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| Board Meeting: | 1 November 2018 | dual branding.jpg |
| Subject: | Cardiac Catheterisation Laboratory Five (CL5) business case |
| Recommendation: | Board members are asked to:  |  |  | | --- | --- | | Discuss and Note |  | | Discuss and Approve | X | | Note for Information only |  | | |
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## 1 Background

The GJNH has provided the West of Scotland interventional cardiology service since 2008.

Interventional cardiology deals specifically with the catheter based treatment of heart disease.

The Interventional Cardiology Strategy was endorsed by the Board in October 2018. The strategy identified a clear requirement to increase Cardiac Catheterisation Laboratory (Cath Lab) capacity through the building of a fifth lab.

The additional Cath Lab will address growing Coronary Intervention waiting times and operational pressures across a range of Interventional Cardiology clinical services.

The three main quality objectives of the project are to:

1. Increase Cath Lab capacity to support waiting times activity in coronary intervention and electrophysiology (EP), and providing sufficient capacity to meet projected future increases in demand and complexity.
2. Increased efficiency and flexibility across all cardiology admission pathways, supporting timely treatment to urgent and elective patients.
3. Increase safety by enabling device activity to be moved to a dedicated imaging environment.

**2 Option appraisal/risk assessment**

The Interventional Cardiology Strategy was developed with the three NHS Scotland quality ambitions at its core, planning to deliver safe and effective care designed around individual patients.

This will be achieved by planning sufficient capacity to ensure patients are given the appropriate treatment timeously and are cared for in the appropriate care setting, by the appropriate team.

Central to achieving these ambitions and one of the key recommendations of the strategy is an increase in the Cath Lab capacity to improve access for patients to timely and appropriate treatments, both in the short and long term.

The service consistently performs highly in terms of efficiency and Cath Lab utilisation when compared with similar large cardiology centres in the UK. It is becoming increasingly challenging to sustain the delivery of high quality and timely interventional cardiology treatments for the planned and unplanned interventional cardiology service within the current footprint. This has resulted in increasing waiting times, particularly in the elective coronary intervention and EP services, and increasing challenges delivering a timely service to the NSTEMI population.

The Business Case considers three options:

**Option 1: Do nothing**

Continue to deliver the interventional cardiology service with the existing 4 Cath Labs, 16 day unit chairs, and the 3 wards. This option includes a temporary mobile lab.

**Option 2: Increase capacity through existing infrastructure**

Increase capacity through the current 4 labs by increasing efficiency and extending days during Monday - Friday

**Option 3: Equip a fifth Cath Lab**

For the purposes of this business case, Option 3 has been split into options 3a and 3b.

Option 3a is inclusive of EP activity and equipment and 3b is exclusive of EP. The splitting of this option allows the consideration of the impact operationally and financially of further development of the EP service. This may delay realisation of benefits around EP resilience and flexibility.

Option 3b demonstrated significant benefits and delivers the key drivers for the project. This option provides the greatest scope for delivering additional capacity and progressing the Board’s strategy as a leading centre for interventional cardiology. It also enables the transfer of the regional device service out of theatres into an improved environment with reduced radiation exposure. This option also presented the least amount of risk.

Option 3b is the preferred option with a view to installing EP equipment at a later stage to maximise the potential benefits around EP resilience and flexibility.

### 3 Funding

The capital funding to support this project is contained within the Board’s capital plan.

The recurring revenue funding details three different options to support as reflected below;

1. Funding support from Scottish Government for all revenue costs of £2.030m recurrently.
2. Funding support from West of Scotland Region for all revenue costs of £2.030m recurrently.
3. Funding support on the basis of fixed cost funding support by Scottish Government of £0.734m and marginal cost support by the West of Scotland Regional of £1.128m and corporate cost supported by GJ of £0.168m.

Scottish Government has confirmed the opportunity to support £600k of non-recurring funding for 2019/20 at this stage while the discussions with the West of Scotland Boards continue.

The financial assessment describes the capital and revenue impact of the preferred option.

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|  | **Capital (£) Inc VAT** | **Recurring revenue (£)** |
| Purchase of additional Cath Lab | £826,000 | £ 1,941,000 |
| Depreciation |  | £89,000 |

**4 Conclusion/Recommendation**

The Board is asked to approve the business case for Cardiac Catheterisation Laboratory Five.

**June Rogers**

**Director of Operations**

**10 June 2019**

**(Lynne Ayton, Associate Director of Operations, Regional and National Medicine)**