

Statement issued by the British Congenital Cardiac Association

1st April 2013

It is a matter of urgency that the events in Leeds that resulted in the temporary suspension of paediatric cardiac surgery and intervention are understood and resolved. The clinical fallout of ceasing surgical and catheter interventions, even for a short period, could lead to acute under provision of services in the North of England. This event is occurring in the context of the National Safe and Sustainable Paediatric Cardiac Services Review, the recent Judicial Review of this process, and also the findings of the Independent Reconfiguration Panel, due to report shortly.

Our professional bodies, with the total support of all the current hospitals providing these services, have assisted in the development of the Central Cardiac Audit Database (under the auspices of the National Institute for Cardiovascular Outcomes Research, hosted by University College London). This has been running for over 10 years and provides a unique, audited dataset of outcomes in our centres, publicly available on the CCAD website. This is a public and open resource, of which our professionals are extremely proud.

To provide even more sophisticated data to the professionals and public, the CCAD steering group have recently been working on collecting more information which takes into account outcomes in relation to the severity of the different conditions. It is anticipated that this partial risk stratification will provide additional information about the outcomes of interventions in children and will help us to improve the care for all children in the UK.

We are very concerned that some of this preliminary 'raw' data, which has not been verified, has entered the public domain before CCAD or any of the hospitals have had an opportunity to assess or ratify the information. As a result of the fact that the data has not undergone stringent checks, the suggestion that there is a higher than expected mortality rate in Leeds or any other centre, is premature. For the clinicians who have worked tirelessly to support CCAD and the patients who depend on it, it is essential that information is released only after the standard safeguards have been applied. Failure to do so will severely undermine the confidence that the clinicians and public have invested in this important process.

Currently, the British Congenital Cardiac Association is not aware of any centres having a higher than expected mortality. CCAD must be given the opportunity to examine, audit and correct the data before any conclusions can be drawn about mortality, including risk stratified outcomes, in Leeds or indeed any of the UK centres.

Meanwhile, we must ask that any review of Leeds is rapid and effective so that services are disrupted for as short a period as possible and, if appropriate, reinstated rapidly. Furthermore, due process following the outcome of the Judicial Review is awaited, and the publication of the report of the Independent Reconfiguration Panel chaired by Lord Bernard Ribeiro must be considered. Leeds and the other UK centres urgently require a clear decision about the future configuration of services so that cardiac care for children remains at the highest standard. Resolution of the current crisis in Leeds is now critical.

Dr Tony Salmon
President British Congenital Cardiac Association