

Councillor John Illingworth

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Your ref	
Our ref	Jl/SMC
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Sent by e-mail and post

Dear Secretary of State,

Re: Review of Children's Congenital Cardiac Services in England

Further to my previous letters dated 15 August 2012, 7 September 2012 and 31 October 2012, I can confirm that the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (Joint HOSC) met on 16 November 2012 and considered a draft report in support of its referral of the decision of the Joint Committee of Primary Care Trusts (JCPCT) concerning the future configuration and delivery of children's congenital cardiac services in England.

At its meeting on 16 November 2012, the Joint HOSC identified and agreed a number of amendments to the draft report. These amendments have now been completed and I am pleased to enclose the Joint HOSC's final report in this regard (the 2nd report) alongside a further copy on the Joint HOSC's first report (October 2011).

I can also confirm that the Joint HOSC reinforced its previous decision (made on 24 July 2012) to refer the JCPCT's decision for your consideration on the basis of that decision not being in the best interest of local health services across Yorkshire and the Humber, nor the children and families they serve. This referral is made in accordance with the provisions set out in the Health and Social Care Act (2001) (as amended) and the associated regulations¹ (specifically regulation 4(7)) and current Department of Health guidance².

There are a number of significant issues highlighted in both of the Joint HOSC's reports (October 2011 and November 2012). Nonetheless, the general view of the Joint HOSC is that, as a result of the JCPCT's decision and without the retention of the surgical centre at Leeds Children's Hospital, the overall patient experience for children and families across Yorkshire and the Humber will be significantly worse.

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¹ *The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 – Statutory Instrument 2002/ 3048*

² *Overview and Scrutiny of Health – Guidance (Department of Health (July 2003))*

After careful consideration of a range of evidence and the views of stakeholders, the conclusions reached by the Joint HOSC are based on number of reasons, in particular:

- The range of interdependent surgical services, maternity and neonatal services are not co-located at proposed alternative surgical centres available to Yorkshire and the Humber children and their families;
- The dismantling of the already well established and very strong cardiac network across Yorkshire and the Humber – and the implications for patients with the proposed Cardiology Centre at Leeds essentially working across multiple networks;
- The current seamless transition between cardiac services for children and adults across Yorkshire and the Humber;
- Considerable additional journey times and travel costs – alongside associated increased accommodation, childcare and living expense costs and increased stress and strain on family life at an already stressful and difficult time;
- The implications of patient choice and the subsequent patient flows – resulting in too onerous caseloads (i.e. overloading) in some surgical centres, with other centres unable to achieve the stated minimum number of 400 surgical procedures.

At the time of publishing its first report in October 2011, the Joint HOSC reported it had not been able to consider all the information identified as being necessary to conclude its review at that time. Regrettably – even though the JCPCT's decision was made in July 2012 – members of the Joint HOSC still feel they have been unreasonably denied access to information believed to be relevant to the review and the associated decision-making processes. This information falls within categories that would have been routinely published by any local authority in the country. The Secretary of State is already aware that, despite the assurances published in the Pre-Consultation Business Case, the JCPCT has released no information whatsoever about the work of the Health Impact Assessment Steering Group. This information was particularly relevant to the Joint HOSC in the discharge of its statutory duties.

As Chair of the Joint HOSC, I feel very strongly that such non-confidential information should have automatically been available for general public scrutiny at every stage of the decision making process. It should certainly have been published once it had been identified by a legitimate statutory body established to review decisions and decision-making within the NHS. A complaint has been lodged with the Information Commissioner's Office regarding the lack of disclosure and I look forward to the independent assessment of the case put forward. As such, please be aware that once again, on behalf of the Joint HOSC I reserve the right to add further comment and/or recommendations, as and when any additional information requested, or any other relevant details, become available.

As mentioned in my previous letter (31 October 2012), the Joint HOSC is aware that you have already invited the Independent Reconfiguration Panel (IRP) to undertake a full review of the JCPCT's decision³. I can confirm that at its meeting on 16 November 2012, the Joint HOSC also considered the current terms of reference you have set for the IRP in this regard. In formalising its referral, the Joint HOSC recommended the following areas be drawn to your attention and incorporated into revised terms of reference for the IRP's review of the Safe and Sustainable review of children's congenital cardiac services in England:

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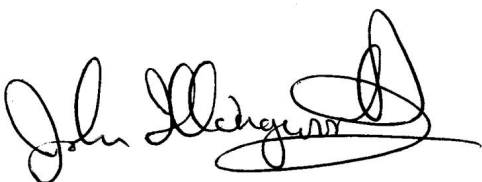
³ Based on the referrals received from Lincolnshire County Council and the Leicester, Leicestershire and Rutland Joint Health Overview and Scrutiny Committee.

- The validity of the Kennedy Panel 'Quality Assessments' in light of recent and/or forthcoming Care Quality Commission reports and/or compliance notices issued to current providers previously assessed by the Kennedy Panel.
- The extent to which the JCPCT took account of the IRP's previous advice (endorsed by the Secretary of State for Health) that the JCPCT should give due consideration to comments from the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) in relation to the PwC report on assumed patient flows and manageable clinical networks.
- The implications of an unpopular solution imposed by the JCPCT for patient choice within the NHS.
- Issues associated with potential obstetric referral patterns, the impact these may have on patient numbers at the proposed designated surgical centres and to what extent such matters were taken into account within the JCPCT's decision-making processes.
- The JCPCT's use of population projections/ estimates to determine potential future demand for services, both in terms of using the most up-to-date information and the lack of consideration of regional variations that may impact on the long term sustainability of specific/ individual surgical centres.
- The appropriateness, or otherwise, of the JCPCT' and its supporting secretariat refusing legitimate requests from the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) for access to non-confidential information during its scrutiny inquiry.

The Joint HOSC also remains unconvinced by the adequacy of the Public Consultation conducted by the JCPCT – bearing in mind that the public were supplied with potentially misleading and unreliable information from Professor Kennedy's assessment panel, and unreasonably denied access to other information necessary to make an informed response. The enclosed report highlights this issue and also raises concerns around a number of other areas – including the Health Impact Assessments and the sensitivity testing undertaken by the JCPCT. The Joint HOSC believes these aspects also warrant specific and more detailed consideration by the IRP. On behalf of the Joint HOSC, I would urge you to specifically incorporate all of the above matters into revised terms of reference for the IRP's review.

I trust this information is helpful and I look forward to hearing from you in due course. Meanwhile, should need any additional information and/or any further clarification, please do not hesitate to contact me.

Yours sincerely



Councillor John Illingworth
Chair, Joint Health Overview and Scrutiny Committee (HOSC), Yorkshire and the Humber

cc All Members of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)
 All Members of Parliament representing Yorkshire and the Humber
 All Yorkshire and the Humber Local Authority Leaders
 Cllr. Lisa Mulherin, Leeds City Council

