

Cardiology Inpatient potential service change



Background

- Currently inpatient Cardiology services are provided at the Royal Shrewsbury Hospital (RSH) on ward 24 and Ward 6 at the Princess Royal Hospital (PRH).
- At RSH there are 20 beds including 8 Acute Coronary Care Unit (ACCU) beds.
- At PRH there are 25 beds including 5 ACCU beds.
- For a number of years there have been workforce issues on both hospital sites within Cardiology. Historically the service has had challenges with medical workforce recruitment, however more recently the recruitment of trained cardiac nurses has also been an issue.
- Due to the nurse recruitment issues, the inpatient service has found it challenging to provide the required staffing levels. The department has now reached minimal staffing levels and any episode of sickness is putting the service at risk.



Background

- The majority (70%) of the cardiology service which comprises diagnostic, interventional procedures, Cath lab and outpatient services are currently located at PRH.
- Patients from RSH who require diagnostic or interventional procedures, often have an increased length of stay as they are required to be transferred and for a bed to be available and allocated on the PRH site. Although the department facilitate a treat and return facility within PRH this is often hampered by the availability of specialist transport.
- On an average 10 patients per week are needing to be transferred from RSH for diagnostic/intervention procedures. RSH patients can wait 5-6 days to be transferred and for some more specialist intervention this wait can be longer. This is primarily down to transfer time frames and bed availability.
- Due to the delays in patient transfers the Cath Lab is not being used to full capacity. The result of this is delay to the patient in obtaining treatment and empty capacity on lists allocated for inpatient support.
- During COVID there are Amber and Green pathways and patients on these pathways must remain separate at all times. As a result of this there is a reduced trolley recovery capacity within the Cardiac Day Unit, for example there is a reduction of two trollies when facilitating an amber patient from RSH.

HTP – The Future of Cardiology

- Cardiology services are allocated on the Acute site (RSH) within the Hospital Transformation Programme (HTP).
- The move of all cardiology inpatient services to PRH is a temporary change and once HTP progresses services will be relocated in a new facility at RSH
- The temporary move of all inpatient cardiology services to PRH will support the service until the changes and help the team evolve into a single site model.
- It is hoped that the earlier move to a one site model will greatly enhance the patients experience of the Cardiology Inpatient Service.



Reasons for change



- The majority (70%) of the cardiology service which comprises diagnostic, interventional procedures, Cath lab and outpatient services are currently at PRH.
- A significant number of cardiology inpatients admitted to RSH are then required to be transferred to the PRH site for a diagnostic or cardiac procedure as part of their inpatient stay.
- Having a bed available at PRH for the transfer is a challenge when the escalations levels in the hospital are at level 3 and 4.
- As a result of COVID and the need to keep green and amber patients separate has had a significant impact on the ability to transfer patients from RSH to PRH to perform interventions in the Cath Lab.
- Specialist workforce is currently split across two hospital sites – issues with sickness absence etc.
- Please note that most serious heart attack cases are currently transported directly to either Wolverhampton or Stoke

Proposal

As an interim measure until HTP is progressed, it is proposed that all Cardiology inpatient services are moved to PRH. The reasons for this are:

- To support the fragile workforce issues
- To prevent delays in diagnostic and interventional procedures for cardiology inpatients
- To support the COVID-19 pathways
- The outpatient service provided by Cardiology, Cardiorespiratory and Cardiac Rehab at RSH would continue.



Proposal

We would do this by:

- Transfer ward 24 cardiology inpatient beds (RSH) to ward 7 at PRH. Ward 7 is next door to our current cardiology ward (ward 6).
- Cardiology would have 15 beds for cardiac patients on ward 7. These beds are currently General Medicine beds, which currently are regularly used by Cardiology outliers.
- Under the new proposal the remaining 13 beds on ward 7 would be used for Endocrine.
- This would give Cardiology a total 38 beds over 2 wards. This bed base would comprise of 28 general cardiology, 8 ACCU beds and 2 high telemetry side rooms.
- The 20 bed released at RSH would then become General Medicine beds.
- On average this will affect up to 25 cardiology inpatients per week.



Key benefits

- Patients will see an improved inpatient service with timely access to diagnostics and intervention. In particular patients who would have previously been admitted to the RSH site and then transferred to PRH would have quicker access to diagnostic and interventional procedures.
- Reduction in the length of stay, which in turn will improve outcomes for cardiology patients.
- The department sees an improved recruitment, retention and sickness position for all staffing groups.
- It supports training for student nurses, junior doctors and middle grades, helping to develop the cardiac staffing models of the future.
- Risks held within the inpatient service around staffing and estate are addressed.
- Greater bed base for general medicine patients on the RSH site.



Issues

There is a requirement to upgrade the telemetry system at PRH (planned for 2021 before decision to move) and undertake some estates work within the cardiology base.

There will be a requirement to facilitate direct pathways to the PRH site liaising with the ambulance services. Conversations are already underway.

Some patients care will be delivered further away from their home which could potentially in the future impact on visiting (currently there is restricted visiting at our hospitals due to COVID19)



What next - Timescales

Changes in the service will require approval by the Trust Board and a decision is expected before winter.

All staff are fully aware and have had regular updates in person from the Centre Manager and Matron since the initial discussions in July 2020.

EQIA was completed and presented last year. This will be reviewed again with patient and public input.

If the service move was to go ahead we would review this after 6 months with patient and public involvement.

Regular updates on the proposal, move and subsequent consolidated service will be given through the community members update email.

Contact details of who to contact if you want to email/telephone feedback –

Debbie Houlston, Centre Manager –
Debbie.houlston@nhs.net or

Donna Moxon, Operations Manager –
Donna.moxon2@nhs.net



Engagement Plan

- We held a Stakeholder Event on Thursday 2nd September which had representatives from:
 - Healthwatch (Shropshire, T&W)
 - CHC
 - Members of Health Overview and Scrutiny Committee (HOSC)
 - Members of the Health and Wellbeing Boards (HWBB)
 - Local and National Cardiology patient groups
 - Local Patient groups (e.g Telford Patient First and Shropshire Patient Group)
 - Following the meeting we have sent the presentation slides and the draft EQIA to all who attended to share with their groups and provide any feedback.
- We have a website page which has a copy of the presentation, a question and answer sheet and the draft EQIA – this is accessible to all members of the public
- We have written the following:
 - MP's
 - HOSC
 - HWBB
 - We included a copy of the presentation and EQIA

Attendance at events to discuss the proposal:

- Quarterly Community Meeting – 22nd September 2021
- Powys Services Planning Committee – 21st September 2021
- Montgomeryshire Local Committee – Thursday 14th October 2021
- Telford Patient First - Wednesday 1st December 2021