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Leeds CITY COUNCIL

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

Meeting to be held in Civic Hall, Leeds, LS1 1UR on Monday, 14th March, 2011 at 1.00 pm

MEMBERSHIP

Councillors

S Ali - Rotherham Council;
T Barker - North Lincolnshire Council;
E Byrom - Bradford Council;
J Clark - North Yorkshire Council;
M Dobson (Chair) - Garforth and Swillington;
P Elliott - North East Lincolnshire Council;
S Fraser - City of York Council;
R Goldthorpe - Calderdale Council;
B Hall - East Riding of Yorkshire Council;
J Hancock - Barnsley Council;
J Hewitt - Hull City Council;
C Mills - Doncaster Council;
B Rhodes - Wakefield Council;
I Saunders - Sheffield Council;
L Smaje - Kirkless Council;

Please note: Certain or all items on this agenda may be recorded.

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
7			**RECONFIGURATION OF CHILDREN'S CONGENITAL HEART SERVICES IN ENGLAND - RATIONALE AND OPTIONS FOR CONSULTATION** To consider a report of the Head of Scrutiny and Member Development presenting details of the identified options for consultation for the Reconfiguration of Children's Congenital Heart Services in England. **Presentation Slides attached**	1 - 20

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Specialised Commissioning Group

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (YORKSHIRE AND THE HUMBER) 14 MARCH 2011

SAFE & SUSTAINABLE A NEW VISION FOR CHILDRENS CONGENITAL HEART SERVICES IN ENGLAND

Cathy Edwards

Director of Yorkshire & the Humber Specialised Commissioning Group

NHS

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- Pre-Consultation Briefing 12 January 2011
- Joint Committee of PCTs 16 February 2011
- Consultation Launched 28 February 2011
- Consultation Ends 1 July 2011

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JCPCT MEETING

Considered and agreed:-

- Case for change
- Proposed clinical standards and model of care
- Process for delivering the recommendations for the reconfiguration of Childrens Congenital Cardiac Services
- Configuration options for consultation
- Proposal for improving monitoring outcomes
- Consultation Strategy
- Scope and process for delivering a Health Impact Assessment

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CONSULTATION

There are 4 areas for consultation

- Standards of care
- Congenital heart networks
- Fewer, larger surgical centres
- Measuring quality

WHAT WILL THE SERVICE LOOK LIKE?

- The National Review recommendations on standards and networked services are in line with the Regional Strategy developed by staff and patients in Yorkshire and the Humber over the last year

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WHAT WILL THE SERVICE LOOK LIKE?

- This model puts emphasis on three principles:
  1. Care close to home
  2. Wherever you're cared for - services should meet standards
  3. Care should be planned around people
- Both the standards and the network recommendations match this Region's approach

WHAT WILL THE SERVICE LOOK LIKE?

1. Care close to home

Local paediatricians trained to identify children that need specialist care. Local clinics for first line assessment of straightforward cases including some tests. Out-reach clinics by specialists to offer local access to experts and to allow local doctors to discuss cases with the experts.

WHAT WILL THE SERVICE LOOK LIKE?

2. Services should meet standards

This Region has agreed standards for the local service which are in line with the National Recommendations. We have regional referral guidelines to make sure all children have equal access to specialist services

WHAT WILL THE SERVICE LOOK LIKE?

3. Care should be planned around people

There should be smooth transfers of care between:

- Maternity services, neonatal care and specialist cardiologists
- Local Paediatricians, Cardiologists and Surgeons
- Paediatric cardiologists and Consultants in Adult Congenital Heart Disease

WHAT WILL THE SERVICE LOOK LIKE?

The main difference between the National Recommendations and the Regional approach relate to the location of the surgical centre within the network.

For the options which do not include Leeds as a surgical centre, another centre would be used for complex diagnostics, interventional cardiology and surgery.

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CONGENITAL HEART NETWORKS

- District (local) Childrens Cardiology Service
- Childrens Cardiology Centre
- Specialist Surgical Centre
- Liaison nurses providing vital links and outreach

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SPECIALIST SURGICAL CENTRES

Option A (7)

Freeman Hospital, Newcastle
Alder Hey Children's Hospital, Liverpool
Glenfield Hospital, Leicester
Birmingham Children's Hospital
Bristol Royal Hospital for Children
2 centres in London

Option B (7)

Freeman Hospital, Newcastle
Alder Hey Children's Hospital, Liverpool
Birmingham Children's Hospital
Bristol Royal Hospital for Children
Southampton General Hospital
2 centres in London

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SPECIALIST SURGICAL CENTRES

Option C (6)

Freeman Hospital Newcastle
Alder Hey Children's Hospital, Liverpool
Birmingham Children's Hospital
Bristol Royal Hospital for Children
2 centres in London

Option D (6)

Leeds General Infirmary
Alder Hey Children's Hospital, Liverpool
Birmingham Children's Hospital
Bristol Royal Hospital for Children
2 centres in London

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KEY FACTS/FIGURES

- Surgery = surgery and interventional cardiology
- Currently 11 centres
- Standards require MINIMUM 400 surgical procedures OPTIMUM 500
- Critical mass of activity for the 4 surgeons needed for 24/7 cover
- Total volume of procedures c3600 therefore need to reduce to 6 or 7 centres

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KEY INFLUENCING FACTORS

- London requires at least 2 centres (population, catchment area)
- Oxford centre discounted (quality, doesn't improve access times)
- Birmingham stays (population, catchment area, access times)
- Need either Bristol or Southampton (access times)
- North requires 2 centres and one must be Liverpool (critical mass, realistic networks, access times)

→ 12 – 14 options

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FURTHER ANALYSIS

- All centres in an option to achieve 400 minimum
- Centres must not receive too onerous a caseload (compared to stated capacity)
- Options must include:
  - 3 ECMO centres
  - 2 Transplant centres
  - 1 Complex tracheal surgery centre
- Retrieval time 3 – 4 hours

⇒ 6 Options

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EVALUATION CRITERIA APPLIED

- Access and travel times (A)
- Quality (B)
- Deliverability (A) + (B)
- Sustainability (A) + (C)
- Affordability (-)

→ 4 Options

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Y&H PATIENT FLOWS TO SURGICAL CENTRES

Option A - SY, DN → LEICESTER
- LS, WF, HG, YO, HU → NEWCASTLE
- BD, HX, HD → LIVERPOOL

Option B - SY, DN → BIRMINGHAM
- LS, WF, HG, YO, HU → NEWCASTLE
- BD, HX, HD → LIVERPOOL

Option C - SY, DN, LS, WF, HG, YO, HU → NEWCASTLE
- BD, HX, HD → LIVERPOOL

Option D - Leeds

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OTHER CONSIDERATIONS

- Continuing work on financial implications
- Continuing work on Network development
- Adult congenital heart disease
- Paediatric Intensive Care
- Retrieval services

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