

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

What are you proposing to change?

We are proposing that ophthalmology services are located at Eastbourne DGH and Bexhill Hospital, supported by one stop clinics at both, along with a diagnostic eye hub at Bexhill Hospital. The proposals do not include any changes to inpatient services, community clinics and Emergency Department (ED) services.

Would I have to travel further to receive my care?

The proposal would enable better services and facilities, delivered from fewer hospital sites. This could mean that some patients, carers and families would have to travel further in future to access these improved services. However, this is already the case as patients receiving care at our three current sites come from areas across Sussex, so journeys of varying lengths are inevitable depending upon where people live.

With fewer sites, would I have to wait longer to receive my care?

Absolutely not, the aim of this work is to improve patient access to ophthalmology services. Our proposal would improve waiting times so that patients could be seen quicker.

With the Building for our Future funding East Sussex Healthcare NHS Trust (ESHT) are receiving from the government, can't we have these services at all the hospitals?

One of the main reasons this wouldn't be possible is that there is a national shortage of ophthalmology consultants and other specialist staff. Concentrating our services on two sites would make it easier to recruit and retain staff and would enable them to work more effectively, offering better care and faster access than we can when we are spread across three sites.

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

Our hospitals are well served by public transport, detailed on pages 28-31 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)
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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

It is free to park in the car parks on the site of Bexhill Hospital.

There are various schemes and services that can assist eligible people with travel for healthcare and its costs. See page 31 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 would have the new diagnostic eye hub?

Bexhill Hospital would have the new diagnostic eye hub if our proposals were to go ahead. Eastbourne DGH already has a diagnostic eye hub.

What's the difference between a diagnostic eye hub and a one stop clinic?

A one stop clinic is a longer outpatient appointment which gives enough time to do all the tests that may be needed in one visit, which would reduce the number of visits the patient has to make to hospital.

A diagnostic eye hub is a location in a hospital which has all the required diagnostics equipment (and staff) to provide that service. Patients may go to the diagnostic eye hub as part of their one stop clinic – or separately if required.

Due to economies of scale, this is more achievable and affordable with equipment and staff spread over two sites rather than three, and allows us to increase utilisation of the equipment we have.

If you centralised ophthalmology consultants at Eastbourne DGH and Bexhill, but continued emergency eye care at Conquest Hospital, would that care be carried out by consultants without the necessary expertise?

It is not expected for emergency ophthalmology activity to change. ESHT do not provide an eye casualty at present, therefore patients with emergency eye conditions are seen and treated by Emergency Departments, and will continue to be able to

present to the Emergency Department at either Conquest or Eastbourne DGH if our proposals go ahead. This means patients in Emergency Departments will continue to be supported by an on-call ophthalmology service, as per current service arrangements.

I have had eye appointments at Wartling Road in Eastbourne, so is the Eastbourne site still going to be a "multi" site or will all services be at the DGH?

The Wartling Road site is part of the diabetes screening programme. Diabetes screening services will remain the same and are not part of this consultation.

Does this mean that those living west of Bexhill will now be seen at EDGH and not have to travel to Bexhill for reviews?

Most patients would be able to choose whether they go to Eastbourne DGH or Bexhill Hospital. However, there may be operational, clinical or other factors that influence a decision for a particular patient in individual circumstances.

Someone I know who went to A&E at Eastbourne DGH was told that they needed to go to a private optometrist as A&E no longer deal with eyes is this correct? I'm also aware that people have been encouraged to go privately to have treatment for their eyes as they are told the waiting lists are so long its only possibly in the far future.

Our Emergency Departments do see and treat ophthalmology patients and deal with eye emergencies. However, there are several conditions for which it may not be necessary to use an Emergency Department. For example, in East Sussex we have a Minor Eye Conditions Service (MECS) which is sometimes a more appropriate and more convenient service for the patient to attend, as the service is provided by local optometrists – therefore in some cases patients may be given this advice or referred to this service.

We do not endorse encouraging patients to go private due to waiting lists. Our service manages waiting lists well. One of the drivers for our proposals is to reduce waiting lists even further. We also have several processes in place to ensure patients on the waiting list are regularly reviewed and assessed so those in most need of care are prioritised.

Will this proposed change ensure that the out of date equipment will be replaced and updated for both sites?

The Trust will ensure that all equipment used is in good maintenance and working order and is fit for purpose. Out of date equipment will be repaired or replaced as required when deemed to be at the end of its serviceable life, and in order to ensure high quality clinical service provision is maintained. Due to economies of scale, this is more achievable and affordable with equipment spread over two sites than three, and allows us to increase utilisation of the equipment we have.