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Dear Member

**ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY SUB-BOARD -
WEDNESDAY, 6 AUGUST 2025**

I am now able to enclose, for consideration at the Wednesday, 6 August 2025 meeting of the Adult Social Care and Health Overview and Scrutiny Sub-Board, the following reports that were unavailable when the agenda was printed.

Agenda No	Item	Page
5.	Developing a case for change for cardiovascular disease, cardiology and cardiac surgery services Update and response to questions.	(Pages 3 - 6)

Yours sincerely

Governance Support
Clerk

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Developing a case for change for cardiovascular disease, cardiology and cardiac surgery services

Torbay OSC update – following NHS Devon Board

Introduction and background

NHS Devon's Board was due to consider a proposal in May 2025 to establish a short-term, fixed-length "test and learn" process for out-of-hours primary Percutaneous Coronary Intervention (pPCI) services in Torbay and Exeter.

However, in light of the wide-ranging comments received from staff, clinicians, patients, the public, and elected representatives, the paper setting this out was withdrawn.

This was to enable the valuable feedback to be fully considered and allow time to reflect on whether such a process will lead to clarity on future commissioning arrangements to ensure the long-term sustainability of this important service.

NHS Devon has not revisited the original pPCI proposal and test and learn process. Instead, this briefing outlines the process that is underway to develop a 'Case for Change' which will inform a more comprehensive and forward-looking commissioning plan for the provision of cardiology services across Devon. This case for change will not include any proposals and purely outlines the reasons for why change and reform are needed. The draft case for change will be subject to a period of robust engagement to ensure feedback from key stakeholders is embedded throughout.

At the NHS Devon Board meeting on [31 July 2025](#), it was agreed that the revised plan will focus on transparent, clinician-led engagement, comprehensive data gathering, and ensuring future cardiology services are sustainable and equitable.

There are some urgent remedial actions required for current challenges within secondary care services – this work will take place concurrently with the case for change development. This includes addressing issues with patients in some parts of the county waiting too long for elective procedures, and it has since been agreed by leaders from across Devon that the scope of this programme should include all elements of the cardiovascular disease (CVD) pathway and cardiology services in Devon.

Summary of discussion and outcomes from NHS Devon Board

A new draft case for change is being developed to:

- Outline the need for cardiovascular disease service reform.
- Enable transparent engagement with stakeholders (clinicians, public and elected members).
- Inform longer-term service planning and commissioning.

Clinical and operational focus

- Engagement with clinicians is central:
 - To learn from the journey so far and understand how best to involve clinicians in the future.
 - Stakeholder mapping and clinical reference groups are being planned to develop the case for change.
 - Clinicians will co-develop options for improving care following the case for change engagement.
- A cardiology review group will oversee both short-term improvements and the broader engagement process.
- There needs to be an emphasis on data-driven decisions, robust costing, and consistent principles across Devon, Cornwall, and Isles of Scilly

In-year improvements

- Specific efforts underway to reduce elective care wait times in Devon.
- Focus on maximising existing capacity and improving access to cardiology services.

Strategic Vision

- To align with the three big shifts in the 10-Year Plan - shift from hospital-based treatment to community and move from sickness to prevention-based care.
- Recognition of Devon's aging population and subsequent impact of having a high percentage of the population receiving treatment/interventions relating to cardiovascular disease.
- A need to clearly define "what success looks like", including productivity and value for money.
- Consideration of using national/international exemplars and digital innovation to enhance care.

Governance and collaboration

- The NHS Devon Board has committed to transparent and inclusive engagement for the development of the case for change.
- There is recognition that learning needs to be taken and relationships need to be rebuilt following the previous proposal that was taken to NHS Devon Board and the Board acknowledged the steps being taken to rebuild trust.

Actions and commitments from NHS Devon Board

1. Endorsement of the process to develop the case for change by the NHS Devon Board.
2. Formal engagement on the draft case for change to commence in September 2025.
3. Set up clinical reference group and joint clinician workshops
4. Improve data capture and costing processes to support robust planning.
5. Review integration with planning for 2026/27, ensuring alignment with broader strategic goals and the development of the Devon Health and Care Strategy.
6. Explore use of national and international best practice models in redesign efforts.
7. Enhance digital delivery as part of the shift to prevention and community care.

Response to Torbay OSC questions

NHS Devon have received a list of questions from Torbay OSC to be answered ahead of the OSC meeting on 6 August 2025. Several of these questions relate to the previous proposal that was being taken to NHS Devon Board in May. As these proposals are no longer being progressed – NHS Devon are only able to respond to the questions that relate to the case for change development process.

As part of this update – the key themes have been taken from the questions that don't relate to proposals and have been answered below.

Clinical involvement

As part of the development of the case for change for cardiovascular disease, cardiology, and cardiac surgery services, clinician engagement will be central to ensuring the process is credible, inclusive, and informed by frontline expertise. Specifically:

- Senior clinical leaders from across the system will be directly involved from the outset to shape and guide the work.
- A structured stakeholder mapping process will identify the right clinical voices to involve, ensuring a broad range of perspectives, including those with direct experience of delivering cardiac care.
- Dedicated joint working sessions will be established to bring clinicians together from across Devon to define shared objectives, service standards, and opportunities for improvement.
- We will take a proactive approach to understanding and addressing any barriers to collaboration by listening to clinicians' concerns and using this insight to shape the process.
- Where appropriate, independent facilitation will be used to support open, constructive dialogue and ensure all voices are heard.
- Throughout, we will maintain a focus on co-producing realistic, patient-centred solutions that reflect clinical evidence and local population needs.
- In addition, a Clinical Reference Group will be established to ensure clinical insights remain central to the development of a case for change. The Terms

of Reference for this group is currently being drafted but will include representation from across Devon.

Equality, Quality, Impact Assessment (EQIA)

As part of developing a case for change an EQIA would be undertaken on the current picture and not on any future state. As the programme develops, an EQIA would be required at each stage of the process.

The decision to progress with a draft case for change

A case for change is not a decision-making document. A case for change comprehensively describes the current and future needs of the local population, the provision of local services and the key challenges facing the health and care system that must be addressed.

It provides the platform for change and needs to present a compelling picture of what needs to change and why. A case for change does not include any proposals for future service change – it makes an argument for why change is needed, without suggesting which specific changes are required.

The case for change scope was agreed by health leaders from across Devon.

Timelines and next steps

The NHS Devon board endorsed the proposed process for developing the case for change and acknowledged the short-term in-year actions to improve services.

A group aligned to the clinical cabinet will be established to monitor the 'in year' performance recovery required by commissioners. The programme will report to NHS Devon's Board and NHS England's Specialised Commissioning Board.

An overarching 11-month timeline is proposed to ensure there is time to engage stakeholders in a meaningful manner. The draft case for change is due to be agreed by NHS Devon Executive Committee in August – this will then be refined and further developed through a period of engagement with a wide range of stakeholders:

- Clinicians working across the whole patient pathway will be engaged, including through a Devon-wide clinical reference group. Independent and external clinical advice will also be sought
- Overview and Scrutiny Committees in Devon, Plymouth and Torbay
- Input from elected members and MPs
- Patients and public through an engagement programme due to be launched in September.