Leeds
CITY COUNCIL

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Safe and Sustainable
Ipsos MORI
Research Services House
Elmgrove Road
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HA1 2QG

Dear Sirs,

Review of Children's Congenital Cardiac Services in England – initial response

In January 2011, the Regional Health Scrutiny Network (Yorkshire and the Humber) received a briefing from the Director of the Yorkshire and the Humber Specialised Commissioning Group (YHSCG) on the review of Children's Congenital Cardiac Services process and associated timescales. This was provided in the run up to the meeting of the Joint Committee of Primary Care Trusts (JCPCT) on 16 February 2011.

Following the February meeting of the JCPCT and subsequent announcements about proposed reconfiguration of Children's Congenital Cardiac Services in England, the regional network established a formal joint health overview and scrutiny committee (JOSC) to consider those proposals on behalf of the 15 local authority Health Overview and Scrutiny Committees covering the whole of the Yorkshire and the Humber region. It should be noted that this is an extraordinary and unprecedented requirement in terms of NHS service reconfigurations and the coordination of this work should not be underestimated.

At its first meeting in March 2011, the JOSC agreed its terms of reference: These can be summarised as considering:

- The review process and formulation of options presented for consultation;
- The projected improvements in patient outcomes and experience;
- The likely impact on children and their families (in the short, medium and longer-term), in particular in terms of access to services and travel times;
- The views of local service users and/or their representatives;
- The potential implications and impact on the health economy and the economy in general, on a local and regional basis; and,

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- Any other pertinent matters that arise as part of the inquiry, and we are extremely grateful to the network of scrutiny support officers for their continued efforts in this regard.

To date, the JOSC has formally received and considered evidence from YHSCG and Leeds Teaching Hospitals NHS Trust (LTHT). However, as a result of the public consultation's proximity to local council elections – which resulted in a significant change in membership (over 50%) – the JOSC has been unable to arrange any further meetings until after the close of pubic consultation on 1 July 2011. However, we were previously advised that the deadline for HOSCs to respond to the proposals had been extended until October 2011 – which was subsequently confirmed by the national team's statement regarding consultation with HOSCs dated 20 May 2011.

I am reliably informed that concerns were raised about the timing of public consultation and involvement of HOSCs in November 2010, when it first emerged that the original timetable for consultation was likely to be delayed, given the inevitable changes to membership of HOSCs immediately after the local elections and the impact this would have on the meaningful involvement with HOSC's during this time.

Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

To help the JOSC produce a fully informed report/response, it is essential that it gathers and considers a wide range of data/ evidence. This specifically includes consideration of the local data and impacts. The level of detail required was not readily available when the proposals were first published and has taken time to gather and analyse. The result of which served to severely limit the timeframe for the JOSC to meet to consider the local data and impacts and then provide an informed and more detailed response by the public consultation deadline.

A response from the JOSC will follow ahead of the October 2011 deadline.

However, I would like to make the following personal observations on the reconfiguration options put forward in the public consultation document:

Co-location of services

It is widely acknowledged that the co-location of services brings about huge benefits for children and adults with interdependent conditions. Currently in Leeds, children from across the region access surgical and interdependent services **on one hospital site**. However, the definition of 'co-location of services' appears to be loosely interpreted in the options being considered under "Safe and Sustainable" to include centres where such services may be located over multiple hospital sites. I would argue that the public would consider co-location to mean a single site.

All children's acute services are *genuinely co-located* in Leeds alongside maternity services (which is essential for the wellbeing of mother and baby if cardiac interventions are required at birth). Reducing the likelihood of mother and child being separated immediately after birth (where the child would be transferred to another hospital for surgery) would help to minimise the unnecessary stress on the mother and family. Having maternity services and children's congenital cardiac surgery on one site is invaluable to families across the region at the start of a child's life.

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I would add that adult cardiac surgery would also be adversely affected by any move away from children's congenital hear surgery in Leeds, where the same surgeons treat children and adults on the same site and there is continuity of care for patients from childhood through into adulthood.

Patient flows, travel and access

The patient flows predicted under options A-C suggest patient travel patterns from the Yorkshire and Humber region that do not appear to match local knowledge.

I welcome the additional review work that is now being undertaken around travel patterns, but I find it frustrating that more detailed analysis and testing of assumptions was not undertaken prior to the options for consultation being identified, as the impact will be significant in determining whether or not designated centres are likely to attract sufficient patient volumes in order to undertake the suggested minimum number of 400 - 500 surgical procedures per centre.

Extending travel times and the complexity of journeys for patients across the Yorkshire Region places an additional strain on patients and their families at what will already be a particularly stressful time.

Engagement with Black and Minority Ethnic (BME) communities

I understand that families from the Indian sub-continent in particular are more likely to require children's congenital heart services. There is a significant population of BME communities of Kashmiri, Pakistani and other Indian sub-continent communities in the Leeds City Region who ought to have been better engaged in this consultation from the outset.

I believe their engagement received insufficient attention and translated information was not readily available early enough in the process.

As local authorities strive to maintain stronger and thriving local communities, it is important that public sector agencies work together to ensure active engagement across all communities. I do not feel that this public consultation sufficiently addressed this aspect of involvement and engagement.

Level of surgical activity

The case for a minimum of 400 procedures per designated surgical centre is a cornerstone of the case for change and underpins the assessment of options. Having recently received the activity data for 2010/11, it is worthy of note that Leeds Teaching Hospitals Trust undertook 342 surgical procedures with 3 surgeons during this time. This represents the 3rd highest number of procedures outside of London. With the review process already determining that the services provided by LTHT are 'safe', it would appear nonsensical not to retain a designated centre in Yorkshire and the Humber that is currently undertaking this level of activity.

In addition, as Option B includes centres not predicted to achieve the minimum of 400 procedures, I would question the consistency of application of the volume criteria which is supposed to underpin the process, when Option B is presented as a valid option for consultation.

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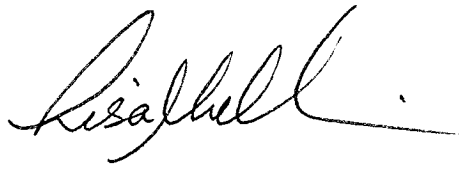
One final note is that I would question the emphasis that is being placed on certain nationally commissioned specialist services currently being carried out in certain hospitals in some parts of the country, which seem to outweigh the consideration being given to centres of population in other parts of the country.

I trust these comments will be helpful and look forward to submitting the report of the JOSC (Yorkshire and the Humber) later in the year.

Yours sincerely



Councillor Lisa Mulherin
Chair, Scrutiny Board (Health and Wellbeing and Adult Social Care), Leeds City Council and Chair, Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

cc All members of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)
Cathy Edwards (Director, Yorkshire and the Humber Specialised Commissioning Group)