



**Councillor Lisa Mulherin**

Chair, Scrutiny Board  
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Sir Neil McKay (Chair, JCPCT)  
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| Your ref        |                                                                            |
| Our ref         | LM/SMC                                                                     |
| Date            | 27 April 2012                                                              |

Dear Sir Neil,

**Re: Review of Children's Congenital Cardiac Services**

In light of the Court of Appeal ruling of 19<sup>th</sup> April 2012, the Joint Committee of Primary Care Trusts (JCPCT) will now be giving full and careful consideration to the submissions made during last year's consultation on the future configuration of Children's Congenital Cardiac Services in England.

As you will recall, the 15 top tier local authorities of the Yorkshire and Humber region worked together on a scrutiny inquiry into the review and its proposals. We submitted a joint scrutiny report to you in October 2011 and requested a formal written response to that report and its recommendations within 28 days of receipt.

On 18<sup>th</sup> November 2011 you wrote to advise us that the JCPCT was unable to give any further consideration to that report due to the High Court ruling in the Brompton case on 7<sup>th</sup> November 2011. As that ruling has been quashed, we now look forward to receiving your carefully considered response to the work we did last year on behalf of the 5.5 million people we represent across the Yorkshire and Humber region.

Given your intention to work towards making a final decision on the future configuration of children's Congenital Cardiac surgical centres at the JCPCTs meeting on 4<sup>th</sup> July 2012, on behalf of the Joint Health Overview and Scrutiny Committee (Yorkshire and Humber) (JHOSC), I request that the JCPCT make a detailed formal response to the report and recommendations presented in October 2011 no later than 25 May 2012.

In considering your response to the JHOSC's report and recommendations, I would ask that you also make reference to the Price Waterhouse Coopers (PWC) report on the assumptions for future patient flows and the enclosed statement in this regard.

Cont.

**For clarity, taking account of the additional comments provided in the enclosed statement, I look forward to receiving the JCPCT's considered response to our October 2011 report, and each of the recommendations, by 25 May 2012.**

I trust this information is helpful and look forward to hearing from you in the near future. Meanwhile, should you have any queries and/or need any additional information, please do not hesitate to contact me.

Yours sincerely



**Councillor Lisa Mulherin  
Chair, Joint Health Overview and Scrutiny Committee (HOSC), Yorkshire and the Humber**

Enc.

cc All Members of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)  
Jeremy Glyde, Safe and Sustainable Programme Director (NHS Specialised Services)  
Andy Buck, Chief Executive (NHS South Yorkshire and Bassetlaw)  
Cathy Edwards, Director of Specialised Commissioning (North of England Specialised Commissioning Group (Yorkshire and the Humber Office))  
Ms Maggie Boyle, Chief Executive (Leeds Teaching Hospitals NHS Trust)  
Yorkshire and Humber Council Leaders  
Yorkshire and Humber Members of Parliament

# **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (YORKSHIRE AND THE HUMBER)**

## **Review of Children's Congenital Cardiac Services**

### **Testing assumptions for future patient flows and manageable clinical networks (PwC final report – October 2011)**

#### **Statement issued on behalf of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)**

The Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (JHOSC) met in December 2011 to consider the findings of the PwC work testing the review assumptions around future patient flows and manageable clinical networks.

The JHOSC welcomed the findings of PwC, which supported its view that patients across Yorkshire and the Humber would not travel to the centres assumed in the options presented in the consultation document. This view being derived from members' local knowledge and experience and from the engagement with the public across our region during the course of the Inquiry.

The JHOSC believes the PwC report also corroborates its view that the adult and children's congenital cardiac services should be considered together – not separately – because of the absolute patient numbers and to avoid any possibility of the adult's review being pre-determined by the outcome of the children's review.

The finding that extending travel times and the complexity of journeys for patients across Yorkshire and the Humber would place additional strain on families, as highlighted in the October 2011 report, is also supported. The PwC report highlights that patients from the East Coast in particular would experience an increased risk under options A, B and C. It remains the view of the JHOSC that such increased risks are both unreasonable and unnecessary.

The JHOSC's initial report highlighted the modelling of transfer activity undertaken by Embrace (the Yorkshire and Humber paediatric and neonatal dedicated transport service). This suggested that between 53% and 73% of the 2010/11 Yorkshire and the Humber transfers could be in excess of the additional 1½ hours highlighted in the review documentation. This was in comparison to the national figures of between 3.6% and 6.2%. While the PwC report makes reference to some concerns about retrieval services in future network models, there is little evidence to suggest the work undertaken by Embrace has been given further consideration. However, the JHOSC maintains that the outcome of the work undertaken by Embrace is very striking and once again highlights the disproportionate impact that Options A, B and C would have on children and families across Yorkshire and the Humber.

The PwC report highlights that referrers suggested the most well developed clinical networks are those related to centres (including Leeds) more likely not to continue as specialist surgical centres under the current options. The JHOSC believes this supports its previously expressed view that it is completely illogical that three of the four proposed options would see the break-up and fragmentation of the existing very strong network arrangements across Yorkshire and the Humber.

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## **Review of Children's Congenital Cardiac Services**

### **Testing assumptions for future patient flows and manageable clinical networks (PwC final report – October 2011)**

The JHOSC believes that in any service review and reconfiguration it is important to have a clear view of the strengths of the current arrangements and for these to be retained and built upon within the future service model. With regard to clinical networks, members of the JHOSC do not believe this to have been the case within the review of children's congenital cardiac services.

Furthermore, the JHOSC maintains that the strength of networks has not been given an appropriate level of consideration within the review process to date, and believes that unless efforts are made at this stage to take the strength of the existing clinical networks into account this will severely disadvantage the children and families of Yorkshire and the Humber.

**To conclude, the view of the JHOSC representing 5.5 million people in the Yorkshire and Humber region remains that any future configuration of Congenital Cardiac Surgical Centres must include the surgical centre in Leeds if the people of this region are not to be disproportionately disadvantaged.**



**Councillor Lisa Mulherin  
Chair, Joint Health Overview and Scrutiny Committee (HOSC), Yorkshire and  
the Humber**

**April 2012**