

<b>HEALTH AND WELLBEING BOARD</b>	AGENDA ITEM No. 4
<b>10 DECEMBER 2018</b>	<b>PUBLIC REPORT</b>

Report of:	North West Anglia NHS Foundation Trust		
Contact Officer(s):	Keith Reynolds, Assistant Director of Strategy and Planning	Tel. 01733	677952

**CARDIOLOGY – PCI AND COMPLEX PACING**

<b>RECOMMENDATIONS</b>	
<b>FROM:</b> <i>Dr Kanchan Rege, Medical Director, NWAFT</i>	<b>Deadline date:</b> <i>N/A</i>
<p>It is recommended that the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> <li>1. Express support to the CCG for the local provision of PCI and complex pacing at PCH CCG</li> <li>2. Request an update from the CCG on the progress of the business case by February 2019</li> </ol>	

**1. ORIGIN OF REPORT**

1.1 This report is submitted to the Board following a request from the Deputy Leader of the Council.

**2. PURPOSE AND REASON FOR REPORT**

2.1 This report responds to a request from the Health and Wellbeing Board for information on the plan for local provision of PCI and complex pacing for cardiology patients in Peterborough.

The report is being presented to:

- (a) provide additional or background information requested by the Health and Wellbeing Board on 15 November as an urgent matter; and
- (b) to obtain HWB support for the development of PCI and complex pacing at PCH for local residents

2.2 This report is for the Board to consider under its Terms of Reference No. 2.8.2.2

To actively promote partnership working across health and social care in order to further improve health and wellbeing of residents.

**3. TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	N/A
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**4. BACKGROUND AND KEY ISSUES**

**4.1 Background**

Cardiologists specialise in diagnosing and treating diseases of the cardiovascular system. They carry out tests, and may do some procedures such as heart catheterisations (angiography), fitting stents (angioplasty), or inserting a pacemaker. Clinicians in the local hospital, community, and

the world renowned Royal Papworth Hospital ('Papworth'), work with patients in the Peterborough City Hospital ('Peterborough') and surrounding areas to help patients recover from conditions which in the past would have been untreatable.

Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) is considering whether two interventions can be provided locally: Percutaneous Coronary Intervention (PCI) and complex pacing (see Appendix 1 for a description of these procedures).

This issue has been raised with commissioners since 2012, by patients and the hospital due to the availability of the required skills and equipment on the site, and the difficulty patients face travelling to Papworth. In April 2019, this distance will increase when Papworth moves to their new building on the Cambridge Biomedical Campus.

In October 2016, the then Peterborough and Stamford Hospitals NHS Foundation Trust (now North West Anglia NHS FT), approved a business case (Appendix 2) for PCI and complex pacing on the Peterborough site, subject to commissioner approval. CPCCG has not yet commissioned this service, but is preparing a business case to consider PCI on the Peterborough site (see Appendix 3 for the timeline). The first draft of the case will be considered in February 2019 **and the HWB may want to provide its views now.**

Complex pacing patients are seen at Peterborough by our cardiologist who also works at Papworth. Suitable patients for complex devices are referred to Papworth, even though both the skills and equipment to provide the service are in Peterborough. The same consultant then often implants the devices at Papworth. The business case proposes that in addition to PCI, complex pacing is also provided on the Peterborough site.

Travel times and cost for patients having treatment at Papworth are a great inconvenience to residents who have complained to the Trust for years, seeking a better alternative (Appendix 4) and attracted the support of various local leaders, including the previous Peterborough MP, Stewart Jackson and the current MP for Stamford, Nick Boles.

Since 2016, the CCG with system partners have considered provision of both procedures locally because:

- In April 2019, Papworth will move to the Cambridge Biomedical Campus next to Cambridge University Hospitals NHS FT (CUHFT), significantly increasing travel time for cardiology patients in Peterborough and South Lincolnshire
- The existing pathway does not meet the 72 hour standard for patients receiving PCI (Appendix 5). In Peterborough only one in three patients requiring PCI receive it within the standard, causing delay for patients and blocking bed capacity while they await transfer, despite recent additional PCI capacity provided by Papworth to address this.
- It supports recruitment of cardiologists which will improve 24/7 access to cardiologists at PCH, another aim of the STP
- PCI is normally provided in District General Hospitals such as Ipswich, Lincoln, Kettering and Bedford. The Trust has a larger catchment area than any of these.

### **Peterborough 24/7 cardiology**

The Cambridgeshire and Peterborough Sustainability and Transformation Plan prioritised Peterborough as a 24/7 cardiology centre, and agreed to consider PCI and complex pacing on the Peterborough site. These two developments are linked, as the newer generation of cardiology consultants required to provide 24/7 cover, all qualify with a subspeciality interest such as PCI or pacing and want a combination of routine general cardiology with intervention work. PCI and complex pacing are services which similar DGHs already provide.

### **Commissioner savings**

Provision of PCI and complex pacing locally will save the health system annual costs of around £600k associated with double admissions, bed days in Peterborough prior to transfer, double procedures (e.g. double punctures) and transfer costs. Papworth also has a higher tariff per procedure than Peterborough (Market Forces Factor) to reflect their higher cost base as a leading national provider. There is also the significant cost to patients and carers of the extra time and travel to Papworth, and additional delay due to pressure on Papworth to provide specialist procedures that only they can provide. Indeed, long waits for procedures at Papworth

have led some patients to look wider afield to their elective care, with Peterborough and Papworth patients choosing to go to London instead.

## **5. CONSULTATION**

### **5.1 Healthwatch**

In February 2017, a survey of cardiac patients at PCH conducted by Healthwatch (Appendix 6) showed that of 106 patients surveyed, 92% would prefer their PCI or complex pacing procedure at PCH rather than Papworth.

The biggest concern for 76% of respondents was that when Papworth moves to the Cambridge site, patients or their carers will have further to travel.

Respondents provided a range of comments in the survey including:

- 'Needs to be more accessible as we get let down with patient transport and we do not have our own'
- 'Service at Peterborough – excellent'
- 'I am a carer for my husband who suffers with Parkinson's – have to make arrangements for his care'
- 'Peterborough hospital much more convenient'
- 'If both hospitals carried out the same procedure, then PCH'
- 'Difficulty getting to Cambridge and parking there'

### **South Lincolnshire CCG**

35% of the Peterborough City Hospital patients live in South Lincolnshire. The travel distance for these patients will be up to 2 hours at peak time each way. The commissioner for that area is concerned at the travel time, additional cost and the inability of the current system to meet the 72 hour standard. In 2017, they wrote to Accountable Officer of the Cambridgeshire and Peterborough CCG in support of the Peterborough business case (Appendix 5).

### **Clinical Advisory Group of the STP**

In March 2018 the STP Clinical Advisory Group considered the commissioning of PCI. This group of senior doctors from across the system voted to support PCI at Peterborough.

In May, the CAG recommendation was not immediately accepted by the CCG who agreed to develop its own business case to consider the PCH option.

## **6. ANTICIPATED OUTCOMES OR IMPACT**

6.1 Local delivery of PCI and complex pacing will significantly benefit residents of Peterborough and release scarce resource for other patients. It will reduce delays and make better use of the existing cath lab facilities in the PCH PFI building. It will bring cardiology services at Peterborough into line with other DGHs and enable 24/7 cardiology cover.

### **PCI**

The Trust requires accreditation before it can provide PCI. Rigorous self-assessment shows that they can meet the required standards, and once the decision has been made to commission the service, the process of accreditation and recruitment is anticipated to take no more than six months when the first patients will start to benefit from the service. Complex pacing can be commenced much sooner if commissioned.

### **Complex pacing**

Current provision of complex pacing requires double appointments for heart failure and devices, with follow up at both Papworth and Peterborough would be significantly reduced. Both have different IT systems making it difficult to provide continuity of care, and this would be avoided. Patients would face less travel and expense and there would be a single joined up service on one site under the same consultant. Unlike PCI patients, who only require one or two visits to Papworth, complex pacing patients, many in their 80's, have to travel two hours each way at least

twice a year for a device check that takes around 10 minutes to complete. If the business case is approved by commissioners, this duplication and inconvenience for patients will be avoided.

## **7. REASON FOR THE RECOMMENDATION**

7.1 Peterborough residents will gain the following benefits from local provision of PCI and complex pacing:

- a. Local timely provision in the existing PCH lab facilities, provided by clinicians who already carry out the procedures on the Papworth site
- b. Safer service which avoids a 'double puncture' in the current pathway when some patients receive angiography at PCH followed by PCI at Royal Papworth. This carries unnecessary added risks for patients and creates delay
- c. Significantly less travel each visit for patients during initial treatment and follow up
- d. More access for carers who can support the patient during their treatment
- e. Meet NICE and European Society of Cardiology Guidance for PCI within 72 hours which are not being met
- f. Reduce some of the longest delays for PCI in the country
- g. Facilitate a 24/7 general cardiology service
- h. Allow a more holistic approach to patient care as pre and post angioplasty/pacing care and cardiac rehabilitation is already delivered at Peterborough.

## **8. ALTERNATIVE OPTIONS CONSIDERED**

### **8.1 Papworth alternative proposal**

Papworth do not support provision in Peterborough and have proposed an alternative approach to reducing delays. A new Non-ST Elevated Acute Coronary Syndrome (NSTEMI) pathway has been piloted since September 2018 working with the ambulance service and A&Es. Crews and A&E staff who identify patients with signs of NSTEMI are discussed over the telephone with Papworth who decide whether the patient should be taken directly there instead of the usual route straight to Peterborough A&E and the local cardiologists.

Since the pilot commenced, Peterborough and other A&Es in the region have expressed concerns, including:

- Limited evidence supporting the pathway; evidence instead suggests no clinical benefit with this model except in a very highly selected population. Data from the pilot suggests that less than half of patients discussed with Papworth in this way are taken by ambulance straight to Papworth and only 55% underwent PCI, hence the remaining patients didn't need to go there urgently
- Ambulances crews and A&E staff are involved in lengthy discussion with Papworth during referral diverting their capacity from other patients
- If the patient is accepted and taken to Papworth, ambulance crews are outside the Peterborough area for long periods of time
- Does not support recruitment of cardiologists at Peterborough reducing the ability to provide a 24/7 cardiology service for Peterborough residents
- Time frame in which patients received PCI at Papworth could have equally been accomplished by on site PCI at Peterborough

Papworth has valid concerns that a reduction in activity on their site may affect the Trust financially at a time that they are moving into their new Private Finance Initiative (PFI) building. However, this overlooks the potential for working with the space constrained Addenbrooke's hospital and the opportunity to share facilities. Being next door to Addenbrookes, there will be opportunities for combining specialist work in New Papworth. This would reduce the financial risk and assist Addenbrookes who have significant capacity challenges.

A lack of space in the New Papworth has resulted in them leasing a building in Huntingdon for back office support staff. The financial position of Papworth and CUH could be improved through

sharing functions, as demonstrated by the recent merger of PSHFT and Hinchingsbrooke (£10m saving) and remove the requirement for additional leased office space.

We understand that some, if not all of these issues will be considered by the CCG as part of their business case.

### **Specialist work**

Papworth is a world renowned specialist heart centre providing leading edge lifesaving treatments and procedures. PCI is a procedure provided in many District General Hospitals including Kettering and Bedford. Moving some of the PCI work out of the building will provide more capacity for superspecialisms such as TAVI (valve insertion), ablation and Electro Physiology studies for which there are long waiting lists and deaths associated with the wait.

## **9. IMPLICATIONS**

### **Financial Implications**

9.1 At least a £600K saving to the CCG

### **Legal Implications**

9.2 None

### **Equalities Implications**

9.3 This change will improve access to services for all Peterborough residents

## **10. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 None

## **11. APPENDICES**

11.1 Appendix 1 – Glossary of terms  
Appendix 2 - Investment Appraisal Case Percutaneous Coronary Intervention and Complex Pacing October 2018 (Replace original October 2016)  
Appendix 3 – CCG timeline for developing a business case  
Appendix 4 - A sample of patient complaint letters regarding travel time  
Appendix 5 – 72 hour standard performance for Peterborough residents  
Appendix 6 – Healthwatch survey of Peterborough patients  
Appendix 7 – Letter of support from South Lincs CCG

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