

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

## REVIEW OF CHILDREN'S CONGENITAL HEART SERVICES IN ENGLAND

### TERMS OF REFERENCE<sup>1</sup>

#### 1.0 Introduction and background

- 1.1 Children's heart surgery is an increasingly complex procedure that demands great technical skill and expertise from surgeons and their teams. In the Yorkshire and the Humber region, Leeds Teaching Hospitals NHS Trust currently offers the only surgical centre that provides children's heart surgery services. Following the local reconfiguration of hospital services, these services are delivered at the Children's Hospital, located within Leeds General Infirmary (LGI).
- 1.2 In 2008, in response to concerns raised by clinicians and parent groups, the NHS Medical Director requested a review of Children's Congenital Heart Services in England. Concerns had been raised that some centres were not performing enough surgical procedures to maintain and develop their specialist skills, and some centres did not have enough surgeons to guarantee a safe 24/7 service. There was also some concern that the NHS is too reliant on other countries to train the next generation of children's heart surgeons.
- 1.3 As such, 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
- 1.4 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

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<sup>1</sup> Revised to reflect membership changes and consideration of issues associated with implementation – 24 July 2012

- 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.

1.5 At the Joint Committee of Primary Care Trusts (JCPCT) meeting held on 16 February 2011, the review team reported an overwhelming feeling that the time for change is long overdue. At that meeting the JCPCT was presented with the following recommendations:

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

1.6 Having analysed the available information, the JCPCT agreed that the above options should form the basis of public consultation – commencing on 28 February 2011 and running until 1 July 2011.

<sup>2</sup> The preferred two London centres in the four options are Evelina Children’s Hospital and Great Ormond Street Hospital for Children

### 2.0 Purpose and scope of the inquiry

2.1 The purpose of the joint scrutiny inquiry is to make an assessment of, and where appropriate, make recommendations on the potential options to reconfigure the delivery of Children's Congenital Heart Services in England.

2.2 In receiving the identified options, the Joint Health Overview and Scrutiny Committee (HOSC) will consider the likely implications across the Yorkshire and Humber region. This will include consideration of the:

- Review process and formulation of options presented for consultation;
- Projected improvements in patient outcomes and experience;
- Likely impact on children and their families (in the short, medium and longer-term), in particular in terms of access to services and travel times;
- Views of local service users and/or their representatives;
- Potential implications and impact on the health economy and the economy in general, on a local and regional basis;
- Any other pertinent matters that arise as part of the Committee's inquiry.

2.3 Consideration will also be given to the arrangements for consulting on the proposals and a view given regarding the adequacy of such arrangements.

2.4 The work of the Joint HOSC will, as far as practicable, be undertaken to reflect the general principles set out in the Joint Health Scrutiny Protocol (Yorkshire and the Humber).

2.5 The Joint HOSC intends to provide a timely and positive contribution to the public consultation on the proposals.

**2.6 *The Joint HOSC intends to maintain an overview of the final decision throughout the implementation phase. In addition to considering overall progress and the impact on children and families across Yorkshire and the Humber, this will include the impact on local health services and service providers.***

### 3.0 Comments from participating Health Overview and Scrutiny Committees

3.1 In the development of these terms of reference, comments from constituent and participating local authority health overview and scrutiny committees (HOSCs) have been taken into account.

### 4.0 Timetable for the inquiry and submission of evidence

4.1 The joint scrutiny inquiry will commence in March 2011. As part of the public consultation on the future of Children's Congenital Heart Services in England, Health Overview and Scrutiny Committees have been given until 5 October 2011 to respond to the proposals.

4.2 As such, the likelihood is that any report/ recommendations will need to be finalised and agreed by the end of September 2011.

**4.3 *At its meeting held on 4 July 2012, the Joint Committee of Primary Care Trusts (JCPCT) agreed Option B for implementation and the designation of congenital heart networks led by the following surgical centres:***

- ***Newcastle upon Tyne Hospitals NHS Foundation Trust***
- ***Alder Hey Children's Hospital NHS Foundation Trust***

- ***Birmingham Children's Hospital NHS Foundation Trust***
- ***University Hospitals of Bristol NHS Foundation Trust***
- ***Southampton University Hospitals NHS Foundation Trust***
- ***Great Ormond Street Hospital for Children NHS Foundation Trust***
- ***Guy's and St. Thomas' NHS Foundation Trust***

**4.4** *As the review and consultation processes have progressed, it has become increasingly apparent that there are significant implementation issues that the Joint HOSC may wish to consider on an ongoing basis.*

**4.5** *The original public consultation document suggested that congenital heart networks could be operational from 2013. However, delays in the decision-making process (primarily caused by the Judicial Review (instigated by the Royal Brompton and Harefield NHS Foundation Trust) and subsequent appeal processes) are likely to impact on the timescales for implementation.*

**4.6** *The Joint HOSC's continued involvement and overview of the decision will reflect the implementation phase of the review. However, precise timescales associated with this aspect are not yet clear.*

### **5.0 Membership and arrangements for the Joint HOSC**

**5.1** Membership and arrangements for the Joint HOSC shall be in accordance with the Joint Health Scrutiny Protocol (Yorkshire and the Humber).

**5.2** Following individual decisions and nominations from constituent local authorities, the membership of the Joint HOSC will be:

- Barnsley MBC – Cllr. Jen Worten
- Bradford MDC – Cllr. Mike Gibbons
- Calderdale Council – Cllr. Ruth Goldthorpe
- City of York Council – Cllr. Christina Funnell
- Doncaster MBC – Cllr. Tony Revall
- East Riding of Yorkshire Council – Cllr. Barbara Hall
- Hull City Council – Cllr. Danny Brown
- Kirklees Council – Cllr. Liz Smaje
- ***Leeds City Council – Cllr. John Illingworth (Chair)***
- ***North East Lincolnshire Council – Cllr. Peggy Elliott***
- North Lincolnshire Council – Cllr. Jean Bromby
- North Yorkshire County Council – Cllr. Jim Clark
- Rotherham MBC – Cllr. Shaukat Ali
- ***Sheffield City Council – Cllr. Mick Rooney***
- Wakefield Council – Cllr. Betty Rhodes

**5.3** As the administering authority, attendance of substitute/ alternate members will be in accordance with Leeds City Council's Scrutiny Procedural Rules.

### **6.0 Witnesses**

**6.1** The following organisations (including appropriate representatives) and witnesses have been identified as possible contributors to this joint inquiry:

- Parents and/or service user representatives
- Specialised Commissioning Group (Yorkshire and the Humber)
- Leeds Teaching Hospitals NHS Trust

- Appropriate professionals and/or professional bodies
- Primary Care Trusts (Yorkshire and the Humber)
- Yorkshire Ambulance Service (YAS) and/or other patient transport organisations
- Local GPs and/or their representative body
- Local Members of Parliament
- Local Authority representatives

6.2 The Joint HOSC will seek to identify and receive all relevant contributions, using a variety of methods to gather information. As such, the Joint HOSC will aim to keep the list of witnesses under review throughout the joint inquiry.

### **7.0 Monitoring arrangements**

7.1 Following completion of the joint scrutiny inquiry and the publication of the consultation response and/or recommendations, a response from the appropriate NHS body (or bodies) receiving the report, will be requested within 28 working days and subsequently considered by the Joint HOSC as soon as practicable.

7.2 Any other monitoring arrangements agreed by the Joint HOSC will be included in the final report.

### **8.0 Measures of success**

8.1 The Joint HOSC will seek to respond to the consultation proposals in an appropriate manner, and publish realistic and practical recommendations, as appropriate. However, how the Joint HOSC will deem whether its work has been successful in making a difference to local people will be identified as the joint inquiry progresses and discussions take place. Such information will be detailed in the joint committee's final report.

**8.2 *As the Joint HOSC's involvement and overview of the decision continues into the implementation phase of the review, the Joint HOSC may determine other measures of success as necessary.***

*July 2012*