust colleagues, as this do not solely relate to ophthalmology patients who attend East Sussex Healthcare NHS Trust.</p>
<p>Timely implementation</p>	<p>Implementation of the proposals is undertaken as soon as possible, and consideration is given to mitigating the risks posed by workforce challenges and the development of other competing services to ensure no loss of services in the implementation plan (HOSC)</p>	<p>This Decision-Making Business Case sets out high level implementation plans and timescales to reflect how soon we can safely and appropriately fully implement this transformation proposal. This is to ensure we are not negatively impacting the continuity of care for our patients or services at East Sussex Healthcare NHS Trust.</p>
<p>Assurance on impact on other services</p>	<p>The Decision-Making Business Case contains assurance that other services provided at the two hospitals will not be affected by the implementation of the proposals for ophthalmology (HOSC)</p>	<p>This has been completed and assurance included in the Decision-Making Business Case.</p>