NHS Sussex
Primary Angioplasty Programme August 2011

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| From             | Deborah Tomalin, Director of Sussex Managed Clinical Networks, NHS Sussex  
                  | Sarah Jones - Deputy Programme Director (Cardiac and Stroke) NHS Sussex |
| Subject          | Primary Angioplasty Model for Sussex            |
| Purpose          | To update HOSC on progress in implementing primary angioplasty services in Sussex |
| Date             | 31st August 2011                                |

1. **Background**

1.1 In May 2009, the West Sussex Health Overview & Scrutiny Committee (HOSC) considered a paper on the Primary Angioplasty Options Appraisal for Sussex. Primary Angioplasty, or primary Percutaneous Coronary Intervention (pPCI) is the recommended mode of treatment for ST segment elevation myocardial infarction (STEMI) heart attacks, and offers more heart attack victims a better outcome than relying on thrombolysis (clot-busting drugs). At that stage a Sussex-wide Options Appraisal Group had been convened to identify the optimum number and location of pPCI units in Sussex. Since that time, the HOSC Business Planning Group (BPG) has been monitoring the process and outcomes, and expecting the establishment of a new pPCI service to be implemented from April 2011. An update has therefore been requested from NHS Sussex.

1.2 In 2011, South East Coast Ambulance Service NHS Trust (SECAmb) explained to HOSC members at its liaison meeting that the principles of a 24/7 primary angioplasty service for Kent and Medway and Surrey had been agreed and implemented in line with the South East Coast Strategic Healthier People, Excellent Care (HPEC) pledge of 2009. And, that it had some concerns with the pPCI model within Sussex, based on its experience in East Sussex.

2. **NHS Sussex**

2.1 As has previously been understood by the HOSC BPG, a Sussex-wide approach is being developed for the commissioning of a new pPCI service.

2.2 NHS Sussex has worked with SECAmb and the acute providers in NHS Sussex to secure compliance with national guidance that clearly recommends 24/7 primary angioplasty services as the model that delivers the best outcomes for patients.
2.3 The ambulance service is the cornerstone to providing timely pPCI. As with stroke and serious trauma, pPCI represents a major change in the function of ambulance personnel, who now play a key role in diagnosis and in determining where the patient will be best treated, and this includes a package of primary bypass to specialist centres of expertise. Co-ordination across NHS South East Coast (SEC) is imperative for safe transfer of patients.

2.4 The case of change summarising the latest national guidance has been drawn up and the implications are being worked through. This includes guidance on volumes of pPCI per hospital site and per operator by the British Cardiovascular Society (BCIS) (January 2011).

2.5 There are around 1.5 million people living in the area covered by NHS Sussex. It is anticipated that approximately 600 people a year suffer from STEMI type heart attacks across the Sussex Heart Network. This is a relatively small number, but all will benefit from treatment by pPCI each year. A Monday to Friday in-hours only service will only ever treat 40-50% of STEMI patients in its catchment area, and this introduces the possibility of uncertainty about the pPCI centre being able to provide the most prompt treatment around the beginning and end of the normal hours at part-time centres. Care is therefore not available equitably 24/7 days a week, and the time and day of the week may impact on where the patient is treated. Feedback from SECAMb has been an uncertainty as to what to do with patients at 7.55 am or 5.55 pm when the in hours service has not quite started or is due to finish and this concern has been raised with HOSC.

2.6 On the basis of the evidence and addressing SECAMb concerns, NHS Sussex will be commissioning pPCI from 24/7 centres in line with South Central and the rest of SEC Strategic Health Authority. The 24/7 centres will be Brighton (already live) and Hastings (date for go live not yet finalised). The other available 24/7 pPCI centres for West Sussex residents, depending on where a STEMI is suffered, are Frimley and Portsmouth. Surrey & Sussex Healthcare NHS Trust and Western Sussex Hospitals NHS Trust will only provide pPCI for self presenters and emergency inpatients. The service expectations are laid out within the Sussex Heart Network pPCI service specification for NHS Sussex, which has been cross-checked with South Central and Surrey Cardiovascular Networks.

3 Strategic benefits of delivering a Sussex wide model

3.1 Rapid access to pPCI services, which will respond immediately to the patient’s clinical needs and offer the best possible treatment in the quickest time;

3.2 Equitable in terms of offering the same standard of service, regardless of where the patient lives within Sussex;
3.3 Reduced mortality rates compared to those eligible who are currently offered thrombolysis;

3.4 Efficient use of resources, reducing lengths of stay from five to nine days to three to five days

3.5 Reduction in re-admissions for heart attack care and reduction in subsequent admission for elective Coronary Artery Bypass Grafts

4 Timescales

4.1 It is anticipated that the Sussex pPCI model for commissioning will be finalised by the week commencing 5th September 2011 with agreement of the Clinical Commissioning Groups in NHS Sussex, including those in West Sussex, secured 31st August 2011.

4.2 A verbal update on progress with these timescales will be provided at the 15th September 2011 HOSC meeting.