

GOVERNING BODY

LEAD: Dr Phil Moore – Deputy Chair – Clinical	ATTACHMENT:	B
REPORT AUTHOR: Tonia Michaelides – Head of Commissioning and Delivery	AGENDA ITEM: 4	
RECOMMENDATION: The Governing Body is asked to note the following agreements reached : <ul style="list-style-type: none"> • The network model for the provision of cardiac services at Kingston Hospital • The recovery of double charging for non-elective procedures 	GOVERNING BODY MEETING DATE: 3 rd April 2012	

CARDIAC SERVICES AT KINGSTON HOSPITAL

EXECUTIVE SUMMARY:

Given recent concerns raised around the viability and clinical quality of the cardiac catheterisation laboratory (Cath Lab) at Kingston Hospital and St George’s Hospital, the Kingston Clinical Commissioning Group (CCG) instructed the South London Stroke and Cardiac Network to conduct a review of the service. A copy of this review is included in this paper.

The South London Stroke and Cardiac Network’s review concluded with four options for the future of the Cath Lab, which are summarised below:

1. Do nothing;
2. Decommission the Kingston Cath Lab;
3. Provide Current volumes of elective cardiac catheterisation, and transfer all non elective work to St George’s; or
4. Increase elective workload at Kingston by agreeing a network arrangement with St George’s Hospital.

After consideration of the report and suggested options for the future of the Cath Lab the Kingston CCG agreed to support Option 4. Kingston CCG gave support to Option 4 with the following conditions:

- That the transfer of elective work from St George's Hospital to Kingston Hospital is cost neutral to commissioners
- That the work currently flowing to the Brompton and Guy's & St Thomas's Hospitals is repatriated to the Kingston – St George's network
- That patient flows between St George's Hospital and Kingston Hospital would be through a strategic alliance. This alliance needs to have clear agreements and pathways which have been shared and agreed with commissioners before implementation.

The Kingston CCG will monitor the implementation and delivery of the agreed option. If it becomes apparent that the providers are not working together to deliver the agreed pathways leading to poor service delivery then the commissioners will look to de-commission the service and seek an alternative provider.

Non-Elective Cardiac Services

The Kingston CCG noted that for non-elective procedures patients who ultimately require a surgical intervention are having two duplicate investigations in the same pathway - once at Kingston Hospital and again at the provider the patient is referred to for treatment. If patients presented directly at a provider who can provide both the investigation and the intervention, only one investigative procedure would be carried out.

Therefore the current pathway for this cohort of patients costs Kingston health economy £100K per annum due to the duplication of investigative procedures. The Kingston CCG is seeking support from Kingston Hospital to drive out this unnecessary cost by ensuring that non-elective patients are referred to St George's Hospital, where at all at possible, in line with the strategic alliance described above for elective patients. By reducing referrals to other tertiary providers such as Guy's and St Thomas's and the Brompton Hospitals Kingston CCG is confident that a saving in the region of £100K to the Kingston Health economy will be achieved.

By Q4 of 2012/2013 commissioners will require evidence that the required pathway changes for non-elective patients have been adequately implemented and subsequent savings realised. If this cannot be evidenced, commissioners will seek rebate at a level agreed Kingston Hospital through a reduction in contract payment.

KEY SECTIONS FOR PARTICULAR NOTE:

- Issues for consideration
- Next steps

RECOMMENDATIONS:

The Governing Body is asked to note the following agreements reached :

- The network model for the provision of cardiac services at Kingston Hospital
- The recovery of double charging for non-elective procedures

RISKS IDENTIFIED:

The main risk that has been identified is around the change in pathways. If the strategic alliance between Kingston Hospital and St George's is not established then the work currently flowing to the Brompton and Guy's & St Thomas's Hospitals will not be repatriated. The Kingston - St George's alliance needs to have clear agreements and pathways which have been shared and agreed with commissioners before implementation.

FINANCIAL IMPLICATIONS:

For the elective work this will be, at a minimum cost neutral, with the potential for savings as work is re-directed away from more distant tertiary centres such as the Royal Brompton and Guy's and St Thomas. Both centres attract a higher Market Forces Factor payment than St George's.

The current double charge in non-elective pathway has been identified and a solution for removing the extra cost to the health economy proposed.

NATIONAL DOMAINS - TOWARDS AUTHORISATION:

All papers to the CCG are assumed to be evidence towards authorisation.

Please indicate below all the domains which the paper provides evidence for

- Clinical focus adding value
- Patient, carer, community engagement
- Planning and QIPP delivery
- Corporate and clinical governance incl. non financial risk management
- Finance incl. financial risk management
- Collaborative or joint commissioning, commissioning support
- Leadership

If not, please explain below:

EQUALITY IMPACT ASSESSMENT:

An EIA will need to be completed before the network is operational

PRIVACY IMPACT ASSESSMENT:

No PIA issues were identified as no personal data was used whilst compiling this report