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Late information for Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) on 28 November 2014

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

MONDAY, 3RD NOVEMBER, 2014

PRESENT: Councillor D Coupar in the Chair

Councillors D Brown, J Clark, M James,
V Greenwood, L Smaje, P Schofield and
K Wyatt

12 Chair's Opening Remarks

The Chair opened the meeting, welcomed all those in attendance and highlighted the 'Third Party Recordings' code of practice that applied to use of recorded information at the meeting.

In recognising the changed membership recorded at the previous Joint Committee meeting (minute 6 refers) the Chair specifically welcomed new members of the Joint Committee.

On behalf of the Joint Committee, the Chair wished Councillor Revill (a long-standing member of the Joint Committee) a full and speedy recovery from his illness.

13 Late Items

In accordance with his powers under Section 100B(4)(b) of the Local Government Act 1972, the Chair agreed to accept the following late information:

- Draft minutes of the meeting held 17 October 2014 (minute 16 refers)
- Written submissions from Embrace, Leeds Teaching Hospitals NHS Trust and Children's Heart Surgery Fund (CHSF) (minute 17 refers)

14 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

15 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted on behalf of:

- Councillor J Bromby – North Lincolnshire Council
- Councillor C Funnell – City of York Council
- Councillor B Hall – East Riding of Yorkshire Council
- Councillor T Revill – Doncaster Metropolitan Borough Council
- Councillor B Rhodes – Wakefield Council

It was noted that Councillor Schofield was attending as a substitute member for Councillor Revill (Doncaster Metropolitan Borough Council).

16 Minutes - 17 October 2014

The minutes of the meeting held on 17 October 2014 were presented for consideration. There were no matters arising identified from the minutes.

RESOLVED – That the minutes of the meeting held on 17 October 2014 be approved as a correct record.

17 The New Congenital Heart Disease Review - input from key stakeholders

The Head of Scrutiny and Member Development submitted a report introducing a range of inputs from key stakeholders to help inform the Joint Committee's formal response to the current public consultation on the proposed service specifications and draft standards arising from the new Congenital Heart Disease (CHD) review.

The following representatives were in attendance to help the Committee consider the information presented:

- Julian Hartley – Chief Executive (Leeds Teaching Hospitals NHS Trust)
- Dr Bryan Gill – Medical Director (Leeds Teaching Hospitals NHS Trust)
- Dr Elspeth Brown – Consultant Cardiologist (Leeds Teaching Hospitals NHS Trust)
- Carin Van Doorn – Consultant Congenital Heart Surgeon (Leeds Teaching Hospitals NHS Trust)
- Sharon Coyle – Director (Children's Heart Surgery Fund)
- Lois Brown – Parent and member of the relevant Clinical Reference Group

Prior to the Joint Committee discussing matters in detail, the Principal Scrutiny Adviser drew members' attention to the written submission provided by Embrace. In summary, this highlighted the following:

- An acknowledgement of the invitation to attend the meeting.
- Offered apologies for non-attendance due to operational issues.
- Confirmed that Embrace currently meets the service specification and standards (as drafted).
- Embrace continues to work with Leeds Teaching Hospitals NHS Trust and other trusts in Yorkshire and the Humber in order to ensure a focus on quality and safety in relation to patient transfers.
- From a transport view the proposed specifications and standards do not raise any issues.
- Should there be any changes to the current configuration and provision of services across Yorkshire and the Humber then a re-assessment against the standards will be required.

- Currently, Embrace had not been asked to participate in any specific groups or workstreams of the new CHD review.

The Chief Executive of Leeds Teaching Hospitals NHS Trust (LTHT) addressed the Committee and outlined the Trust's involvement and engagement with the new CHD review. The Chief Executive noted the new CHD review had been a much more inclusive process than its Safe and Sustainable predecessor.

The Joint Committee discussed the information presented and raised a number of specific matters, including:

- The Trust's overall position against the proposed standards – i.e. the percentage of draft standards currently met.
- The financial implications of achieving the proposed standards and the Trust's current position with regard to achieving 'Foundation Trust' status, including any barriers this created in terms of making necessary improvements.
- Any specific funding gap currently at the Trust – based on achieving the proposed standards.
- The Trust's position against the standards, relative to other centres across England.
- Numbers of surgeons and trainee surgeons, including the impact of the Safe and Sustainable Review on the number of trainees.
- The Trust's governance arrangements relative to the proposed standards.
- Current and future approaches to commissioning CHD services for children and adults, including:
- The Trust's position relative to the proposed standards around Paediatric Intensive Care Unit.
- Any potential risks associated with the changing nature of commissioning, and in particular co-commissioning.
- Network arrangements – not just regional networks, but networks between specialist surgical centres.
- The balance between services for children and adults.
- Bereavement services and End-of-Life care.

In response to some of the issues raised, representatives from Leeds Teaching Hospitals NHS Trust highlighted the following matters:

- Cardiac surgery was a high priority for the Trust.
- Available resources were an important issue and some of the draft standards required investment. It was anticipated that this would necessitate discussions with commissioners.
- Resource issues had been highlighted at the providers group and were an issue across different units. The financial modelling was unclear.
- The Trust was currently undertaking a mapping exercise of current provision against the draft standards.

- The availability of specialist cardiac surgeons was a national issue and had been affected by the Safe and Sustainable Review.
- The Trust was in a good position when comparing current arrangements against the draft standards. In terms of governance, the Trust was most likely ahead of the draft standards. Specific issues/ considerations were likely in the following areas:

Network arrangements
 Staffing – specifically in terms of Liaison Nurses
 Hybrid Theatre
 On-going equipment replacement

- The Trust currently employed 3 surgeons and was actively looking to recruit a fourth, and had 3-years to do so.

The Director of Children’s Heart Surgery Fund addressed the Joint Committee and raised the following matters:

- The charity welcomed the new standards and was currently seeking views of families across Yorkshire and the Humber through a series of planned events.
- It was felt important the issue of co-location of services should not be watered down.
- Concern around arrangements to consult with different parts of the community, in particular with BME communities – which had also been an issue during the previous Safe and Sustainable Review.
- Concerns around funding in order for Trusts to meet the draft standards.

The Joint Committee discussed the information presented and reiterated a number of issues previously discussed.

RESOLVED –

- (1) That the report and information presented to the meeting be noted.
- (2) That the details provided be used to inform the Joint Committee’s draft response to the proposed service specifications and draft standards arising from the new Congenital Heart Disease (CHD) review.

At the conclusion of the discussion, the Chair thanked all representatives for their attendance and contribution to the meeting.

18 The New Congenital Heart Disease Review - NHS England response to issues raised during discussions with key stakeholders

The Head of Scrutiny and Member Development submitted a report which provided NHS England an opportunity to respond to issues identified by the Committee and / or raised during discussions with key stakeholders.

The following representatives were in attendance to help the Committee consider the information presented:

- Alison Hughes – Commissioning and Change Lead (Congenital Heart Disease Programme)

It was noted that as the meeting was running ahead of schedule, Michael Wilson (New CHD Review Programme Manager (NHS England)) was not in attendance, as originally planned.

Following on from the discussion under the previous item (Minute 17 refers), the Committee continued to discuss the proposed service specifications and draft standards associated with the new CHD review. Members raised a number of specific matters, including:

- Timing of the current public consultation.
- Availability of consultation documentation in other languages.
- Overall responsibility for the consultation process.
- Financial assessment and future funding.
- Relative funding for the North of England.
- Timings for meeting proposed standards – in particular the requirement for 4 surgeons.
- Issues associated with implementation and commissioning against the draft standards.

The Joint Committee discussed these matters with the NHS England representative and agreed to use the details provided to inform the Joint Committee's draft response to the consultation.

RESOLVED –

- (a) That the report and information presented to the meeting be noted.
- (b) That the details provided be used to inform the Joint Committee's draft response to the proposed service specifications and draft standards arising from the new Congenital Heart Disease (CHD) review.

At the conclusion of the discussion, the Chair thanked the NHS England representative for their attendance and contribution to the meeting.

19 Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) - Proposed Work Schedule

The Head of Scrutiny and Member Development submitted a report outlining the Committee's proposed future activity and meeting arrangements.

The following representatives were in attendance to help the Joint Committee consider the information presented:

- Steven Courtney (Principal Scrutiny Adviser – Leeds City Council)

The Principal Scrutiny Adviser provided a brief outline of the report and proposed activity – seeking views from members of the Joint Committee.

The Joint Committee considered and discussed matters raised earlier in the meeting and highlighted the following matters for specific inclusion in the Joint Committee's consultation response:

- Future funding arrangements.
- Consultation arrangements, specifically in relation to BME communities.
- Availability of appropriately qualified staff.
- Confirmation of timescales around implementation.

RESOLVED – That the details provided be used to inform the Joint Committee's draft response to the proposed service specifications and draft standards arising from the new Congenital Heart Disease (CHD) review.

20 Date and Time of Next Meeting

RESOLVED – To note the date and time of the next meeting as Friday 21 November 2014 at 10:00am (with a pre-meeting for members of the Scrutiny Board from 9:30am).

The Chair thanked everyone for their attendance and contribution to the meeting.

(The meeting concluded at 11:45am)

CHILDREN'S HEART SURGERY FUND

CHD CONSULTATION EVENTS



Alongside NHS England's consultation on draft standards for the congenital heart disease review, CHSF has been holding a series of consultation meetings across Yorkshire and the Humber for patients and families.

Meetings

Sheffield

- The meeting took place on Saturday 15th November.
- This was for patients and families in the areas comprising Sheffield, Rotherham, Doncaster, Chesterfield, Derbyshire and Barnsley.
- There were 25 attendees.

Leeds

- The meeting took place on Sunday 16th November.
- This was for patients in the areas comprising Leeds, Wakefield and Kirklees.
- There were 32 attendees.

Bradford

- The meeting is taking place on Saturday 29th November, 11am-1pm in the Midland Hotel Bradford, Forster Square, Cheapside, Bradford BD1 4HU.
- This is for patients in the areas comprising Bradford, Halifax and Huddersfield.
- 25 people have confirmed their attendance.

York

- The meeting is taking place on Sunday 30th November, 11am-1pm in the Marriott Hotel, York, Tadcaster Road, Dringhouses York YO24 1QQ.
- This is for patients in the areas comprising York, Harrogate, Scarborough and Selby.
- 10 people have confirmed their attendance.

Hull

- The meeting in Hull has unfortunately had to be cancelled.

Issues and themes discussed

- The most discussed issues so far have concerned **staffing and skills, the network approach, transition, communication with parents, and fetal diagnosis.**
- These subjects seemed to prompt many personal stories, mostly being around the lack of understanding at regional hospitals. Nearly all patients said once they arrive at Leeds they were dealt with professionally and appropriately. In contrast, they felt very vulnerable at local centres due to lack of cardiac knowledge. Parents also expressed concern about referral times.
- Parents said they wanted an instant referral, stating 3-7 days was too long as the bad news is hard enough to bare and not knowing the severity of the unborn baby's condition is deeply distressing from the point of knowing there is a problem.

Transition

- This is a real issue for patients. Attendees have stated they felt the leap from children's services at the young age of 16 to the adult service is a leap too far.
- To be put on a ward with patients who are non-congenital and a lot older than them, they felt was not only inappropriate, but also depressing.

The Network Approach

- Families were quite keen to ask for re-assurance regarding the current support they receive whereby the Leeds staff visit them in the peripheral clinics for follow up appointments.
- Families have spoken about how they have valued this service and would hope it would continue as Leeds for some people is just too far.

Staffing and Skills

- We also received a considerable amount of questioning about the need for **4** surgeons performing 125 operations.
- Some parents felt the most important issue was a surgeon's capabilities and most people seemed to think performing a reasonable amount of surgery with varied case mix was more important than the stipulated 125 number of procedures.
- Many of the attendees at the Leeds meeting had done some fact finding and were quite clued up on the fact surgeons in other countries perform fewer operations, yet have very good outcomes.
- People also commented on the fact we don't have an abundance of heart surgeons in this country therefore this standard is a hard one to reach considering the lack of available surgeons in this field of medicine.

Fetal Diagnosis.

- This is the point where people are genuinely traumatised and had very vivid memories about the way they were treated. In fact many of the attendees talked about the 'post trauma' they felt once there child's condition had been stabilised through an operation or some sort of intervention.
- Lots of people talked about the need for training in this area, and how surprised they were that this has not been readily available in some centres.
- They also welcomed the use of pulse oximetry which is being trialled at the moment.

The new review of Congenital Heart Disease (CHD) in England

Report to the Joint Health Overview and Scrutiny Committee (JHOSC) for Yorkshire and the Humber

At the JHOSC meeting on 3 November 2014, members heard that a clinical network meeting was due to consider the proposed service specifications and draft standards at a meeting on 10 November 2014.

It should be noted that minutes from the network meeting are not routinely taken, as they tend to be more educational type meetings with presentations and discussion. It should also be noted that there was a formal network board that was supported through a collective of Yorkshire and Humber Primary Care Trusts, prior to the creation of NHS England in April 2012.

The Network meeting was joint meeting between the Leeds Network and the Leicester Network. The Trusts represented at the meeting included:

- LTHT
- Leicester University Hospital Trust
- Nottingham Children's Hospital
- Sheffield Children's Hospital
- York Hospital
- Chesterfield District General Hospital
- Hull Hospital

Based on feedback from Leeds Teaching Hospitals NHS Trust's lead cardiologist, Dr Elspeth Brown, the points below set out the main areas of discussion/ outcomes from that meeting:

- Generally it was felt the standards were sensible and described a good service.
- There were concerns that there is no evidence for 400 or 500 cases per centre (as discussed in the IRP report) and this standard would at present lead to centres having to close. There was concern that with the current rate of increase in the population of adult patients with congenital heart disease (due to better survival) closure of centres now would lead to problems with national capacity in the future.
- The new standards define a network structure with a network manager and administrative support. The description of the network represents an Operational Delivery Network and it should be funded as such.
- Historical funding for specialised services was discussed and it was felt that historic differences in funding should be recognised as part of any implementation.

Steven Courtney
Principal Scrutiny Adviser
Leeds City Council

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