

**Proposals to Implement Standards for Congenital Heart Disease for
Children and Adults in England**

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

Consultation response

Introduction

The purpose of this statement is to set out the views of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) in relation to the NHS England's proposals to implement standards for Congenital Heart Disease (CHD) for children and adults in England. The consultation was launched on 9 February 2017 and due to conclude at midnight on 17 July 2017¹.

This response sets out the main observations of the joint committee following its meeting held on 5 July 2017 and the comments previously submitted during the development of the standards and subsequent consultation in 2014.

Background

The Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) – the JHOSC – is a single representative body for the 15 top-tier local authorities across Yorkshire and the Humber. The JHOSC was initially established (in March 2011) to consider the Safe and Sustainable Review of Children's Congenital Cardiac Services in England, the associated proposals and respond to the options presented for public consultation.

Since being established, the JHOSC has some considerable experience considering the services, and proposed changes to those services, for children and adults affected by Congenital Heart Disease (CHD). The meeting held on 5 July 2017 represented the 20th meeting of the JHOSC considering the proposals and implications of the various reviews of services for children and adults affected by CHD.

The JHOSC's previous work, reports and findings were fundamental to the Secretary of State's decision to halt the Safe and Sustainable Review in 2013. Subsequently, the JHOSC was actively engaged in NHS England's new review of CHD services and the development of the service standards, which concluded with a formal consultation response in December 2014.

Throughout its work, the JHOSC has always been focused on the potential impacts and implications of any proposals on the children, adults and their families across Yorkshire and the Humber; keen to ensure any negative impacts would not disproportionately affect Yorkshire and the Humber. Nonetheless, in making previous recommendations the JHOSC has recognised the national nature of the reviews and has been equally mindful not to 'passport' any disproportionate impacts to other areas of England.

¹ This represents an extended period of consultation in recognition of the restrictions placed on public bodies (including the NHS) during the pre-election period immediately prior to the General Election held on 8 June 2017.

Main Observations

At its meeting on 5 July 2017, the JHOSC considered the main questions being posed by NHSE related to the proposed decommissioning of surgical services (level 1) from:

- Central Manchester University Hospitals NHS Foundation Trust (adult service);
- Royal Brompton and Harefield NHS Foundation Trust (services for adults and children); and,
- University Hospitals of Leicester NHS Trust (services for adults and children)

At its meeting, the JHOSC confirmed its focus was on the potential impacts and implications of any proposals on the children, adults and their families across Yorkshire and the Humber. In this, the JHOSC noted the comments from Leeds Teaching Hospitals NHS Trust (LTHT) that:

‘...the changes in Manchester and Leicester will impact on Leeds Teaching Hospitals NHS Trust (LTHT). The Impact Assessment exercise suggests that these changes would result in the transfer of approximately 50 cases to LTHT, and we are confident that we can increase capacity across children’s and adult services to accommodate these additional cases, and provide the full range of CHD services for our patient population.’

In addition to the assurances provided about LTHT’s progress in meeting the agreed standards, the JHOSC was also assured about the implications of NHSE’s proposals for children, adults and their families across Yorkshire and the Humber. However, **the JHOSC did not feel it appropriate to comment on the impact of the proposals for the children, adults and their families from those areas most directly impacted by the proposed decommissioning of services.**

However, the JHOSC noted the concerns expressed by LTHT around the current ‘...fragility of the Adult Congenital Heart Disease (ACHD) service in Manchester’. The JHOSC would support LTHT’s call for a ‘rapid co-ordinated response’ to ensure contingency plans can be put in place ahead of the planned transition of services to Liverpool.

The JHOSC noted NHSE’s position in relation to the service current delivered in Newcastle not currently meeting the agreed service standards in terms of activity levels or co-location of specific services – with no robust plans to do so within the required timeframe. The JHOSC also noted Newcastle’s unique position in relation to delivering services and caring for patients with advanced heart failure (including heart transplantation and bridge to transplant).

However, the JHOSC remained concerned that the issues regarding these highly specialised services – which featured significantly as part of the original Safe and Sustainable review and proposals – continued to be unresolved some 4 years after the that review was halted; with NHSE seemingly having little in the way of a contingency plan, or at least a contingency plan that it had shared publically.

It should be noted that in its previous reports and the referral to the Secretary of State for Health, the JHOSC advocated the retention of Newcastle in a reconfiguration of services and the JHOSC remained sceptical about the impact of a standards based approach (particularly in relation to activity levels) was likely to have on Newcastle’s long-term future due to its geographical location and population density.

Nonetheless, the JHOSC was also concerned about the risk or potential risk of further legal challenge due to NHSE's perceived 'special treatment' of Newcastle and the impact this could have on services across England, with the potential for yet more delays and uncertainty.

The JHOSC would urge NHSE to carefully consider its proposals in relation to Newcastle, taking into account the longer-term national capacity needs for congenital heart disease services, setting out a well-defined action plan with associated timescales and a clear summary of the consequences of the desired outcomes being achieved or otherwise.

Issues previously raised by the JHOSC

As part of NHSE's previous consultation on the standards, the JHOSC highlighted a number of specific issues or concerns, including:

- Derogation²
- Stakeholder involvement
- Implications of the proposed standards
- Finance and affordability
- Networks

The following comments reflect the previous concerns highlighted in relation to the current proposals and consultation process.

Derogation

Previously, when NHSE described the derogation process the JHOSC was concerned about the transparency of the process and was keen to ensure it was not used as a mechanism to circumnavigate consultation about potential service reconfiguration in the future. By the very nature of the current consultation, the JHOSC was assured this had not been the case.

Stakeholder involvement

Previously, the JHOSC believed NHSE had fallen short on some aspects of the Independent Reconfiguration Panel (IRP) recommendations around stakeholder involvement – particularly in relation to the involvement, engagement and consultation with Black and Minority Ethnic (BME) communities. This view had predominantly been based on NHS England's decision not to translate its consultation documents into other languages (other than Welsh). Despite a rapid re-think and some translation of the consultation booklet taking place the JHOSC believed the new CHD review had repeated some of the well documented failings of the previous Safe and Sustainable review.

However, at its meeting on 5 July 2017, the JHOSC was assured that the most recent consultation had included the translation of the consultation materials into the 'seven most commonly spoken languages across England, in addition to Welsh. The JHOSC was also assured on the use of plain English across the consultation material, to help encourage participation.

² A process whereby there would be an agreed temporary delay in meeting key service requirements in full; supported by full implementation over a time limited period according to provider capacity and capability.

Implications of the proposed standards

Previously, the JHOSC highlighted that when considering the proposed standards, it was equally important to consider the likely impact and implications of implementing and achieving those standards. The JHOSC stated that it was difficult to wholeheartedly support proposals when the potential impact remained unclear and uncertain. The current proposals more clearly explain some of the likely impacts – but with some notable exceptions, particularly in relation to services currently provided by Newcastle (highlighted elsewhere).

The completed health impact assessments demonstrate NHSE's attempts to articulate its assessment of the implications of the proposals. However, aside from the assurances provided around the impact on capacity at LTHT, **the JHOSC believes it is more appropriate for those areas more directly affected by the proposals to comment on the accuracy or completeness of those health impact assessments.**

However, the JHOSC would repeat its previous comments in relation to patient transport; in that a re-assessment against the standards will be required should there be any further proposed changes likely to impact on the current configuration or provision of services across Yorkshire and the Humber.

Previously, while accepting the aspiration to stop occasional practice, there was significant debate around what constituted occasional practice; with the JHOSC supporting the view there is insufficient evidence that outcomes would improve with surgical centres undertaking 400 – 500 procedures per annum. The JHOSC was not presented with any additional or supplementary evidence in this regard and therefore did not reconsider its position.

The JHOSC's previous concerns that standards relating to minimum levels of procedures and/or surgeons would lead to the closure of some existing centres sometime in the relatively near future have proven to be well founded – given the basis of the current consultation. However, the current and projected rate of increase in the population of adult patients with congenital heart disease (due to better survival rates etc.) was not reconsidered; therefore the JHOSC would urge NHSE to carefully consider and be reassured regarding the longer-term national capacity needs when considering the proposed decommissioning of surgical centres in the short-term. This position is also supported by the submission provided by Children's Heart Surgery Fund.

Finance and affordability

The JHOSC was previously concerned at the level of available detail and the robustness of financial modelling undertaken prior to consultation. These concerns were based on information previously provided by the Chief Executive of LTHT³; the ability of individual providers to generate (or borrow) capital for investment⁴; and the relatively low level of historical levels of funding/ investment for specialised services across Yorkshire and the Humber in comparison to most other areas of the country⁵.

³ It had previously been stated that discussions with commissioners would be needed about any necessary additional investment.

⁴ Previously stated that the ability to borrow for capital investments could be directly influenced by the 'Foundation Trust (FT) status' of individual providers.

⁵ It was previously stated that the legacy of historical spending patterns is likely to have led to a lower level of investment in specific areas across service providers.

The JHOSC did not consider any additional information regarding these matters; however it again noted and would support the specific comments from the Chief Executive of LTHT, calling for financial support for the provider networks (required as part of the standards for Level 1 surgical centres) to be specifically funded by NHSE – similarly to Operational Delivery Networks (ODNs) across other commissioned services.

Networks

Despite the importance and strength of network arrangements being a key feature of the agreed standards; the JHOSC previously expressed its disappointment that since NHS England formed in April 2013, the dedicated managerial support for the network had ceased to exist. Despite this, at its most recent meeting, the JHOSC was pleased to have in attendance the recently appointed General Manager of the Yorkshire and Humber Congenital Heart Disease Network. However, the comments from the Chief Executive of LTHT (detailed above) are particularly pertinent and supported by the JHOSC.

In addition, the current uncertainty around the long-term future of services provided by Newcastle may impact on future network arrangements and any future and/or ongoing financial support for the network will need to consider both the physical geography and size of the network; alongside the size of population served.

Summary

In general, the JHOSC once again recognises and welcomes NHS England's more open and transparent approach in relation to decisions regarding the future commissioning of congenital heart disease services (for children and adults). However, **the JHOSC did not feel it appropriate to comment on the impact of the proposals for the children, adults and their families from those areas most directly impacted by the proposed decommissioning of services.**

Nonetheless, the JHOSC would urge NHSE to carefully consider the current and projected rate of increase in service users and be reassured regarding the longer-term national capacity needs when considering the proposed decommissioning of surgical centres in the short-term.

The JHOSC has also included some specific comments in relation to the following areas that it would wish NHSE to take into account:

- Derogation
- Stakeholder involvement
- Implications of the proposed standards
- Finance and affordability
- Networks

However, concerns regarding the long-term future of services currently delivered in Newcastle remain – including the potential challenges from other areas regarding any perceived 'special treatment' around the implementation and achievement of the agreed congenital heart disease service standards.

As such, the JHOSC would urge NHSE to carefully consider its proposals in relation to Newcastle, taking into account the longer-term national capacity needs for congenital heart disease services, setting out a well-defined action plan with associated timescales and a clear summary of the consequences of the desired outcomes being achieved or otherwise.

The JHOSC will consider whether it wishes NHS England to provide a specific response to the issues identified in this response.

The JHOSC also wishes to be kept informed of the outcome of the consultation; its conclusions and NHSE's future decision-making arrangements and timescales regarding these and future proposals in relation to congenital heart disease services.

Cllr Helen Hayden (Chair)
Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

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