NHS
Lancashire and South Cumbria
Integrated Care Board

Cardiac service reconfiguration

Listening to communities report

August 2024

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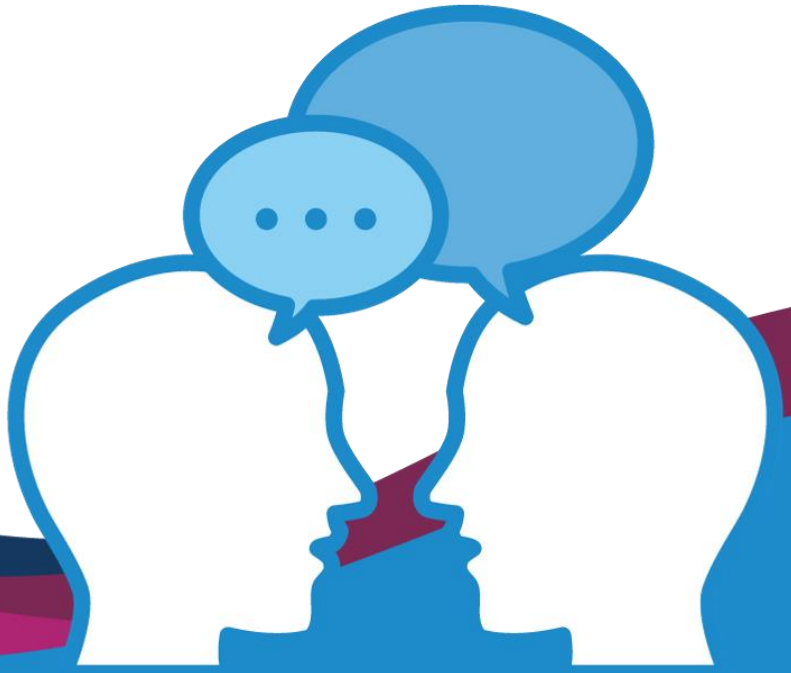

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Acknowledgements

Many thanks to all the participants of this engagement, many of whom have agreed to be contacted for further engagement at later stages. Special thanks to Heartbeat and the East Lancashire Hospitals Trust Cardiac Rehabilitation team.

Introduction

The NHS Lancashire and South Cumbria Integrated Care Board (ICB) along with the NHS Trusts in Lancashire and South Cumbria have a joint vision to improve our clinical services through collaboration.

The Lancashire and South Cumbria Cardiac clinical reconfiguration programme is working on a model of care that:

- *Is safe, efficient, and sustainable.*
- *Reduces variation in access.*
- *Improves patient diagnosis and treatment.*
- *Improves mortality and morbidity rates.*
- *Is consistent with national guidance and best practice.*

This vision was part of a wider review of services and the development of local drivers for change across several clinical services in Lancashire and South Cumbria. It fully aligns with the Lancashire and South Cumbria Integrated Care Strategy and Vision that states:

"We want people in Lancashire and South Cumbria to live longer, healthier, happier lives than they currently do".

The priorities of the Lancashire and South Cumbria Integrated Care Strategy include:

- Living Well tackling inequalities in mental and physical health,
- Ageing Well supporting people to stay well in their homes … and more joined up care, and
- Working Well supporting a healthy and stable workforce.

All of these are key principles in the delivery of the Cardiac Clinical Reconfiguration Programme. An analysis of services led to a number of drivers for change and key recommendations from the programme.

A key recommendation is for Cardiology services to work as part of a well-defined collaborative 'Provider Network'. In its updated Cardiac Clinical Network Specification (2023) NHS England also sets out the establishment, development, and management of NHS Cardiac Clinical Networks.

To support the case for change in Lancashire and South Cumbria the ICB committed to embark on a period of early engagement to fulfil its legal duty to involve patients in decisions. The aim was to see if the identified 'drivers for change' were consistent with patient experience and if any particular drivers should be counted as a priority for improvement based on feedback from people with lived experience.

This report outlines the findings of this engagement.

Executive summary

Engagement was carried out between July and August 2024. Patient groups were identified and engaged with through focus groups and a questionnaire.

Focus groups were well attended and although still represent small numbers of people the feedback through lived experience is of high quality.

At every stage of engagement patients have been supportive of the services, particularly those provided at the Lancashire Cardiac Centre at Blackpool Teaching Hospitals NHS Foundation Trust.

The findings of the engagement take into account the feedback from a survey of 548 patients.

The main findings can be summarised as:

- Waiting times for appointments are too long.
- Some diagnostics, particularly echocardiogram testing take too long.
- Trusts do not communicate well between themselves.
- Provision at the cardiac centre at Blackpool Teaching Hospitals NHS Foundation Trust is excellent but delays in appointments are of concern.
- The severity of cardiac conditions requires patients to have more reassurance in their treatment.
- Patients want either to see the same consultant every time or to be reassured that the person they are seeing has access to all their records and is familiar with them and their situation.
- In-hospital care is usually excellent but rehabilitation/repatriation is slow and communication with out-of-hospital services needs to be improved.
- Being seen at the centre of excellence is seen as preferable to anywhere else.
- There are a number of services that patients would feel confident in accessing in the community; those being services that are post-operative and do not need specialist facilities or consultant input.

In general, feedback from patients support the case for change and echo some of the issues raised as drivers. Issues around staffing, waiting times for appointments and delays in echocardiogram testing and other diagnostics were highlighted as most pressing.

Some of the other drivers for change could not be directly verified as they are concerned with operational issues such as diagnostic resource capacity. However, some feedback did relate to test results being lost or delayed or not being shared with other clinical professionals.

The findings also show a support for a network of services with the condition that communication between all services is improved and robust.

These findings are supported by the insight from the Clinical Strategy Development engagement which NHS Lancashire and South Cumbria ICB began in May 2023 and a number of other engagement activities.

What have we been talking to people about and why?

Cardiovascular Disease (CVD) is one of eight clinical priorities within the NHS Long Term Plan (2019) where it is presented as one of the biggest opportunity areas to save lives.

Lancashire and South Cumbria remains in the top of quartile three compared to other Integrated Care Boards (ICBs) across England for the prevalence of Heart Failure.

The Lancashire and South Cumbria Cardiac Clinical Network is one of fifteen networks within England and comprises four acute Provider Trusts that all offer routine and complex, planned and emergency cardiac surgery, diagnostics, and cardiology care to their populations. One of the four, Blackpool Teaching Hospitals NHS Foundation Trust (BTH) also provides regional, tertiary cardiac services.

Following a review of cardiac services and the wider model of care in Lancashire and south Cumbria a list of 'drivers for change' has been established which, on paper, warrant reconfiguration of those services.

The key drivers for change were identified as:

- Capacity in the system and pathways, EG:
  - Cath lab delays
  - Echocardiogram waiting lists.
- Workforce
  - More consultants needed at all acute Trusts.
- Estates
  - Currently provided across two sites at LTH.
  - Cath lab at BTH is underutilised.
  - UHMBT cath lab is a standalone unit away from main hospital site.
  - Pressure on number of beds being used by patients that could be treated in the community.
- Variation in provision resulting in:
  - Different waiting times at each Trust.
  - Different lengths of stay following admission.
  - Variation in the number of device procedures at each Trust
- Not meeting some NICE and GIRFT guidance.

A network model would mean hospital teams working more closely together to share expertise and workload. It may result in some consultations or interventions being carried out in a patient's local acute hospital or even in the community rather than needing to travel to a major centre.

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Overall, the clinical benefits for patients through the establishment of a collaborative 'Provider Network' could be immense. Through better collaboration the workforce will be more integrated and resilient - absorbing surges in demand, being able to work in partnership, communicating best practice, and sharing new skills more easily. Patients could see:

- Shorter waiting times for appointments with consultants
- Faster diagnostic test results
- Earlier discharge from hospital and care at home
- More experienced staff resulting in better care.

Before work can begin on creating the proposed network model we must first go through a phase of NHS England assurance that our plans have been developed following thorough analysis and public involvement. In order to do this we need to support the case for change based on whether those drivers are experienced by our patients. For example, have patients noticed a delay in diagnostics, difficulty caused by variation in service etc?

We spoke to people about their experience in the Trusts they were treated at asking specifically if they had experienced any of the issues highlighted in the drivers for change. We also asked what good hospital care for cardiac patients should look like and whether changes to the service might create any other issues.

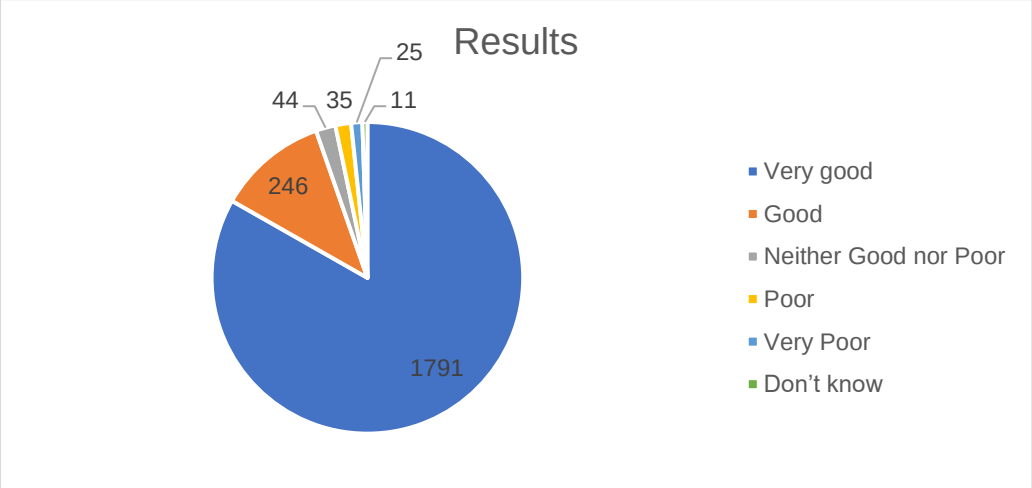
What have we talked about before?

Cardiac services

Very little engagement specifically looking at cardiac services has taken place in the last five to ten years.

Friends and family test

Lancashire Teaching Hospitals NHS Foundation Trust has provided a breakdown of its Friends and Family Test results for 01/06/2023-31/05/2024 with the below results.



Clinical strategy development

In May 2023, an engagement programme commenced to capture insight from local people and staff regarding the principles of networked clinical services This concluded in August 2023.

The engagement asked questions about travel, use of community settings and local hospitals, and having specialised services centralised in specialist centres. It was conducted through online questionnaires and face to face meetings with various groups at place.

The findings of the clinical strategy development validate the findings of this report. They can be found in appendix 1.

The survey findings supported a network model with complex surgeries in specialist centres. Key themes for concerns that are pertinent to this report included:

- Travel. People not accessing treatments as too difficult.
- Transferring patients to centres of excellence affects timely care.
- Accountability - patients won't know who is responsible for care.
- Premises investment and community spaces.
- Staff wellbeing/Pay/Morale.
- Demand/Increase in population.
- Digital/IT.
- Bureaucracy.

Vascular services reconfiguration

A similar review of vascular services, with a similar case for change and the same plan for networking of services was carried out in Autumn 2023.

Since many vascular patients have experience of cardiac services the feedback from this was also reviewed in preparing this report.

The findings of that engagement can be found on the ICB website here.

In this engagement the patients and public were in favour of a network model in line with the national recommendations.

It was also clear that the patients we have heard from were happy to travel to a central location for higher quality specialist procedures with shared expertise.

However, people we spoke to were keen that community service settings should not be too localised. They felt that this would;

- make communication between services more difficult,
- reduce the convenience of having everything in one place and,
- remove the possibility of meeting other patients. The importance to mental health of peer support was heavily emphasised.

Who have we heard from and how?

Deciding who to talk to

The Equalities and Health Inequalities Impact Risk Assessment (EHIIRA) for the Cardiac programme identified a set of people who may be affected by the programme. These are listed in appendix 2.

These groups were represented in the clinical strategy development survey described above. The objectives of this report required a focus specifically on cardiac patients.

A review of known groups was conducted which identified the following third sector existing patient groups. It was more effective to engage with members of these groups rather than setting up additional meetings.

- Heartbeat
- Heart Concern - Lancaster, Morecambe and District Heart Support Group
- Pumping Marvellous
- BHF Together Support Group Blackburn

The four acute hospital Trusts were also approached about their patient groups and East Lancashire Hospitals Trust were forthcoming in inviting us to their cardiac rehabilitation groups (NB: it should be noted that other Trusts may not have their own cardiac rehabilitation groups and refer patients instead to charity groups such as Heartbeat).

How did we speak to people?

To ensure feedback opportunities were as accessible as possible a range of engagement techniques were adopted.

Focus groups

All groups listed above were contacted asking for an opportunity to speak with their members. The Heartbeat group were happy to invite us to their sessions and so two dates were arranged. The first being on Monday 15 July and Thursday 18 July. Both of these dates coincided with their rehabilitation exercise classes. There were two classes on each visit and discussions took place during the classes. Participants at this group have experience cardiac treatment in the last 10 years. Some of them more recently than others.

Figure 1: Some attendees of the Heartbeat focus group session on 15 July 2024

NHS East Lancashire Hospitals Trust extended an invite to attend their class on Wednesday 17 July. This consisted of two classes for more recently discharged patients. Discussions took place with the group before and after the classes.

There were four main discussion topics:

1. What has been your experience?
2. Which of the drivers for change are most meaningful to you and your experience?
3. Would you be confident about a networked service with more appointments provided locally and possibly in the community?
4. What does good in-hospital care look like to you?

Questionnaire

Since not all patients attend support groups it was decided to try to capture these by generating an online questionnaire which could be shared with patients either through the third sector groups or through the various service clinics.

The questionnaire featured 15 questions including six demographic monitoring questions. The nine that were focussed on cardiac services were:

1. Do you have experience of cardiac services?
2. Have you or someone you know received care or treatment for any cardiac condition in the last 12 months?
3. Which hospital were you treated at?
4. Have you ever experienced any of the following issues? Select all that are relevant.
    a. Not enough appointments available
    b. Suitable Consultants not being available
    c. Delays in diagnostic results (eg blood tests)
    d. Delays in echocardiogram testing
    e. Delays in being sent home or to a hospital nearer to home following surgery or in-hospital treatment
    f. Other (please state)
5. Have you had to visit more than one hospital for cardiac treatment/appointments?
6. If yes was there a notable difference between your experience at one hospital over the other and what was the difference?

7. What does good in-hospital care look like for cardiac patients? For example after surgery.
8. What would make you feel confident about accessing services in a community setting and are there any appointments you currently attend a hospital for that could be carried out in the community?
9. Do you have any more comments that we should be aware of when reviewing Cardiac services in Lancashire and South Cumbria?

This was shared with:

- Trusts to share with patients they may have contact with,
- ICB citizens panel,
- patient groups identified to share with their wider members,
- Healthwatch,
- Local authority community support teams,
- VCFSE leads for wider sharing.

It was also present on the ICB 'Have your say' web pages and social media.

How many people got involved?

- The Clinical strategy development survey reached 357 people.
- Heartbeat focus group first session was attended by 31 people.
- The NHS East Lancashire Hospital Trust cardiac rehabilitation groups had eight attendees
- The Heartbeat focus group second session was attended by 28 people.
- The questionnaire had 124 responses (at time of submitting report).

In total 548 patients were surveyed. 191 of these were specifically cardiac patients.

NB, we have not included the number of people who were involved in the vascular services reconfiguration engagement as many of the same groups that were contacted for that engagement were also contacted for this one. It is possible therefore that some people have taken part in both of the engagement activities and we do not wish to count them twice.

Demographic monitoring

A breakdown of the demographics of the respondents to all of these can be found in Appendix 3.

The majority of patients were from the central Lancashire area (52%).

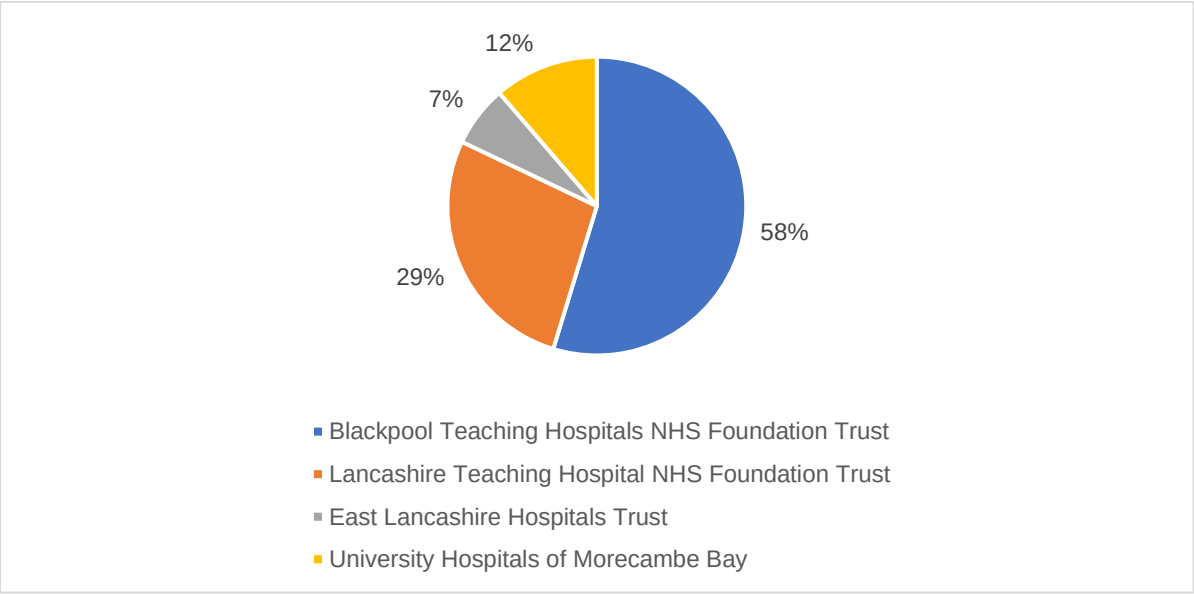
The majority of respondents were over 60 which is in line with the target audience shown in Appendix 2.

Although most listed themselves as white British there is still an under-representation of the BAME groups. This will need to be addressed in any future engagement for the programme.

What did we hear?

In summary:

- All respondents were either a patient or a carer for a patient.
- The questionnaire had 77 per cent of respondents that had experienced cardiac services in the last 12 months.
- As expected, due to the nature of services, the majority were treated at Blackpool Teaching Hospitals NHS Foundation Trust. Sixty per cent were treated at multiple locations.

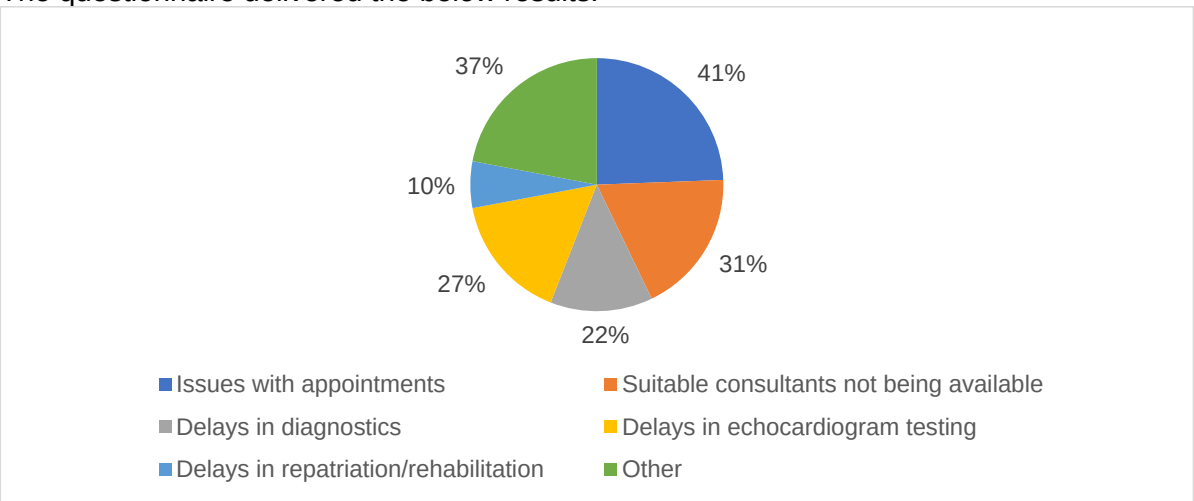


In general, all respondents talked about how good the service has been overall.

Experience of the drivers for change

Nearly all of the respondents were able to give examples of experience of when issues related to the drivers for change were not as good as they would like.

The questionnaire delivered the below results:



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The greatest noticeable driver for change is therefore the issues with appointments. Anecdotes on this included waiting times and difficulty being able to secure an appointment, especially as a follow-up or following a referral. This connects with the lack of consultants, which would be resolved in a networked service.

One recurrent theme was that of waiting for an appointment to go over test results. Several of the focus group members said that anxiety is high when it comes to cardiac issues which can make those issues worse. When being tested for something as serious as this it should be possible to access results straight away whereas in many of their experience, the appointment to review results was far too long.

"It took my cardiologist 7 months to tell me my echocardiogram results and I needed heart surgery. No result letter to me or my GP arrived." [Questionnaire comment]

More than one participant had experience of their referrals being lost. Another reported her father had passed away between having tests and getting the results.

Others cited the issue with waiting is the lack of communication between appointments when there is a long wait involved. They had no idea what was happening or why the process was taking so long. This will need to be addressed.

Delays in echocardiogram testing was also cited as something a high number of people had experienced. Also, as above, the time between having the ECG and getting the results was mentioned several times as being something that needed improving.

Variation in services was not directly referenced as an issue although some people did express an issue with transfer from one hospital to another for specialised treatment. Some patients said that when they were treated for an initial cardiac event in hospitals such as Preston and it was decided they needed to be treated at Blackpool, this could take some time. One cited a two and a half week wait. Another, at the focus group, said they could have gone home following their visit to Preston but were kept in because the clinical staff said they would be transferred to Blackpool quicker if they were already in hospital rather than going home to wait for a referral.

On the same lines there were some comments about medication whereby medication was prescribed by a clinician at one hospital but when they then had a consultation at another hospital the medication was changed.

"I have also had two different hospitals change my medication back and forth with no communication between them" [Questionnaire comment]

Would you be confident in a networked service?

There was some feedback that having the continuity of seeing one consultant all the time was preferable so if a networked service allowed this to happen it would be best. However if the network meant information is shared and therefore you wouldn't see the same consultant each visit then this would be unfavourable.

People also associate the centre of excellence at Blackpool Teaching Hospitals NHS Foundation Trust as being the best place to be. So, when they are treated at or referred to another hospital, even if it is nearer to home, they feel like they are getting second-rate treatment which is off putting to them. A networked service operating from Blackpool acting in other hospitals could help with this as long as it is communicated properly.

The most frequently referred to difference being around communication and sharing of records. With respondents citing that this often made the process more difficult and hoping that this could be improved.

Other people commented that a networked service should use the same IT system and therefore mean sharing of results between primary and secondary care and with all clinicians involved in a person's care and treatment would be easier. This was seen as a huge step forward.

What does good in-hospital care look like?

The feedback on this question also referred to some of the issues described in the drivers for change.

- Staffing needs to be improved and ward nurses better trained.

Additional themes included:

- Involving family and carers more in explaining treatment and rehabilitation.
- Being discharged as quickly as possible.
- Wards need to be quieter to allow for rest and recovery.
- Things shouldn't stop/slow down at weekend and bank holidays.
- Setting out a clear plan of treatment and after care with lots of reassurance.
- Better communication
    - Of information to patient and relatives/carers.
    - Between secondary and primary care.

One issue that was raised a few times was that of a patient being in hospital waiting for a procedure and having it cancelled at the very last minute. Those who raised it understood that other people were more serious and therefore took priority, but they did explain how frustrating this was and how they felt they then had to go back to the bottom of the waiting list for a replacement appointment. This shouldn't be the case.

What would make you feel confident about accessing services in a community setting and are there any appointments you currently attend a hospital for that could be carried out in the community?

Although most people said community services would be acceptable provided certain criteria were met (see below) some were quick to point out that the perceived severity of cardiac conditions often means they prefer to be seen in a hospital setting as they are reassured they are in a safe place.

Of those who said services in the community were a good option, themes for how to ensure they meet people's needs included:

- Making sure equipment needed was available wherever the appointment was being provided.
- If anything was being done in the community, there would need to be reassurance that it was not compromising the quality of the care
- Community services are fine as long as they are properly integrated and not scattered across a wide area – preferably all services in one community setting.
    - Eg cardiac specialist nurses, social workers, social prescribers, rehabilitation.
- People working the community can need to be able to see notes from consultants in hospital and vice versa.

Services that were suggested could be in the community were:

- Rehabilitation
- Arrhythmia nurses
- Heart failure clinics
- Annual reviews
- Blood tests
- Echocardiograms
- Anything not requiring specialist facilities.

Do you have any other comments about cardiac services?

Many of the comments here were reflective of those already expressed and the findings of the clinical strategy engagement, namely:

- Travel to centralised services should be taken into consideration.
- Waiting times need to be improved.
- Communication needs to be improved.
- People with multiple long-term conditions should have their care integrated to reduce the number of appointments.

What we have learned: Conclusion

What our patients have told us

The following is a summary of the key themes and issues from the feedback:

- Waiting times for appointments are too long.
- Some diagnostics, particularly echocardiogram testing take too long.
- Trusts do not communicate well between themselves.
- Provision at the cardiac centre at Blackpool Teaching Hospitals NHS Foundation Trust is excellent but delays in appointments are of concern.
- The severity of cardiac conditions requires patients to have more reassurance in their treatment.
- Patients want either to see the same consultant every time or to be reassured that the person they are seeing has access to all their records and is familiar with them and their situation.
- In-hospital care is usually excellent, but rehabilitation/repatriation is slow and communication with out-of-hospital services needs to be improved.
- Being seen at the centre of excellence is seen as preferable to anywhere else.
- There are a number of services that patients would feel confident in accessing in the community; those being services that are post-operative and do not need specialist facilities or consultant input.

Conclusion

The experience of patients does seem to echo the issues raised within the ‘drivers for change’ with some areas being more key to improving patient experience than others; namely staffing, waiting times and echocardiogram testing.

In general, those we have heard from are supportive of a network model as it would allow better communication between clinicians and potentially spread capacity. Especially if the network meant the same level of expertise experienced in Blackpool was shared across all other localities.

Patients are comfortable being seen in a community setting where their condition is no longer serious (post-operative) and where specialist equipment or expertise is not needed.

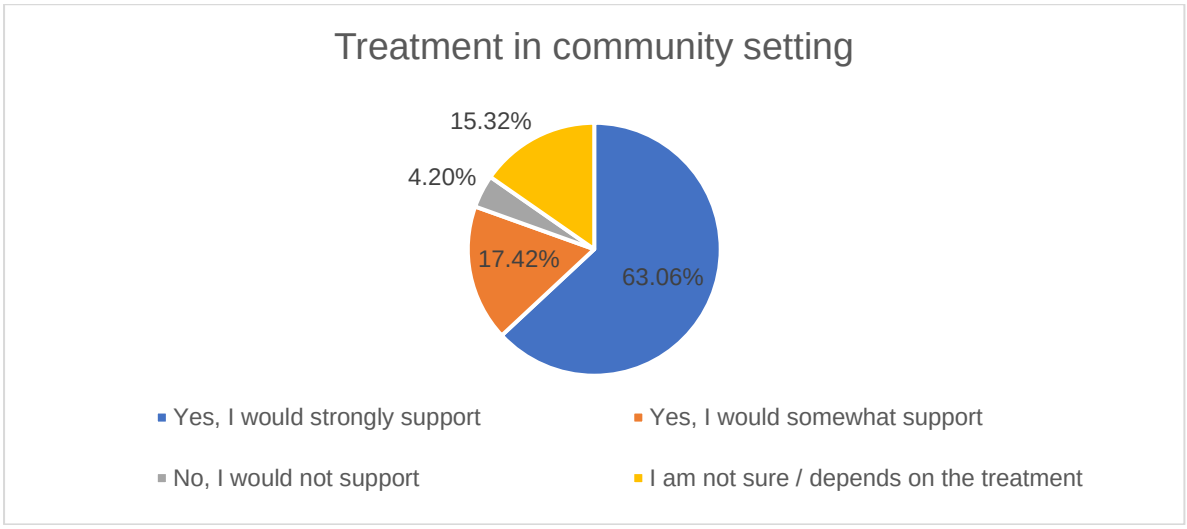
However all changes rest on ensuring better communication between all services whether that be specialist, in-hospital, community or primary care.

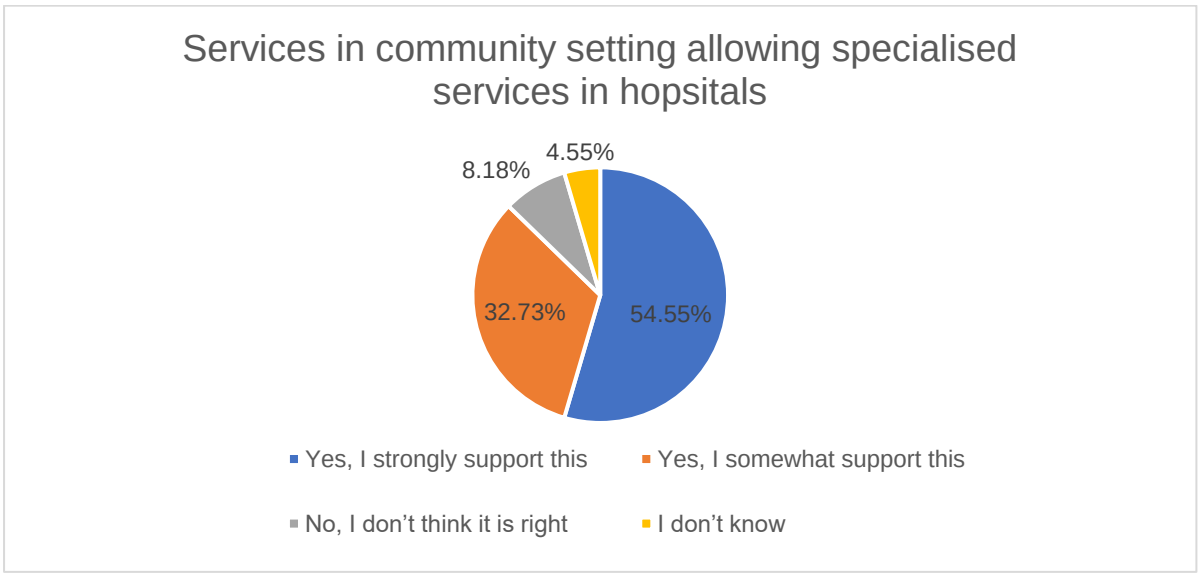
Next steps

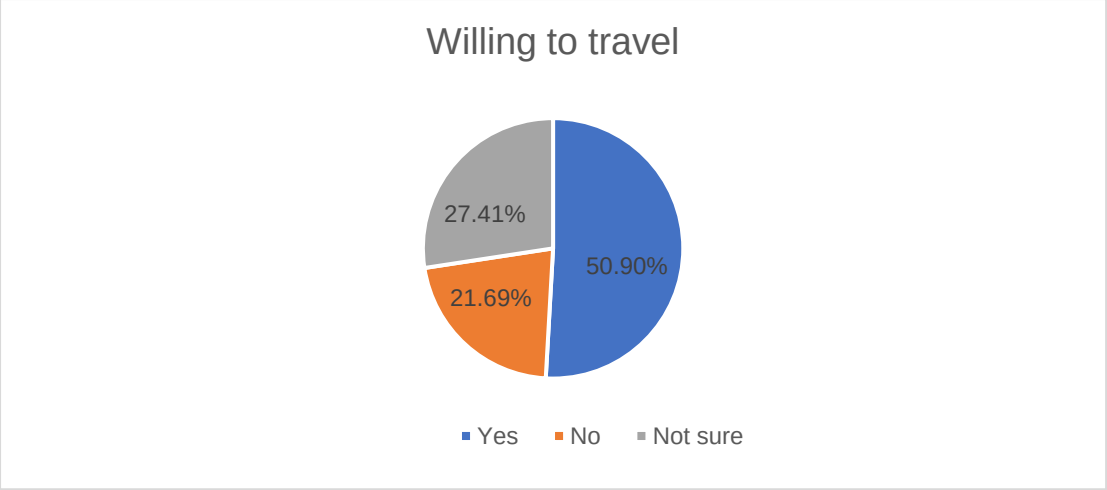
This report will be presented to the ICB’s Public Involvement and Engagement Advisory Committee and the suitable governance pathway. It will also be shared with the Cardiac Clinical Reconfiguration Programme board for them to act upon.

It will be used as part of the NHS England service reconfiguration assurance stage 1 assessment. Once approved this will trigger the next phase which will either be a more formal consultation phase or it will be agreed to proceed directly to implementation. If the former is decided there will be some pre-consultation engagement prior to the formal consultation. If the latter full proposals for the network model will be created and we will engage with patients again to check these proposals are suitable. In either case the findings of this report will assist with the decision making process.

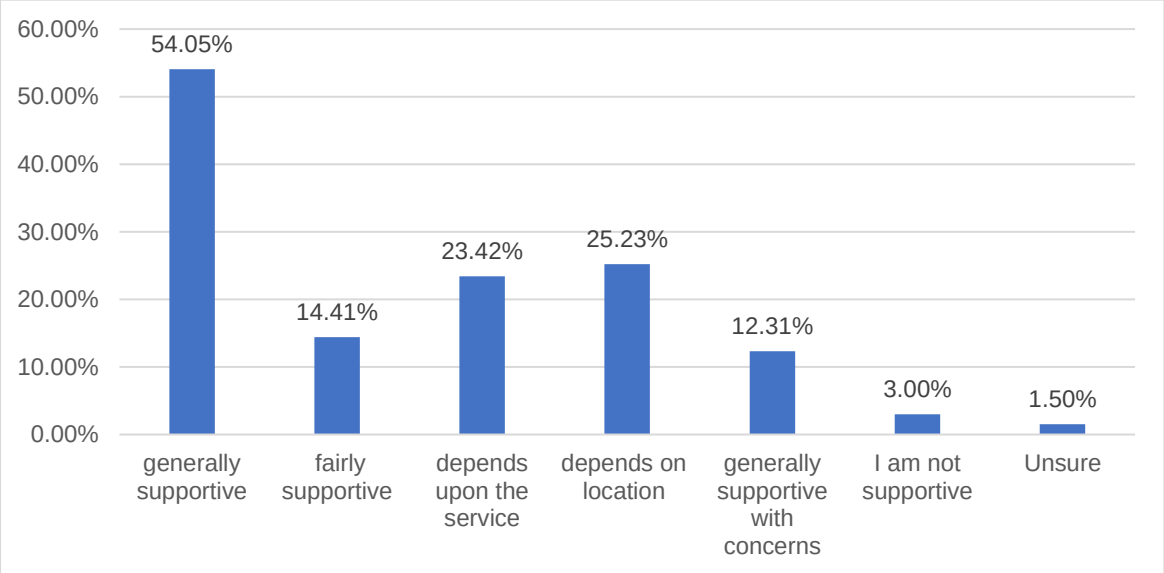
Appendix 1 – 2023 Clinical strategy survey results (pertinent to this report)







The survey asked participants specifically: “Thinking about highly specialised care, it is quite often safer and provides better results for patients if this is provided from specialist centres rather than from every hospital. How do you feel about more services being delivered in this way if it means better results for you and your family?”



Those who said they were supportive but had concerns cited their concerns as:

- Travel. People not accessing treatments as too difficult.
- Potential for multiple different locations for patient care.
- Long term conditions patients build relationship with their teams this could be lost. Reduces opportunity for holistic approach to patient care. Accountability and patients won’t know who is responsible for care.
- Transferring patients to centres of excellence affects timely care – safety. Disparity between speed at which you get seen for specialist treatment if you live near a city.
- Mental health impact of being away from family during illness – isolation and recovery impact.

Other comments that were received within the survey were themed into key points. These were:

- Depends what services
- Dilute care so specialists only become complex care
- Premises investment and community spaces

- Accessibility especially for disadvantaged
- People with LTCs and multiple issues may have to visit several ‘centres of excellence’ for their care rather than one location
- Increase need for Patient Transport Services

Participants were also asked what challenges (beyond access, staffing, waiting times, quality and finance) they felt should not be overlooked. Responses included:

- Inefficiency/Waste
- Communication
- Cleanliness/Hygiene
- Staff wellbeing/Pay/Morale
- Transport/Travel
- Waiting times
- Access
- Follow up advice.
- Estates/Facilities
- Demand/Increase in population
- Digital/IT
- Primary Care/GPs
- Recruitment/Retention/Workforce
- Dental
- NHS image
- Skills/Training
- Bureaucracy
- Leadership/Culture
- Mental Health/Social care/VCFSE
- Integration
- Lived experience.
- Person centred.

Appendix 2 – Target public breakdown

Patient groups potentially affected or mentioned in the case for change document	Demographics from system intelligence service
Those with high blood pressure / hypertension	• Lancaster / Morecambe • Preston • Burnley • Age 70-85 • High deprivation
Those with CVD	• Blackpool • Blackburn • Age 70-75
Those with vascular conditions	
Smokers	• Blackpool • East Lancashire ○ followed by Chorley and Morecambe Bay
Those with diabetes	• Blackburn and • Blackpool ○ followed by East and Chorley • Age 60-80
Those who are obese or have sedentary lifestyle	NA
People in areas of high deprivation	• Blackpool • Blackburn
South Asian and Black African background	• Blackburn
Heavy drinkers	NA
Those with heart failure	• Morecambe • Fleetwood • Preston • Blackpool • Aged 60-80
Coronary heart disease	• Blackburn
stroke	NA
Aortic disease	Blackburn
Haematology	NA
Dietetics	NA

Appendix 3 - Demographic monitoring

Below are a breakdown of the demographics of all respondents. Where demographics are not available from focus groups they have been added to the “prefer not to say” category.