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Cllr Mark Dobson  
Chair, Regional Health Scrutiny Board

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Dear Cllr Dobson

Following the Joint Committee of Primary Care Trusts' endorsement of last month's recommendations of the NHS' Safe and Sustainable review, I am writing to express grave concern about the implications for children's cardiac surgery services in Leeds.

I would like my comments to be considered by the regional health scrutiny board as you review the proposed reconfiguration of children's cardiac surgery services.

My concern is borne out of the fact that Leeds features in only one of the four options recommended by the committee, despite the fact that the unit serves a regional population of almost 14 million. Leeds General Infirmary is ideally placed to deliver services, as it does now, to people living throughout Yorkshire, Humberside, Lincolnshire and the north Midlands.

The medical teams in Leeds are very highly regarded by families whose children have undergone cardiac surgery. This review could present an opportunity to build upon that reputation for excellence by expanding services in Leeds. Instead, in three of the four options under consideration, families in the north of England are facing a two tier system whereby children may have diagnostic tests in Leeds before being transferred to another centre. The consistency of treatment and medical staff that families have come to expect and value at the unit in Leeds would therefore be lost.

At present services in Leeds are structured in such a way as to enable access to a range of children's health services on one site, thus promoting the effective treatment of a range of interdependent conditions.

On first reading, it is unclear to what extent the co-location of services has been considered by the review team. My understanding is that children with cardiac conditions often present a range of complex conditions that may require access to and treatment by other specialist paediatric services. Therefore, it would seem sensible to consider

children's cardiac surgery services in this wider context. However, I feel this is not explicitly addressed in the consultation document.

The creation of the dedicated children's hospital on the Leeds General Infirmary site was part of a wider Clinical Services Reconfiguration, which involved capital costs in excess of £34m. The programme, which was developed and supported by key stakeholders, including NHS Leeds and NHS Yorkshire and the Humber, was approved by the Trust Board in March 2009. The new Children's Hospital opened about a year later. This constituted a significant investment in the future of services for children at the Leeds General Infirmary. To now remove specialist surgical services from Leeds appears to contradict the significant regional efforts to develop a truly holistic, one site service for children.

Leeds does currently experience periods where there are not enough pediatric intensive care beds available to meet demand. If children's cardiac surgery is removed from Leeds, the number of these local intensive care beds will also further decrease. This move will therefore impact on children across the region, not just those specifically in need of cardiac surgery.

This issue of transport is crucial in the consideration of the future of these services. Preventing specialists in Leeds from carrying out life saving surgery will inevitably result in critically ill children being transported greater distances over a longer period of time. The consequential need for families to travel those distances in order to support their child through treatment will inevitably place unnecessary additional strain on parents and carers.

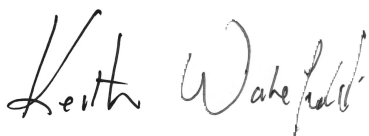
This distressing experience will not be limited to children with congenital heart conditions as the extra pressure on teams transporting sick children would also reduce their ability to respond quickly to requests to transfer other poorly children to specialist units such as paediatric intensive care.

Equally, an expectant mother, whose unborn child has a suspected congenital heart condition would be required to deliver her baby a long way from home, at a time when local and regional support networks would arguably be most important.

Aside of the impact these proposals will have on families, removing highly valued surgical expertise from this region will clearly also have an adverse impact on already challenging health inequalities.

When considering this reconfiguration of services I would urge all concerned to prioritise the needs of the many families across our region who could potentially benefit from an excellent local and regional service that has a proven track record of success.

Yours sincerely



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