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Our Ref: IH/SB (Cardiac Cons Resp 220611)

22 June 2011

Dear Sir,

RESPONSE TO CONSULTATION DOCUMENT ON SAFE AND SUSTAINABLE ON CHILDREN'S CONGENITAL HEART SERVICES IN ENGLAND

Sheffield Children's NHS Foundation Trust is an organisation dedicated to the delivery of high quality safe and effective care for children and young people. We therefore wholly welcome the decision by Sir Bruce Keogh to establish a review in order to improve health outcomes for children with congenital heart problems. We have considered the consultation document and the options for reconfiguration of services contained within it and our response is detailed below.

1. We fully endorse the proposal to reconfigure children's congenital heart services in England, and the intention of improving outcomes for children who require surgery and recognise that a smaller number of larger surgical centres set within effective congenital heart networks will improve outcomes for children.
2. Of the options provided, we would fully support option D, which would retain a Cardiac Centre for children at Leeds. We are concerned that only one of the options proposed includes a centre in Yorkshire and the Humber, a large geographical area with a population of 5.5 million, which therefore warrants the provision of a local service. The population is diverse and includes a significant number of children from the specific ethnic minority groups which have a higher incidence of congenital heart disease than for the general population; 23% of children who have had surgery at Leeds over the last five years were of South Asian origin. The birth rate in the region is also twice the national average and has the highest rate of under 25 year olds than other regions in the North of England.
3. We do not support other options included within the consultation document as they would require children from South Yorkshire and the Humber to travel long distances for care – travelling to Newcastle, Liverpool or Leicester for services. Closure of the Leeds Unit would significantly increase the number of transfers of critically ill children, and increase

the journey time for these children. A number of these transfers will be time critical transfers of patients who require immediate surgical procedures.

4. The impact on Embrace, the Trust's critical care transport service, of the closure of the service in Leeds would be substantial and costly; an analysis of the impact has been undertaken and it is estimated that, given the long journeys involved, an additional team and vehicle would be required over and above existing capacity, at a likely cost of over £1million. It is not apparent that the impact on transport services has been taken into account in assessing options to date.
5. The Yorkshire and the Humber region is currently served well by an excellent children's cardiac service at Leeds. The service has an excellent reputation and is co-located with foetal, maternity and neonatal services, as well as being co-located with critical care services and paediatric anaesthesia. Having undertaken 372 cardiac procedures in 2010/11 the service is close to achieving the minimum requirement of 400 procedures as specified in the standards, which we understand is not the case for a number of other centres. Given the region's growing population it is likely that the local area would require over 400 procedures to be undertaken each year, and it would be better for this service to be provided locally than at distant locations.
6. The service in Leeds is set within a very effective clinical network arrangement and this network is considered to be an exemplar with highly effective joint working between clinical staff in the management of children with congenital heart disease. For example, children from Sheffield and South Yorkshire are able to access Leeds for cardiac surgery, and receive follow-up care locally through an outreach model from Leeds to local hospitals. There is concern that in the event of a closure of the cardiac surgical unit, a Cardiology Service at Leeds would need to link with three different surgical multi-disciplinary teams based at three distant sites, and this is likely to be extremely difficult to manage. Given that many children will require long term follow-up and treatment, this distance between hospitals and the fragmentation of services which would ensue without a local service, is likely to have a detrimental impact on the quality of care provided.
7. We are also concerned that the loss of a cardiac surgical service for children in Leeds may lead to a significant change in the Cardiology services available for children in the region. Given that interventional cardiology would in future be based in Cardiac Centres alongside surgical services, it seems likely that this would lead to a substantial diminution in the provision of Cardiology services in local areas. Ultimately this would lead to a further increase in the number of children travelling long distances to receive care.

In conclusion, whilst we fully endorse the principles of the review to centralise congenital heart services for children in England, in considering the needs of the population we serve, we can only support Option D and the retention of a Cardiac Service at Leeds. We believe that anything other than maintaining a local service would have a detrimental impact on local families, their ease of access to healthcare and the impact of the care that can be provided for children with long term needs.

Yours sincerely



Simon Morrill
Chief Executive