


Agenda Item 5

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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	Health Scrutiny Committee for Lincolnshire
Date:	20 July 2016
Subject:	Congenital Heart Services – East Midlands Congenital Heart Centre

Summary

On 8 July 2016, NHS England announced that "subject to consultation with relevant trusts and, if appropriate the wider public" it was decommissioning congenital heart disease surgery ("Level 1 services") from the East Midlands Congenital Heart Centre (formerly known as Glenfield Hospital).

Actions Required:

- (1) The Committee is requested to consider the report; and
- (2) To authorise the Chairman to seek further information on whether NHS England intends to consult on the decommissioning of Level 1 Congenital Heart Services from the East Midlands Congenital Heart Centre in Leicester.

1. Background

The first section of this report sets out the history of the planned developments to congenital heart services, which have been subject to two full public consultations in the last five years.

Historical Background – Part 1 - Safe and Sustainable

In 2001, the Kennedy Report on Bristol Royal Infirmary concluded the need for children to have heart surgery in fewer specialist surgery centres. In 2003, the

Paediatric and Congenital Services Review Group published recommendations for fewer and larger children's heart surgery centres. In 2007, the Royal College of Surgeons supported this view.

In 2008, a full and detailed review of service provision was begun under the title *Safe and Sustainable*. In March 2011, the Joint Committee of Primary Care Trusts, comprising local commissioners representing each region, launched the *Safe and Sustainable* consultation. *Safe and Sustainable* contained details on the eleven regional centres, undertaking children's congenital heart surgery, and concluded that clinical expertise was spread too thin across these eleven centres. *Safe and Sustainable* put forward six options, which were in effect permutations of between six and seven surgical centres from the eleven centres. The Health Scrutiny Committee for Lincolnshire responded to the *Safe and Sustainable* consultation, supporting Option A, which would have seen the retention of Glenfield Hospital in Leicester, now known as the East Midlands Congenital Heart Centre. Glenfield Hospital is based in Leicester and is part of the University Hospitals of Leicester NHS Trust.

On 4 July 2012, the Joint Committee of Primary Care Trusts decided to approve Option B in the original consultation document, having considered all the consultation responses on the original six options in the consultation document (as well as a further six options, identified as a result of the consultation). Option B did not see the continuation of surgical services at Glenfield Hospital in Leicester.

The decision of the Joint Committee of Primary Care Trusts was referred to the Secretary of State for Health by the Health Scrutiny Committee for Lincolnshire on 27 July 2012. In addition, there were two further referrals to the Secretary of State on *Safe and Sustainable*: firstly by the Leicester, Leicestershire and Rutland Health Overview and Scrutiny Committee on 7 September 2012; and secondly by the Yorkshire and the Humber Joint Health Overview and Scrutiny Committee on 27 November 2012. All three referrals were passed to Independent Reconfiguration Panel for a full review. Independent Reconfiguration Panel is a national organisation, used by the Secretary of State to provide advice on referrals, so that an informed decision can be made.

In a separate development a judicial review of the *Safe and Sustainable* consultation by Save Our Surgery Ltd, a Leeds-based charity, resulted in a Court of Appeal decision on 24 April 2013 to quash the decision made by the Joint Committee of Primary Care Trusts on 4 July 2012 to close children's heart surgery centres.

The Independent Reconfiguration Panel published its full review of the *Safe and Sustainable* process on behalf of the Secretary of State and made a total of 15 recommendations. This was published on 12 June 2013.

Historical Background – Part 2 – New Review of Congenital Heart Services

In June 2013, the NHS England Board resolved to start with a fresh review of congenital heart services for both children and adults and on 15 September 2014 launched a national consultation on the *Proposed Congenital Heart Disease Standards and Service Specifications*. The key difference between this

consultation and the earlier *Safe and Sustainable* consultation, is that the consultation was based on service standards, which would be used by NHS England to commission congenital heart services. The consultation document did not make any reference to any particular reconfiguration of surgical centres.

The New Review had the following aims:

- Securing the best outcomes for all patients – not just lowest mortality but reduced disability and an improved opportunity for survivors to lead better lives;
- Tackling variation – ensuring that services across the country consistently meet national standards, and are able to offer resilient 24/7 care, and;
- Improving patient experience – including how information is provided to patients and their families, and consideration of access and support for families when they have to be away from home.

The review referred to three levels of service:

Level 1 – Specialist Surgical Centres. These centres would manage all patients with highly complex congenital heart disease. All congenital heart surgery and catheter interventions would be undertaken at these centres.

Level 2 – Specialist Cardiology Centres. These centres would provide the same quality standards as the specialist surgical centres, but focusing on diagnosis and the ongoing management of patients. There would be no surgery or catheter interventions.

Level 3 – Local Cardiology Centres – These centres would often be involved in the diagnosis of congenital heart disease and would be part of congenital heart network.

On 14 December 2014, the Health Scrutiny Committee for Lincolnshire approved its response to the consultation, which is attached at Appendix A to this report. There were three particular issues:

- the number of surgeons at each centre – whether a one-in-three or a one-in-four was appropriate;
- the minimum number of operations undertaken by each surgeon each year, with 125 operations proposed in the consultation averaged over a three year period; and
- the co-location of congenital heart services with other paediatric services, which would mean Glenfield Hospital having to move its heart surgery services from Glenfield Hospital to Leicester Royal Infirmary.

On 23 July 2015 the NHS England Board received the review's report and around two hundred new standards and service specifications were approved, which providers of CHD services would be expected to meet from April 2016, with a five-year trajectory to full compliance.

Announcement by NHS England - 8 July 2016

On 8 July 2016, NHS England issued an announcement, which included the following:

*"Subject to consultation with relevant Trusts and, if appropriate, the wider public, NHS England will also work with **University Hospitals of Leicester NHS Trust** and Royal Brompton & Harefield NHS Foundation Trust to safely transfer CHD surgical and interventional cardiology services to appropriate alternative hospitals. Neither **University Hospitals Leicester** or the Royal Brompton Trusts meet the standards and are extremely unlikely to be able to do so. Specialist medical services may be retained in Leicester."*

The full NHS England statement is enclosed at Appendix B.

Prior to the release of this statement, on 30 June 2016 NHS England had written to the Chief Executive of University Hospitals of Leicester NHS Trust, advising him that the East Midlands Congenital Heart Centre does not meet all the April 2016 requirements and is unlikely to do so. As a result NHS England was minded to cease commissioning Level 1 services (congenital heart disease surgery) from the Trust. This letter is attached as Appendix C.

The Trust replied on 5 July 2016, indicating that it had made excellent progress over the last 18 months and setting out the progress made. The response of the Trust is attached at Appendix D.

Issues for the Committee

The Committee's powers are set out in Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. Under Regulation 23, where an NHS commissioner, such as NHS England, has under consideration any proposal for a substantial development of the health service or for a substantial variation in the provision of such service, they must consult with the relevant local authority health scrutiny function.

In this instance, it is not absolutely clear whether NHS England is proposing to undertake any consultation, or whether it considers that the consultation undertaken in 2014 is sufficient and that it can decommission a service against its agreed standards. In the first instance, it might be best to establish the intentions of NHS England in this area.

2. Conclusion

The Committee is requested to consider the report; and to authorise the Chairman to seek further information on whether NHS England intends to consult on the decommissioning of Level 1 Congenital Heart Services from the East Midlands Congenital Heart Centre in Leicester.

3. Consultation

The issue of consultation is pertinent to this report, as it needs to be ascertained whether NHS England is proposing to consult on the decommissioning of Level 1 Congenital Heart Services from the East Midlands Congenital Heart Centre in Leicester.

4. Appendices


These are set out below: -

Appendix A	Response of the Health Scrutiny Committee for Lincolnshire to the Proposed Congenital Heart Disease Standards and Specifications (December 2014)
Appendix B	NHS England Media Announcement – 8 July 2016
Appendix C	Letter, dated 30 June 2016, from Will Huxter, Regional Director of Specialised Commissioning (London Region), NHS England to John Adler, Chief Executive of University Hospitals of Leicester NHS Trust.
Appendix D	Letter, dated 5 July 2016, John Adler, Chief Executive of University Hospitals of Leicester NHS Trust to Will Huxter, Regional Director of Specialised Commissioning (London Region), NHS England

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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PROPOSED CONGENITAL HEART DISEASE STANDARDS AND SPECIFICATIONS

Response of the Health Scrutiny Committee to the Consultation (including a representative of Lincolnshire Healthwatch)

(1) Will the draft standards and service specifications meet the aims of the Congenital Heart Disease review?

Response of the Health Scrutiny Committee for Lincolnshire

In relation to the first aim (Securing the Best Outcomes for All Patients – page 9 of the consultation document) the Health Scrutiny Committee for Lincolnshire would like to stress the importance of low mortality figures. The Committee is sure that NHS England is aware that differences in mortality, highlighted in the Bristol Royal Infirmary Report in 2001, led to the need to review the provision of congenital heart surgery services.

Most importantly, the second aim of the New CHD Review (Tackling Variations) is not reflected in the standards and specification for the following two reasons. Firstly the standards and specification does not adequately address the issue of travel and accessibility (as emphasised by the Independent Reconfiguration Panel's report of 2013)¹. We would like to see the standards and specifications recognise the importance of enabling patients and their families to be treated at their nearest centre. This is most important for Lincolnshire, which has a population of 724,500, in 307,000 households spread over 2,350 square miles. Lincolnshire has poor road links and an equally challenging public transport network. This impacts most particularly in the East of Lincolnshire, in towns such as Boston, Louth, Mablethorpe and Skegness, where travel times to large cities such as Birmingham and Leeds are considerable. There is also an issue in terms of travel costs, which are higher the further an individual has to travel. This is compounded by the fact that salary levels in Lincolnshire are below the national and regional average.

¹ Advice of the Independent Reconfiguration Panel on *Safe and Sustainable* Proposals for Children's Congenital Heart Services – Submitted to the Secretary of State for Health on 30 April 2013 and published on 12 June 2013.

Secondly, we are not convinced that the second aim of the New CHD Review (Tackling Variations) will be addressed by the standards and specification. This is explained in more detail in the response to question 2 and relates to the proposal that some parts of the country will operate with Level 1 and Level 3 centres, while other parts of the country will have Level 1, Level 2 and Level 3 centres.

(2) What do you think of the model of care that we are proposing?

Response of the Health Scrutiny Committee for Lincolnshire

There is an inconsistent approach to the proposed model of care. The second aim of the review (as set out on page 9 of the consultation) states: -

- "tackling variations so that services across the country consistently meet demanding performance standards and are able to offer resilient 24/7 care"

The proposal that some parts of the country will operate with Level 1 and Level 3 centres, while other parts of the country will have Level 1, Level 2 and Level 3 centres appears to be inconsistent with the aim of tackling variations across the country. **We recommend that NHS England should be clear on its preferred model of care: it should either opt for networks comprising Level 1 and Level 3 centres; or networks comprising Level 1, Level 2 and Level 3 centres.** We believe that this is the only way of tackling variations across the country, and ensuring consistency of provision.

Furthermore, it is important that certain regions such as the East Midlands are not disadvantaged with a network of care that does not provide for patients receiving surgical interventions at their nearest centre. This is most important for Lincolnshire, which has a population of 724,500, in 307,000 households spread over 2,350 square miles. Lincolnshire has poor road links and an equally challenging public transport network. This impacts most particularly in the East of Lincolnshire, in towns such as Boston, Louth, Mablethorpe and Skegness, where travel times to large cities such as Birmingham and Leeds are considerable. There is also an issue in terms of travel costs, which are higher the further an individual has to travel. This is compounded by the fact that salary levels in Lincolnshire are below the national and regional average.

(3) What do you think about our proposals for Level 2 Specialist Cardiology Centres?

Response of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire believes that the continuity of care is important for all patients and their families. Patients and their families like to have the reassurance of staff, with whom they are familiar. The Committee is not convinced that this can be provided by a network containing Level 2 Specialist Cardiology Centres. Patients and their families using Level 2 centres will become familiar with staff at these centres, but patients and families may lose this confidence when a surgical intervention is required at a Level 1 centre, as the established trust and familiarity will not be present.

Page 15 of the consultation document states: *"We heard concerns that Specialist Children's Cardiology centres may not be sustainable in the longer term, especially if it is not possible to attract high quality staff to work there."* Whilst the consultation continues with a statement indicating that these centres may play a vital role, it does not address the fundamental issue of being able to attract high quality staff.

If NHS England adopts a three level model of care, **the Committee recommends that NHS England give further consideration to the sustainability of Level 2 centres in the longer term and in particular brings forward detailed proposals on how Level 2 Centres can be sustainable in terms of their staffing.** Without this sustainability, the proposed model of care is likely to become Level 1 and Level 3 centres, but more by accident than by design.

(4) What do you think of our proposals for the development of networks?

Response of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire would like to reiterate recommendation 10 of the Independent Reconfiguration Panel²:

"More detailed and accurate models of how patients will use services under options for change are required to inform a robust assessment of accessibility and the health impact of options so that potential mitigation can be properly considered."

Recommendation 10 of the Independent Reconfiguration Panel refers to the issue of accessibility, which is a matter of great concern for the residents of Lincolnshire. We cannot find any reference in the consultation document to enabling equity of access across the country to surgical centres.

² Advice of the Independent Reconfiguration Panel on *Safe and Sustainable* Proposals for Children's Congenital Heart Services – Submitted to the Secretary of State for Health on 30 April 2013 and published on 12 June 2013.

The consultation document contains the following statement on page 20:

"The precise shape of each congenital heart network will be determined by local need and local circumstances, including geography and transport, but would welcome further views. There is an opportunity later on in the review to do more work on how networks are set up."

We recommend that NHS England provide information on "the opportunity later on in the review to do more work on how networks will be set up". We would like to know whether this statement means that NHS England will be conducting further consultation on the configuration of the networks to comply with Recommendation 10 of the Independent Reconfiguration Panel.

To meet with the findings of the Independent Reconfiguration Panel, we also recommend that NHS England develop networks that give patients access to their nearest Level 1 centre. This means that some of the existing patient flows will need to be adjusted in certain regions, where referrals seem to be directed to London for historic reasons. Without this approach, it could mean that some regional Level 1 centres would not be able to reach the required standards in relation to the number of procedures.

The development of a sustainable network in the East Midlands is of paramount importance for Lincolnshire, which has a population of 724,500, in 307,000 households spread over 2,350 square miles. Lincolnshire has poor road links and an equally challenging public transport network. This impacts most particularly in the East of Lincolnshire, in towns such as Boston, Louth, Mablethorpe and Skegness, where travel times to large cities such as Birmingham and Leeds are considerable. There is also an issue in terms of travel costs, which are higher the further an individual has to travel. This is compounded by the fact that salary levels in Lincolnshire are below the national and regional average.

(5) What do you think of our proposals for staffing Congenital Heart Disease Services?

Response of the Health Scrutiny Committee for Lincolnshire

We note that the consultation document summarises a number of the standards that are detailed in the standards and specifications document. We see no reason to disagree with most of these standards, with the exception of the standards B9 and B10 for both Specialist Children's Surgical Centres and Specialist Adult Congenital Heart Disease Surgical Centres (in so far as they relate to four surgeons in a one in four rota). **There is more detail on this in our response to Question 6. Page 5**

- (6) **What do you think of our proposal that surgeons work in teams of at least four, each of whom undertakes at least 125 operations per year? Please explain your answer.**

Response of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire supports the proposal that each surgeon should undertake a minimum of 125 operations per year, averaged over a three year period.

The Health Scrutiny Committee for Lincolnshire believes that teams of three surgeons can provide a safe and sustainable service, in terms of providing adequate on call facilities. Page 24 of the consultation refers to "*mixed views from the surgeons themselves*" on this topic and many surgeons consider that teams of three are acceptable and safe, provided all the other service standards are met. The document states:

"A number of the centres currently have teams of three surgeons, and their results are good."

For these reasons the Committee disagrees with Standards B9 and B10 for both Specialist Children's Surgical Centres and Specialist Adult Congenital Heart Disease Surgical Centres, in so far as these standards relate to four surgeons in a one in four rota.

The Health Scrutiny Committee for Lincolnshire understands that "within three years" means Quarter 4 of 2018/2019, effectively by 31 March 2019. If the B9 and B10 standards are adopted, we recommend that NHS England consider fully the implications of implementing all these standards by 31 March 2019, in terms of securing fully developed networks serving all the regions of England, including Lincolnshire and the rest of the East Midlands region. **In effect, we recommend that providers need a clear timetable to consolidate and plan their services in order to meet these standards.**

- (7) **What do you think about our proposed approach to sub-specialisation?**

Response of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire supports NHS England's views on sub-specialisation: all congenital heart surgeons and consultant interventional cardiologists must only undertake procedures for which they have appropriate competence. We also note NHS England's statement that surgical teams will have to recognise their competences and not conduct operations where their competence may be lacking. **We recommend that the issue of collaboration and the difficulty of enabling surgeons to work in other hospital trusts be resolved.**

(8) **What do you think of the proposed standards for service interdependencies and co-location?**

Response of the Health Scrutiny Committee for Lincolnshire

The detailed standards and specifications document states that the co-location standards will be achieved "within three years". The Health Scrutiny Committee for Lincolnshire understands that "within three years" means Quarter 4 of 2018/2019, effectively by 31 March 2019.

The Committee recognises the drive for all standards to be met within three years, effectively by 31 March 2019, but recommends that NHS England gives further consideration to this proposed implementation period. This is because some providers cannot meet the co-location standards without additional building or refurbishment work, requiring capital expenditure. There is a risk that this would not be achieved by the intended date. This would destabilise the proposed networks. **We further recommend that NHS England clarify the exact timing of the implementation of the co-location standards, so that providers can be given a clear indication of the timeline to comply with all these standards.**

(9) **What do you think of the proposed service specifications?**

Response of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire in particular welcomes the standards relating to Communication with Parents and Patients; Transition; and Palliative Care and Bereavement and welcomes the approach whereby NHS England has developed these standards after engagement with patients and their families.

The Committee also welcomes the inclusion of standards C1 and C2 for both Specialist Children's Surgical Centres and Specialist Adult Congenital Heart Disease Surgical Centres, as these standards provide convenient and accessible accommodation free of charge for up to two family members, which is an essential part of supporting families during a very stressful time in their lives.

The Committee also recognises the importance of foetal diagnosis and strongly recommends that NHS England improve the rates of foetal diagnosis from the existing level of 35%. The Committee recognises that as the identification of a congenital foetal defect is relatively rare many sonographers would need additional training so that foetal diagnosis rates can improve. Page 7

- (10) **To ensure that we work within the available resources, difficult decisions may need to be made. What parts of our proposals matter most to you?**

Response of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire would like to stress the importance of ensuring that the residents of Lincolnshire have high quality and accessible children's and adults CHD services, including the services provided by Level 1 surgical centres.

There is a risk that services will be destabilised by the commissioning process, leaving parts of the country without accessible services. For example, if several of the current providers of Level 1 services fail to meet all the standards, these providers could be decommissioned or reclassified as Level 2 centres. This approach could mean the piecemeal decommissioning of Level 1 Centres, without any co-ordination or planning. It would not provide networks to serve the whole of England, and in turn could leave Lincolnshire, as well as the rest of the East Midlands, without access to a Level 1 centre.

Accessibility is most important for Lincolnshire, which has a population of 724,500, in 307,000 households spread over 2,350 square miles. Lincolnshire has poor road links and an equally challenging public transport network. This impacts most particularly in the East of Lincolnshire, in towns such as Boston, Louth, Mablethorpe and Skegness, where travel times to large cities, such as Birmingham and Leeds, are considerable. There is also an issue in terms of travel costs, which are higher the further an individual has to travel. This is compounded by the fact that salary levels in Lincolnshire are below the national and regional average.

- (11) **Do you have any comments on the range of approaches proposed to ensure that the standards are being met by every hospital providing Congenital Heart Disease care?**

Response of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire understands that NHS England will be approving a set of standards and the specifications in 2015 and following this it "will work with clinical commissioners to complete the commissioning of the agreed service specification during 2015/16".

The Committee would like to highlight that this commissioning approach puts at risk the need for a network of Level 1 centres, serving the whole country. For example, if none of the centres that are readily accessible to the residents of Lincolnshire meet the standards, there is a risk that these Level 1 centres would be de-commissioned, leaving the residents of Lincolnshire to longer and more difficult journey times than currently. **We recommend that NHS England take responsibility for commissioning a national network of providers, which in turn provides accessible services in each region, rather than relying on the system of chance, on which the current commissioning arrangements are based.**

Taking this argument one step further, the Committee would like to emphasise the importance of patient choice as outlined in the NHS Constitution. It is important that patients in Lincolnshire are offered a genuine choice of locally accessible Level 1 centres, rather than these patient choices being made by a commissioning process relying on historic referral pathways.

- (12) **Is there anything else that you want to tell us or ask us to consider? If your comments relate to a particular standard or section please specify which you are referring to.**

Response of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire acknowledges the challenge of reflecting the proposed standards, which exceed 1,100 in total, in a single consultation document. **However, the Committee believes that the document lacks some of the necessary detail, which can only be found in the detailed draft standard and specifications documentation.**

The Health Scrutiny Committee for Lincolnshire believes that if congenital heart surgery were to cease at any of the centres where it is currently undertaken it would constitute a substantial development of the health service and a substantial variation in the provision of the health service (as defined in Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. Such an outcome is possible as a result of the approach whereby NHS England determines whether providers would meet the standards and service specifications. This could mean the piecemeal decommissioning of Level 1 Centres, without any co-ordination or planning, in terms of providing networks to serve the whole of England.

NHS England's approach to the commissioning process could lead to serious impacts for Lincolnshire patients and their families, as they would have to travel further to access Level 1 centres for both Specialist Children's Surgical Centres and Specialist Adult Congenital Heart Disease Surgical Centres. Furthermore NHS England's approach to the development of networks does not meet Recommendation 10 of the Independent Reconfiguration Panel³, as stated in our response to Recommendation 4. There is a risk that NHS England's approach could lead to patients in Lincolnshire, as well as the rest of the East Midlands, not having access to an accessible Level 1 centre within the region.

On the theme of accessibility, the Health Scrutiny Committee for Lincolnshire would like to reiterate the issue of accessibility. This is most important for Lincolnshire, which has a population of 724,500, in 307,000 households spread over 2,350 square miles. Lincolnshire has poor road links and an equally challenging public transport network. This impacts most particularly in the East of Lincolnshire, in towns such as Boston, Louth, Mablethorpe and Skegness and, where travel times to large cities such as Birmingham and Leeds are considerable. There is also an issue in terms of travel costs, which are higher the further an

³ Advice of the Independent Reconfiguration Panel on *Safe and Sustainable* Proposals for Children's Congenital Heart Services – Submitted to the Secretary of State for Health on 30 April 2013 and published on 12 June 2013.

individual has to travel. This is compounded by the fact that salary levels in Lincolnshire are below the national and regional average.

The Health Scrutiny Committee for Lincolnshire has been established by Lincolnshire County Council to discharge the health overview and scrutiny functions set out in Sections 244-246 of the National Health Service Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. In accordance with regulation 31 of these Regulations, one representative of each of the district councils in Lincolnshire has been co-opted as a member of the Health Scrutiny Committee. Lincolnshire Healthwatch is also represented as a member of the Committee.

ANNOUNCEMENT BY NHS ENGLAND – 8 JULY 2016

The full announcement by NHS England on 8 July 2016 is set out below:

"Patients with complex, sometimes life-threatening congenital heart disease will benefit from action to ensure core standards of quality and sustainability apply across all specialist services announced today (Friday 8th July) by NHS England. Congenital heart disease (CHD) services have been the subject of a number of reviews since the public inquiry at Bristol Royal Infirmary in 2001, with the outcome of a further review of a number of children's heart surgery cases at Bristol published last week.

In 2015, NHS England published new commissioning standards for CHD services following extensive consultation with patients and their families, clinicians and other experts. Since then, hospital trusts providing CHD services have been asked to assess themselves against the standards, which came into effect from April 2016, and report back on their plans to meet them within the set time frames.

As a result of these assessments, and following further verification with providers, NHS England intends – subject to necessary engagement and service change process in relation to this assessment – to take the following actions to ensure all providers comply with the set standards.

With regard to providers of specialist surgical (Level 1) services:

- Subject to consultation with relevant Trusts and, if appropriate, the wider public, NHS England will also work with Alder Hey Children's Hospital NHS Foundation Trust and Liverpool Heart and Chest Hospital NHS Foundation Trust to safely transfer CHD surgery from Central Manchester University Hospitals NHS Foundation Trust. Specialist medical services may be retained at Central Manchester.*
- Subject to consultation with relevant Trusts and, if appropriate, the wider public, NHS England will also work with **University Hospitals of Leicester NHS Trust** and Royal Brompton & Harefield NHS Foundation Trust to safely transfer CHD surgical and interventional cardiology services to appropriate alternative hospitals. Neither **University Hospitals Leicester** or the Royal Brompton Trusts meet the standards and are extremely unlikely to be able to do so. Specialist medical services may be retained in Leicester.*
- NHS England will work with Newcastle Hospitals NHS Foundation Trust to ensure progress is made towards meeting the standards and the strategic importance of the link of CHD surgery to the paediatric heart transplant centre is sustainable and resilient.*
- NHS England will support and monitor progress at University Hospitals Bristol NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, University Hospitals Birmingham NHS Foundation Trust, Barts Health NHS*

Trust, Guy's and St Thomas' NHS Foundation Trust, and University Hospital Southampton NHS Foundation Trust to assist them in their plans to fully meet the standards. In the case of Bristol this will also include addressing specific recommendations set out in the independent report published last week.

- *Birmingham Children's Hospital NHS Foundation Trust and Great Ormond Street Hospital for Children NHS Foundation Trust will continue to be commissioned, with ongoing monitoring, as they currently meet all or most of the standards.*

NHS England remains concerned as to the level of occasional and isolated practice in specialist medical (Level 2) services, and intends to take the following actions:

- *NHS England will work with Blackpool Teaching Hospitals NHS Foundation Trust, University Hospital of South Manchester NHS Foundation Trust, Papworth Hospital NHS Foundation Trust, Nottingham University Hospitals NHS Trust and Imperial College Healthcare NHS Trust to cease occasional and isolated specialist medical practices. Plans will be put in place to transfer services to other appropriate providers.*
- *NHS England will support and monitor progress at Liverpool Heart and Chest hospital to develop Level 2 and Level 1 services in line with standards and Oxford to assist them in their plans to fully meet the standards.*
- *Norfolk & Norwich University Hospitals NHS Foundation Trust and Brighton and Sussex University Hospitals NHS Trust will receive ongoing monitoring of their progress towards meeting the standards.*

In addition, a small number of hospital trusts not recognised as a specialist centre, but which responded to the self-assessment that they undertook occasional practice/interventions, have been instructed to make arrangements for such patients to be cared for at a specialist centre in future. This process has now all-but eliminated occasional practice, with follow-up action to be taken against providers if they continue.

Dr Jonathan Fielden, NHS England Director of Specialised Commissioning and Deputy National Medical Director, said: *"Patients, families and staff need to be assured of sustainable, high quality services now, and into the future. There has been a great deal of uncertainty over the future of congenital heart disease services over the past fifteen years. We owe it to patients, families and staff to end that uncertainty, and to provide clear direction for the safety and quality of this specialist area of medicine going forward. A great deal of work has gone into achieving consensus across the board on the standards that providers should meet. We are determined to take all actions necessary to ensure that those standards are met, so that patients get the high quality and safe services that they expect and deserve. This is further proof that NHS England as the national commissioner of specialised care is stepping up decisively on behalf of patients now and to sustain quality care for the future."*

Professor Sir Ian Kennedy, who was the chair of the public inquiry at Bristol Royal Infirmary, said: *“These are vital services and we have waited 15 years to arrive at a solution which delivers quality and consistency for current and future generations. It is good news for patients that there is finally a clear consensus on the standards that need to be met, and that we are now seeing decisive action to make those standards a reality for every patient in every part of the country.”*

Miss Clare Marx, President of the Royal College of Surgeons, said: *“Improvements to care for children undergoing heart surgery continue to be needed in spite of improvements since the Bristol Royal Infirmary public inquiry report in 2001. The Royal College of Surgeons strongly supports today’s plans and we hope these changes will now finally happen for the ultimate good of patients. Units need to be the right size to enable surgical teams to be familiar and skilled in all conditions, treating these patients on a regular basis to maintain their experience and expertise. It’s absolutely critical that teams are sufficiently staffed to provide secure on-call rotas, disseminate new techniques, and train the next generation of specialists. The proposals set out today represent a consensus view of what consistent, high quality care should look like across the country. As a profession we are confident these standards will help reduce variation in care and improve outcomes. Any further delay or obstruction by local parties will prolong uncertainty for the very ill patients who need this surgery.”*

Congenital heart disease (CHD) affects up to 9 in every 1,000 babies born in the UK, with differing types of CHD and levels of severity. Some of the more common CHDs include:

- *septal defects, commonly referred to as a “hole in the heart”;*
- *coarctation (or narrowing) of the aorta,*
- *pulmonary valve stenosis, where the valve controlling blood flow to the lungs is narrower than normal, and;*
- *transposition of the great arteries, where the pulmonary and aortic valves and the arteries they’re connected to have swapped positions.*

Services and surgery – the provision of which is clustered in a small number of specialist centres across England – have progressed significantly over the last few decades, and around 80% of those born with a CHD now survive into adulthood. However, there has been uncertainty over their future configuration. In an effort to address this uncertainty, in July 2013, after discussions with key stakeholders, NHS England established the New Congenital Heart Disease Review.

In order to establish which providers do or can meet the standards in the set time frame, all providers were asked to complete a self-assessment process, the results of which have now been processed and form the basis of the actions set out today. In 2014/15, the last year for which reliable data exists, the number of operations performed by CHD services was 4,354, and the number of interventional procedures was 3,793. While some patients will have to travel further to access specialist services as a result of these changes, emergency admissions are rare, and ongoing work aims to ensure that more of a patient’s long-term care can be delivered closer to home, meaning fewer trips to specialist centres. Where the transfer of services goes ahead, NHS England will work with the hospital trusts to ensure that staff are supported.

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