NORTH LINCOLNSHIRE COUNCIL – PEOPLE SCRUTINY PANEL

Response to the Consultation on "Safe and Sustainable: A New Vision for Children's Congenital Heart Services in England".

1. INTRODUCTION

1.1 As democratically elected members and statutory co-optees, North Lincolnshire Council's People Scrutiny Panel welcomes the opportunity to comment on this consultation in our role as representatives of the community.

2. THE PANEL'S RESPONSE

2.1 The People Scrutiny Panel agrees with the general principle of reducing the number of specialist surgical units in England. We believe that there is clear clinical evidence that health outcomes will improve as units are staffed by a minimum of 4 consultant cardiac surgeons and the number of procedures rises to the 500 per year benchmark. This will also enable 24/7/365 cover and a full consultant-led clinical response to any emergency.

2.2 The panel has fully considered each of the options and considers that Option D provides the most appropriate model, both for the residents of North Lincolnshire, the wider region and the whole of England and Wales. This is based on a number of considerations that are set out below.

3 DEMOGRAPHICS AND GEOGRAPHY

3.1 Clearly, Leeds is a geographically central city, with excellent transportation links via the M1, A1 and M62 for a vast area of the North of England. Yorkshire and the Humber has a population more than twice as large as the North East (5.5m compared to 2.6m) and Leeds is accessible to a population of 13.8m within a 2-hour drive (2.8m in the North-East).

3.2 There is also a relatively large Asian population across the region; proportionally, these communities are likely to have a greater demand for these services than the wider population. The consultation document (page 204) acknowledges that "projected birth rates may be higher for some ethnic community groups." This is in the context of a projected birth rate in the Yorkshire and Humber region that is double the national average to 2015.

3.3 The Emerging Findings from the Health Impact Assessment also acknowledges that mothers who are obese or who smoke throughout pregnancy are also at increased risk of their children requiring access

to cardiac surgery. These are particularly challenging issues within North Lincolnshire, with smoking in pregnancy and obesity in the worst-performing quartile in the country.

4. CLINICAL OUTCOMES, CLINICAL NETWORKS AND MATERNITY

4.1 Like others, the panel has concerns around the specific scoring and weighting system used by Sir Ian Kennedy and his team. Whilst we would agree that the quality of clinical outcomes is the most important consideration, the methodology used by the team has not been released, despite numerous requests. Despite this, (excluding John Radcliffe Hospital) the review acknowledges that "all options got between 95% and 100% of the maximum score" and the review recommended that all options should be "awarded equal score against the quality criteria on the basis that the assessment panel scored individual centres against the standards and did not produce comparative scores".

4.2 The existing Clinical Network in the Yorkshire and Humber area is, rightly, held in very high regard nationally. The scrutiny panel has significant concerns regarding the viability and effectiveness of non-surgical lifelong support delivered from Leeds for patients and their families in the region, if an option other than D was agreed on. Consultants would naturally gravitate to the specialist centres in Liverpool, Newcastle and/or Leicester. This would either lead to lengthy travelling times for consultants providing outreach or clinics in this area (thus reducing the number of procedures undertaken), an increased need for ill babies and children to travel long distances, or a damaging reduction in local services.

4.3 Finally, a pregnant woman from North Lincolnshire with a foetus with serious cardiac problems could potentially have to deliver in Newcastle, Liverpool, Leicester, before being transferred to the local Cardiac Centre. Clearly, this would be an unhelpful and stressful pathway. Similarly, the loss of a surgical unit at Leeds would require lengthy travelling for many children in need of the existing cardiac catheter intervention service in Leeds. Indeed, families would potentially have to drive past Leeds to travel on to Liverpool or Newcastle.

5. TRAVEL AND ACCESS

5.1 As alluded to in 3.1, a key consideration should be to ask the fewest possible number of patients to travel the least possible distance. The local catchment area is far larger and contains far more people than the other options set out.

5.2 We acknowledge that, if Option D is chosen, other people from outside the area would have to travel. However, the numbers would be fewer, and we have particular concerns about the impact that the requirement to travel for a disproportionate number of families, possibly with more

than one child, will have. The panel would also ask why no consideration has been given to liaising with the Scottish Government and colleagues North of the border to allow patients from the North of England to access the specialist centre at Yorkhill in Glasgow.

6. CO-LOCATION OF FACILITIES

6.1 Leeds is one of only two sites in the country to have co-location of all key specialisms on one site, including maternity (see 4.3) and intensive care (PICU). If an option other than D goes ahead, patients and families from North Lincolnshire would potentially see a more fragmented service than they have done previously. Referral and follow-up arrangements for many procedures are not yet formulated so cannot be supported.

7. THE "LANSLEY TESTS"

7.1 In May 2010, the Secretary of State set out four key tests that would be central to any proposal in the Health Service going ahead. In response to these, we are assured that the proposals are focussed on improving patient outcomes and are based on sound clinical evidence. As this is not a service commissioned by GPs, the second test is largely irrelevant. The third test states that a proposal must genuinely promote choice for patients. In many ways, this is contrary to the aims of improving clinical outcomes through centralisation, so the test must consider how proportionate the impact is likely to be to local populations. In that context, we cannot say that this test has been met, as any option other than D would have a *disproportionate* effect on local people, because of the larger population base and demographics of this area, as described in Paragraph 3. We find it worrying that a full Health Impact Assessment is yet to be completed, despite the public consultation having ended. As such, we have some concerns around the fullness of the consultation carried out (test 4). Whilst the panel is aware of the numerous events undertaken by the review team, including feeding into the joint regional scrutiny committee, many families remain outside of the consultation process.

8. CONCLUSION

8.1 To conclude, after a full consideration of the evidence, the scrutiny panel recommends that Option D is adopted and implemented. This is based on clinical outcomes and the future viability of follow-up, outreach and support arrangements, demographic considerations, co-locality, and the potentially disproportionate effect on children and their families from North Lincolnshire and the wider region.