The Leeds Teaching Hospitals NHS
NHS Trust

Safe and Sustainable Children's Cardiac Services

Impact on children's services in Yorkshire and the Humber

The Leeds Teaching Hospitals NHS
NHS Trust

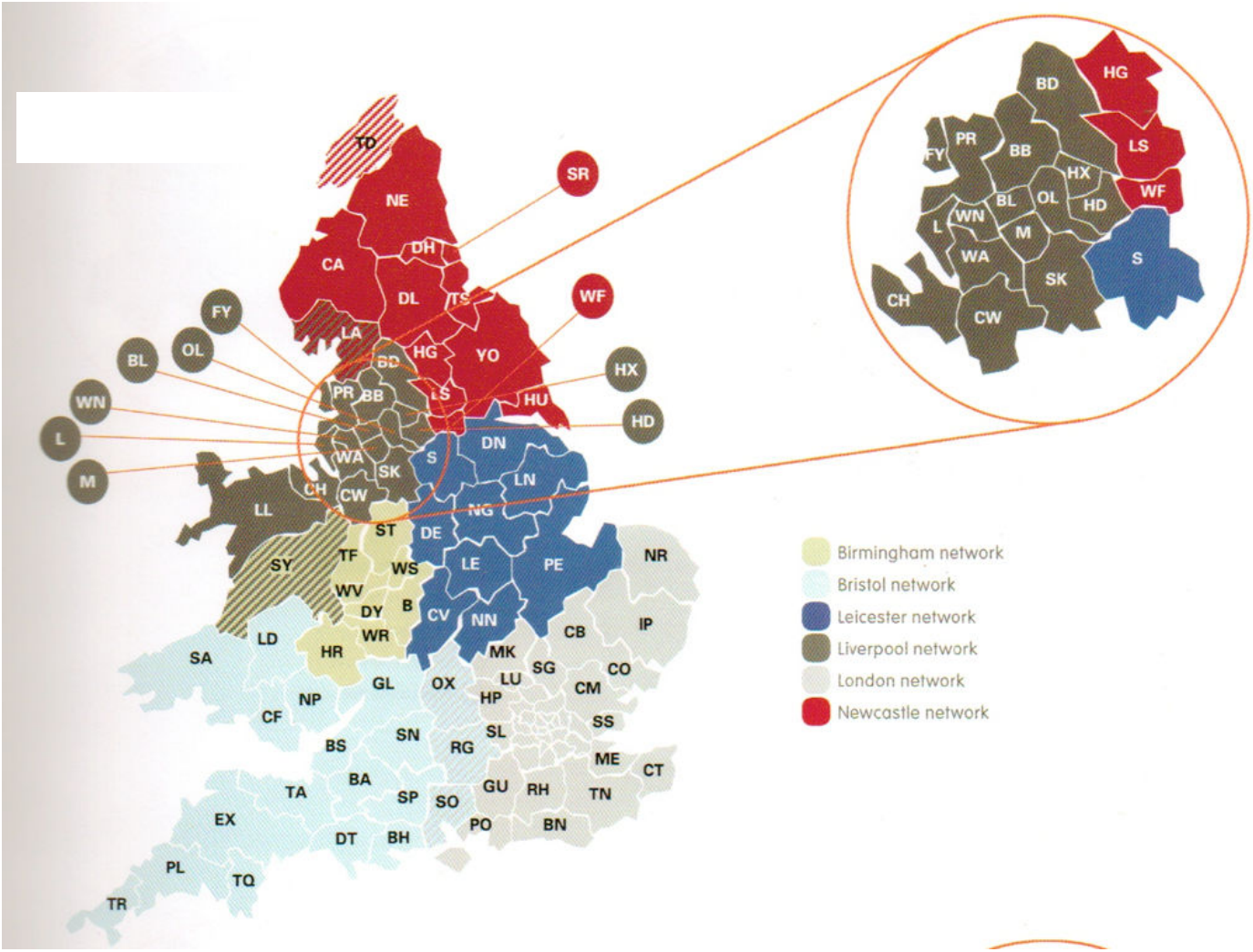
Where are we now?

- At the end of an extensive review process, sponsored by the national specialist commissioners
- Finding that **all** UK centres are safe
- Potential options, narrowed down to 4 (with a preferred option), reducing 11 paediatric cardiac surgical options to 6/7

The process from here

- Joint committee of PCTs charged with making a final decision, considering:
  - option appraisal
  - health impacts (i.e. the impact on deprived and vulnerable communities)
  - information from the public consultation (runs from 4 months from 1/3/2011)

The four options
Number 1*

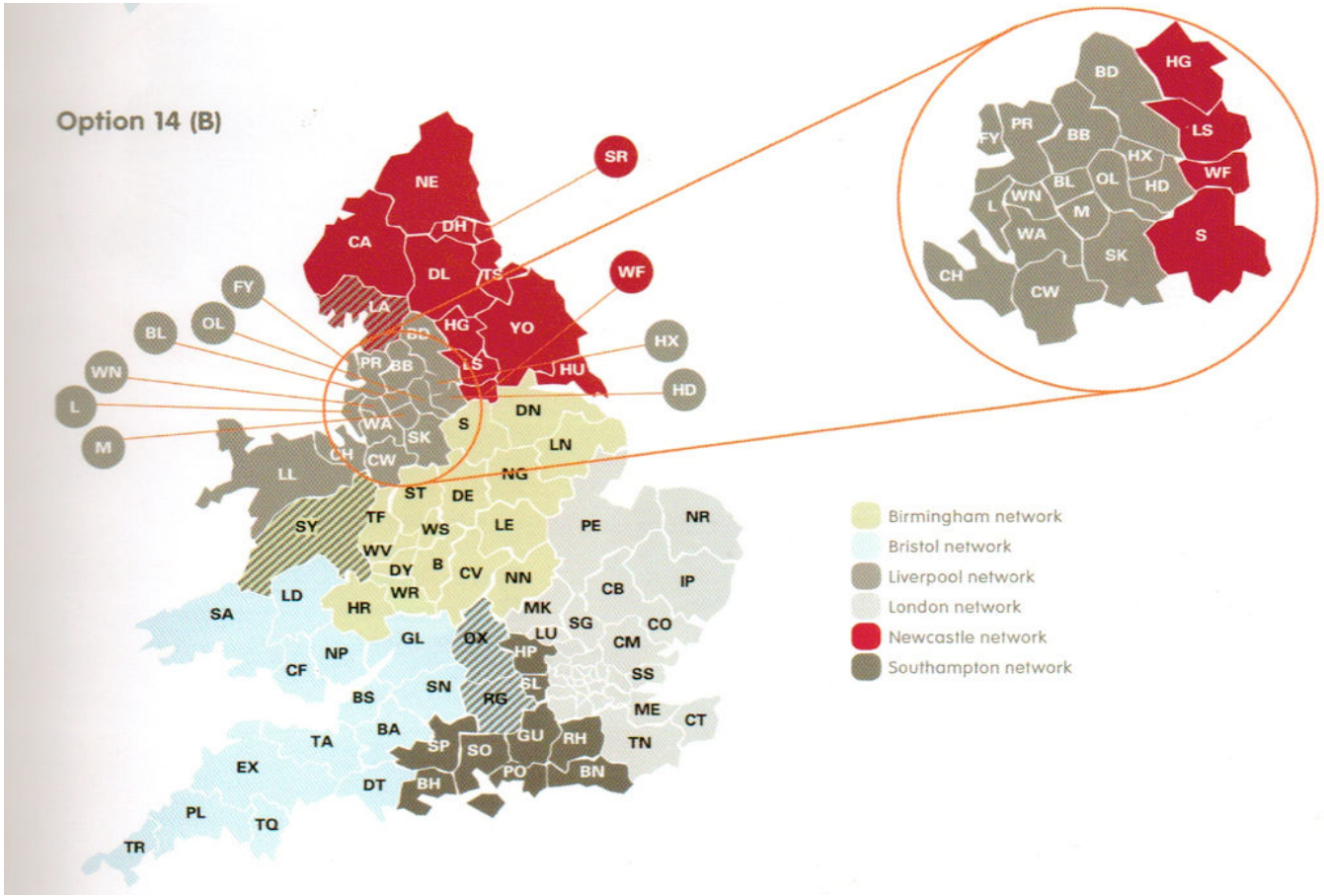


7 Centres

Newcastle
Liverpool
Birmingham
Leicester
Bristol
2 in London

* ”Preferred option”

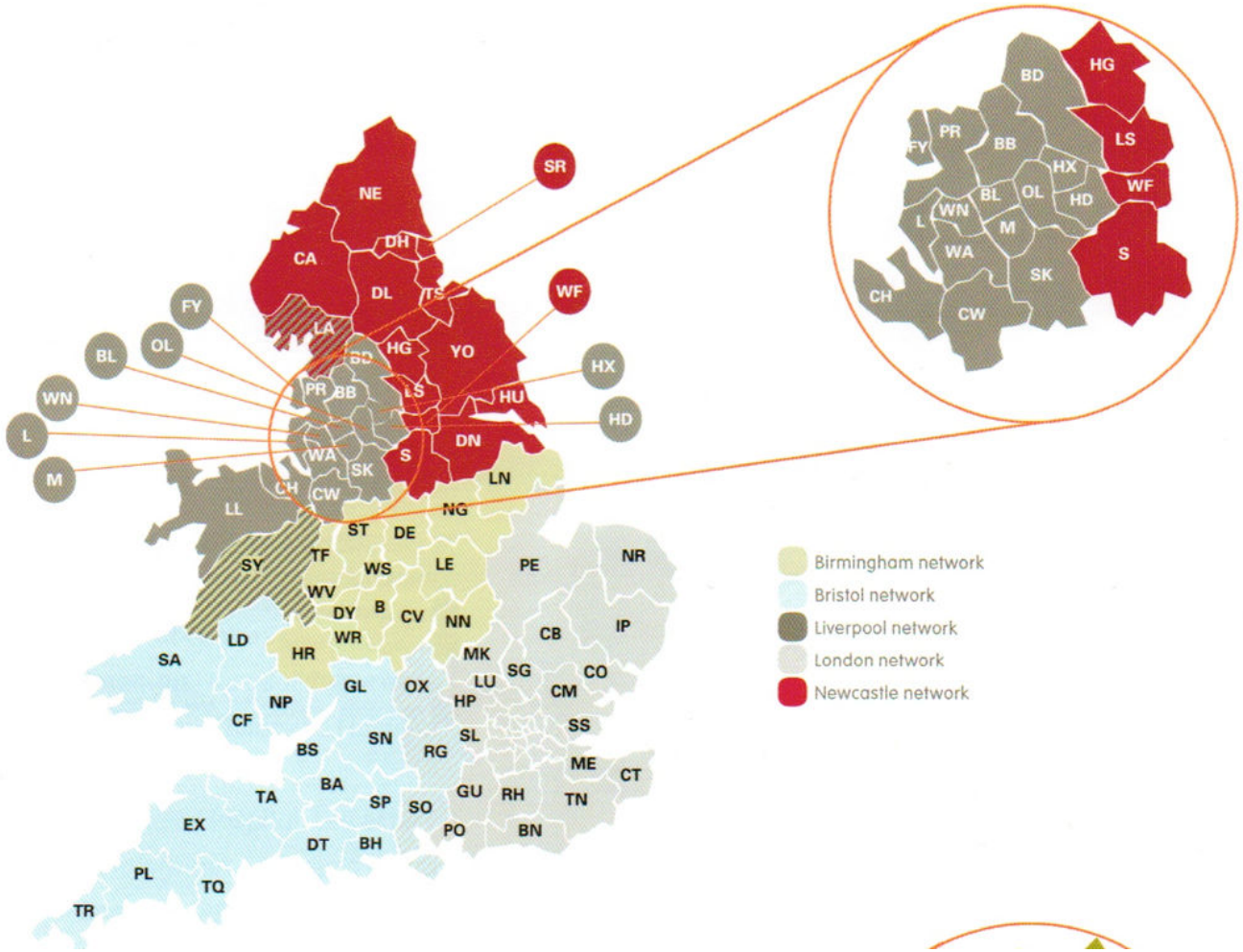
The four options
Number 2



7 centres

Newcastle
Liverpool
Birmingham
Bristol
Southampton
2 in London

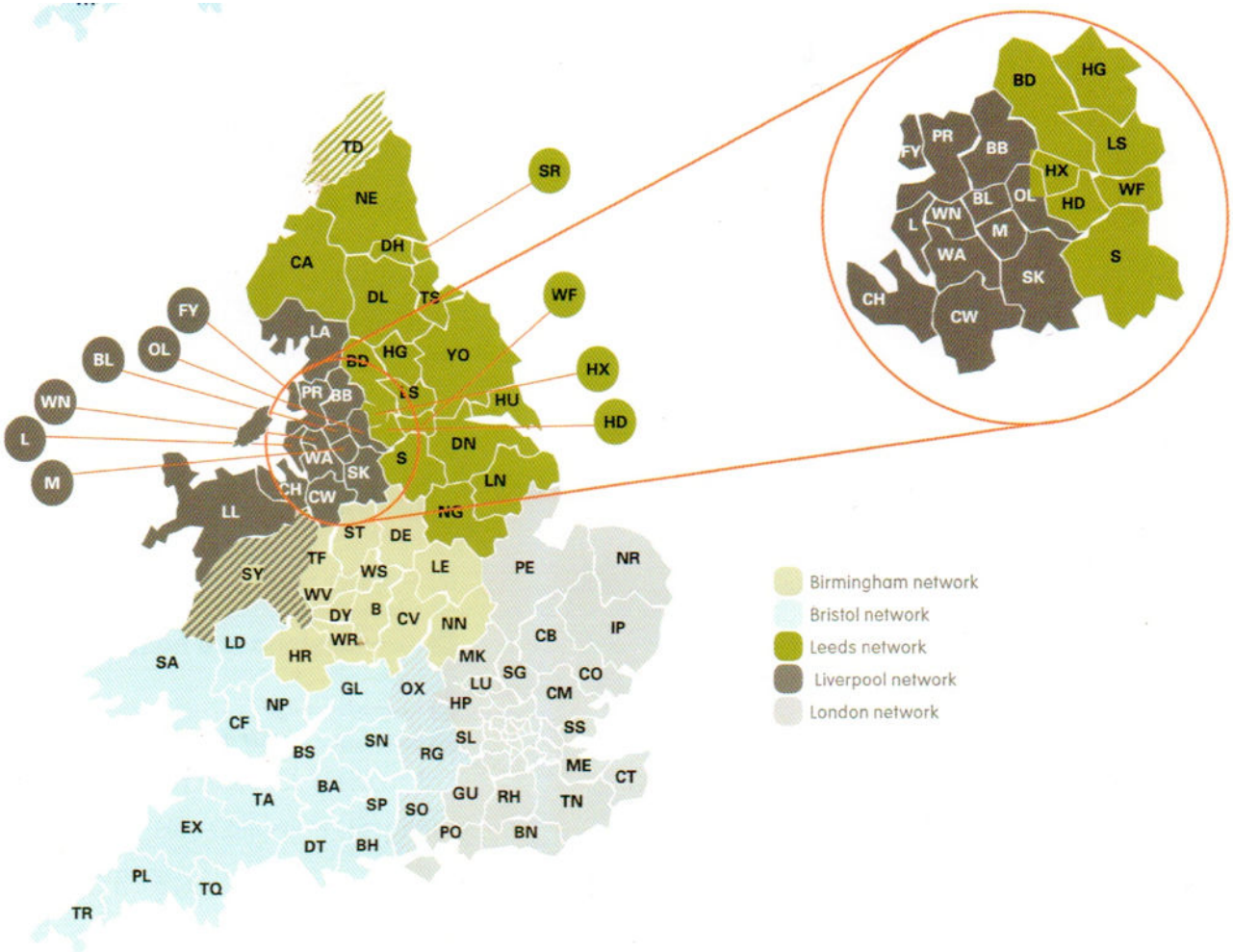
The four options
Number 3



6 centres

Newcastle
Liverpool
Birmingham
Bristol
2 in London

The four options
Number 4



6 centres

Leeds
Liverpool
Birmingham
Bristol
2 in London

What is the regional response?

- Leeds only in 1 option (not the preferred one)

- Clinicians believe this is contrary to reason and based upon a flawed process

What should have been important

1. Proximity to the population

Proximity to the population

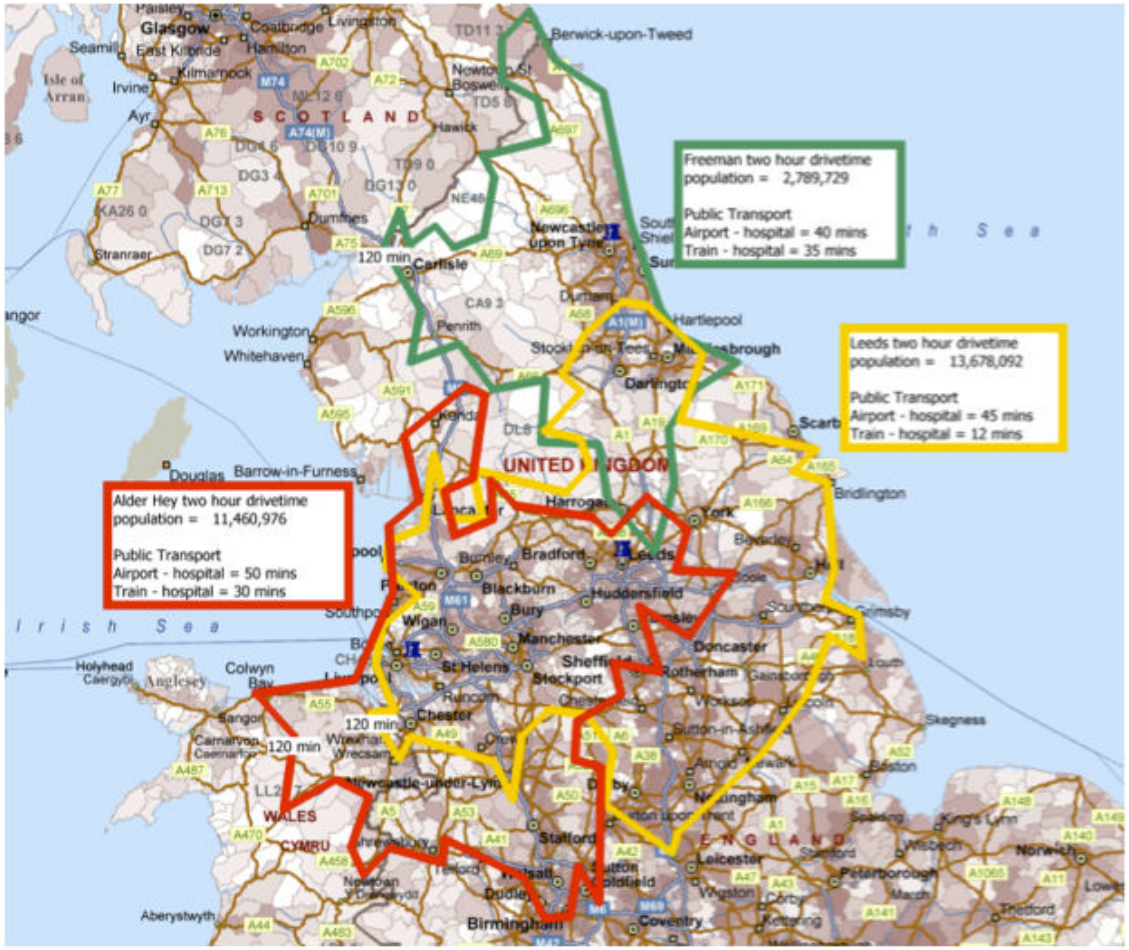
WITHIN 2 HOURS DRIVE:

LEEDS 13.7 MILLION

LIVERPOOL 11.5 MILLION

NEWCASTLE 2.8 MILLION

We believe regional health services should be located where people are



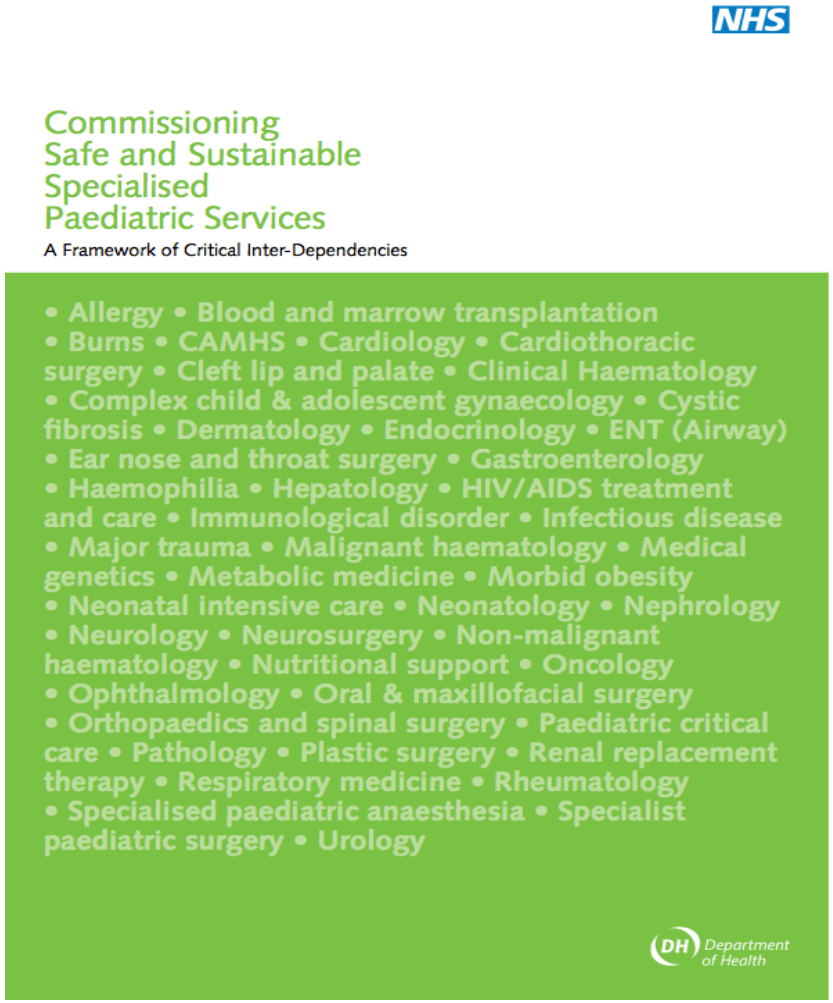
Geography and population - an inequitable process?

- Liverpool and Birmingham appear in all options because of population density
- Southampton, is only in 1 option because of lack of geography and population density
- Options in the North-East appear to have systematically favored Newcastle over Leeds despite overwhelming population arguments

What should have been important

2 Co-location of services

- Sick children are best cared for in environments where they can access all necessary services
- Leeds in the only centre in the North of the UK to fulfill every paediatric and adult inter-dependency under one roof
- Newcastle, Liverpool and Leicester cannot provide this



Co-location of services – a critical issue

BRITISH CONGENITAL CARDIAC ASSOCIATION

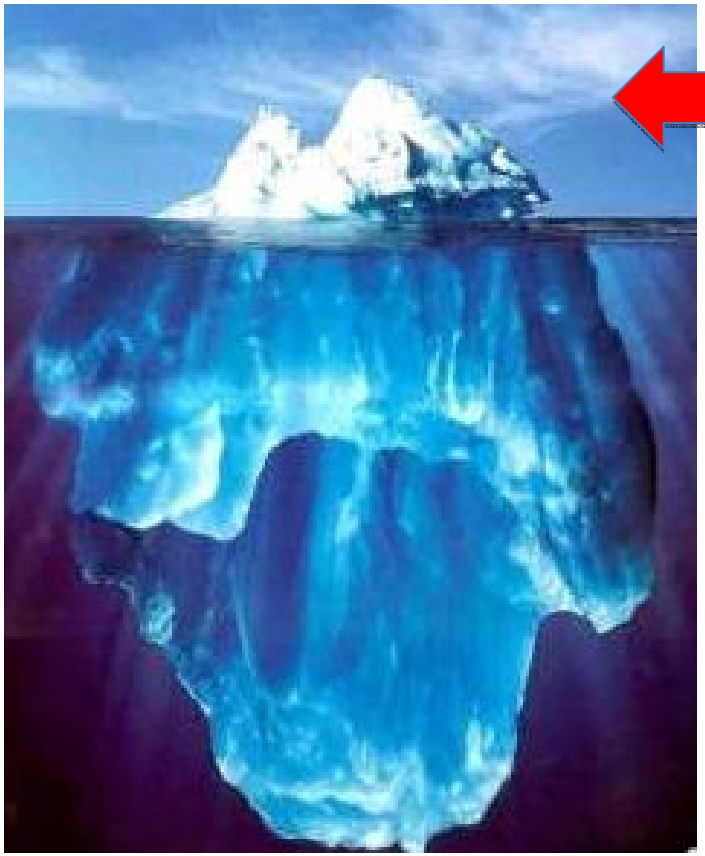
The view of the profession in response to the S&S recommendations: 18/2/2011

- The BCCA believes that quality of service is key and where possible, the location of units providing paediatric cardiac surgery should reflect the distribution of the population to minimise disruption and strain on families. It has become increasingly clear throughout this review that paediatric cardiac surgery cannot be considered in isolation and that numerous inter-dependencies between key clinical services (from fetus to adult) must be reflected in the final decision. The BCCA welcomes the recognition by the review that the linking of paediatric and adult cardiac services is integral to providing high quality care. It is important that the centres designated to provide paediatric cardiac surgery must be equipped to deal with all of the needs of increasingly complex patients. **For these services at each centre to remain sustainable in the long term, co-location of key clinical services on one site is essential**.

The review - other concerns

- Inaccuracies and assumptions used to support the final option include:
  - an assumption Leeds has a maximum capacity of 600 operations – this is untrue and not information supplied by Leeds
  - inaccuracies documented in Sir Ian Kennedy's report include Leeds not having transition nurse and having a separate PICU units - neither of these things are accurate.
- Leeds has pioneered clinical networks in this area and the majority of our regional work has now been adopted as national guidelines – this has not been reflected in the scoring as all centers received the same score.
- Start up costs for Leeds in the report published as £2 million – not clear where these figures have come from - these are not accurate and did not come from LTHT.

What does this mean for pediatric services in the Yorkshire and Humber?



Paediatric Cardiac Surgery

"The rest" – much wider impact than just paediatric cardiac . It is important to recognise and understand this

Includes (1)…….

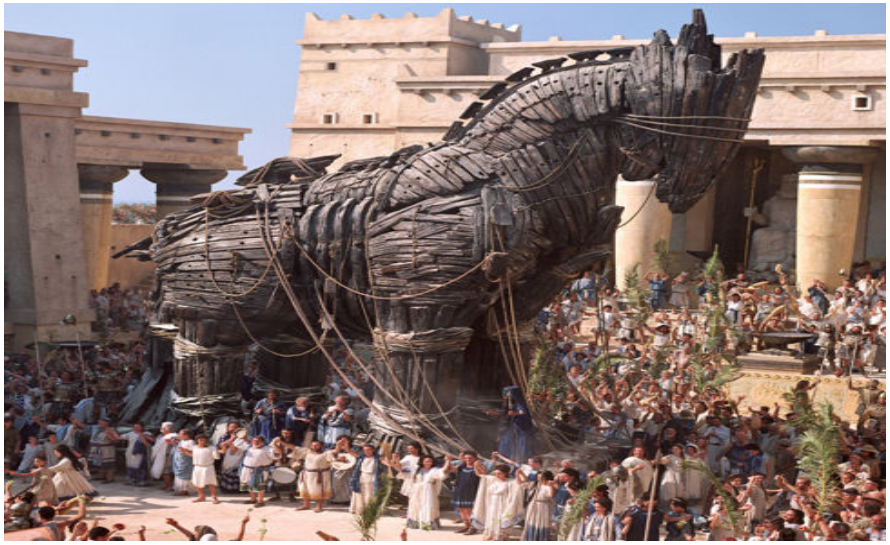
- Loss of interventional cardiology
  - Some of the longest transfer times in the UK for time dependent babies will be for babies in the region to travel to Newcastle for this service
  - Babies who come to Leeds via a blue light ambulance to have a heart problem ruled in or out. This service will not be able to be provided in Leeds (approx 400 babies in 2010/11)
  - impact for Adult Congenital patients – same surgeons , so if Paediatric surgery moves then the Adult surgery could not be done in Leeds

Includes (2)…….

- Significant reduction in children's intensive care capacity (closure of 8 beds , 50% of Leeds PICU capacity). This would have a significant impact for all parts of Yorkshire and the Humber and a high risk that children needing intensive care could not be accommodated in the region

- Impact for all other services that interact with this area – e.g. if there are no cardiac anesthetists or intensive care doctors then children with congenital heart disease who need elective surgery /intervention of almost any type may have to travel to a centre with these specialist staff.

Are the patients and services of this region really best served by moving them to support geographically isolated services?



It seems the main reason that Newcastle is in more options than Leeds is because of paediatric heart transplant service. However there is a very small numbers of such patients (less than 10 a year). It makes more sense to move the transplant service as it affects a much smaller number of children a year than moving a minimum of 1,000 patients a year from Yorkshire and the Humber to a different centre.

Patients matter

- LTHT and regional referrers do not believe this is the best or fairest way to treat patients
- Demography and geography are the obvious drivers
- Leeds is already acknowledged as safe
- We will make it sustainable by appointing a 4th surgeon