Re-Provision of Uckfield Day Surgery Unit – Pilot Evaluation

HOSC Update – December 2025

1 BACKGROUND & INTRODUCTION

Scope

1.1 The paper is brought to HOSC for the purposes of 1) Sharing our internal decision-making process and rationale, and 2) Discussing this with HOSC members prior to full implementation.

1.2 This update is in relation to East Sussex Healthcare Trust's (the Trust's) Day Surgery Unit (DSU) activity at the Uckfield Community Hospital site and does not affect any other services at Uckfield Hospital, whether operated by the Trust, or by other providers.

1.3 The DSU activity contributes approximately 13% of Trust activity at the site. Other services provided by the Trust at the Uckfield site include an outpatient department, podiatry, physiotherapy and community dental services. These services are out of scope, and there are no proposed changes to these services as part of this paper.

1.4 Uckfield Community Hospital also provides services run by other NHS organisations in the area, such as Sussex Community NHS Foundation Trust (SCFT); and Sussex Partnership NHS Foundation Trust (SPFT). These services are also not within the scope of this paper

1.5 The Trust do not own or operate the Uckfield site. The building is a community resource overseen by the ICB. The Trust lease space at Uckfield for the provision of a number of services, one of which is the DSU and the subject of this paper.

Case for Change Summary

1.6 At Uckfield DSU, the Trust can only provide local anaesthetic surgical procedures, which limits both the number of conditions we see and the surgical specialties we cover.

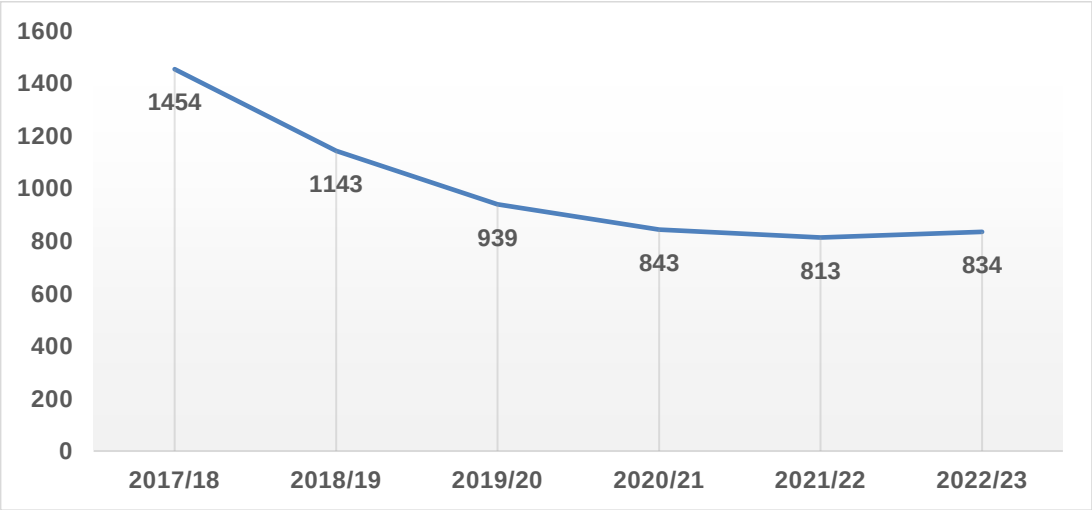
1.7 Uckfield DSU cannot safely support general anaesthetic or overnight care and does not carry out surgical procedures on patients with a higher risk of complications such as those with complex needs, certain disabilities, significant frailty and/or certain concurrent illnesses. In these cases, even day case procedures must be carried out in an acute hospital environment where the full scope of supporting clinical services is on site.

1.8 Activity at Uckfield had been reducing for a number of years, partly due to the safety criteria above, partly due to advancements in treatment meaning theatre environments were no longer required and this activity could take place in normal procedure rooms, and partly because some of the procedures that we previously carried out at Uckfield are no longer commissioned by the NHS.

1.9 The Trust were also providing DSU facilities and staff to support other NHS Trusts, such as Plastic Surgery lists for Queen Victoria Hospital (QVH). QVH served notice on plastics activity in April 2024, further reducing DSU activity.

1.10 For all these reasons, the case for change illustrated that DSU activity at Uckfield had fallen to approximately 800-850 patients per annum for the three years prior to this proposal, as figure 1 below shows.

Figure 1: Uckfield DSU Activity Since 2017/18



1.11 By the time the pilot started in December 2024, this had further reduced to approximately 650 cases per annum.

1.12 Due to the reduction in activity, Uckfield theatre sessions were not being well used. A snapshot audit was conducted for the development of the case for change, looking at utilisation rates at Uckfield DSU for 7 months between October 2023, and April 2024 showed that typical utilisation was around 60%. See figure 2 below.

Figure 2: Uckfield DSU Utilisation Oct 2023 – April 2024

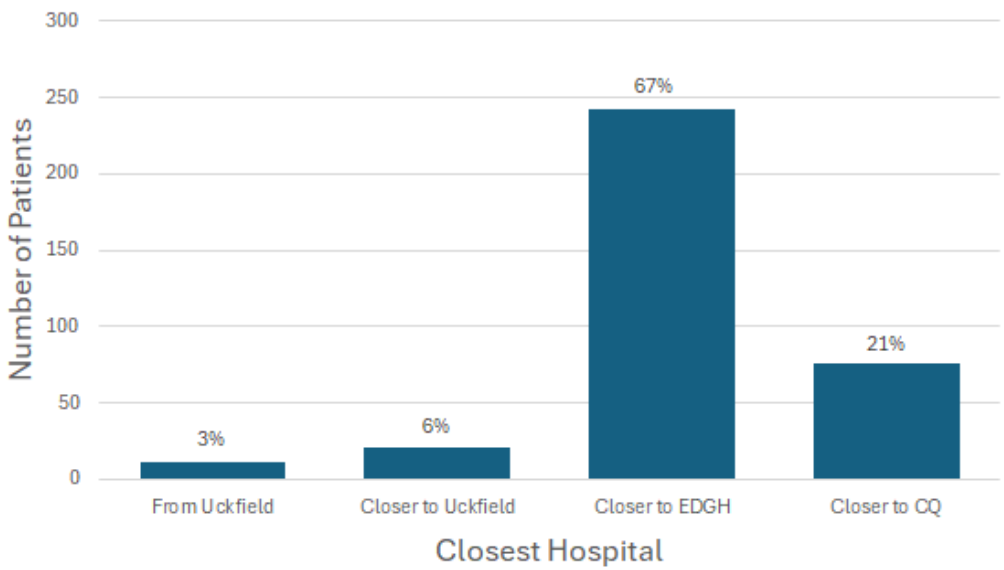
Month / Year	Actual Utilisation
Oct 2023	53.00%
Nov 2023	65.00%
Dec 2023	68.00%
Jan 2024	60.00%
Feb 2024	62.00%
Mar 2024	65.00%
Apr 2024	60.00%

1.13 This is against a utilisation target of at least 85%, which was unable to be achieved at Uckfield, and meaning that we were not making the best use of our capacity. This would have reduced further after the snapshot audit, due to the further fall in activity, and the noticed served on QVH Plastics activity in April 2024.

1.14 When we compare this to theatre utilisation at the acute hospitals, Eastbourne District General Hospital and Conquest Hospital Hastings, utilisation is around 82% across these sites.

1.15 We also know that of the patients accessing these services, almost 9 out of 10 patients lived closer to one of our main hospital sites, as shown in figure 3 below.

Figure 3: Combined Patient Location Analysis



1.16 The data above covers an approximately six month period, and is based on the combination of a postcode analysis conducted at the time the case for change was developed (showing 82% of patients lived closer the acute sites, and 3% lived in and around Uckfield), and then confirmed over the pilot period (which showed 88% of patients sampled lived closer to the acute sites, and 3% lived in and around Uckfield).

1.17 The Trust has also recently invested in £40m worth of additional state of the art day surgical capacity at the Sussex Surgical Centre, which would further reduce the activity at the Uckfield DSU.

1.18 A paper endorsed by HOSC as part of the case for investment in the Sussex Surgical Centre (SSC, but then known at the Elective Hub) identified at that time that 29% of activity at the Uckfield DSU would be better provided at the SSC. This would further reduce the activity at Uckfield DSU, making activity levels unsustainable.

Agreement of Case for Change & Pilot Project

1.19 The case for change was agreed by ESHT Board in August 2024, followed by conversations with the ICB who endorsed the principles of the case for change. A 6-month pilot period was agreed with the ICB as the next step.

1.20 In December 2024 we launched the 6-month pilot to test our proposal that overall productivity and patient experience would benefit from relocating our DSU activity and staff from Uckfield to our two main sites at Eastbourne and Hastings.

1.21 The pilot ran from December 2024 and finished in June 2025, after which we conducted a review of the initial data over the Summer of 2025. Showing that we did see and treat people as quickly as possible. The results of the pilot are summarised in section 2.

2 PILOT EVALUATION RESULTS

Operational Data

2.1 The evaluation of the pilot showed that the Trust was able to increase its capacity for elective pathways, increase our ability to pre-assess patients in a timely manner, and improve flexibility to provide capacity as operationally required, helping to prioritise urgent, cancer and general anaesthetic cases.

2.2 We were able to do this without negatively impacting activity in the specialties that were moved from Uckfield, and in some cases, we were able provide this activity in a more appropriate location (e.g. procedure rooms).

Patient Engagement and Access

2.3 Throughout the course of the pilot, we took soundings from patients who supported the move of services, with the strongest theme being that the acute sites were "clean" and "well equipped".

2.4 The evaluation also enabled us to confirm our initial analysis on travel impact, showing that:

- 88.3% of sampled patients were able to access treatment closer to their homes.
- The average travel distance across the sample decreased by 10.3 miles per journey.

- Of the 11.6% that lived closer to Uckfield 3.4% of patients were from Uckfield or the surrounding area:
  - 1.7% came from within Uckfield (<2miles)
  - 1.7% came from "around Uckfield" (<5miles).
- Only 6.7% patients in the sample needed to travel more than an additional 3 miles.
- At the time of the pilot, Uckfield DSU was seeing approximately 650 cases per annum. This would equate to approximately 43 patients a year travelling an additional 3+ miles.

2.5 During these conversations, no patient expressed a concern that their experience had been diminished by the move, nor were there concerns expressed about travel or access issues.

2.6 We have also triangulated this with our patient engagement team and confirmed that there was no negative feedback from PALS and Complaints stemming from the pilot.

Key Findings[1]

- Moving the staff and activity from Uckfield to the main sites did not reduce elective capacity across the Trust, and in some pockets, supported increasing it.
- Completed admitted pathways have increased during the pilot period compared with before the pilot.
- Long waiters (65+ weeks) have reduced over the course of the pilot period (Please note a direct comparison with before the pilot was not possible due to the Trust taking on 2000 cases from University Hospitals Sussex Foundation Trust (UHSx) at this time).
- All activity of the type provided at Uckfield has been re-provided on the main sites.
- Activity comparisons for particular specialties are largely in line with expectations, and have provided assurance that capacity has not reduced, and in some cases, capacity or productivity has improved.
- Some activity is now provided in a more appropriate environment, outside of a theatre setting, and on an outpatient procedure basis.
- Uckfield DSU staff have been deployed flexibly across DSU roles, and including supporting General Anaesthetic cases in main theatres and pre-operative Assessment.
- Uckfield DSU Staff provide at least an additional 24 pre-assessment slots per week, and more where staff are used flexibly to support this work, allowing us to have a larger pool of patients ready for surgery, including at short notice.
- The evaluation re-confirms that the majority (88.3% in this evaluation) of patients live closer to the acute sites than Uckfield, impacts travel times more for those who live near the acute sites, and impacts only 3.4% of patients who live in or near Uckfield (but does not stop them attending).

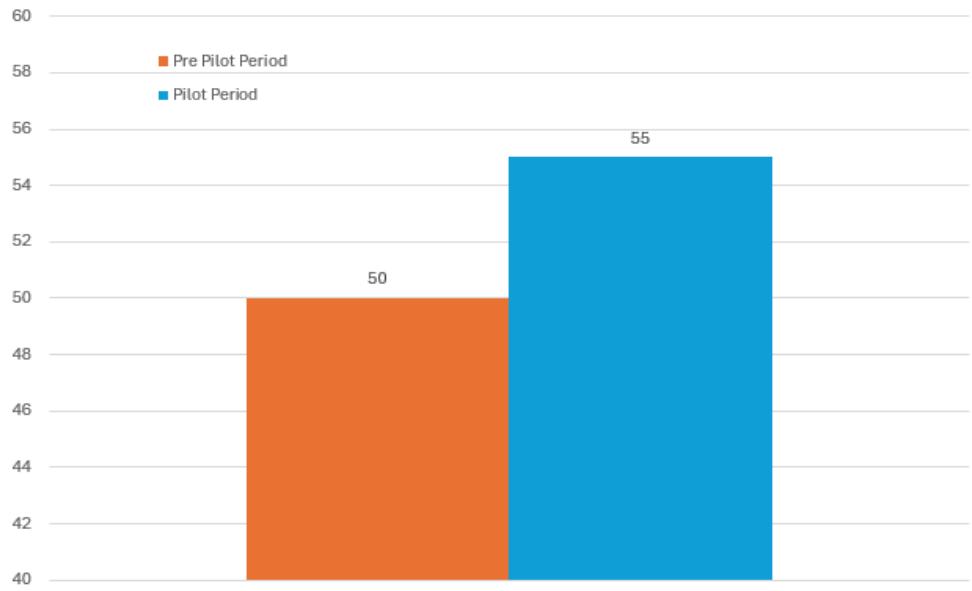
[1] *Please note that the case for change indicated that Uckfield DSU completed approximately 800-850 cases a year, with a reducing trend (approx. 650 at the time of the pilot launch). In comparison. the Trust completes in the order of 56,000 elective cases a year across all of its sites. Uckfield DSU therefore accounts for between 1.2-1.5% of total Trust elective activity. Seeing a statistically significant impact in Trustwide data is therefore unlikely as a result of the Uckfield DSU relocation alone*

Pilot Evaluation: Operational Performance

Activity & Performance

2.7 There has been a Trustwide increase in the number of completed admitted pathways over the period of the pilot.

Figure 4: Average admitted completed pathways per working day



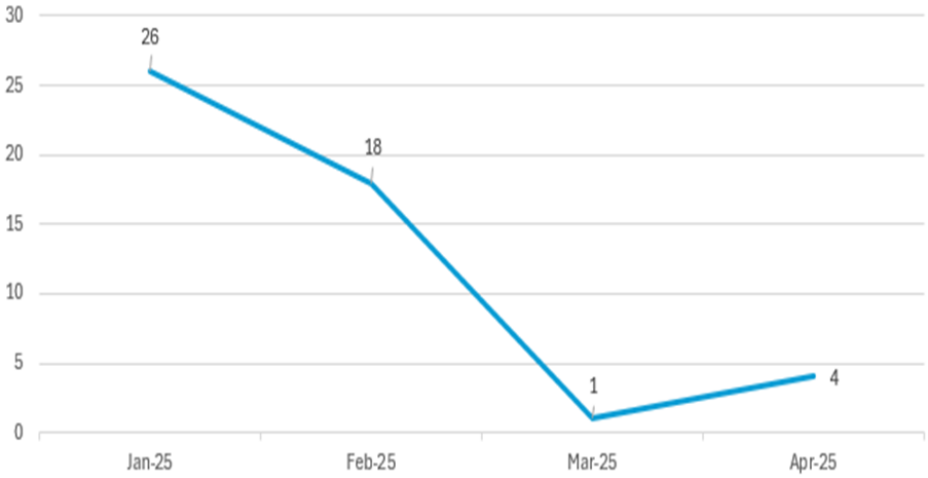
2.8 The average number of completed admitted pathways per working day over the baseline period was 50 per day, compared with 55 per day for the pilot period. An average improvement of 5 completed admitted pathways per day, or a 10% increase.

2.9 This indicates total surgical capacity increased, at least partly driven by productivity improvements.

Impact on 65+ Week Waiting List

2.10 During the pilot period the Trust has seen a general improvement in the number of long waiters. As show in the figure overleaf:

Figure 5: Number of 65 week waiters over the pilot period



2.11 There was a slight increase in 65+ week waiters in April 2025 in comparisons to March, although numbers remain small. This may be partly explained by leave over the Easter period

2.12 A validated 65+ week position could only be given up to April 2025 at the time the data was pulled for evaluation, however, we will continue to further monitor impact to waiting times over the course of implementation.

Activity Transferred from Uckfield DSU

2.13 The surgical specialties that were transferred from Uckfield DSU were Maxillofacial Surgery, Urology, Ophthalmology, Vascular Surgery, and Dermatology.

2.14 All Uckfield DSU activity was re-provided and rebooked at the EDGH site. No activity has been cancelled as a result.

2.15 Most specialties have seen an increase in capacity (more lists), activity (more patients), or productivity (more patients per list).

2.16 Maxillofacial surgery demonstrated an increase in cases with an average of 22 cases per week in the pilot, compared with 20 cases per week during the baseline, a 10% increase

2.17 Urology increased their productivity by increasing the number of cases on a list. This meant they could deliver the same level of activity with fewer lists, and this releases both consultant and theatre capacity for other clinical work. Urology ran on average 23 lists per week the baseline period to see the same level of activity as was achieved on only 21 lists in the pilot period, equating to a 9.5% increase in productivity.

2.18 Ophthalmology only carried out a very small number of lists at Uckfield (1-2 per month), and a large number of lists elsewhere, making any impact of this pilot on Ophthalmology data relatively small. However, ophthalmology ran on average an additional 1 list per week over the pilot compared with the pre-pilot period (an average of 24 lists per week during the pilot, compared with 23 in the baseline period), confirming that this pilot has not adversely impacted capacity.

2.19 Vascular ran 1 list per week on average during both the baseline and pilot periods, so there has been no reduction in vascular capacity as a result of the relocation. However, the average number of cases completed on those lists reduced from 3 in the baseline period, to 2 in the pilot period. Vascular have told us that this is a result of changed pathways, meaning that less complex patients are now seen in non-theatre settings. The theatre lists are now used for more complex patients, which would not have been possible at Uckfield. Please note: Vascular surgery is completed under a Service Level Agreement (SLA) with UHSx, giving the Trust less oversight and ownership of vascular pathways.

2.20 The Dermatology service identified that a significant proportion of activity going through Uckfield theatre environment did not require a theatre at all, and that they were able to move a significant proportion into appropriate procedure rooms. A direct comparison is therefore not possible. However, patients are able to access procedure rooms on an outpatient basis, meaning enhanced flexibility, and quicker treatment pathways, due to not having to wait for theatre availability in order for treatment to be provided. This also has the benefit of freeing up theatre capacity and seeing patients in a more appropriate environment. We will continue to monitor Dermatology pathways during implementation.

Impact on Pre-operative Assessment

2.21 During the pilot, one member of Uckfield DSU staff has provided a further two 12-patient pre-operative assessment clinics on the ward per week, accounting for an additional 24 patients per week.

2.22 Other Uckfield staff have also been able to provide additional pre-assessment clinics, on a flexible (ad-hoc) basis which has further increased our pre-operative assessment capacity.

2.23 This pilot has also supported with a Trust wide Pre-operative Assessment Improvement Project which has allowed us to standardise how we approach Pre-assessment across the Trust.

Post-Pilot Review

2.24 Following on from the results of the evaluation, the Trust's executive team reviewed the paper and came to the view that this is a change we should make permanently.

2.25 The evaluation was reviewed by the ESHT Board on 14 October 2025; who endorsed the findings of the evaluation and that the proposed change was a benefit to our patients and the populations we serve. The board agreed the executive view that that this is a change we should make permanently.

2.26 We discussed the outcome of the evaluation with the ICB, and the ICB Commissioning Group reviewed our evaluation on 14 October 2025. The evaluation findings were endorsed, and the ICB agreed that the proposed change was a benefit to our patients and the populations we serve.

We met with Uckfield staff following the evaluation to discuss our findings with them, what these mean for the direction of our thinking, and what this means for their role/position. We also continue to communicate and engage with our staff and plan to implement this change permanently following finalisation of our approach in December 2025.

Next Steps and ongoing engagement

2.27 We anticipate being in a position to finalise our plans in December 2025, and begin implementing this as a permanent change from the new year.

2.28 Over the course of this timeframe and beyond, we will continue to communicate further with our stakeholders over this period, and throughout the implementation phase, to ensure that we make the changes in the best way for our patients and populations, as well as to ensure that people have all the information they need to continue to access services, including information on travel reimbursement schemes where eligible, NEPTS, public transport, and car parking.

2.29 Following implementation and ongoing communications, we will bring an implementation update back to HOSC in June 2026.