

# Agenda Item 8

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Richard Wills, the Director Responsible for Democratic Services

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>13 December 2017</b>
Subject:	<b>Congenital Heart Disease Services – Decision by NHS England</b>

## Summary:

Between 9 February 2017 and 17 July 2017 NHS England undertook a consultation on congenital heart disease (CHD) services for children and adults. The Health Scrutiny Committee for Lincolnshire submitted its response to the consultation on 17 March 2017. The Committee's primary contention was that it did not support NHS England's proposal to decommission Level 1 services (surgery and interventional cardiology) from the University Hospitals of Leicester NHS Trust (UHL). On 30 November the NHS England Board considered the outcomes of the consultation and decided to continue to commission Level 1 services, *conditional* upon UHL achieving full compliance with the standards in line with UHL's own plan and demonstrating convincing progress along the way.

## Actions Required:

To note the decision of NHS England on 30 November 2017 in relation to the future of Congenital Heart Disease services, in particular its decision to continue to commission Level 1 Congenital Heart Disease services from the University Hospitals of Leicester NHS Trust (UHL), *conditional* upon UHL achieving full compliance with the standards in line with UHL's own plan and demonstrating convincing progress along the way.

### 1. Background

#### Consultation by NHS England

Between 9 February 2017 and 17 July, NHS England launched a consultation on congenital heart disease (CHD) services for children and adults. The proposals in the consultation included:

*"Surgery and interventional cardiology for children and adults would cease at University Hospitals of Leicester NHS Trust, and patients requiring such procedures would be most likely to receive their care at either Birmingham Children's Hospital NHS Foundation Trust, University Hospitals Birmingham NHS Foundation Trust, or Leeds Teaching Hospitals NHS Trust, as closer for some patients than Birmingham. There is a possibility that the hospital trust might continue to provide CHD services for children and adults other than surgery and interventional cardiology. This option remains open for discussion."*

### NHS England's Standards

NHS England's commissioning standards for Level 1 (surgery and interventional cardiology) Congenital Heart Disease centres are extensive and were subject to a previous consultation in 2014. The standards include:

- all Level 1 CHD centres should have **four surgeons**;
- all surgeons at Level 1 centres should undertake a minimum of **125 operations per annum**, averaged over three years;
- all children's CHD Level 1 services should be **co-located with other paediatric services**.

### Response of the Health Scrutiny Committee to the Consultation

The Health Scrutiny Committee for Lincolnshire submitted its response to the consultation on 17 March 2017. As part of its response to the consultation, the Committee referred to NHS England's apparent dismissal of the growth plan which had been submitted by University Hospitals of Leicester NHS Trust (UHL), as well as UHL's plans to co-locate its CHD services with other paediatric services. The Committee also highlighted the apparent inequitable treatment of Level 1 centres by NHS England, with some centres being more time to meet the standards. It appeared that NHS England was providing more support to certain providers than others.

### Decision by NHS England

The NHS England Board met on 30 November 2017 and decided to agree the recommendations for changes to the provision of Level 1 and Level 2 adult and paediatric CHD services and the associated implementation schedules. The NHS England Board also agreed the proposals for full implementation of all the standards, and in particular confirmed its support for the recommendations relating to better information, formal CHD networks and peer review.

The report submitted to the NHS England Board was emailed to members of the Health Scrutiny Committee on 30 November 2017, and is available at the following link:

<https://www.england.nhs.uk/publication/nhs-england-board-meeting-papers-30-november-2017/>

The full decision of the NHS England Board on 30 November 2017 and the sections of the report relevant to University Hospitals of Leicester NHS Trust are set out in Appendix A.

## **2. Conclusion**

The Health Scrutiny Committee for Lincolnshire is invited to note the report.

## **3. Consultation**

NHS England undertook a public consultation on CHD services for children and adults between 9 February and 17 July 2017, to which the Health Scrutiny Committee for Lincolnshire submitted its response on 17 March 2017. This report advises the Committee of the outcomes of the decision by NHS England.

## **4. Appendices**

These are listed below and attached at the back of the report	
Appendix A	Extract from Report to NHS England Board on 30 November 2017 on Congenital Heart Disease Services for Adults and Children: Future Commissioning Arrangements

## **5. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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## NHS ENGLAND BOARD – 30 NOVEMBER 2017

**Decision of NHS England Board on Item 6 - Congenital Heart Disease Services for Adults and Children: Future Commissioning Arrangements**

The NHS England Board:

- (1) noted the results of the consultation;
- (2) noted the assurances that due process has been followed and that it may appropriately proceed to take decisions;
- (3) agreed the recommendations for changes to the provision of level 1 and level 2 adult and paediatric CHD services and the associated implementation schedules; and
- (4) agreed the proposals for full implementation of all the standards, and in particular confirm its support for the recommendations relating to better information, formal CHD networks and peer review.

Commissioning Decisions Regarding Level 1 and Level 2 Centres

- Commissioning Liverpool Heart and Chest Hospital NHS Foundation Trust to provide level 1 adult CHD services in the North West, with Manchester University Hospitals NHS Foundation Trust providing the full range of level 2 adult CHD services as an integral part of a North-West CHD Network;
- Continuing to commission University Hospitals of Leicester NHS Trust to provide level 1 CHD services, *conditional* on achieving full compliance with the standards in line with their own plan to do so and demonstrating convincing progress along the way;
- Backing the Royal Brompton and Harefield NHS Foundation Trust's ambitious new outline proposal for achieving full compliance with the standards and continuing to commission level 1 services from them in the meantime, *conditional* on demonstrating convincing progress along the way;
- Continuing to commission Newcastle upon Tyne Hospitals NHS Foundation Trust to provide level 1 CHD services until at least March 2021, with further consideration to be given, by NHS England, to the future commissioning of both the Trust's advanced heart failure and transplant service and its level 1 CHD service;
- Ceasing to commission level 2 CHD services, including cardiology interventions in adults with CHD, from Blackpool Teaching Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust, Nottingham University Hospitals NHS Trust, and University Hospital of South Manchester NHS Foundation Trust.

**Extract from Report - Relevant to University Hospitals of Leicester NHS Trust  
(Pages 12-14)**

*Level 1 Services: University Hospitals of Leicester NHS Trust*

29. In the East Midlands, specialist inpatient services for people with CHD (level 1) have been provided by University Hospitals of Leicester NHS Trust (UHL) from its Glenfield Hospital site in Leicester. This is one of the two smallest level 1 CHD services in the country, and this has meant that, to date, the Trust has cared for too few patients for its surgeons to be able to fully develop and maintain their skills. In recent years the service has grown, but it still is not big enough to allow each of its three surgeons to do at least 125 operations per year, a minimum requirement that came into effect on 1 April 2016. In addition, Glenfield is a mainly adult hospital, so the other specialists whose care and advice are sometimes needed for children with congenital heart disease were not all immediately at hand. When their help was needed they were usually at one of the Trust's other hospitals, the Leicester Royal Infirmary (LRI), and that meant either the doctor or the child would need to travel to a different hospital. It also meant that the specialist heart doctors at Glenfield were not so easily available to the children with other conditions, who were at the LRI.
30. UHL has produced plans to address these concerns, so that the standards could be met. Although we were happy with their plan to move children's services all under one roof at the LRI, we did not think, at the time, that we could be sure that their plan to increase the number of patients they care for would be enough for them to be able to meet the surgical activity standards. As a result, NHS England proposed that UHL should not provide level 1 CHD services in future, and patients needing surgery, cardiology interventions and specialist inpatient care or investigations would go to another hospital, generally in either Birmingham or Leeds. Under those proposals, it would still have been possible for patients with CHD to have most of their care - most outpatient appointments and investigations and some inpatient admissions and cardiology interventions - in Leicester because it would still have provide level 2 services.
31. Since that time, and in response to that prompt, UHL has further developed its plans to attract more patients to its service, and gained support from many of the surrounding hospitals. We also know from the consultation that, assuming UHL is meeting the standards, people want to see them continue to provide a level 1 CHD service.
32. Taking these developments into account we think it is now reasonable to give the Trust the opportunity to prove that it can implement its plans to meet the standards. To succeed, it will need to change the choices made by referring doctors and their patients, so neither we nor the UHL leadership can be absolutely certain what will happen. We plan, therefore, to monitor UHL's progress against their plan closely, and should it become clear that it is not going to be able to deliver its commitments and so meet the requirements, we will take the necessary action.

33. If UHL succeeds in attracting additional patients as planned, it will, of necessity, mean that activity levels at other hospitals will fall. Our analysis shows that the greatest impact is likely to be on Great Ormond Street and the Birmingham hospitals. The scale of the likely impact should not materially affect any other hospital's ability to meet the standards.

### **Recommendation for consideration by the Board**

*After careful consideration of consultation responses, other supporting materials and the additional evidence supplied by University Hospitals of Leicester NHS Trust around plans for achieving the co-location standard and meeting the surgical volumes standards, the Board is asked to confirm if it is content to continue to commission level 1 services from Leicester, conditional on the Trust achieving full compliance with the standards within the required timeframes, as described in its new plan to do so, and the Trust demonstrating convincing progress in line with the implementation milestones and key performance indicators (KPIs) set out in the implementation schedule at Appendix 1. Should this not be achieved, referral to the Specialised Services Commissioning Committee will be made to confirm that the process of decommissioning level 1 services should begin, with alternative arrangements put in place to ensure patients are able to benefit from receiving care from centres compliant with the required standards.*

### **Assurance**

- University Hospitals Leicester has provided a detailed plan for increasing the number of operations to be undertaken by its surgeons to allow it to meet the requirement of having a team of four surgeons, each undertaking 125 operations per year, from 1 April 2021. It has also provided statements of support from many of the hospitals that would be required to increase referrals.
- The impacts of implementing this recommendation have been assessed. The full assessment is reported in the Decision Making Business Case. This confirms that the recommendation could be implemented by the NHS England Board and the impacts of doing so could be appropriately managed.

### **Implementation**

NHS England will monitor UHL's progress towards meeting the standards and take commissioning action if it becomes clear that the standards will not be met according to the agreed timescale and KPIs. These timescales and KPIs are informed by the Trust's own plans and the original timetable set out in the standards.

University Hospitals of Leicester NHS Trust will be required to achieve full compliance with the standards within the timeframes set out in the detailed implementation schedule which can be found at Appendix 1 to this paper. This includes achieving full co-location for all inpatient paediatric CHD care by April 2020 and increasing surgical activity so that it has a team of at least four surgeons, each undertaking at least 125 operations per year, from April 2021.

**Extract from Report - Relevant to University Hospitals of Leicester NHS Trust  
(Pages 25-26)**

***University Hospitals of Leicester NHS Trust***

- University Hospitals of Leicester NHS Trust will be required to achieve full compliance with the standards within the required timeframes and specified milestones. This includes achieving full co-location for all inpatient paediatric CHD care by April 2020 and increasing surgical activity so that it has a team of at least four surgeons, each undertaking at least 125 operations per year from April 2021.
- NHS England will monitor UHL's progress towards meeting the standards and take commissioning action if it becomes clear that the standards will not be met according to the timescale set out in the implementation schedule. These timescales are informed by the Trust's own plans and the original timetable set out in the standards.

<b>Milestone – No Later Than</b>	<b>Deliverable</b>	<b>Commissioner Action if Not Delivered</b>	
		<b>Trust required to produce and agree with NHS England a recovery plan</b>	<b>Referral to Specialised Services Commissioning Committee for Decision whether to Terminate the Contract to Provide Level 1 Services</b>
April 2018	Surgical activity for the year 2017/18 at least 375 operations.	Surgical activity less than 356.	Surgical activity is less than 337.
	Surgeons undertaking at least 125 operations per year.	One or more surgeons undertook fewer than 125 operations in 2018/19.	Fewer than three surgeons in post; no appointment made for replacement(s)
April 2019	Surgical activity for the year 2018/19 at least 403 operations.	Surgical activity less than 382.	Surgical activity is less than 362.
	Three surgeons undertaking at least 125 operations per year.	One or more surgeons undertook fewer than 125 operations in 2018/19.	Fewer than three surgeons in post; no appointment made for replacement(s)

Milestone – No Later Than	Deliverable	Commissioner Action if Not Delivered	
		Trust required to produce and agree with NHS England a recovery plan	Referral to Specialised Services Commissioning Committee for Decision whether to Terminate the Contract to Provide Level 1 Services
April 2020	Surgical activity for the year 2019/20 at least 435 operations.	Surgical activity less than 418.	Surgical activity is less than 402.
	Three surgeons undertaking at least 125 operations per year.	One or more surgeons undertook fewer than 125 operations in 2019/20.	Fewer than three surgeons in post; no appointment made for replacement(s).  One or more surgeons undertook fewer than 125 operations a year averaged across 2018/19 or 2019/20.
	Full co-location achieved for all inpatient paediatric CHD care.		Full co-location not achieved for all inpatient paediatric CHD care,
April 2021	Surgical activity for the year 2020/21 at least 471 operations.	Surgical activity less than 453.	Surgical activity is less than 435.
	Three surgeons undertaking at least 125 operations per year.	One or more surgeons undertook fewer than 125 operations in 2019/20.	Fewer than three surgeons in post.  One or more surgeons undertook fewer than 125 operations a year averaged across 2018/19, 2019/20 and 2020/21.
	Fourth surgeon appointed and in post		No appointment made for fourth surgeon
April 2022	Surgical activity for the year 2021/22 at least 500 operations.	Surgical activity less than 487.	Surgical activity is less than 475.
	Four surgeons undertaking at least 125 operations per year.	Fewer than four surgeons in post.  One or more surgeons undertook fewer than 125 operations in 2019/20.	Fewer than three surgeons in post.