

New report shows strong support for change to children's heart services

An independent report has found quality is the public's top priority when it comes to shaping the future of children's congenital heart services. The report, compiled by independent experts, Ipsos MORI, on behalf of NHS *Safe and Sustainable*, provides a detailed analysis of more than 75,000 responses to a national consultation, one of the largest ever carried out by the NHS. The consultation included a large number of responses from the BME community (20% of total formal responses) and from children and young people (10% of total formal responses).

During the consultation, which ran from 1 March to 1 July 2011, people were asked to share their views on the key principles of the review, four configuration options which would pool surgical expertise into fewer larger centres, the development of congenital heart networks to bring care closer to home and new national quality standards.

The report demonstrates strong support for the key principles of the review and nine out of ten support the proposed national quality standards. There was significant support for ensuring excellent care – of those who responded 93% of individuals and 94% of organisations support these standards. An extremely high number of respondents supported the proposal to improve the collection, reporting and analysis of mortality and morbidity data – of those who responded, 85% of both individual respondents and organisations agreed with this proposal.

There was a strong belief among many respondents that quality should be the deciding factor when planning future services. People were also positive about proposals to develop congenital heart networks that would deliver care closer to home - more than three quarters of both individual respondents and organisations supported this proposal. There was also significant support for the proposals that centres no longer providing surgery become children's cardiology centres.

Option A was the option selected by more individuals than any other, although more organisations supported Option B. As anticipated, support for configuration options was strongly influenced by where people live. There were high levels of responses from people in the East Midlands and South Central regions. Option B was the most widely supported option across the country as a whole, excluding these regions.

Option C received very little support and whilst support for Option D was strong in Yorkshire and Humberside, it received very limited backing elsewhere. Of those respondents who did not express a preference for an option, fewer than 300 people included all eleven centres in their preferred reconfiguration.

People were also asked for their views on the proposal that the number of surgical centres in London should be reduced from three to two. Around 75% of respondents supported this proposal. 47% of respondents from London supported the proposal for two centres; there was less support in parts of northern England with some people commenting that just one centre in London should suffice. The majority of those responding agreed that the proposed centres should be Great Ormond Street Hospital for Children NHS Trust and Evelina Children's Hospital (Guy's and St Thomas' NHS Foundation Trust).

Sir Neil McKay CB, Chair of the Joint Committee of Primary Care Trusts, said: "I would like to thank everyone for giving us their views during the consultation. The scale of the response confirms to me the importance of ensuring excellent NHS care for children with congenital heart disease. I am heartened by the overwhelming support for the quality standards which are the bedrock of the Safe and Sustainable programme. Implementing these new standards will improve the quality of care for children across England. The task for us now is to carefully consider the findings in detail along with other evidence before we reach final decisions later this year."

The report is one of a number of publications to be considered by the Joint Committee of Primary Care Trusts (JCPCT), the decision-making body. The JCPCT will also take into account a range of other data including Health Impact Assessments, analysis of family travel patterns and information about capacity planning provided by Trusts.

The JCPCT is expected to make a final decision by the end of 2011. Implementation of any changes to children's congenital heart services is expected to start in 2013. A detailed implementation plan will be developed once a decision has been made.

ENDS

Further information: Safe and Sustainable press office 020 7025 7520 or email: nhsspecialisedservices@grayling.com

Notes to Editors

1. Report: key statistics

- More than 50,000 responses from individuals and 1,121 organisational responses were received
- Approximately 20% of the responses were from people from ethnic minority backgrounds (10,729)
- 928 responses were received from under 16 year olds and 4,208 from young people aged 16-24
- There were 22,119 responses by text (excluding blank texts)

2. Proposed options

Option A – seven surgical centres

- 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 – seven surgical centres

- 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

Option C – six surgical centres

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

Option D – six surgical centres

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

London - The preferred two London centres in the four options are:

- Evelina Children's Hospital
- Great Ormond Street Hospital for Children

The consultation specifically asked people whether or not they supported the proposal to have two centres in London, and which two if only two were to be chosen.

3.Additional data

Additional data being considered as part of the decision making process is as follows:

- Review of additional correspondence
http://www.specialisedservices.nhs.uk/safe_sustainable/responses-to-public-consultation
- The consultation events report www.specialisedservices.nhs.uk/document/safe-sustainable-consultation-events-summary-report
- Health impact assessments
- Analysis of family travel patterns
- Analysis of capacity planning information provided by Trusts
- Independent panel review of the potential knock on effect of proposed changes to services at the Royal Brompton Hospital