

Report of the Head of Scrutiny and Member Development

Report to the Scrutiny Board (Health and Wellbeing and Adult Social Care)

Date: 27 June 2012

Subject: Review of Children’s Congenital Cardiac Services in England: Inquiry report

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

Summary of main issues

1. Following the review of Children’s Congenital Cardiac Services in England, the Joint Committee of Primary Care Trusts (JCPCT) is likely to agree the future service model at its meeting on 4 July 2012. This is likely to include the designation of surgical centres across England.
2. On behalf of the 15 top-tier local authorities across Yorkshire and the Humber, the Joint Health Overview and Scrutiny Committee (HOSC) formed the statutory overview and scrutiny body that considered and responded to the Review of Children’s Congenital Cardiac Services in England and the associated reconfiguration proposals.
3. In considering the review and the proposals set out in the Safe and Sustainable Consultation Document: *A new vision for Children’s Congenital Heart Services in England (March 2011)*, the Joint HOSC considered a range of evidence and heard from a number of key stakeholders. This information is detailed in the final inquiry report.
4. In early October 2011, the Joint HOSC presented its consultation response to the proposals and issued a formal report to the Joint Committee of Primary Care Trusts (JCPCT) – the decision-making body – for consideration. A formal response to the Joint HOSC’s report has not yet been provided and is unlikely to be available until after the JCPCT’s meeting on 4 July 2012.
5. This report summarises the main issues identified by the Joint HOSC and the recommendations put forward to the JCPCT.

Recommendations

6. Members are asked to note the content of this report.

1.0 Purpose of this report

- 1.1 The purpose of this report is to summarise the main issues identified by the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) and update the Scrutiny Board on the decision-making process.

2.0 Background information

- 2.2 In 2008 the NHS Medical Director requested a review of Children's Congenital Heart Services in England. The aim of the review was to develop and bring forward recommendations for a *Safe and Sustainable* national service that has:

- Better results in surgical centres with fewer deaths and complications following surgery
- Better, more accessible assessment services and follow up treatment delivered within regional and local networks
- Reduced waiting times and fewer cancelled operations
- Improved communication between parents/ guardians and all of the services in the network that see their child
- Better training for surgeons and their teams to ensure the service is sustainable for the future
- A trained workforce of experts in the care and treatment of children and young people with congenital heart disease
- Surgical centres at the forefront of modern working practices and new technologies that are leaders in research and development
- A network of specialist centres collaborating in research and clinical development, encouraging the sharing of knowledge across the network

- 2.3 On behalf of the ten Specialised Commissioning Groups in England, and their constituent local Primary Care Trusts, the Safe and Sustainable review team (at NHS Specialised Services) has managed the review process. This has involved:

- Engaging with partners across the country to understand what works well at the moment and what needs to be changed
- Developing standards – in partnership with the public, NHS staff and their associations – that surgical centres must meet in the future
- Developing a network model of care to help strengthen local cardiology services
- An independent expert panel assessment of each of the current surgical centres against the standards
- The consideration of a number of potential configuration options against other criteria including access, travel times and population.

- 2.4 At the Joint Committee of Primary Care Trusts (JCPCT) meeting held on 16 February 2011, the following recommendations and options for consultation were presented and agreed:

- Development of Congenital Heart Networks across England that would comprise all of the NHS services that provide care to children with Congenital Heart Disease and their families, from antenatal screening through to the transition to adult services.
- Implementation of new clinical standards that must be met by all NHS hospitals designated to provide heart surgery for children

- Implementation of new systems for the analysis and reporting of mortality and morbidity data relating to treatments for children with Congenital Heart Disease.
- A reduction in the number of NHS hospitals in England that provide heart surgery for children from the current 11 hospitals to 6 or 7 hospitals in the belief that only larger surgical centres can achieve true quality and excellence.
- The options for the number and location of hospitals that provide children’s heart surgical services in the future are:

<p>Option A: Seven surgical centres at:</p> <ul style="list-style-type: none"> • Freeman Hospital, Newcastle • Alder Hey Children’s Hospital, Liverpool • Glenfield Hospital, Leicester • Birmingham Children’s Hospital • Bristol Royal Hospital for Children • 2 centres in London¹ 	<p>Option B: Seven surgical centres at:</p> <ul style="list-style-type: none"> • Freeman Hospital, Newcastle • Alder Hey Children’s Hospital, Liverpool • Birmingham Children’s Hospital • Bristol Royal Hospital for Children • Southampton General Hospital • 2 centres in London¹
<p>Option C: Six surgical centres at:</p> <ul style="list-style-type: none"> • Freeman Hospital, Newcastle • Alder Hey Children’s Hospital, Liverpool • Birmingham Children’s Hospital • Bristol Royal Hospital for Children • 2 centres in London¹ 	<p>Option D: Six surgical centres at:</p> <ul style="list-style-type: none"> • Leeds General Infirmary • Alder Hey Children’s Hospital, Liverpool • Birmingham Children’s Hospital • Bristol Royal Hospital for Children • 2 centres in London¹

- 2.5 Formal public consultation on the proposed changes took place between 1 March 2011 and 1 July 2011, while Health Overview and Scrutiny Committees (HOSCs) were given an extended deadline of 5 October 2011 to respond to the proposals.
- 2.6 In March 2011, a Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) was formed as the statutory overview and scrutiny body to consider the proposals of the review and the potential impact on children and families across Yorkshire and the Humber.
- 2.7 In early October 2011, the Joint HOSC presented its consultation response to the proposals and issued a formal report to the Joint Committee of Primary Care Trusts (JCPCT) – the decision-making body – for consideration. A copy of the full report is available on the Council’s website using the following link:
- <http://www.leeds.gov.uk/files/Internet2007/2011/42/1%20review%20of%20children's%20congenital%20cardiac%20services%20-%20joint%20hosc%20final%20report.pdf>
- 2.8 A delay in the decision-making process occurred due to a judicial review brought by the Royal Brompton and Harefield NHS Foundation Hospitals Trust and subsequent successful appeal by the JCPCT. As such, a formal response to the Joint HOSC’s report has not yet been provided and is unlikely to be available until after the JCPCT’s meeting on 4 July 2012.

¹ The preferred two London centres in the four options are Evelina Children’s Hospital and Great Ormond Street Hospital for Children

3.0 Main issues

- 3.1 In considering the review and the proposals set out in the Safe and Sustainable Consultation Document: *A new vision for Children's Congenital Heart Services in England (March 2011)*, the Joint HOSC considered a range of evidence and heard from a number of key stakeholders. This information is detailed in the final inquiry report.

Summary of issues highlighted in the inquiry report

- 3.2 In summary, the view of the Joint HOSC is that any future model of designated paediatric congenital cardiac surgical centres that does not include a centre in Leeds will have a disproportionately negative impact on the children and families across Yorkshire and the Humber.
- 3.3 This view, as detailed in the full report, is specifically based on the evidence considered in relation to:
- Co-location of services;
 - Caseloads;
 - Population density;
 - Vulnerable groups;
 - Travel and access to services;
 - Costs to the NHS
 - The impact on children, families and friends;
 - Established congenital cardiac networks;
 - Adults with congenital cardiac disease;
 - Views of the people of the Yorkshire and Humber region
- 3.4 While focusing on the needs of children and families across Yorkshire and the Humber and the retention of services in the region, the Joint HOSC also identified potential negative impacts of alternative proposals in other parts of the country. As such, and as detailed in the report, the Joint HOSC was mindful not to simply attempt to passport to other parts of the country the disproportionate disadvantages identified in three of the four service models presented (i.e. Options A-C).
- 3.5 The specific recommendations included in the final report and put forward to the JCPCT, are attached at Appendix 1.

Identified concerns

- 3.6 During the inquiry, the Joint HOSC identified some specific concerns in relation to the consultation process and the availability of a range of information. Specifically, the Joint HOSC highlighted concerns in relation to the availability of:
- The detailed breakdown of assessment scores for surgical centres produced by the Independent Expert Panel (chaired by Sir Ian Kennedy);
 - A finalised Health Impact Assessment report;
 - A detailed breakdown of information on the likely impacts on identified vulnerable groups across Yorkshire and the Humber referred to in the Health Impact Assessment (interim report);
 - The Price Waterhouse Coopers report that tested the assumed patient travel flows under each of the four options presented for public consultation;

- Additional work undertaken around capacity across surgical centres;
- Detailed financial calculations and assumptions.

- 3.7 Members of the Joint HOSC also highlighted serious concern and disappointment with the JCPCT's general reluctance to adequately engage with the Joint HOSC during its inquiry.
- 3.8 In October 2011, the Joint HOSC made a formal referral to the Secretary of State for Health on the basis on inadequate consultation by the JCPCT. The referral was predominately based around the unavailability of information referenced above. The Secretary of State for Health subsequently asked the Independent Reconfiguration Panel (IRP) to review and report on the issues raised by the Joint HOSC.
- 3.9 Based on the advice of the IRP, in February 2012 the Secretary of State for Health considered that the level of consultation had been appropriate, but acknowledged that the Price Waterhouse Coopers report (that tested the assumed patient travel flows under each of the four options presented for public consultation) should have been available before the consultation deadline. A copy of the letter from the Secretary of State for Health and the associated IRP report is attached at Appendix 2.
- 3.10 Following the IRP report and findings, Overview and Scrutiny Committees across the country were given further opportunity to consider the PWC report and make further submissions to the JCPCT. A copy of the submission made on behalf of the Joint HOSC is attached at Appendix 3.
- 3.11 Following the review of Children's Congenital Cardiac Services in England and the range of evidence generated, the JCPCT is likely to agree the future service model at its meeting on 4 July 2012. This is likely to include the designation of surgical centres across England.
- 3.12 The Joint HOSC will consider what, if any, further actions to take once the decision has been made and a response to its report has been provided.

4.0 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 Specific concerns around the public involvement and engagement of Black and Minority Ethnic (BME) communities have been highlighted by the Joint HOSC.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 Specific concerns around the public involvement and engagement of Black and Minority Ethnic (BME) communities have been highlighted by the Joint HOSC.
- 4.2.2 The Joint HOSC also reported that, based on the information available at the time of writing the report, children and families across Yorkshire and the Humber will be disproportionately disadvantaged by any future configuration that does not retain the current surgical centre at Leeds Children's Hospital.

4.3 Council Policies and City Priorities

4.3.1 There are no specific considerations relevant to this report.

4.4 Resources and Value for Money

4.4.1 The Joint HOSC believes that the overall financial implications associated with the proposed model of care are likely to be very significant – both in terms of establishing new arrangements and the on-going delivery of the proposed model of care. However, based on the information available during the inquiry and at the time of preparing its report, the Joint HOSC believed there had been insufficient consideration of the financial implications and that the level of detail publicly available to date has been inadequate.

4.5 Legal Implications, Access to Information and Call In

4.5.1 This report does not contain any exempt or confidential information.

4.6 Risk Management

4.6.1 There are no specific considerations relevant to this report.

5.0 Conclusions

5.1 On behalf of the 15 top-tier local authorities across Yorkshire and the Humber, the Joint Health Overview and Scrutiny Committee (HOSC) has formed the statutory overview and scrutiny body that considered and responded to the Review of Children’s Congenital Cardiac Services in England and the associated reconfiguration proposals.

5.2 In considering the review and its proposals, the Joint HOSC has considered a range of evidence and heard from a number of key stakeholders. This information has been used and is reflected in the final inquiry report submitted to the Joint Committee of Primary care Trusts (JCPCT). Details of the evidence considered is presented in the final inquiry report.

5.3 Based on the available evidence, the review report presents a series of recommendations (detailed in Appendix 1) and concludes that children and families across Yorkshire and the Humber will be disproportionately disadvantaged if the current surgical centre in Leeds is not retained in any future service model.

6.0 Recommendations

6.1 Members are asked to note the main issues and recommendations identified by the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber), and presented in its report to the Joint Committee of Primary Care Trusts (JCPCT).

7.0 Background documents²

² The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.

- A new vision for Children's Congenital Heart Services in England (March 2011)
- Scrutiny Inquiry Report: Review of Children's Congenital Cardiac Services (October 2011)

Summary of Recommendations

Principal Recommendation 1:

In order to meet the needs and growing demand of the 5.5 million people living in the Yorkshire and Humber region, the surgical congenital cardiac unit currently provided by Leeds Teaching Hospitals NHS Trust must be retained and included in any future configuration of paediatric congenital cardiac surgical centres.

Principal Recommendation 2: Based on the matters outlined in this report we recommend the following 8-centre configuration model:

- **Leeds General Infirmary**
- **Alder Hey Children's Hospital, Liverpool**
- **Birmingham Children's Hospital**
- **Bristol Royal Hospital for Children**
- **Freeman Hospital, Newcastle**
- **Southampton General Hospital**
- **2 centres in London**

Recommendation 3:

Given the significant benefits to the patient and their families of genuinely co-locating relevant services, we believe genuine co-location should receive greater recognition and weighting when determining future service provision.

Recommendation 4:

Given one element of the review is to ensure more care is delivered closer to home, population density should be a key consideration in the configuration of future provision.

Recommendation 5:

Adult cardiac services and the overall number of congenital cardiac surgical procedures carried out should be considered within the scope of this review and used to help determine the future configuration of surgical centres. As a minimum there should be a moratorium on any decision to designate children's cardiac surgical centres until the review of the adult congenital cardiac services is completed and the two can be considered together.