

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

Date: **20th November 2009**

By: **Director of Law and Personnel**

Title of report: **Cardiac services in East Sussex – proposals for providing primary angioplasty as a treatment for heart attacks**

Purpose of report: **To brief HOSC on proposals for the provision of primary angioplasty in East Sussex, within the context of a wider strategy across Sussex**

RECOMMENDATIONS

HOSC is recommended:

- 1. Consider and comment on the proposals for the provision of primary angioplasty in East Sussex.**
 - 2. Determine how the committee would want to be involved in the future.**
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1. Background

1.1 Primary Angioplasty* has been shown by a Department of Health study to offer more heart attack victims a better outcome than relying solely on thrombolysis (clot-busting drugs) if the operation can be carried out within 120 minutes from the time the ambulance is called. This performance standard is known as the 'Call to Balloon' (CTB) time. It was established by the Department of Health in 'Treatment of Heart Attack National Guidance' (Final report of the National Infarct Angioplasty Project (NIAP) October 2008.)

1.2 The Primary Angioplasty Options Appraisal Group was established by the Sussex Commission Group to make recommendations to Sussex Primary Care Trusts (PCTs) about the service infrastructure required to achieve the 120 minutes CTB.

1.3 The Options Appraisal Group is chaired by Sarah Creamer, Director of Strategy of NHS West Sussex and membership includes directors of commissioning and senior managers of the four Sussex PCTs, hospital consultants and managers, GPs, representatives of South East Coast Ambulance Service NHS Trust (SECAmb), patient and public representatives, a member of the Heart Improvement Programme and the Manager of the Sussex Heart Network.

1.4 The Department of Health estimates that 97% of ST elevated heart attacks (type of heart attack which has specific characteristics on the initial electrocardiograph test) may be appropriately serviced by a network of Heart Attack Centres covering all but the most rural communities in England.

1.5 Time is of the essence in any care pathway for delivering Primary Angioplasty but if the performance of the NIAP pilots can be replicated for Sussex heart attack patients, the NHS in Sussex will deliver its contribution to the saving of an estimated additional 500 lives per annum across England, compared to thrombolysis-based strategies.

1.6 Between January and December 2008, 126 patients suffering from a heart attack were admitted to Eastbourne DGH and 109 were admitted to the Conquest. 134 heart attack patients were admitted to Royal Sussex County Hospital, Brighton and 50 admitted to Princess Royal Hospital, Haywards Heath.

2. Issues that the Options Appraisal Group is exploring

- a) Achieving the 120 minute CTB standard in rural communities from where the transfer to a designated Heart Attack Centre may take longer and - linked to this – the extent of the residual role for pre-hospital thrombolysis.
- b) Striking a balance between concentrating treatment in fewer larger centres (with statistically better patient outcomes - all other factors being equal) and the benefits of earlier treatment (lower levels of in-hospital mortality) where the treatment may potentially be accessed earlier in more local but a smaller unit.
- c) Balancing the costs of any increase in longer ambulance transfers to a reduced number of centres receiving heart attack cases against the gains in patient outcomes promised by concentration of expertise.
- d) Commissioning a hospital infrastructure that is sustainable in terms of the number of separate 24/7 primary angioplasty consultant operator rotas that may be required.
- e) Avoiding two hospital episodes and the associated higher costs to commissioners for a single spell of care by minimising the proportion of post-treatment hospital transfers to a hospital bed closer to home.
- f) The potential requirement to de-commission primary angioplasty services at one or more acute hospitals in Sussex currently offering the treatment.

2.1 An update on the work of the Options Appraisal Group is attached at appendix 1 and this paper gives the Sussex wide position. Tina Wilmer, Programme Director, Unscheduled Care, NHS West Sussex will attend HOSC to give an overview of the project and answer questions. A statement from East Sussex Hospitals NHS Trust is included in this update. The Trust supports the continuation of the alternate site model operating from the Eastbourne DGH and Conquest sites. SECamb's preference would be for a single site providing the service, with Conquest being the optimal from a logistical perspective (i.e. equidistant between Brighton and Ashford in Kent).

4. Issues to consider

4.1 HOSC may wish to explore the following issues:

- Timescale of the project and when the decision will be made on the preferred option
- Outcomes from the Public Reference Panel
- How these plans might impact on the availability of thrombolysis treatment for stroke patients
- Potential impact on East Sussex residents and how HOSC would want to be involved in the future
- Consultation plans once the final model has been decided.

* Primary angioplasty is the short name for primary Percutaneous Coronary Intervention – the treatment for heart attacks which unblocks the artery by insertion of a balloon so that a stent (a stainless tube with slots) can be put on place, squashing the blockage and opening up the artery.

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