

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

TUESDAY, 29TH MARCH, 2011

PRESENT: Councillor M Dobson in the Chair

Councillors S Ali, E Byrom, J Clark,
P Elliott, S Fraser, R Goldthorpe, B Hall, ,
J Hewitt, G Mullis, B Rhodes, I Saunders
and L Smaje

9 Late Items

There were no late items as such, however, the following supplementary information was supplied at the meeting:

- Agenda Item 8 Minutes of the meeting held on 14 March 2011
- Agenda Item 8 – Patient Flow Analysis figures.
- Agenda Item 9 – Draft Timetable of Activity

10 Declarations of Interest

The following personal declarations of interest were made:

- Councillor S Fraser in his capacity as a Member of the Governing Council of York Hospital Foundation Trust and as a retired member of UNISON and TGWU.
- Councillor B Rhodes in her capacity as a retired member of Unison.
- Councillor J Hewitt as a retired member of GMB and UNITE.

11 Apologies for Absence and Notification of Substitutes

It was reported that Councillor C Mills of Doncaster Council had been replaced by Councillor G Mullis.

12 Minutes of Meeting Held on 14 March 2011

RESOLVED – That the minutes of the meeting held on 14 March 2011 be confirmed as a correct record.

13 Reconfiguration of Children's Congenital Heart Services in England - initial response from Leeds Teaching Hospitals NHS Trust

The report of the Head of Scrutiny and Member Development introduced and presented details provided by the Leeds Teaching Hospitals NHS Trust (LTHT) as an initial response to the Reconfiguration of Children's Congenital

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Heart Services in England options for consultation, published in early March 2011. Appended to the report was a presentation from LTHT which showed the options proposed for reconfiguration of services.

The Chair welcomed the following to the meeting:

- Maggie Boyle, Chief Executive, LTHT
- Mr Kevin Watterson, Paediatric Cardiac Surgeon, LTHT
- Dr Mike Blackburn, Paediatric Cardiologist, LTHT
- Dr Mark Darowski, Paediatric Intensivist, LTHT
- Debra Wheeler, Children's Services Directorate Manager, LTHT
- Alison Conchie, Children's Services Business Manager, LTHT
- Mrs Lois Brown, Parent

Maggie Boyle introduced herself to the meeting as Chief Executive of LTHT, which incorporated the Leeds Children's Hospital. She informed the Committee that further information had been sought on the specifics of the consultation for the proposals as LTHT had concerns regarding the process involved. Further concern was expressed regarding the effect on the wider population of the region if services were not located in Leeds and this needed bringing to the attention of the public and Primary Care Trusts across Yorkshire and the Humber.

There was a view that some of the information detailed in the consultation document was not clearly understood and as a result it was felt that the options proposed did not logically reflect the proposals not to retain services in Leeds. Contact had been made with the chair of the Joint Committee of Primary Care Trusts (JCPCT) regarding the proposals and a response had not yet been received.

The Board heard representations from Mrs Lois Brown who gave a personal account of her experience of using the services provided in Leeds. She informed the Committee of her daughter's treatment through the services in Leeds and highlighted the following issues:

- As a resident of Skipton, Leeds was the nearest centre providing cardiac surgery for children and without this it is doubtful her daughter would have survived when first taken ill.
- Having to travel further would put undue pressure on families particularly when their children were in for long stays.
- The questions in the survey to parents were vague and unfair – for example a question that asked whether parents would be willing to travel further for their child's care. It was felt that the only obvious answer to this would be 'yes', but that would give an unclear view as to where services could realistically be provided.
- The services provided in Leeds were excellent and vital.

Dr Darowski referred to Mrs Brown's case and mentioned the importance of the integrated services that were available in Leeds, in particular the

intensive care and cardiology services (in the case of Mrs Brown's daughter). Other integrated services within Leeds were able to provide care right from the ante-natal stage through to adulthood and also provided maternity facilities for expectant mothers with congenital heart disease. The services and expertise in Leeds had been nationally recognised and the proposals threatened the long-term future of such integrated services.

Further key issues highlighted by the representatives from LTHT included the following:

- The issue of having sustainable services in Leeds – the criteria used in the development of the options required 400 cases per year – 320 cases were already dealt with in Leeds on an annual basis and slight changes in referrals and demographics would see the minimum number of 400 surgical procedures being achieved.
- Leeds could provide in-patient services for cardiac care right through ante-natal care to adulthood which was almost unique in the country.
- It was not felt that many of the issues mentioned and those in support of Leeds had been accounted for in the review.
- Services in Leeds were provided on a regional basis and were the only services available to a growing populace. It was difficult to understand how health planners could come to conclusions that downplayed population evidence.
- Co-location of services in Leeds - some of the other options outlined in the proposals did not provide this and it would be a step backwards for children and families across Yorkshire and the Humber if the surgical centre at Leeds was not retained.
- There seemed to have been little consideration of the recent work and public expenditure over recent years to deliver the co-located services currently on offer at Leeds.
- The loss of the cardiac surgery services would have a significant impact on other services and would most likely lead to a loss of cardiac preventative services, services for adults, intensive care and anaesthetists.
- Distance was a vital factor in the provision of cardiac care and those who lived in easterly parts of the region would be most disadvantaged: It was felt that as a result, children with treatable problems would be put at greater risk and could die due to the extra travel distance/ time necessary to access services.
- Leeds could offer post-natal care and keep mothers and newborn babies with heart problems together on the same site.
- All hospital transfers involved an element of risk and without co-located services this would increase the likelihood of transfers, which would lead to a greater risks for already sick children.
- The options outlined without services in Leeds would create a huge burden on families – particularly those from more disadvantaged backgrounds. This was not given sufficient consideration within the review.

- The review had not considered transport to be a major issue. This was not the case across Yorkshire and the Humber where Embrace, a specialist transport service had been developed.
- The closure of services in Leeds would have an impact on BME communities and those from areas of deprivation. Children from these communities had higher levels of cardiac related illnesses.
- The Committee was informed that Royal Brompton Hospital had sought a judicial review regarding the review process as it believed there had been fundamental flaws in the process.

In response to Members comments and questions, the following issues were discussed:

- In relation to the proposed options, it was queried as to why Leeds and Newcastle could not be viable together. It was reported that this was due to the outcome of providing 400 operations per year which would not be achieved at both Leeds and Newcastle. The formulation of the options would require patients from Yorkshire and the Humber to access services in other areas, including Newcastle, Liverpool and Leicester (depending on the different options put forward).
- Leeds had been given the same weighting as Newcastle in relation to the provision of co-located services even though the services in Newcastle were provided across different hospital sites.
- Issues detailed in the options that seemed illogical such as the proposed patient flows, which included children and families from Hull accessing services in Newcastle, whilst provision elsewhere was closer in both time and distance.
- Concern that Leeds was excluded from options as it wasn't considered that services could be expanded to deal with 600 operations per year. There had been no consultation on whether this was possible.
- 320 operations had been carried out in Leeds over the past year and it was anticipated that this would rise to 370 in the next year. It was not felt that a reconfiguration of services would be necessary to eventually reach the target of 400 due to population growth across the region.
- Not enough emphasis had been placed on the human element of the proposals, particularly the potential hardship that families of patients may have to endure.
- How to prove statistically and clinically that services should remain in Leeds – there was a need to further investigate available data and get clearer information on where patients who used services in Leeds came from. There was also concern regarding the statistical information used in the development of the options.
- It was suggested that some surgical centres were preferred due to the (very specialist) nationally commissioned services delivered from such centres, including heart transplant and ECMO (Extracorporeal Membrane Oxygenation). It was reported that a very small number of patients accessed such services and, in addition, it was suggested that any surgical centre could provide ECMO services.

- Increasing referrals to Leeds – population growth was faster than in other areas.
- The use of the air ambulance would not provide a satisfactory solution to transport solutions as it did not operate at night time or in adverse weather conditions.
- Further concern regarding the questionnaire provided to service users. Mrs Brown informed the Committee of how this was issued to a small number of southern users in the first instance. She also stressed the problems that families faced particularly in relation to transport and associated costs.
- Raising awareness of the proposals across Yorkshire and the Humber and also the impact on cardiac services for adults. The Children's Heart Surgery Fund had been carrying out a campaign to highlight the situation.

The Chair thanked everyone for attending for this item and their input.

RESOLVED – That the report and discussion be noted and used to inform the Committees response to the proposals.

14 Reconfiguration of Children's Congenital Heart Services in England - additional information

The report of the Head of Scrutiny and Member Development provided additional information to the Joint Health and Overview and Scrutiny Committee (Yorkshire and the Humber) to assist in the consideration of the proposed reconfiguration of Children's Congenital Heart Services in England and the associated options for consultation as published in March 2011.

The following information was appended to the report:

- Population flows to the surgical centres described in the 4 consultation options.
- A series of frequently asked questions (FAQs) and the associated responses available from the Safe and Sustainable website.
- A letter from the Leader of Leeds City Council.
- Patient Flow Analysis – further information was requested regarding this as some postcode areas outside the areas included in the figures were applicable.

RESOLVED – That the report and additional information be noted and used to inform the Committees response to the proposals.

15 Reconfiguration of Children's Congenital Heart Services in England - Joint Health Overview and Scrutiny Committee: Next Steps

The report of the Head of Scrutiny and Member Development asked the Committee to consider the next steps in relation to its consideration of the proposed options to reconfigure Children's Congenital Heart Services in England, and the implications for the Yorkshire and Humber region.

Draft minutes to be approved at the next meeting
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The following issues were discussed:

- A suggestion to request further time to consider the proposals.
- Suggestions to hear evidence from other sources including the following:
 - Representatives of the Safe and Sustainable team.
 - Ambulance and Transport providers.
 - Representatives of other hospitals involved.
 - Parents from other areas across the Yorkshire and Humber.
 - Directors of Public Health
- Concern with timescales for the consultation, particularly with the approaching Local Elections.

RESOLVED – That a 3 month extension be requested to the consultation.

16 Date and Time of Next Meeting

To be confirmed.