



Report to Regional Health Overview & Scrutiny Committee August 2011

Report of: Councillor Ian Saunders
Sheffield City Council Member representative on the Regional
Health Overview & Scrutiny Committee

Subject: Sheffield City Council response to the *Safe and Sustainable*
Review of Children's Congenital Cardiac Services in England

Author of Report: David Molloy, Scrutiny Policy Officer, Sheffield City Council

Summary:

This report outlines the key concerns of Sheffield City Council in response to the *Safe and Sustainable* review's proposals for the reconfiguration of children's congenital cardiac surgery services in England.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	X
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	

The Scrutiny Committee is being asked to:

Note the concerns of Sheffield City Council to the *Safe and Sustainable* proposals and consider these as part of the regional response to the proposals

Background Papers:

Safe and Sustainable: Review of Children's Congenital Cardiac Services in England

Category of Report: OPEN

Report of the Sheffield City Council Member Representative on the Regional Health Overview & Scrutiny Committee

Sheffield City Council response to the Safe and Sustainable Review of Children's Congenital Cardiac Services in England

1. Introduction

1.1 This report sets out the key concerns of Sheffield City Council in response to the Safe and Sustainable Review's proposals for the reconfiguration of children's congenital cardiac surgery services in England.

2. The rationale for a national review

2.1 There are currently 11 children's heart surgery centres in England. The Leeds Teaching Hospitals NHS Trust is the only centre based in the Yorkshire & Humber region.

2.2 Experts have become concerned that smaller centres are not sustainable in the future and cannot provide the best possible care. It has also been claimed that services have developed on an ad-hoc basis and, as a result, the current care pathway does not deliver the best possible care for children and their families.

2.3 The intention behind the review is to ensure that national standards are met and that the best service is delivered.

2.4 Of the 11 heart surgery centres in England some have fewer than 4 paediatric surgeons. This means that in some centres there will be times when a surgeon is not available to deal with routine cases or emergencies.

2.5 The review states the need for each centre having enough surgeons to meet the day-to-day demands of each centre. These include:

- Being on call for emergencies
- Undertaking ward rounds
- Running outpatient clinics
- Training
- Annual leave

2.6 Smaller centres may not see the same volume and variety of caseload that colleagues in a larger centre will inevitably see. A significant risk of smaller centres with fewer staff is that there may be times when cardiac surgery teams are not available. This can lead to:

- A lack of 24/7 care
- Small case loads
- Occasional practice
- Cancelled operations
- Low availability of staff in emergencies

2.7 The new standards require a minimum of 4 surgeons in each centre, each performing a minimum number of surgical procedures each year to

maintain their expert skills. Experts agree that surgeons should be performing 100 to 125 procedures per year. This suggests that each centre should be performing 400 to 500 procedures a year.

- 2.8 The 2001 Kennedy public enquiry into the deaths at the Bristol Royal Infirmary recommended that quality standards be developed for children's heart surgery centres and that there be fewer, larger centres of expertise. The 2003 Munro Review also recommended fewer centres, but this recommendation was not implemented. The Summit of Experts (2006) concluded that the current configuration of child heart surgery services was unsustainable and called for fewer centres. Moreover, the Royal College of Surgeons 2007 report, 'Delivering a First Class Service', also called for fewer, larger cardiac surgery centres. In addition, The National Clinical Advisory Team (2010) reviewed the *Safe and Sustainable* case for change and endorsed the need for fewer cardiac surgery centres.
- 2.9 A range of other professional organisations have expressed support for the rationale for change including: Royal College of Surgeons; Royal College of Nursing; Society of Cardiothoracic Surgery in Great Britain and Ireland; Royal College of Paediatrics & Child Health; British Congenital Cardiac Association; Children's Heart Federation; Specialised Healthcare Alliance; and, the Paediatric Intensive Care Society Council.
- 2.10 The review will lead to fewer, larger centres of excellence providing children's heart surgery. Each centre will have a minimum of 4 consultant congenital cardiac surgeons. Each centre will also have enough doctors and nurses to provide 24/7 care for children and parents. There will be a minimum of 400 paediatric heart surgeries per centre each year. Tertiary surgical centres will provide clinical leadership throughout their networks. The changes will also mean better training for surgeons and their teams to ensure the long-term sustainability of the service.
- 2.11 The review has stipulated that the location of children's heart surgery centres cannot be 'local' to all people in England. However, the review does stipulate that services that don't involve surgery or interventional procedures can be provided more locally.
- 2.12 The vision is a network of linked hospitals working together, pooling expertise and experience to ensure the best results for children and young people. The new model aims to deliver better and more consistent care for children and young people with heart disease. Continual review will ensure the service provides the best care and support for parents and their children. The new service will strengthen the delivery of assessment and follow-up care in local hospitals so that children and families do not have to travel long distances. Current surgical centres that are not recommended for designation under the *Safe and Sustainable* review will become specialist paediatric cardiology centres, though not providing interventional services. A network of specialist centres collaborating in research and clinical development, encouraging the sharing of knowledge across the network. Under the new standards, the roles of Paediatrics with an interest in Cardiology and cardiac Liaison Teams will be strengthened to ensure expert care is delivered at a local level.

- 2.13 The principles of the *Safe* and *Sustainable* review are
- The NHS must provide only the very highest standards of care for children and their families, regardless of where they live or which hospital provides their care
 - Centres should provide care that is based around the needs of the child and the family, including transition to adult services
 - All relevant treatment other than surgery, including follow-up, should be provided as locally as possible to the family
 - Clinical standards should be agreed and met by all centres
 - The review is not a cost-cutting or bureaucratic exercise
- 2.14 The new model of care aims to deliver better and more consistent care for children and young people with congenital heart disease. The key points to be emphasised on the new model of care include:
- The outcome of *Safe* and *Sustainable* is NOT to close existing centres. Centres that are not designated for surgery will continue to provide non-interventional specialist paediatric cardiology services
 - It is envisaged that there will be a number of managed cardiology networks across England
 - The model of care seeks to strengthen the delivery of assessment and follow-up services in local hospitals so that children and families have easy access to local services and do not have to travel long distances to the tertiary surgical centres for non-interventional work.
- 2.15 The benefits for children and families of the new model of care include:
- Improved clinical outcomes
 - Improved access: local diagnostic services and follow-up treatments; 24/7 care; and, surgical centres with expertise in complex procedures
 - Stronger communication between services and parents: specialist liaison nurses and network collaboration
 - Larger and stronger clinical teams: more sustainable; improved training and learning; a sufficient volume and range of operations; joint operating; and, improved recruitment and retention
- 3. The Sheffield perspective: key concerns**
- 3.1 Sheffield City Council's Children & Young People Scrutiny Committee nominated Councillor Ian Saunders as Sheffield's representative to the Yorkshire & Humber Regional Health Overview & Scrutiny Committee. This regional committee has been scrutinising the proposals in the *Safe* and *Sustainable* review and will be submitting its own regional written response to the proposals.
- 3.2 Based on extensive work that has been undertaken in Sheffield on these proposals, there are a number of key concerns about the potential closure of the paediatric cardiology surgery centre at Leeds Teaching Hospitals NHS Trust. These include the manner in which the *Safe* and *Sustainable* review has been carried out, along with the potential impact

of the Leeds closure on children, parents and their wider families in Sheffield.

Key areas of concern

Flaws of the review

- 3.3 During our investigations, we are concerned about the manner in which the *Safe and Sustainable* review has been carried out. In our opinion, there are a number of flaws in the review process. These include:
- The lack of thoroughness throughout the process: we are concerned that the Health Impact Assessment was not completed before the final options for consultation were presented. We would stress how important it is for all information being made available for any serious consultation with service users and professionals to take place. Other areas of concern in this regard relate to the lack of engagement with Black Minority and Ethnic Groups and the fact that no Equality Impact Assessment has been undertaken.
 - The lack of consideration given to children moving through to adulthood: in our discussions with senior practitioners in Sheffield, they have referred to the absolute focus of the review on children with congenital heart conditions. What has been lacking in this review, in the eyes of professionals, is the lack of attention paid by the review in the transition to adulthood. In the opinion of these professionals, it is a fatal error of the review to fail to consider this transition from childhood to adulthood.
 - The importance attached in the review to surgical centres that have Extracorporeal Membrane Oxygenation (ECMO) facilities, such as The Freeman Hospital, Newcastle-upon-Tyne: there has been a great deal of importance attached in the *Safe and Sustainable* review to this facility being available in a number of hospitals across the UK. However, from our conversations with health professionals, whilst the importance of having these facilities is acknowledged, there is concern that the ability of hospitals to undertake this technique has been overplayed in the review. It is our understanding that ECMO facilities are generic skills that can be transferred to other hospitals across the country. We are therefore concerned that these skills have been overemphasised in the review which has placed certain hospitals that have such facilities, at an advantage over hospitals that do not. It is also worth noting that the LGI perform mini-ECMO with every operation.

Patient 'flow' assumptions and the issue of 'choice'

- 3.4 There are a number of concerns about the projected patient flows in the *Safe and Sustainable* review report. The 'Options for Consultation' section of the report (pages 88-91) sets out the 'network' that Sheffield would become part of, and where Sheffield children with serious cardiac defects would be referred on to for surgery as part of this network. For each of the options set out in the report, it is presumed that Sheffield children would be referred on to:
- Option A – Leicester Network

- Option B – Birmingham Network
 - Option C – Newcastle Network
 - Option D – Leeds Network
- 3.5 Nonetheless, these ‘future potential networks’ are based on the assumption that individual hospitals will willingly refer their patients to the surgical centres within their respective networks. Based on our conversations with Sheffield Children’s Hospital, the City Council are concerned about these assumptions and believe that they are flawed. It is our understanding that it is (and will continue to be) the decision of individual hospitals where they refer their patients on to for paediatric surgery. In the case of Sheffield Children’s Hospital, it is understandable that they will refer their paediatric patients to surgical centres where they believe the best outcomes will be delivered. In the case of Sheffield Children’s Hospital, if the Leeds surgical centre were to close they would refer their paediatric patients on to Birmingham as this is where they believe that the best outcomes for their patients would be achieved. **It would not be the intention of Sheffield Children’s Hospital to refer their paediatric patients on to Leicester or Newcastle as set out in Options A and C.**
- 3.6 Sheffield Children’s Hospital are more than happy with the service that they receive from Leeds General Infirmary for their paediatric patients. The Children’s Hospital have been referring to Leeds for approximately 9 years. Before this, they used to refer their paediatric patients to Leicester for heart surgery. However, Sheffield Children’s Hospital were not particularly happy with the outcomes at Leicester and decided to switch their referrals to Leeds. The *Safe and Sustainable* review therefore raises wider questions about the issue of hospital ‘choice’.
- 3.7 The choice of individual hospitals to refer their paediatric patients to the surgical centre of their choice is an issue that Sheffield City Council believes has been overlooked in the *Safe and Sustainable* review report. What also appears to have been overlooked in the review is the issue of patient ‘choice’ in the wider NHS constitution. As far as the City Council understands, hospitals would become part of a wider network whereby patients with serious cardiac defects would be referred to the cardiac surgery centre within this network. This raises questions, however, about where the choice of patients and their families lies in having surgery at centres that suit their specific circumstances.
- 3.8 An additional concern is the accuracy of the patient flow figures used in the review. It is not clear to us which postcodes have been used in assessing the flow of patients from Sheffield into the Leeds Teaching Hospital. We are also not clear which areas of Sheffield this covers as there are a number of areas outside the city which have Sheffield (S) postcodes including North Derbyshire and Chesterfield. We welcome the additional work that Pricewaterhouse Coopers have been commissioned to do into this crucial area of work.

Impact on children, parents and their families

- 3.9 It is clear that the closure of the paediatric cardiac surgical centre at Leeds General Infirmary will have a significant impact on sick children, parents and families across Sheffield.

- 3.10 These 'impact' concerns relate primarily to two key areas. Firstly, there is the significant increase in transport times for families in Sheffield with children that have cardiac defects. During interviews, parents and their wider family members have informed us that they feel reassured that an emergency journey to Leeds General Infirmary for cardiac surgery on their child is approximately 45-60 minutes journey time from Sheffield. Should the Leeds cardiac surgery centre close as part of the *Safe and Sustainable* review, there will be a significant increased travel times for families in Sheffield taking their children for cardiac surgery to either Birmingham or Newcastle in particular, as set in Options B and C.
- 3.11 In addition, there is also an increased financial cost implication for families in Sheffield were the Leeds centre to close. For families with children that have serious cardiac defects that requires surgery, there is the increased cost of food and accommodation when their child is in hospital in another part of the country outside the Yorkshire and Humber region. In their interviews, parents told us that whilst Leeds General Infirmary is a reasonable travel away from Sheffield, the advantage of the current arrangement is that they can be with their children whilst they are awaiting heart surgery (or are recovering from heart surgery) and juggle their family arrangements around so that this works for them. For example, their partner can continue to work and wider family members can look after other children within the family. Furthermore, family life can be juggled around so that parents can take a break from being with their sick child and the stresses that are inevitably involved with this. If the Leeds centre were to close, and parents were required to travel to either Birmingham or Newcastle for their children to have surgical treatment, then the options for maintaining a relatively stable family life during this period will be diminished.
- 3.12 In short, it is the view of Sheffield City Council that the potential closure of the paediatric cardiac surgery centre at Leeds General Infirmary will have a significant 'knock-on' impact on children with cardiac defects, their parents and wider families. It is the view of health professionals across the city, in our conversation with them, that the Yorkshire and Humber region has a large enough population and successful paediatric surgical service at Leeds General Infirmary to justify keeping the centre open. There appears to be some irrationality in the largest geographical region in England not having its own paediatric cardiac surgical unit. In our conversations with senior health professionals, they have emphasised the central health planning principle of moving health services to the general population. Based on these conversations, it is the opinion of Sheffield City Council that the *Safe and Sustainable* review appears to have forgotten this key principle of effective health planning.

The 'unique selling point' of Leeds Teaching Hospitals NHS Trust

- 3.13 It is clear that the paediatric cardiac surgery centre at Leeds General Infirmary has a number of 'unique selling points'. These all add to the significant added value of maintaining the centre in the Yorkshire and Humber region. At present, patients enjoy a single site paediatric centre at LGI for in-patient care with foetal and adolescent/congenital heart disease services also on-site and out-patient follow-up delivered locally in district general hospitals around the region. Excellence in modern

specialist care demands multidisciplinary care with other paediatric specialities being immediately available on site and not semi-available across a city. The modern provision of cardiac care for children and young people demands a well-developed clinical and managerial network such as the Yorkshire, Humber and North Trent Paediatric Cardiology Network working collaboratively with the team at LGI as it does so presently. It is therefore somewhat ironic that the *Safe and Sustainable Review* is aiming to replicate the LGI model across the country yet proposes to exclude the LGI as a specialist surgical centre.

3.14 Furthermore, it is evident that the paediatric cardiac surgical centre at LGI meets the essential criteria behind the *Safe and Sustainable Review*, including:

- Quality – there is no question about the high quality care that children receive at the LGI paediatric cardiac surgical centre. In our interviews, parents had nothing but praise for the staff and quality of care that their child received
- The NHS must plan and deliver care that is based around the needs of the child – services and facilities must be designed and delivered around a child’s basic needs. The unique advantage of the centre at LGI is that services are truly co-located with neonatal and paediatric services. This means that services are designed around the needs of children, being based on a single site centre. Having centres for cardiac surgery co-located to general paediatric services is also advised by the British Congenital Cardiac Association (BCCA).

3.15 The *Safe and Sustainable* review refers to LGI currently having 3 cardiac paediatric surgeons and in 2010 the centre performed 316 procedures. This is obviously short of the minimum 400 procedures that the review recommends in terms of sustainability. Nonetheless, in our conversations with the cardiac paediatric team at Leeds General Infirmary have said that based on future population projections and some minor changes to referral patterns this number would be expected to exceed 400 procedures per annum. There also appear to be strong demographic reasons for retaining the surgical centre in Leeds, as the table below indicates.

	Current population (m)	Population over past decade (+/-)	Projected population for 2028 (m)
Yorkshire & Humber	5.5	+ 5.7%	6.1
North East	2.6	- 3.6%	2.8

The ‘knock-on’ impact

3.16 Sheffield City Council are also concerned to note that the potential closure of the paediatric cardiac surgery centre at Leeds General Infirmary will have a significant ‘knock-on’ impact on the wider regional network, which has been built up over a number of years. It has been suggested that the closure of the Leeds surgical unit could lead to the loss of the substantial support network that has been built around this

such as the network of cardiologists and specialised nurses which has been held up as an exemplar model in modern day practice. In our discussion with Sheffield health professionals, it is their view that it is illusionary to divorce surgery from cardiology.

- 3.17 Sheffield, and the Yorkshire and Humber region more generally, currently benefits from the 'Embrace Transport Service', located near junction 37 of the M1. The service provides a 24 hours a day, 7 days a week critical care transport service for critically ill neonatal and paediatric patients in the Yorkshire and Humber region. The location of the service means that it can respond quickly to referrals from clinicians throughout the region. Whilst recognising the significance of having this service located in, and serving, the region, it is our view that this has, in some ways, gone against the case for the children's surgical centres at the LGI to remain open in the review. What has without doubt been overlooked in the *Safe and Sustainable* review is the huge increase in workload for the Embrace Transportation Service that the closure of the surgical centre at the LGI bring.

4. What does this mean for the people of Sheffield?

- 4.1 The potential closure of the paediatric cardiology surgery centre at the Leeds Teaching Hospital NHS Trust will have a significant impact on children in Sheffield with cardiac problems. This will also, inevitably, have a significant knock-on impact on their parents and wider families. There is a common misconception that Sheffield Children's Hospital provides all relevant services to children and young people, including those with serious cardiac defects. This, of course, is not the case. Whilst Sheffield Children's Hospital has its own Cardiology Unit, those children in the Sheffield region who require cardiac surgery have this at Leeds Teaching Hospital NHS Trust.

5. Recommendation

- 5.1 The Committee are recommended to note the contents of the report along with the key concerns of the potential closure of the Leeds' facility from a Sheffield perspective, and consider these as part of the regional response to the proposals