

IRP

Independent Reconfiguration Panel

***ADVICE ON
SAFE AND SUSTAINABLE PROPOSALS
FOR CHILDREN'S CONGENITAL HEART SERVICES***

Submitted to the Secretary of State for Health

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Independent Reconfiguration Panel

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SUMMARY AND RECOMMENDATIONS

The Secretary of State for Health asked the IRP to advise whether it is of the opinion that the proposals for change under the “*Safe and Sustainable Review of Children’s Heart Services*” will enable the provision of safe, sustainable and accessible services and if not why not. Overall, the Panel is of the opinion that the proposals for change, as presented, fall short of achieving this aim.

The Panel’s view is that people - children and adults - with congenital heart disease in England and Wales will benefit from services commissioned to national standards for the whole pathway of their care.

The Panel agree that congenital cardiac surgery and interventional cardiology should only be provided by specialist teams large enough to sustain a comprehensive range of interventions, round the clock care, training and research.

However, the Panel has concluded the JCPCT’s decision to implement option B (DMBC – Recommendation 17) was based on flawed analysis of incomplete proposals and their health impact, leaving too many questions about sustainability unanswered and to be dealt with as implementation risks.

SUMMARY AND RECOMMENDATIONS

Throughout our review, people told us that being listened to was something they valued. The opportunity to change and improve services is widely recognised and, in taking forward our recommendations, those responsible must continue to listen to legitimate criticisms and respond openly.

We set out below recommendations to enable sustainable improvements for these services and learning for future national commissioning of health services.

- The proposals for children's services are undermined by the lack of co-ordination with the review of adult services. The opportunity must be taken to address the criticism of separate reviews by bringing them together to ensure the best possible services for patients.
- Patients should receive congenital heart surgery and interventional cardiology from teams with at least four full-time consultant congenital heart surgeons and appropriate numbers of other specialist staff to sustain a comprehensive range of interventions, round the clock care, training and research.

SUMMARY AND RECOMMENDATIONS

- **Before further considering options for change, the detailed work on the clinical model and associated service standards for the whole pathway of care must be completed to demonstrate the benefits for patients and how services will be delivered across each network**
- **For the current service and any proposed options for change, the function, form, activities and location of specialist surgical centres, children’s cardiology centres, district children’s cardiology services, outreach clinics and retrieval services must be modelled and affordability retested.**
- **NHS England should ensure that a clear programme of action is implemented to improve antenatal detection rates to the highest possible standard across England.**
- **Further capacity analysis, including for paediatric intensive care units, should consider recent and predicted increases in activity, and patient flows.**

SUMMARY AND RECOMMENDATIONS

- **NHS England must establish a systematic, transparent, authoritative and continuous stream of data and information about the performance of congenital heart services. These data and information should be available to the public and include performance on service standards, mortality and morbidity.**
- **NHS England and the relevant professional associations should put in place the means to continuously review the pattern of activity and optimize outcomes for the more rare, innovative and complex procedures.**
- **NHS England should reflect on the criticisms of the JCPCT's assessment of quality and learn the lessons to avoid similar situations in its future commissioning of specialist services.**
- **More detailed and accurate models of how patients will use services under options for change are required to inform a robust assessment of accessibility and the health impact of options so that potential mitigation can be properly considered.**
- **Decisions about the future of cardiothoracic transplant and respiratory ECMO should be contingent on the final proposals for congenital heart services.**

SUMMARY AND RECOMMENDATIONS

- **NHS England should assure itself that any wider implications for other services of final proposals are fully assessed and considered within a strategic framework for the provision of specialised services.**
- **NHS England should develop a strategic framework for commissioning that reflects both the complex interdependencies between specialised services provision and population needs.**
- **NHS England must ensure that any process leading to the final decision on these services properly involves all stakeholders throughout in the necessary work, reflecting their priorities and feedback in designing a comprehensive model of care to be implemented and the consequent service changes required.**
- **NHS England should use the lessons from this review and create with its partners a more resource and time effective process for achieving genuine involvement and engagement in its commissioning of specialist services.**

SUMMARY AND RECOMMENDATIONS

The Panel's advice has been produced in the context of changing and peculiar circumstances. Since 1 April 2013, responsibility for commissioning congenital heart services rests with NHS England, which has inherited the original proposals, a judicial review, responsibility for the quality of current services and the potential consequences of the IRP's advice, subject to the Secretary of State's decision.

The Panel's advice sets out what needs to be done to bring about the desired improvements in services in a way that addresses gaps and weaknesses in the original proposals. The Panel's recommendations stand on their own irrespective of any future decision by NHS England regarding the judicial review proceedings. We note that the court's judgment of 27 March 2013 appears congruent to our own advice and that a successful appeal on legal grounds will not, of itself, address the recommendations in this report.

The Panel's advice addresses the weaknesses in the original proposals but it is not a mandate for either the status quo or going back over all the ground in the last five years. There is a case for change that commands wide understanding and support, and there are opportunities to create better services for patients. The challenge for NHS England is to determine how to move forward as quickly and effectively as possible.

SUMMARY AND RECOMMENDATIONS

Work to address gaps in the clinical model and associated service standards (Recommendation Three above) is underway and should be brought to a rapid conclusion. In parallel, there are different potential approaches to effect positive change that might be considered. These include whether to bring forward proposals for reconfiguration again or adopt a more standards-driven process that engages providers more directly in the managed evolution of services to be delivered. The critical factor to consider, in the Panel’s view, is that engagement of all interested parties is the key to achieving improvements for patients and families without unnecessary delay.