

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

August 2025

Introduction and background

1. NHS Devon's Board was due to consider a proposal on Thursday 29 May 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.
2. 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received from staff, clinicians, patients, the public, and elected representatives, the paper setting this out was withdrawn.
3. 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.
4. This updated paper does not revisit the original pPCI proposal and test and learn process. Instead, it outlines the process that is underway to develop a 'Case for Change' which will inform a more comprehensive and forward-looking commissioning strategy for the provision of cardiology services across Devon. This includes proposed engagement with clinicians, patients and stakeholders.
5. A revised programme scope was approved by Chief Executives at all Devon acute providers at the System Leadership Group (SLG) on 26 June 2025. The Peninsula Acute Provider Collaborative (PAPC) Executive Board subsequently confirmed its support on 30 June 2025, which included representation from Cornwall and Isles of Scilly partners.
6. The scope articulated some urgent remedial actions required for current challenges within secondary care services. This includes addressing issues with patients in some parts of the county waiting too long for elective procedures.
7. When reviewed by the System Leadership Group, it was agreed that the scope should include all elements of the cardiovascular disease (CVD) pathway and cardiology services in Devon. Subsequently, NHS England have supported the inclusion of cardiac surgery services.

What a case for change is

8. 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.
9. It provides the platform for change and needs to present a compelling picture of what needs to change and why.
10. 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.

Draft vision

11. To support the development of the cardiology case for change, a draft vision has been developed that will be tested and further developed with key stakeholders, including clinicians:
 - a. To reduce cardiovascular disease in Devon by maximising prevention, ensuring early community-based detection and treatment, and delivering timely, equitable secondary and tertiary care in line with national standards.
12. To realise this vision:
 - a. All opportunities to reduce the prevalence of cardiovascular disease in Devon should be maximised and patients who have symptoms of or risk factors for cardiovascular disease are identified, diagnosed and treated as early as possible, and in their local community
 - b. Clinical intervention and support for patients who require acute emergency or planned care will be provided as effectively and efficiently as possible, in line with national clinical and productivity standards
 - c. Patients will have timely, clear and consistent pathways of care across Devon, with a focus on delivering care in the lowest clinically appropriate intensity settings.

Process to develop a case for change

13. Work has commenced and will continue to develop a case for change for Cardiovascular Disease (CVD), cardiology and cardiac surgery services, which will outline current population needs and service provision – including CVD prevalence, waiting times, demand, gaps/variations, and compliance with national standards.
14. The draft case for change will be the subject of significant engagement with the public and patients along with key stakeholders and multi-disciplinary clinical teams.

15. It will also be reviewed and input into by national and regional stakeholders, including the Peninsula Cardiovascular Network and Devon CVD Prevention Group. Partners in Cornwall and Isles of Scilly have also been invited to be part of this work.
16. An Equality Quality and Impact Assessment will be conducted to ensure the draft case for change and any subsequent programme of work fully considers all possible impacts on our population and health inequalities.
17. NHS Devon has produced a draft case for change which requires final testing and triangulation prior to being signed off by the NHS Devon Executive. This work will be completed in August 2025

Initial findings

18. As part of the work to develop a draft case for change, Initial findings from the work to develop a case for change are:
 - a. Cardiovascular disease (CVD) is the second highest area of disease prevalence in Devon, and will continue to rise due to population demographics
 - b. There is a significant opportunity to prevent more people becoming ill with a CVD related condition or long-term illness
 - c. There are opportunities to intervene quicker within community care settings (primary care and secondary care-based interventions in community settings) to avoid patients' conditions worsening and requiring acute hospital care
 - d. Patients are waiting too long for their treatment in acute hospitals in some parts of the county, leading to health inequalities and a risk of harm
 - e. There are many differences in the way services are provided in Devon deviating from national targets and driving inequity in our population
 - f. Some acute hospital services are not compliant with national clinical guidelines on their own (or without a formalised network of delivery across the county), which is a requirement set out in the NHS Devon Commissioning Plan, agreed by its NHS Devon Board
 - g. There are productivity opportunities in acute hospital services which need to be grasped to ensure we are sustainable and responsive to the needs of patients now and in the future.
 - h. Devon spends a higher amount than other ICB's on secondary care cardiology services

Timelines and next steps

19. A Cardiology Review Group (CRG) will be established to lead the engagement programme, as well as 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.

20. An overarching 11-month timeline is proposed to ensure there is time to engage stakeholders in a meaningful manner.
21. A wide range of stakeholders will be involved in developing, reviewing and refining the case for change:
- a. **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
 - b. **Overview and Scrutiny Committees** in Devon, Plymouth Torbay during August and September 2025
 - c. **Public, patients and stakeholders** – including those with lived experience, MPs, Healthwatch, the Voluntary Community and Social Enterprise Sector (VCSE) and a stakeholder reference group
22. The engagement process on the draft case for change does not preclude the progression of delivery of performance improvements which will commence immediately (see below section for further details).

Additional in-year activity

23. Alongside the work to develop the longer-term case for change, all system partners continue to collaborate and drive the existing CVD prevention programme and maximise opportunities to further prevent CVD across the population.
24. Community-based integrated secondary care services for lower complexity patients will also be reviewed to ensure they are evidence-based, consistent and deliver best practice.
25. The Peninsula Acute Provider Collaborative will be commissioned by NHS Devon to consider and advise on the shape and form of a sustainable and equitable long-term solution for secondary care cardiology and cardiac surgery services for Devon, informed by the final case for change following the engagement process described.
26. In addition, the following in-year priorities have been identified:
- a. All acute providers to maximise current catheter lab capacity to ensure patients waiting for interventional procedures in Devon are prioritised and treated and the service is placed onto a sustainable footing. This will require providers to work together where capacity and waiting times fall differentially across provider organisations or where sustainability can best be achieved through collaboration across sites. The ICB has already started work with providers to ensure progress is made at pace and in parallel with the wider work programme
 - b. All acute providers to deliver in-year changes to ensure the delivery of:

- 4% productivity targets across admitted and non-admitted care (including catheter lab utilisation of a minimum of 85%)
- emergency cardiology interventions within national standards (priority 1b patients within 72 hours)
- agreed referral-to-treatment (RTT) trajectories, focusing on priority 2 patients/highest clinical risk patients first
- the additional activity committed to via additional funding schemes as part of 25/26 Operating Plan