

HOSC Outline briefing paper

Ear Nose and Throat (ENT) services

1. Introduction

East Sussex Healthcare NHS Trust (ESHT) provides Ear, Nose and Throat (ENT) services at both Eastbourne District General Hospital (EDGH) and Conquest Hospital in Hastings. The service has had continuous challenges over a number of years in providing clinically effective care due to medical staffing shortages. This has had an impact on the ENT service out of hours and the capacity to manage waiting times effectively. It has also compromised the delivery of effective training and supervision to trainee doctors, resulting in the loss of trainees which has further impacted on the long term viability of the service. Whilst pathways have been put in place to safeguard patient safety for the short term, through the use of an ad hoc temporary costly workforce and staff working additional hours, the current service is unsustainable. In addition, the service operated at a deficit of £1.7million in the year ending March 2018; a deterioration from a deficit of £987,000 in 2016/17.

We need to consider how we transform our services to address the challenges.

2. Vision/Proposal

Our aim is to provide a safe and sustainable ENT service for the people of East Sussex. In order to address the workforce challenges (recruitment and retention, supporting junior doctor training, provision of sustainable out of hours rotas) and the waiting times for patients the proposal is:

2.1 The ENT adult inpatient ward remains located at EDGH as does emergency ENT for adult patients across the county.

2.2 By end April 2019, to transfer all adult and children (paediatric) day case and planned surgical activity currently undertaken at Conquest Hospital (circa 494 patients a year) to EDGH:

- Theatre lists will be more frequent and planned to ensure that children have their surgery scheduled in the mornings and the short stay children's ward at EDGH (Friston) will be open until 9pm to provide clinically-led post-operative care as per current pathway, for children having their surgery at EDGH. This will help to minimise the risk of children needing to remain in hospital overnight.
- In the event that any child day-case requires an overnight stay, they will be managed under a shared care agreement with the paediatric team on the children's ward (Kipling) at Conquest Hospital in line with the Trust's current pathway.
- An elective paediatric operating list will be provided on a four weekly basis at Conquest Hospital. This list will be protected for children with sleep apnoea conditions who require an overnight bed following Surgery.

- Clear post-operative guidance will continue to be issued to patients on discharge for the management of post-operative emergency.
- Any child presenting with post-operative clinical needs requiring admission will be admitted to Kipling children's ward at Conquest Hospital as per current pathway.
- There will be small numbers of patients who will continue to be offered treatment at Uckfield. These patients are selected for Uckfield and are clinically considered very low risk/and require minimal intervention surgery who generally walk in/walk out of the unit with little recovery time, and do not require access to an acute hospital bed eg. patients being treated for removal of skin lesions/and insertion of grommets.

2.3 To develop the partnership working with Brighton and Sussex University Hospitals NHS Trust (BSUH) to commence FY20/21 through a collaborative model and jointly recruit senior medical posts.

2.4 To continue to provide outpatients services both at EDGH and Conquest.

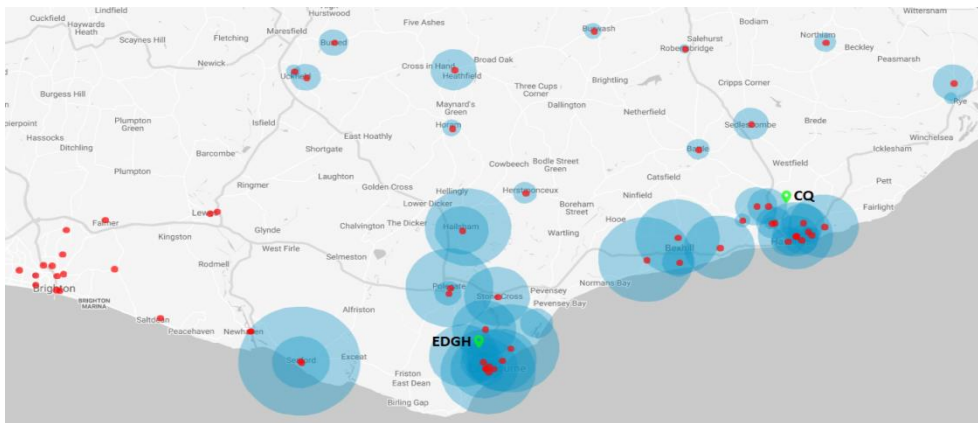
2.5 We are proposing that children presenting with an ENT emergency requiring admission (approximately 9 patients per year) will be diverted to the Royal Alexander Children's Hospital at BSUH. At the time of writing this paper the pathway was being discussed with BSUH.

2.6 Proposed changes to emergency pathways are detailed in Appendix 1 below.

3. Source of ENT referrals

The map below shows the source of GP referrals to ENT at ESHT throughout 2017/18. The service received 11,946 outpatient referrals last financial year, of these 1301 had planned surgery, 494 were conducted at Conquest. These would need to be moved to EDGH as outlined in the proposal above.

- Red circles indicate the location of GP surgeries.
- Blue bubbles, and their relative sizes, represent the number of referrals received in ENT from that source. The larger the bubble, the more referrals received.
- Green location markers show the locations of EDGH and Conquest



4. ENT patients admitted

The table below shows a breakdown of the above ENT admitted patients for day case, planned surgery, and emergency activity, by site. Adult inpatients are admitted to the ward at EDGH.

	2016/17				2017/18			
	Conquest	EDGH	Uckfield	Total	Conquest	EDGH	Uckfield	Total
Day case	325	480	231	1,036	311	493	95	899
Planned	199	230		429	183	219		402
Emergency	20	580		600	11	547		558
Total	544	1,290	231	2,065	505	1,259	95	1,859

The table shows that 1301 patients had planned surgery in 2017/18 of which:

- 899 were day cases
 - 493 day cases at EDGH
 - 311 day cases at CQ
 - 95 day cases at Uckfield
- 402 were planned inpatient surgery cases who stayed an average of less than one day (0.99):
 - 219 inpatients at EDGH stayed an average of 1 day (1.05 bed days)
 - 183 elective inpatients at Conquest stayed an average of less than one day (0.93)
- 558 emergency admissions stayed an average of 2.43 days, of which 547 were at EDGH.

5. ENT children admitted

All children requiring an inpatient stay are currently admitted to the children's inpatient ward (Kipling) at the Conquest Hospital, under shared care with Paediatrics. The table below shows a breakdown of the number of children admitted for day case surgery, planned surgery and emergency at Conquest Hospital.

Children's day case surgery is currently provided at both EDGH and the Conquest. Day case children at EDGH who convert to an overnight stay require transfer to Conquest under the shared care arrangement above.

Children Admitted to Kipling 2017/18		
	Conquest	Length of Stay (LOS)
Day case	4	
Planned	64	60 admissions LOS 1 night
Emergency	9	4 admissions LOS 1 night, 4 admissions LOS 3 nights
Total	77	

The table shows that of the 77 children seen, only 8 children had a length of stay of over 1 night; and 4 of these were emergency admissions.

- 4 of the paediatric admissions were already completed as day cases.
- 64 paediatric admissions were for planned inpatient surgery, and 60 of these had LOS less than 1 day.

Under the proposed changes, seeing children for their planned surgery as part of the morning list at EDGH would facilitate some of these cases being completed as day cases,

negating the need for transfer. Children who require an unplanned inpatient stay would follow the current pathway, requiring transfer to the children's ward at Conquest. Children with sleep apnoea diagnosis will be listed for ENT Surgery on a four weekly paediatric list at Conquest, and cared for post operatively under the current shared care agreement with the paediatricians.

It has been discussed with BSUH that all emergency attendances for children who require admission (9 children in 2017/18) would be transferred to Brighton under the new proposal, with the exception of children attending with a post-operative problem for surgery conducted at ESHT. Post-operative complications would continue to follow the current emergency pathway.

For example, emergency conditions that are likely to present that would need transfer to Brighton are children with tonsillitis; mastoiditis; neck abscess; sinusitis; and peri-orbital cellulitis. Not all of these cases will require surgery. Post-operative complications, such as bleeding following tonsillectomy, would be treated and admitted to Conquest and not transferred to Brighton. Children under 2 and under 15kg would continue to be transferred to Brighton as is currently the pathway.

The current and proposed emergency pathways are provided in Annex 1.

6. Options considered and discounted:

6.1 Maintaining status quo

This option was discounted for the reasons outlined above, namely; medical staffing shortages, having ENT inpatients on two acute sites, an unsustainable out of hours rota, insufficient capacity to manage waiting times, and the inability to deliver effective training and supervision to trainee doctors. In addition, the service is also financially unsustainable in its current form.

6.2 Locating service at Conquest hospital

This option was discounted as locating the service at Conquest does not allow us to address our difficulties in medical staffing and rotas. The Trust is planning to address this by furthering its partnership with BSUH, who are willing to work collaboratively. This makes EDGH more operationally viable given the proximity of EDGH to Brighton. Additionally, the majority of the current ENT workforce are based at EDGH, the adult ENT inpatient areas are already at EDGH, and the specialist nursing skills exist at EDGH in order to manage airways problems safely. The Surgical hospital at night rota at EDGH is reliant on the ENT junior doctors to provide adequate numbers to support other surgical specialties at EDGH.

7. Conclusion

ESHT has experienced a long term issue with the recruitment of the ENT medical workforce that has resulted in the inability to provide a sustainable ENT service across East Sussex. The links with the local tertiary centre will provide the succession planning and workforce sustainability required for East Sussex and the proposals detailed above provide will enable this.

In order to maintain the local ENT service for East Sussex patients, this proposal requires the transfer of the remaining elective activity from Conquest Hospital, whilst

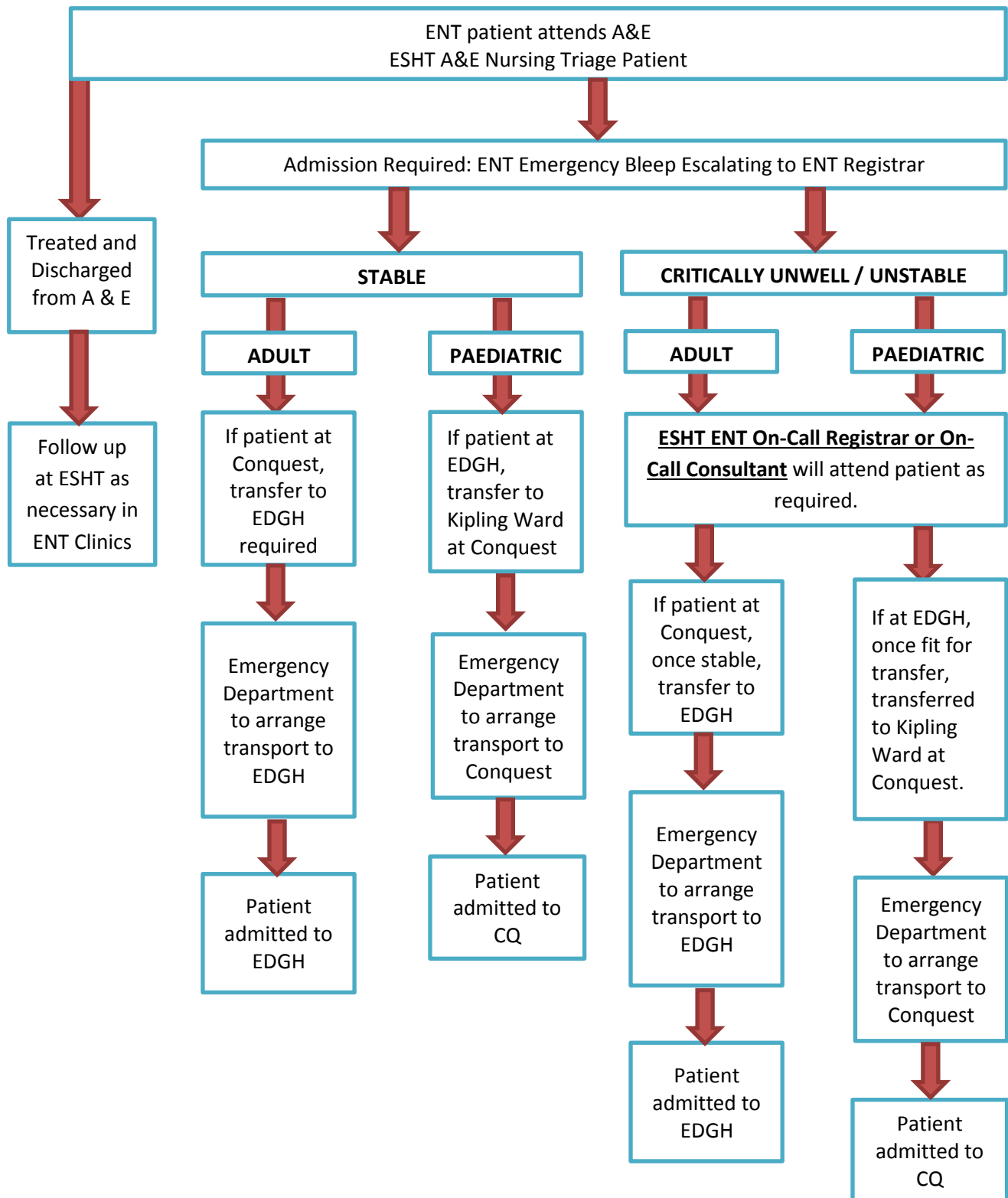
maintaining outpatient activity at both acute hospitals and the collaboration with BSUH on workforce. This will enable workforce sustainability, increase the quality of training for junior doctors, secure further trainees to deliver resilience in on-call rotas, and will be an enabler to reduce waiting times for patients. This should result in improving the clinical and financial sustainability of the specialty.

The proposed changes will be incremental following further and detailed conversations with BSUH, the ambulance trust, and other internal and external stakeholders, external, including patient representatives. A copy of the full case for change will be available, and the final copy of the proposed Business Plan will be submitted through the internal trust governance process.

Joe Chadwick-Bell

Chief Operating Officer

ESHT ENT EMERGENCY CARE PATHWAY (CURRENT)



ESHT ENT EMERGENCY CARE PATHWAY (PROPOSED – CHANGES HIGHLIGHTED)

