Improving cardiology services in East Sussex – frequently asked questions (FAQs)

What are you proposing to change?

We are proposing to locate the most specialist cardiac services, needed by a small number of patients, at either Eastbourne District General Hospital (EDGH) or Conquest Hospital, Hastings. In addition, we would form Cardiac Response Teams to support patients on their arrival at either Emergency Department (ED), alongside 'hot clinics' providing rapid assessment at both hospitals.

With demand increasing, don't we need more specialist cardiac units, not fewer?

This is not about reducing, downgrading or cutting cardiac services. It is about changing how we work in order to provide better care to more patients and provide it sooner. For the vast majority of patients, there would be no change in where they received care. For those who need the most specialist life-saving care, they would be confident that the outcomes for all people in East Sussex were the best they could be with the expert staff and specialist equipment available around the clock.

Would I have to travel further to receive my care?

The majority of patients would not see a change. Most patients would continue to receive care, diagnostic tests or treatment in the community, as an outpatient or at their local Emergency Department in Hastings or Eastbourne. However, a small number of patients who need a procedure in a catheter laboratory (usually called a 'cath lab') would be treated at the hospital where these cath labs were located and this is the basis of the proposals to have this at one hospital to provide specialist care. Patients being transported by ambulance would be taken directly to the hospital that is best suited to provide the treatment they require. Those who have planned procedures would need to travel to the hospital with the cath labs. Most people who have a planned procedure travel to hospital with their friends or family or by taxi – people do not often use public transport as they are usually clinically advised against this.

The proposal would enable better services and facilities, delivered from fewer hospital sites in order to provide this high level of care. This could mean that the small number of patients requiring a cath lab, their carers and their families may have to travel further in future to access these improved services. However, this is already the case as patients receiving care at our two current sites come from areas across Sussex, so journeys of varying lengths are inevitable depending upon where people live.

Would increased travel time lead to worse outcomes?

National guidelines set out the maximum time it should take for a patient to be taken to a cath lab if they are having a heart attack. These 'call to balloon' times refer to the time taken between the patient's call to the ambulance service, and when their

artery is reopened in the cath lab, allowing blood to flow (by a balloon inflating a metal scaffold to hold the artery open).

There are two elements to the call to balloon time:

- the ‘call to door’ time – how long it takes for the ambulance to pick the patient up and take them to hospital; and
- the ‘door to balloon’ time – how long it takes from arriving at the hospital to having their artery reopened in the cath lab.

East Sussex Healthcare NHS Trust (ESHT) currently meets and exceeds these targets for heart attack patients. It is important to note that we meet these guidelines for all East Sussex patients even when the cath labs are only open on one site, which is what we currently offer on evenings and weekends and offered during the first wave of the pandemic in order to safely deliver services.

We believe that bringing together our specialist staff on one site would enable us to further reduce door to balloon times, enabling faster care overall, even if a journey to hospital took slightly longer.

How would I and my visitors get there if we had to travel to the other side of the county?

Most people travel to hospital with their friends or family or by taxi – people do not often use public transport as they are usually clinically advised against this.

Both our main hospitals are well served by public transport, detailed on pages 27-30 of the consultation document, which can be found here.

The same car parking and exemptions apply at both Conquest Hospital, Hastings and Eastbourne DGH. These are:

The main public car parks are pay-on-foot and the rest are pay-and-display. The following parking charges apply:

0 minutes up to 30 minutes - Free	4 hours up to 5 hours - £7.70
From 30 minutes up to 1 hour - £1.70	5 hours up to 6 hours - £9.20
1 hour up to 2 hours - £3.20	6 hours up to 12 hours - £10.70
2 hours up to 3 hours - £4.70	12 hours up to 24 hours - £16.60
3 hours up to 4 hours - £6.30	Lost tickets - £16.60 per day (24 hours)

Discounted tickets are available from the car park office in the main car park:

5 day - £21.00	14 day - £39.00
7 day - £27.90	30 day - £47.60

Exemptions currently apply to:

- Blue badge holders
- Patients attending cancer/oncology clinics and their relatives
- End of life care relatives (bereavement)
- Parents of sick children staying overnight

Both our main hospitals are well served by public transport, detailed on pages 27-30 of the consultation document, which can be found here.

There are various schemes and services that can assist eligible people with travel for healthcare and its costs. See page 30 of the consultation document for more details.

In addition, we are establishing a Travel and Transport Review Group, to ensure any issues or concerns that have been raised around travel, access, transport and parking for our chosen model and/or site are reviewed and addressed/mitigated where possible.

Which hospital are you proposing has the cath labs?

We have not identified a preferred site at this stage because either of our hospitals – Eastbourne DGH or Conquest Hospital in Hastings – could accommodate the most specialist cardiac services we are proposing to put on a single site. At the moment, only one of the cath labs is open out of hours and at the weekends and we therefore already know that the proposed model of care works at both sites, and national standards continue to be met. In addition, data from the ambulance service shows that the impact on ambulance journeys is equal, regardless of which site is chosen.

In your PCBC and consultation document you say that the proposed model of care has already been demonstrated to work out of hours and at weekends at both hospitals, when you alternate which site offers emergency 'cath lab' procedures. During the day are these services offered on both sites i.e. not alternating?

Yes. Monday-Friday in hours 'cath lab' procedures are conducted at both Eastbourne DGH and Conquest Hospital in Hastings.

With the Building for our Future funding ESHT are receiving from the government, can't the cath labs be replaced on both sites?

Even if we replaced the cath labs at both sites, we would still not have the staff to keep them both open all the time, nor would we be able to recruit easily due to a national shortage of cardiologists which is exacerbated by increases in subspecialisation. In addition, even if we were able to staff it adequately, there are not enough patients with the most complex care needs attending each site to enable the staff to develop and maintain the most advanced skills and expertise, and this would impact on the quality of care our patients receive, as well as affecting our ability to recruit the highest quality staff.

The Cardiac Response Teams, which will be present on both sites in our proposal, support patients on their arrival at either Emergency Department (ED), alongside 'hot clinics' providing rapid assessment at both hospitals.

Our proposal is not about reducing, downgrading or cutting cardiac services. It is about changing how we work in order to provide better care to more patients and provide it sooner. For the vast majority of patients, there would be no change in where they receive care, and for those who need the most specialist life-saving care, they would be confident that the outcomes for all people in East Sussex were the best they could be with the expert staff and specialist equipment available around the clock.

What happens now when you have a heart attack?

Our cardiology consultation document and pre-consultation business case feature a number of patient stories which describe some of the most common heart conditions that would be affected by our proposals, and what would happen to these patients. In our pre-consultation business case, we include a patient story about 'Jack' who is 50 and lives in Hastings.

Following worsening chest pains and a call to 999, an ambulance arrives. The paramedics assess that he is having a heart attack. They call ahead to the hospital so that the doctors can get ready to help Jack as soon as he arrives. The paramedics then take Jack to the nearest location that is providing emergency heart attack treatment, this would usually be the Conquest Hospital in Hastings, or the Eastbourne District General Hospital, depending on the time of Jack's heart attack.

At the hospital the doctors take Jack to a special room called a Catheter Laboratory (or "Catheter Lab") where they carry out a procedure called a Primary Percutaneous Coronary Intervention (Primary Percutaneous Coronary Intervention, also sometimes called an angioplasty) which is a procedure to unblock a coronary artery.

After the procedure Jack stays in hospital for around three days and is then sent home and his heart condition is managed by his GP and, if necessary, a consultant cardiologist.

If the proposals were to go ahead, Jack would go to whichever site was chosen as the permanent location for the catheter labs; this would be either Conquest or EDGH.

Why can't teams staff these specialist cardiac services to be provided at both sites?

This is covered in detail in the case for change within our pre-consultation business case (see section 6. Case for change, which starts on page 30). We do not have sufficient staff to provide the specialist cardiac services and our proposed cardiac response teams at both sites all the time. One of the main reasons this wouldn't be possible is that there is a national shortage of cardiology consultants and other specialist staff. Concentrating our interventional and inpatient services on one site would make it easier to recruit and retain specialist staff and would enable them to

work more effectively, offering better care and faster access than we can when we are spread across two sites.

In addition, we would not have enough of the patients with the most complex care needs attending each site to enable the staff there to develop and maintain the most advanced skills and expertise.

The Cardiac Response Teams, which will be present on both sites in our proposal, support patients on their arrival at either Emergency Department (ED), alongside 'hot clinics' providing rapid assessment at both hospitals.

Our proposal is not about reducing, downgrading or cutting cardiac services. It is about changing how we work in order to provide better care to more patients and provide it sooner. For the vast majority of patients, there would be no change in where they receive care, and for those who need the most specialist life-saving care, they would be confident that the outcomes for all people in East Sussex were the best they could be with the expert staff and specialist equipment available around the clock.

We've heard that it's about 3% of cardiology patients who have cath lab procedures – what are the actual number of patients?

This is approximately 1,500 patients per year, but this figure includes 500 electrophysiology (EP) patients. The electrophysiology services are delivered at Eastbourne DGH. For those patients that need percutaneous coronary intervention (PCI), approximately 1,000 patients, it is 2% of total cardiology service activity for either site.

How does this impact stroke services currently at Eastbourne DGH?

In East Sussex services for patients who suffer a stroke are located at the Eastbourne District General Hospital (DGH), in the Hyper Acute Stroke Unit (HASU).

Services for patients who have cardiac (heart) problems and who require highly specialised cardiac services are currently located at both Eastbourne DGH and Conquest Hospital in Hastings. Our proposals for improving cardiology services include concentrating these services on one site, either in Eastbourne or Hastings.

Services for cardiac and stroke are not dependent on each other. If the proposal to concentrate specialist cardiac services on one site were taken forward, the potential for impact on either service was reviewed by East Sussex Healthcare NHS Trust (ESHT), NHS East Sussex Clinical Commissioning Group (CCG) and the Southeast Clinical Senate. All three agreed that there are no clinical interdependencies between stroke and cardiology that would require them to operate out of the same location, and that the proposals would be safe for patients. There would be no negative impact on the stroke services at the HASU in Eastbourne following the outcome of these proposals.

In terms of the environment, how can it be carbon neutral if more patients will be diverted away from their local hospitals?

The increase in carbon footprint from travel is likely more than off-set by reduction in admissions and shorter hospital stays. Hospital stays have a high carbon footprint when compared with travel. In addition, our proposals will reduce the number of appointments required for patients which will mean fewer journeys for them to make.

Do your proposals mean more ambulance journeys will be required?

No, they will just potentially go to a different site. Better pathways with SECAmb and use of telemedicine etc. may reduce the numbers of journeys. The number may also change due to growth factors, but not because of our proposals to improve cardiology services in East Sussex.

What criteria will you use to decide at which hospital the specialist cardiac services will be based?

The consultation closed on 11th March. All the feedback we received is now being considered in detail alongside a range of evidence on existing cardiology services and the potential impacts of the proposed changes. The potential sites will be assessed against a range of criteria which may be weighted to reflect the emphasis that people feel should be placed on the different factors. The criteria and weighting have not been finalised yet as they will be informed by feedback from the consultation and other evidence. The criteria could include some or all of the following:

- Population demographics
- Health needs
- Health inequalities
- Travel times
- Accessibility of services
- Conveyances and inter-hospital transfers
- Differences of infrastructure on each site
- Patient, public and cardiology service staff views
- Activity by point of delivery and site, including the number of patients impacted
- Implementation and operational issues
- Finance
- Best use of resources
- Any other important criteria that emerge from this consultation

Patients and the public will continue to be represented during this part of the process by a Community Ambassador: Community ambassadors - Sussex Health & Care Partnership (sussexhealthandcare.uk) and by Healthwatch East Sussex. Once a decision on a preferred site has been taken, this will form part of the Decision-Making Business Case which will be shared with the public.

How would other hospitals be affected if Eastbourne DGH / Conquest Hospital Hastings are too far for those living close to the East Sussex border? E.g.

would people living in Seaford go to Brighton, and people in Rye go to Ashford (William Harvey Hospital)?

Yes, if changes are made, some patients on the fringes of East Sussex may be taken to a closer hospital outside of Sussex depending on where they are. Our modelling shows that this would affect a small number of patients. For example, if specialist cardiac services were located at Eastbourne DGH, modelling using data from our ambulance service, shows that approximately six patients from Rye would be taken to Kent per year. Conversely, if specialist cardiac services were located at the Conquest Hospital in Hastings approximately six patients from Seaford would be taken to Brighton.

Have there been any studies on the impact the proposals will have in terms of missed appointments? Is there expected to be a significant increase or decrease in missed appointments?

Our proposals do not make any changes to current outpatient services, i.e. these would continue to be offered at both hospitals and in the community. Our proposals aim to reduce waiting times and the number of appointments, so as a result we are expecting a reduction in the number of missed appointments.

Has anyone studied how the migration to one site might impact the retention of the current cardiac staff, which may affect the delivery of the service at whichever site is chosen?

Our proposals are driven by clinical staff, who have been involved in all stages of their development. Members of staff across both hospitals and in community settings are being given opportunities to contribute their feedback and ideas. Depending on the outcome of the consultation there would be a formal HR process to manage any changes and support those members of staff who are affected.