

Appendix 3

The issue of PCI has been discussed a number of times within the Cambridgeshire and Peterborough STP. Both the CCG and NHS England as the commissioners have committed to work in partnership with the stakeholders to ensure that by the end of 2018/19 FY a clear commissioning decision is made about the suture provision arrangements for PCI.

1. Background

Percutaneous Coronary Intervention (PCI) is an established treatment for stable ischaemic heart disease and acute coronary syndromes. PCI activity in the UK has been steadily rising from 590 per million population (pmp) in 2000 to 1488 pmp in 2014.

The CCG received an original business case in summer 2016, and subsequently there have been a number of working groups including clinical groups who have discussed PCI.

In Early 2018, CAG agreed that the clinical case was valid, and HCE agreed that at this time it was not a priority for the STP and agreed to not proceed with the business case at this time.

NWAFT have raised their concern about the lack of commissioning decision on PCI and the CCG agreed clear commissioning is required to address the lack of clarity.

2. Getting to a Commissioning Decision

CPCCG and NHSE are accountable for the commissioning of the services. The CCG will lead the development of a business case in partnership with NWAFT and Royal Papworth this financial year.

By the close of March 2019 the CCG and NHSE agree to:

- Have co-created the business case;
- Worked collaboratively with clinicians and managers to agree a decision making framework that enables an agreed position to be taken;
- Taken the decision through the board/organisational governance to progress the commissioning decision outcome.

The CCG will work within the STP structure to ensure the progress and issues are fully understood during the business case and decision making process.

A full stakeholder engagement and communication plan will be included in the development of the business case.

The Commissioners are legally required to comply with the requirements for public involvement and consultation, and local authority consultation.

The draft timeline for the process at this early stage is:

- July 18 - February 19 - Business Case development, with bi-monthly HCE updates.
- February 19 – FPPG review.
- March 19 – CCG GB and NHSE SMT

- April 19 – HCE and STP Board
- April-June 2019 - NHSE clinical senate review
- July-September 2019 - Public consultation (if required)

3. Scope of the Business Case

This work will examine the case for PCI at Peterborough City Hospital. Services included in the business case will be elective and non-elective PCI at Peterborough City Hospital.

Non elective PCI is commissioned by NHS England to a national service specification which is more demanding than that for elective PCI. This work will therefore clarify if and how any non- elective PCI cases could be commissioned by NHSE at Peterborough City.

There was been agreement through the STP Care Advisory Group that 24/7 cardiology at Peterborough City Hospital is critical for safe provision of cardiology across the STP and that actions to deliver this would proceed independent of any decision of the future PCI configuration. This case will therefore assume that 24/7 cardiology is in place at Peterborough City Hospital.

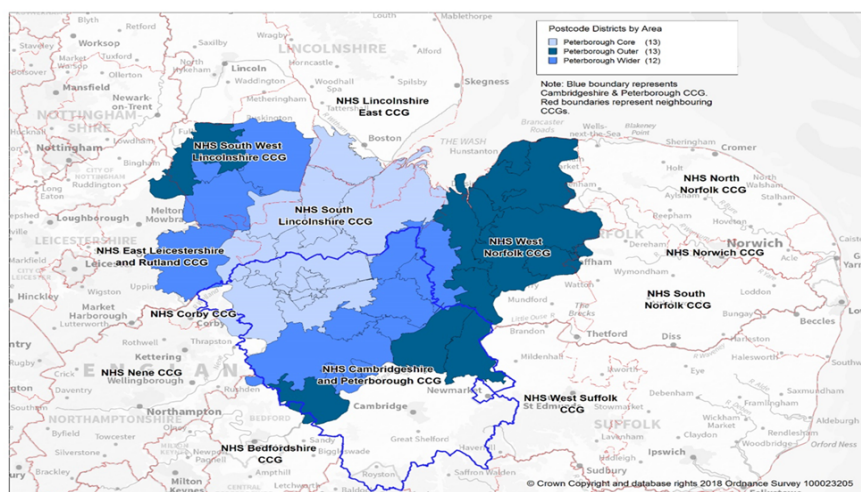
It will assume that the proposed pathway for diverting NSTEMI patients direct to a Primary PCI centre is already in place and perform a sensitivity analysis on the number of patients that then flow to Peterborough City Hospital.

Unlike the business case from September 2016 it will not examine the case for complex pacing at the Peterborough City Hospital site.

4. Geography

There are Primary PCI centres in Lincoln, Nottingham, Leicester Kettering as well as Papworth.

The possible catchment area for Peterborough City Hospital is shown below. Much of the possible catchment is outside the Cambridgeshire and Peterborough CCG and half the area is served by East Midlands Ambulance Service.



5. Contents of the Business Case

The business case will contain the following areas:

Strategic case	There will be specific reference to emerging GIRFT work. Any anticipated changes in relevant clinical standards.
Population Health Need for PCI	This will estimate the likely and potential maximum number of patients. Given that CHD prevalence is falling but there is some population growth it will give estimated numbers of PCI procedures needed.
Clinical case	It will examine the likely benefits and disbenefits of providing PCI at Peterborough City Hospital including the clinical impact of travel and transfer time changes for patients. It will examine whether the clinical standards for PCI/ PPCI (as relevant) are likely to be met.
Operational case	This will estimate the operational changes at the affected Trusts required for PCI delivery at Peterborough Hospital including: <ul style="list-style-type: none">• Changes in ambulance dispositions• Changes in ED presentations• Changes in angiograms• Availability of catheter lab time• Changes in Length of Stay
Financial case	Commercial/cost impact to all Trusts (RPFT, NWAFT, United Lincoln, Kettering, etc) Costs saved and costs incurred at all Trusts affected, including void costs. These total income and costs saved/ incurred to be presented by STP area as well as organisation.

6. Recommendations

- A. Note and comment on this report as the scope and governance process for deciding on whether to develop PCI at Peterborough.
- B. Ensure that system support through the process.
- C. Ensure that adequate contract reporting and monitoring is provided throughout the remainder of 18/19 on the pathway metrics required for PCI.

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