

## Appendix 1: Response to Impact Assessment Questions

### 1. CHD activity levels

**Note:** Paediatric and adult activity should be shown separately. Outreach activity should be identified separately. Data sources and time periods should be identified.

#### Current CHD activity levels

Data provided is for 2015/16 at UHB.

##### Inpatient activity:

Inpatient activity at UHB 2015/16	Adult	Paediatric
Total inpatient spells	355	992

##### Inpatient bed occupancy:

Cardiac bed occupancy at UHB 2015/16	Adult	Paediatric
Total bed days (includes HDU)	691	4,523
Inpatient bed occupancy	n/a	77.2%

##### Catheter procedures:

Cardiac catheter activity at UHB 2015/16	Adult	Paediatric
Total Catheters	297	343

All procedures, including catheter diagnostics, EP & ablation

##### Diagnostics:

Cardiac diagnostic activity at UHB 2015/16	Adult	Paediatric
Echo	272	6,396
X ray	571	4,769
MRI	328	127
CT	131	87
Total diagnostics	1,302	11,379

##### Surgery:

Cardiac surgical activity at UHB 2015/16	Adult	Paediatric
Total surgical cases	125	327

NICOR recognised cases, including inherited cardiac disease in adult patients

##### Theatre:

Cardiac theatre lists at UHB 2015/16	Adult	Paediatric
--------------------------------------	-------	------------

Number of theatre lists run	104	226
-----------------------------	-----	-----

#### Critical care utilisation:

<b>Cardiac critical care activity at UHB 2015/16</b>	<b>Adult</b>	<b>Paediatric</b>
Critical care bed days – PICU / CICU	99	2346
Critical care bed days - HDU	83	1694

#### Outpatient:

<b>Cardiac outpatient activity at UHB 2015/16</b>	<b>Adult</b>	<b>Paediatric</b>
New	847	1359
Follow Up	1792	3009
<b>Total Outpatient Activity</b>	<b>2639</b>	<b>4368</b>

278 Outpatient clinics also provided annually across the South West region. Activity held by local hospitals.

#### **Projected CHD activity levels if our proposals were to be implemented and basis for those projections**

The projected increase in activity at UHB represents a 2% increase on currently published data (14-15) and as such is within the range of any year to year variance. Therefore, for the purposes of this impact assessment, projected activity has been assumed to be in line with current activity.

This activity would have no material bearing on overall activity volumes or capacity planning and can be accommodated without additional support other than the current planned expansion of the service.

## **2. Capacity**

**Note:** Paediatric and adult requirements should be shown separately.

#### **Current CHD capacity**

<b>Cardiac service capacity as at November 2016/17</b>	<b>Adult</b>	<b>Paediatric</b>
Ward	ACHD beds are provided within 34 cardiac ward beds	Dedicated CHD ward with 16 beds
Diagnostics	Echo, x-ray, MRI and CT is provided as required. There are no concerns about capacity for diagnostics	Echo, x-ray, MRI and CT is provided as required. There are no concerns about capacity for diagnostics
Cath lab	2.5 x 4-hour sessions per week	6 cath lab sessions per week
Theatre	5 x 4-hour sessions per week	5 all-day CHD sessions per week
Critical care	Beds are provided within a 24-bedded critical care ward	There is a 17 bedded critical care unit (18 funded in winter). On average 52% of beds days are for CHD patients (elective and emergency)



		There is also a 5 bedded cardiac HDU unit
Outpatient	6 ACHD clinics per week	6 CHD cardiology clinics per week and 1 cardiac surgery clinic 278 Outpatient clinics also held annually across the SW region.

### Required CHD capacity

Other than incremental service growth, the proposed changes to patient flow will generate no additional capacity requirements. The service plans we have underway to better cater for existing activity are:

- One additional cath lab session to be introduced 9<sup>th</sup> January 2017.
- Further one additional cath lab session to be introduced spring 2017
- Two Locum Consultant Paediatric Cardiologists have been appointed who will provide three additional outpatients clinics per week

**For Trusts where we have proposed that level 1 services would no longer be provided, what would be the CHD capacity required if level 2 CHD services continued to be provided?**

Not applicable

**For Trusts where additional capacity would be required if our proposals were to be implemented, please describe your plans for developing that capacity and indicate when that capacity will be available? What are the rate limiting factors?**

The small increase in activity can be absorbed within our current plans for incremental service growth in line with population forecasts

**Do you have any comments on our predictions of changes to patient flows and the impact on their journey times, or on the assumptions underpinning the modelling?**

Basing the modelling, journey times seems like a sensible way to establish high-level patient flow. However, we feel there is an opportunity to further refine this work to look at what boundary changes would be required to enable a sufficient patient flow to UHB to ensure it can achieve the activity volumes required under the New CHD Standards. We have commitment, and plans prepared, to establish capacity for 500 congenital cardiac surgery cases and four surgeons, including expansion of the paediatric intensive care unit. We would like to see a model which reflects this.

As stated in the cover letter, in our opinion, the current proposals miss an opportunity to secure the viability of the Bristol service as a provider of level 1 care.

### 3. Impact on other interdependent services and facilities

**What other services would be affected if our proposals were to be implemented?**

The small increase in activity can be absorbed within our current plans for incremental service growth in line with population forecasts

**What would be the nature of the impact for each of those services? Can this be quantified?**

Not applicable

**Would any interdependent services or facilities become non-viable if our proposals were to be implemented? Why?**

Not applicable

#### **4. Financial and business impact**

**Note:** Please detail income by commissioner, distinguishing between income arising from commissioned and non-commissioned activity

**What income does the Trust currently derive from CHD activity? Please provide a breakdown of the income if appropriate.**

Paediatric cardiac surgery and cardiology income

<b>Purchaser Description</b>	<b>Contract (Value)</b>
Abertawe Bro Morgannwg LHB	£14,875
NHS Bath And North East Somerset CCG	£9,042
NHS Bath And North East Somerset CCG, Specialised Services	£310,874
NHS Bristol CCG	£31,349
NHS Bristol CCG, Specialised Services	£1,184,022
NHS Gloucestershire CCG	£10,841
NHS Gloucestershire CCG, Specialised Services	£1,064,651
NHS Kernow CCG	£1,393
NHS Kernow CCG, Specialised Services	£560,165
NHS North Somerset CCG	£12,296
NHS North Somerset CCG, Specialised Services	£590,032
NHS North, East, West Devon CCG	£2,598
NHS North, East, West Devon CCG, Specialised Services	£1,279,835
NHS Somerset CCG	£6,126
NHS Somerset CCG, Specialised Services	£998,402
NHS South Devon And Torbay CCG	£3,785
NHS South Devon And Torbay CCG, Specialised Services	£374,827
NHS South Gloucestershire CCG	£10,657
NHS South Gloucestershire CCG, Specialised Services	£680,573
NHS Southwark CCG	£0
NHS Swindon CCG	£574
NHS Swindon CCG, Specialised Services	£214,042
NHS Wiltshire CCG	£5,911
NHS Wiltshire CCG, Specialised Services	£446,860
Non-Contract Activity	£11,163
Reciprocal Overseas Visitors	£0
South West Specialised Commissioning Hub	£366,947
Welsh Health Specialised Services Committee	£2,862,499
Non-Contract Income Assumptions, NHS Bath And North East Somerset CCG,	£1,683



Specialised Services	
Non-Contract Income Assumptions, NHS Bristol CCG	-£207
Non-Contract Income Assumptions, NHS Bristol CCG, Specialised Services	£370
Non-Contract Income Assumptions, NHS Gloucestershire CCG, Specialised Services	£2,805
Non-Contract Income Assumptions, NHS Kernow CCG, Specialised Services	£797
Non-Contract Income Assumptions, NHS North Somerset CCG	-£37
Non-Contract Income Assumptions, NHS North Somerset CCG, Specialised Services	£530
Non-Contract Income Assumptions, NHS Somerset CCG	-£340
Non-Contract Income Assumptions, NHS Somerset CCG, Specialised Services	-£6,848
Non-Contract Income Assumptions, NHS South Gloucestershire CCG	-£15
Non-Contract Income Assumptions, NHS South Gloucestershire CCG, Specialised Services	-£7,001
Non-Contract Income Assumptions, NHS Swindon CCG, Specialised Services	£565
Non-Contract Income Assumptions, NHS Wiltshire CCG, Specialised Services	£2,329
Non-Contract Income Assumptions, NHS North, East, West Devon CCG, Specialised Services	-£8,347
Non-Contract Income Assumptions, NHS South Devon And Torbay CCG, Specialised Services	£258
Non-Contract Income Assumptions, Variable Estimates	-£97
<b>Grand Total</b>	<b>£11,040,786</b>

### Paediatric Critical Care Income

Purchaser Description	Contract (Value)
NHS England	£3,508,395
Welsh Health Specialised Services Committee	£1,391,755

#### Notes:

Based on 2015/16 Contracted levels. CHD diagnosis is not routinely collected as part of PCCMDS, therefore data has been calculated by linking PIC days to underlying spell diagnosis. PIC is a block contract for NHS England and therefore the activity and value is pro-rata to proportion of actual activity that is CHD related as per above.

### Adult CHD income

#### 1. Cardiology

Purchaser Description	Contract (Value)
Military Health Services - National Commissioning Hub 1	£902
NHS Bath And North East Somerset CCG	£36,628
NHS Bath And North East Somerset CCG, Specialised Services	£47,981
NHS Brighton And Hove CCG	£301
NHS Bristol CCG	£158,865
NHS Bristol CCG, Specialised Services	£130,395
NHS City And Hackney CCG	£319
NHS Croydon CCG	£175

NHS Dorset CCG	£1,061
NHS East And North Hertfordshire CCG	£159
NHS East Leicestershire And Rutland CCG	£159
NHS East Surrey CCG	£319
NHS Fareham And Gosport CCG	£478
NHS Gloucestershire CCG	£72,629
NHS Gloucestershire CCG, Specialised Services	£100,468
NHS Greater Huddersfield CCG	£301
NHS Herefordshire CCG	£1,087
NHS Herts Valleys CCG	£319
NHS High Weald Lewes Havens CCG	£159
NHS Kernow CCG	£26,592
NHS Kernow CCG, Specialised Services	£81,380
NHS Lambeth CCG	£159
NHS Leeds West CCG	£159
NHS Leicester City CCG	£301
NHS Lewisham CCG	£319
NHS Liverpool CCG	£159
NHS Mid Essex CCG	£301
NHS Nene CCG	£301
NHS Newcastle Gateshead CCG	£159
NHS North East Hampshire And Farnham CCG	£301
NHS North East Lincolnshire CCG	£301
NHS North Somerset CCG	£88,017
NHS North Somerset CCG, Specialised Services	£74,715
NHS North, East, West Devon CCG	£27,692
NHS North, East, West Devon CCG, Specialised Services	£78,070
NHS Oxfordshire CCG	£301
NHS Richmond CCG	£301
NHS Shropshire CCG	£13,122
NHS Somerset CCG	£62,242
NHS Somerset CCG, Specialised Services	£65,527
NHS South Devon And Torbay CCG	£14,718
NHS South Devon And Torbay CCG, Specialised Services	£9,261
NHS South Gloucestershire CCG	£67,200
NHS South Gloucestershire CCG, Specialised Services	£85,379
NHS South Reading CCG	£464
NHS South Warwickshire CCG	£319
NHS South West Lincolnshire CCG	£159
NHS South Worcestershire CCG	£319
NHS Southwark CCG	£159
NHS Sunderland CCG	£159
NHS Sutton CCG	£175
NHS Swindon CCG	£2,771
NHS Swindon CCG, Specialised Services	£8,347
NHS Warwickshire North CCG	£159
NHS West Hampshire CCG	£159
NHS West London (K&C & Qpp) CCG	£475



NHS Wiltshire CCG	£16,113
NHS Wiltshire CCG, Specialised Services	£48,825
NHS Windsor, Ascot And Maidenhead CCG	£301
South West Commissioning Hub, Health & Justice	£301
South West Specialised Commissioning Hub	£47,233
South West Specialised Commissioning Hub, Exceptional Funding	£197,582
Welsh Health Specialised Services Committee	£189,041
	<b>£1,762,736</b>

**Notes:**

Based on 2015/16 Outturn. CHD diagnosis is not routinely collected in inpatient data, activity is a sub set of all Adult Cardiology, therefore an estimate has been provided based on HRGs coded.

## 2. Adult Cardiac Surgery

Purchaser Description	Contract (Value)
NHS Bath And North East Somerset CCG, Specialised Services	£13,253
NHS Bristol CCG, Specialised Services	£60,913
NHS Gloucestershire CCG, Specialised Services	£8,702
NHS Kernow CCG, Specialised Services	£22,973
NHS North Somerset CCG, Specialised Services	£4,551
NHS North, East, West Devon CCG, Specialised Services	£21,955
NHS Somerset CCG, Specialised Services	£56,762
NHS South Devon And Torbay CCG, Specialised Services	£21,359
NHS South Gloucestershire CCG, Specialised Services	£26,105
NHS Wiltshire CCG, Specialised Services	£8,702
South West Specialised Commissioning Hub	£17,404
Welsh Health Specialised Services Committee	£75,334
NHS North Somerset CCG, Specialised Services	£17,173
NHS North, East, West Devon CCG, Specialised Services	£13,890
NHS Bath And North East Somerset CCG, Specialised Services	£3,604
NHS Bristol CCG, Specialised Services	£20,767
NHS Gloucestershire CCG, Specialised Services	£2,915
NHS Kernow CCG, Specialised Services	£4,732
NHS North Somerset CCG, Specialised Services	£24,224
NHS Somerset CCG, Specialised Services	£21,496
NHS South Gloucestershire CCG, Specialised Services	£10,957
South West Specialised Commissioning Hub	£5,451
Welsh Health Specialised Services Committee	£26,905
NHS Wiltshire CCG, Specialised Services	£5,831
NHS North, East, West Devon CCG, Specialised Services	£17,492
NHS South Devon And Torbay CCG, Specialised Services	£7,032

**Notes:**

Based on 2015/16 Outturn. CHD diagnosis is not routinely collected in inpatient data, activity is a sub set of all Adult Cardiac Surgery, therefore an estimate has been provided based on HRGs coded.

**What income would the Trust derive from CHD activity if our proposals were to be implemented? Please provide a breakdown of the income if appropriate.**



There will be no material change to the income

**For Trusts where we have proposed that level 1 services would no longer be provided, what income would be derived from CHD services if level 2 CHD services continued to be provided?**

Not applicable

**For Trusts where additional capacity would be required if our proposals were to be implemented, how would the necessary expansion of capacity be funded? Do you have agreed access to any required capital?**

Not applicable

**What would be the wider impact on the Trust's positioning in the local, regional and national healthcare market, its long term development plans and its overall viability if our proposals were to be implemented?**

As described above, the proposals would mean that the UHB service would not be able to meet the activity volumes required under the new CHD Standards. We would need to understand NHS England's position were that situation to arise. If the level 1 service at Bristol becomes non-viable it would have a significant impact on the entire South Wales and South West CHD Network. The loss of CHD surgical or interventional activity could impact the viability of the paediatric intensive care unit for at Bristol.

## **5. Workforce implications**

**What staff would be considered to be affected by change if our proposals were to be implemented? How would they be affected?**

If the UHB level 1 service were to become non-viable the cardiac interventionists and surgeons' positions would be at threat. There is a risk that uncertainty may result in these staff members seeking opportunities at other Trusts. There is a further risk that UHB would be unable to attract high calibre staff to new roles.

**For Trusts where we have proposed that level 1 services would no longer be provided, what staff would be considered to be affected by change if level 2 CHD services continued to be provided? How would they be affected?**

As above

**Is a 'staff affected by change policy' in place? If so, please provide a copy.**

There is a Trust Consultation Policy document. There is no specific change process underway relating to this reconfiguration proposal.

**For Trusts where additional staffing would be required if our proposals were to be implemented, what strategy would the Trust adopt to ensure that it had the required staff in place, and when would it expect those staff to be in post?**

Not applicable on the basis of the proposed additional activity

## **6. Equalities and health inequalities**



**Note:** In considering equalities and health inequality impacts, please take into account the following characteristics: Age; Disability; Gender reassignment (including transgender); Marriage and civil partnership; Pregnancy and maternity; Race; Religion or belief; Sex; Sexual orientation; Carers; Other identified groups experiencing disadvantage and barriers to access and outcomes, including different socio-economic groups, geographical area inequality, income, resident status (migrants, asylum seekers).

**Are there issues relating to equalities and/or health inequalities that your Trust has identified in the delivery of your current service? Please provide the relevant assessment and evidence.**

There is a geographical inequality identified in the gap analysis against the CHD Standards. CNS and psychology support to patients in peripheral clinics is limited.

**If you have identified equalities and/or health inequalities issues, how are you addressing these? Is this approach effective?**

An expression of Interest to provide additional CNS and psychology support was submitted to commissioners for funding in 2016/17 (rejected) and again in 2017/18 (pending approval). Should these be approved effective action will be taken to address the inequality.

**What effect, if any, would our proposals have on groups in your catchment population, sharing protected characteristics, if they were to be implemented? How could we mitigate those impacts?**

Not applicable. However, if the service becomes unviable then there would be a significant additional patient impact if patients from the South West and South Wales have to travel to Birmingham, Southampton or London for care.