

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

Date of meeting: 15 December 2022

By: Assistant Chief Executive

Title: Reconfiguration of Cardiology Services in East Sussex

Purpose: To consider whether the NHS decision on changes to the future provision of Cardiology services by the East Sussex Healthcare NHS Trust (ESHT) is in the best interest of the health service in East Sussex

RECOMMENDATIONS

The Committee is recommended to consider whether the NHS Sussex's decision as set out in paragraph 2.1 in relation to the changes to the future provision of Cardiology services by the East Sussex Healthcare NHS Trust (ESHT) is in the best interest of the health service in East Sussex.

1. Background

- 1.1. On 2 December 2021 HOSC considered a report by the local Clinical Commissioning Groups (CCGs), now NHS Sussex, on the proposed changes to acute Cardiology services in East Sussex provided by the East Sussex Healthcare NHS Trust (ESHT) at the Eastbourne District General Hospital (EDGH) and the Conquest Hospital, Hastings.
- 1.2. Under health scrutiny legislation, NHS organisations are required to consult HOSCs about a proposed service change which would constitute a 'substantial development or variation' to services for the residents of the HOSC area. The HOSC may then make comments in response to the proposals consulted on prior to the NHS organisation's decision.
- 1.3. The Committee resolved that the cardiology proposals constituted a 'substantial development or variation to services' requiring formal consultation by the CCGs/NHS Sussex with HOSC.
- 1.4. HOSC established a Review Board to consider the evidence in relation to the proposed changes to Cardiology services in detail and prepared a report and recommendations as the Committee's response to the consultation. The Board comprised Councillors Belsey, Di Cara, Marlow-Eastwood, Robinson and Turner; the Review Board elected Councillor Robinson as the Chair.
- 1.5. The Review Board considered a wide range of written and oral evidence from NHS and other witnesses and agreed a draft report and recommendations. At this stage in the process the proposals included single siting some of the highly specialised interventional cardiac services, carried out in catheterisation labs, at either the Eastbourne DGH or the Conquest Hospital.
- 1.6. The HOSC agreed on 30 June 2022 to endorse the draft report and agreed to submit the final report to NHS Sussex (which came into being on 1 July 2022) for consideration as part of their decision making process alongside the outcome of the public consultation and the Decision Making Business Case (DMBC).
- 1.7. On 12 September the NHS organisations held an independently-facilitated site panel meeting to determine the preferred hospital location for the specialist cardiac services. Following consideration of all the evidence the recommended site in the DMBC for the specialist cardiac services is Eastbourne DGH. On the 11 October 2022 the ESHT Board considered the proposals in the DMBC and endorsed them. On the 2 November 2022 the NHS Sussex Integrated Care Board (ICB) agreed the proposals.

2. Supporting information

NHS Decision

2.1. The NHS Sussex ICB at its meeting on 2 November 2022 agreed to:

Approve the post-consultation Decision Making Business Case; specifically to:

- form a Cardiac Response Team to support patients on their arrival at the Emergency Department (ED), alongside 'hot clinics' that will provide consultant-led rapid assessment at both of our acute hospital sites (all patients will benefit from these improvements).*
- co-locate the most specialist cardiac services, needed by a small number of patients (impacting approximately 3% of patients who use these services), at Eastbourne District General Hospital. These specialist cardiac services include surgical procedures, investigations or treatments that might require access to a catheter laboratory, Coronary Care Unit or cardiology inpatient beds.*

2.2. The NHS Sussex ICB further agreed to:

- note the consultation findings, how these have informed the Decision-Making Business Case, and how they have resulted in the post-consultation proposal;*
- note and approve additional actions to further mitigate any potential adverse impacts of the post-consultation proposal on groups highlighted in the comprehensive Equality and Health Inequalities Impact Assessment (EHIA) that has been iterated throughout the programme and was carefully considered in developing the final proposal, in particular as part of the site options appraisal process;*
- note that the East Sussex Health Overview and Scrutiny Committee's Review Board's recommendations have informed the Decision-Making Business Case and the above additional actions to further mitigate any potential adverse impacts on our local population*
- note that the decision of the NHS Sussex Integrated Care Board will subsequently be submitted to the East Sussex Health Overview and Scrutiny Committee for their consideration.*

2.3. The DMBC summary is attached as **Appendix 1** to this report. The DMBC summary provides more details of the decision and sets out the reasons for taking it and includes links to all the relevant published information. Section 4 of the DMBC summary and section 8 of the full DMBC outline how the DMBC has taken into account and responded to HOSC's recommendations.

2.4. The agenda pack of the NHS Sussex ICB meeting is available on the NHS Sussex [website](#) and also includes links to the [full versions](#) of the DMBC, Equality Health Impact Assessment (EHIA), concise Quality Impact Assessment (QIA), Public Consultation Feedback Report, Independent Site Panel report, and the Transformation Travel and Transport Review Group (TTRG) recommendations report.

Response to HOSC's recommendations

2.5. **Appendix 2** is the HOSC report submitted to NHS Sussex for consideration prior to its decision. HOSC's recommendations together with recommendations from the TTRG are set out in **Annex 1** of the DMBC summary (Appendix 1), with responses by NHS Sussex on how they plan to

meet each recommendation. In some cases, the response to HOSC's recommendation includes work across the wider NHS Sussex system.

HOSC role in considering NHS decisions

2.6. Health scrutiny regulations allow HOSC, once NHS Sussex has taken its decision, to consider whether the decision in relation to the proposed service change is in the best interests of the health service for East Sussex. In reaching its view, the Committee should take into account the evidence gathered during its review of the proposals and the responses to its recommendations.

2.7. If a HOSC does not consider an NHS decision on a substantial variation to services to be in the best interests of the health service in its area, it has the option to refer the decision to the Secretary of State for Health for review. Any referral may not be made unless a HOSC is satisfied that reasonably practicable steps have been taken to try to reach agreement with the local NHS. Thus, should HOSC consider that NHS Sussex's decision is not in the best interests of the local health service, the Committee would need to consider whether all possible steps have been taken to reach an agreement, prior to making a referral.

2.8. Any referral that HOSC makes to the Secretary of State *must* be accompanied by, amongst other things:

- an explanation of the reasons for making the referral;
- a summary of the evidence considered, including any evidence of the effect or potential effect of the proposal on the sustainability or otherwise of the health service in the area; and
- an explanation of any steps that the HOSC has taken to try to reach agreement with NHS Sussex.

3. Conclusion and reasons for recommendations

3.1. The Committee is recommended to consider whether the NHS Sussex decision in relation to changes in Cardiology services as set out in paragraph 2.1 is in the best interest of the health service in East Sussex.

3.2. If HOSC determines that the NHS Sussex decision is not in the best interests of the health service, the Committee will need to consider whether or not to refer the matter to the Secretary of State for Health and to agree the grounds for such a referral. The Committee must consider whether all practicable steps to reach local agreement have been taken before making a referral.

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