Northern Lincolnshire and Goole Hospitals

NHS Foundation Trust

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Steven Courtney Principal Scrutiny Adviser Democratic Services Leeds City Council Democratic Services Scrutiny Support Unit 1st Floor (West) Civic Hall LEEDS LS1 1UR

Dear Mr Courtney

Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) -Children's Congenital Cardiac Services Review

I refer to your letter dated 1 August addressed to Karen Jackson, Chief Executive.

Please find enclosed comments as requested.

Yours sincerely

Angie Smithson Director of Operations Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

Enc:

Cc Karen Jackson, Chief Executive

Children's Congenital Cardiac Services Review - Comments from Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

While it is important to recognise that excellence in care must be the primary concern of delivering safe and sustainable services, given the review that has been undertaken to establish safety within current units, quality of care individually can not be questioned within any unit as part of the four options.

With this in mind we would like to express our favour for option 4 outlined within the consultation document. We believe having Leeds as the centre of excellence for patients within our region will provide the best outcome not only for the population locally but for the NHS as a whole.

Option 4

- Provides shortest transfer time for all hospitals in our area, with no area outside of 2hrs.
 - This will have the least impact on the regions population. Leeds has the largest population centre and therefore more sensible to ask fewer patients to travel the least distance.
 - Major road transport within the network and to other networks.
 - M62
 - M1/A1
 - 18/M180
- Ability to reasonably provide outreach support to Districts thereby promoting Care Closer to Home.
 - Leeds currently provides both Diana Princess of Wales (Grimsby) and Scunthorpe General Hospital with outreach clinics enabling the local population to receive expert care in a familiar local setting. This reduces the cost to the NHS and Social Services by not having to support families travelling to receive outpatient care when this can be avoided.
 - Outreach from the other options would not be a viable for the families of Grimsby or Scunthorpe with a return journey time of over 6hrs when a consultants' day is 8hrs.
 - Diana Princess of Wales Hospital and Scunthorpe General Hospitals provide level 2 cardiac services and the local clinicians have developed a long standing excellent working relationship with Leeds which has been of a huge benefit to our local population. Breaking up a well run support network for local clinicians, will have immediate impact on local services, create undue pressure on the NHS and outreach service as more patients will be referred to the out reach clinics or if the new centres are unable to provide outreach clinics locally lead to more patients travelling 4-6hrs round trip for a 20-30 minutes clinic appointment.
- The impact of relocating cardiac surgery out of Leeds:
 - On its current paediatric cardiology services: Leeds as an excellent paediatric cardiology centre will be deprived of some of the consultants whose training and expertise are in cardiac interventions, who potentially will relocate to other regions to maintain their practice. Thus depleting its workforce which invariably means Leeds paediatric cardiology will be unable to fulfil their outreach service commitment for our children/babies repatriated to be followed up locally.

- Similarly, the absence of paediatric surgery in Leeds, means cardiac anaesthetist, will potentially have to move to where the job is. Thus reducing the number of experts that can anesthetize patients with complex heart problems having simple non-cardiac surgeries. This group of patients from Grimsby will have to travel further, with their families to have surgeries.
- Ability to repatriate patients as soon as stable thereby not creating capacity pressures at the centre.
- Currently EMBRACE repatriates patients on our behalf. A round trip to Newcastle or Leicester, Birmingham or Liverpool means, EMBRACE spending more time on the road. Which means less time retrieving and transferring our very preterm babies, very sick children to local intensive care units. We may go back to days of relying on local in-house transfers from members of staffs already deskilled, putting our children in more danger, creating undue pressure on local medical and nursing staffs.
- Reduced PICU beds in Leeds will create additional workload and pressures for Sheffield PICU. Otherwise increased transfers and travel to out of region PICUs for babies and children of Grimsby.
- Reduced transportation cost on the NHS
 - Longer journeys require more vehicles as transport tied up for longer.
 - o Increased cost on consumables (fuel)
 - Increased staffing required (longer shifts possible unsocial enhancement)
- Centralised Site could be developed to further enhance services.
 - Leeds currently has all paediatric and cardiology services based on one site, as current best practice requires a multidisciplinary approach. Leeds is unique in this way as none of our nearby hospitals have all services at one site. This means patients do not have to travel frequently in between hospitals for a cardiology opinion. It would be easier to recruit staffing to enhance services rather than build facilities at other Trusts to accommodate best practice.
- Pregnant mothers whose fetus is known to have a heart problem are currently delivered at Leeds where the baby unit and cardiology unit is on one site and so they get expert help as soon as they are born. Under any other option such mothers will have to deliver at a hospital more far away than Leeds thus creating problems not only for these mothers but also for the whole of their family. Also once born these babies will have to travel to a separate hospital for a cardiology review as apart from Leeds other hospitals do not have all services on one site.
- There is the potential that that the population served by Northern Lincolnshire and Goole NHS Foundation Trust which comprises Diana Princess of Wales (Grimsby), Scunthorpe General Hospital, and Goole District Hospital could be split into 2 or 3 cardiology networks, which will have a huge impact on our Trust and its drive to provide excellent service to its population. It is therefore more sensible for cover and sustainability that they be part of the same network.

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In summary, we believe the babies, children and families of the population served by NLAG from Goole, Scunthorpe and Grimsby and nearby areas will be largely disadvantaged and deprived, from access to excellent care, creating an additional financial burden on them with the strain on families whose children require cardiac, intensive care or even simple surgical care in children with complex heart problems, and pregnant mothers whose fetus has a heart problem, if the cardiac surgical centre is relocated from Leeds. This is because the relocation does not only impact on cardiac surgery but on specialist services provided by Leeds and other network commissioned services.

Knowingly relocating a well run and safe service without providing additional advantage to our families is questionable and unnecessary.