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By email only: john.illingworth@leeds.gov.uk

Dear Counsellor Illingworth

Re : Review of Children's Congenital Cardiac Services in England

Thank you for taking the time to speak to me this morning. Following our conversation I am writing in response to your letter of 9 July. Sir Neil will write separately in response to your earlier letters of 3 and 5 July.

I gave you my assurance this morning that we are working to provide you with as much as information as is reasonably possible within your timeframe.

We discussed the urgency of your request and your suggestion that "the present difficulties" would have been avoided had the Decision Making Business Case been published in advance. I explained why it was considered to be unfair to NHS staff working in the centres and to the parents of children being seen in the centres to publish the Decision Making Business Case in advance of the meeting on 4 July and you expressed some understanding of the reasons for our approach. We have strived to be as transparent as we can be in the circumstances, given the high profile and sensitive nature of the review.

Now that the JCPCT has made its decision, the Decision Making Business Case attempts to set out in some considerable detail the basis and evidence on which recommendations were made to the JCPCT. If you consider that there any gaps in the explanation of this process, I asked that you let me know by Monday 16 July if possible.

In terms of the items of information requested by you, below is the information that you have asked for (I have adopted continuous numbering so that the items are numbered 1 through to 7):

- Item 1 (Worked through calculations and supporting data):

As we discussed this morning, the scoring process adopted by the JCPCT was subjective and iterative. It relied upon a subjective response by the JCPCT members after having considered the available evidence. As such, there is no Excel spreadsheet or other database of the type that you have described. Rather, the Decision Making Business Case provides a narrative that attempts to explain the basis on which scores were proposed to the JCPCT, and when we spoke it became apparent that you were not aware that appendices R to U provide a detailed description of this element of the process. You said that you would get back to me by Monday 16 July if possible if you have any further questions in this regard.

- Item 2 (Maps):

The requested data is attached.

- Item 3 (Electronic copies of all previous iterations of the business case and the health impact assessment):

The draft versions of the Health Impact Assessment were published in February and August 2011. A summary of key findings was also published in June 2011. There are no previous iterations of the Business Case other than the Pre-Consultation Business Case that was published in February 2011. All of these documents are available on the *Safe and Sustainable* website.

- Item 4 (Reworked patient/population flow data):

The Decision Making Business Case details how the findings of the PwC report were incorporated into the process for testing the viability of a potential Newcastle network and Appendix Z provides a detailed analysis in this regard. As an outcome of the advice offered to the JCPCT by PwC the JCPCT did not make any significant changes to the population flow data in that the proposed networks in Option B are broadly as set out in the consultation document (save for the analysis in Appendix Q that sets out some revisions to networks in the South). Therefore, I am not sure that there is any further data of the type that you request.

- Item 5 (Your item 1 in additional information – Sir Ian Kennedy's panel scoring):

This information is in public domain (<http://www.specialisedservices.nhs.uk/document/detailed-scores-independent-expert-panel-chaired-by-professor-sir-ian-kennedy-all-centres-based-on>)

As you acknowledge, the only reason why this information was not published sooner was that the JCPCT had asked that it did not receive the detailed sub-scores during the process for agreeing a final decision.

- Item 6 (Your item 2 – the valuation criteria and associated weightings applied):

This information is available from the Pre Consultation Business Case (pages 63 – 65 and Appendix AA), the consultation document (pages 89 – 91) and from the Decision-Making Business Case (pages 71 – 72).

I am unsure of what you mean when you ask for details of “areas represented across each stakeholder group”. In terms of local stakeholders, we wrote to the Chief Executive of each of the 11 surgical centres in July 2010 and asked them to identify 5 clinicians from their network to take part in the process for agreeing the weighted evaluation criteria. We also wrote to all parents who had registered for the public engagement events held in the summer of 2010.

- Item 7 (Your item 3 – Nationally Commissioned Services):

There are only two hospitals in the United Kingdom that provide cardiothoracic transplantation service for children: Great Ormond Street Hospital for Children NHS Foundation Trust and The Newcastle upon Tyne Hospitals NHS Foundation Trust. Cardiothoracic transplant activity is jointly published by the Royal College of Surgeons of England and NHS Blood and Transplant. This is available to the public on-line:

http://www.rcseng.ac.uk/surgical_research/ceu/docs/Cardiothoracic_Transplant_Audit_Report_2011.pdf

Annual child heart transplant activity, including a breakdown of activity per centre, is shown on page 51 of this report.

The National Specialised Commissioning Team does not collect child cardiothoracic transplant activity data on a postcode basis.

I offered to meet with you and colleagues in Leeds on 23 July to discuss how to prepare the meeting to ensure that the Committee members feel satisfied that their concerns were properly addressed and you have kindly agreed. My office will be in touch on Monday to agree the arrangements for this meeting with you.

Please do not hesitate to contact me if you have any questions about this or if you wish to clarify any aspects of this response.

Yours sincerely



Jeremy Glyde

Programme Director, *Safe and Sustainable*