

Testing assumptions for future patient flows and manageable clinical networks for Safe and Sustainable

In March 2011 the NHS *Safe and Sustainable* review published for consultation four options for reconfiguring children's congenital cardiac services in England. Public consultation ends on 1 July 2011.

The four alternative options make a number of assumptions about future patient flows and manageable clinical networks. These assumptions have been informed by detailed analysis of travel times and a consideration of current clinical networks. As part of the consultation process the review will test these assumptions around a small number of postcodes with parents of children with congenital heart disease, the general public and clinicians.

The postcodes for further testing have been agreed by the 10 Specialised Commissioning Groups in England applying the following criteria:

- Where assumptions have been made about travel to a particular surgical centre but where another surgical centre is closer or roughly equal in distance, such that it is reasonable to question alternative locations; and
- Where local intelligence suggests that new referral patterns / patient flows have already emerged as a result of a collaborative approach across current centres and which may have the effect of replacing the 'closest to home' principle

Postcodes for further testing are:

BD (Bradford and district)

BN (Brighton and district)

CV (Coventry and district)

DN (Doncaster and district)

DT (Dorchester and District)

GU (Guildford and district)

HD (Huddersfield and district)

HP (Hemel Hempstead and district)

HR (Hereford and district)

HU (Hull)

HX (Halifax and district)

LN (Lincoln and district)

LS (Leeds and district)

NG (Nottingham and district)

OX (Oxford and district)

PE (Peterborough and district)

RG (Reading and district)

RH (Redhill and district)

S (Sheffield and district)

SL (Slough and district)

WF (Wakefield and district)

WR (Worcester and district)

The National Specialised Commissioning Team, as secretariat to the review, has commissioned PwC to provide an independent analysis of three separate work streams:

1. Undertake interviews and focus groups with clinicians in relevant areas around future potential referral flows and the strength of existing relationships and current clinical networks
2. Undertake interviews and a survey with parents of children with congenital heart disease (a sample of parents across the determined postcode areas) around assumptions about patient flows and clinical networks, taking account of distance, transport links and the strength of existing relationships
3. Conduct focus groups with the general public (a sample of the general public from across the determined postcode areas) around assumptions on patient flows

PwC are presently working with the NSCT to agree the scheduling and content of discussions for these interviews and focus groups.

This work will be co-ordinated so that final reporting can occur for autumn 2011 and feed into the deliberations of the Joint Committee of Primary Care Trusts, who will be considering the outcome of the current public consultation during the autumn, before making a final decision on the future configuration of services.

Although this is an important part of consultation, this 'testing of assumptions' exercise should not be seen as usurping or substituting the public consultation process. This exercise is limited in scope and does not seek to canvass views on other elements of the matters consulted upon.

In addition to the limited exercise described, the consultation response form specifically asks all consultees whether they have any comments on the assumptions that have been made about patient flows. Consultees are also free to express their views in other forms of communication.

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