

Report of the Head of Scrutiny and Member Development

Report to the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

Date: 13 September 2013

Subject: The new review of congenital heart services in England

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Not applicable Appendix number: Not applicable	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Purpose

1. The purpose of this report is to present details associated with the new review of congenital heart services in England.

Background

2. Following the restructuring arrangements across the NHS that came into force from 1 April 2013, NHS England became the body responsible for commissioning specialised services. This includes congenital heart services.
3. On 12 June 2013, an announcement from the Secretary of State for Health called a halt to the previous Safe and Sustainable review of Children's Congenital Cardiac Services in England. This followed the advice provided by the Independent Reconfiguration Panel (IRP) – the detail of which is presented elsewhere on the agenda. In making that announcement, the Secretary of State invited NHS England to provide details of its proposed approach for undertaking a new review by 31 July 2013.

Main issues and considerations

4. NHS England is now responsible for undertaking a national review of congenital heart services for children and adults, which will consider the whole lifetime pathway of care for people with congenital heart disease (CHD) and aim to:
 - Achieve the best outcomes for all patients, not just lowest mortality but reduced disability and an improved opportunity for survivors to lead better lives.
 - Tackle variation so that services across the country consistently meet demanding performance standards and are able to offer resilient 24/7 care

- Achieve great patient experience, which includes how information is provided to patients and their families, considerations of access and support for families when they have to be away from home.
5. At its Board meeting on 18 July 2013, NHS England considered a report setting out board proposals for undertaking the review. The report is attached at Appendix 1.
 6. The details provided to the Secretary of State for Health – via a letter from the Chair of NHS England – is attached at Appendix 2
 7. It should be noted that NHS England Board has established a committee (or sub-group) that will provide formal governance for the review work going forward. The membership of that committee is as follows:
 - Sir Malcolm Grant (NHS England’s Board Chairman) – Chair
 - Margaret Casely-Hayford (Non-Executive Director)
 - Ed Smith (Non-Executive Director)
 - Sir Bruce Keogh (Medical Director)
 - Bill McCarthy (National Director for Policy)
 8. The committee held its first meeting on 29 July 2013, the notes of which are attached at Appendix 3.
 9. To date, NHS England has convened a series of different stakeholder meetings. The notes from these meetings are attached to this report for information, as follows:
 - National charities and patient groups – 16 July 2013 (Appendix 4);
 - National clinical organisations – 16 July 2013 (Appendix 5);
 - Clinicians from surgical centres – 22 July 2013 (Appendix 6); and,
 - Local charities and patient groups – 7 August 2013 (Appendix 7).
 10. A senior representative from NHS England will be in attendance at the meeting to outline the process for the new review and address questions from the Joint HOSC.
 11. The local charity, Children’s Heart Surgery Fund (CHSF) has also been invited to the meeting to inform the Joint HOSC’s discussion and consideration of the information presented.

Recommendations

12. That the Joint HOSC:
 - a. Considers and comments on the details presented in this report, and outlined at the meeting
 - b. Identifies any additional scrutiny activity necessary at this stage.

Background documents¹

13. None used

¹ The background documents listed in this section are available to download from the Council’s website, unless they contain confidential or exempt information. The list of background documents does not include published works.