

Will Huxter Blogs on Congenital Heart Disease

Will Huxter, Regional Director of Specialised Commissioning, NHS England, has published the blogs on the NHS England website on the following dates:

13 September 2016

There has been much written about the proposals that we have made for CHD services and we thought it would be helpful to be clear on some of the facts.

First, no final decisions on CHD services have been made. Rather, following an assessment of current services based on information provided by current providers, NHS England has made a series of proposals about how services should be offered in the future. Final decisions on surgical services will not be made until we have carried out full public consultation.

We are now working with providers and stakeholders to explain and discuss our proposals, and to listen to concerns. This will help us to plan the consultation which we expect to launch later this year.

We expect the NHS England Board to make its decisions, following public consultation, in the first half of next year. But even when decisions have been made, services for patients will not change overnight. If the decision is to make changes like the ones proposed, it will be a steady and carefully planned transition of care and the CHD clinicians that you know will work to ensure care is transferred well. If you have any concerns about this please speak to your cardiologist.

While we are in the pre consultation phase we are responding to invitations from local authority Health and Wellbeing boards and Overview and Scrutiny committees, where we can talk through the proposals and answer any questions and we will continue to do this wherever we are able to. We are also planning to visit hospitals to discuss proposals with teams at the units.

We have updated the questions and answers page with questions that we have been asked and will continue to add questions and answers. One question we have been asked several times is who was on the panel that carried out the assessment. You can find that answer on our Q&A page, but in brief the assessments were made by a panel of made up of clinicians and patient representatives drawn from the Clinical Reference Group and the Programme of Care Board and commissioners drawn from NHS England's regional and national teams. Professor Kelly, the long serving chair of our clinicians' group was also part of the panel. I chaired it, in my role as the programme's SRO. See the full list of who was on the panel.

The reports of NHS England's assessment of each CHD centre (both level 1 and level 2) are now also available. These reports give the national panel's assessment of the evidence provided by the units for each of the requirements examined, which reflect 24 paediatric standards and the matching adult standards. These final reports take into account the comments from each provider organisation on the factual accuracy of its assessment, and so differ from the initial reports shared with

providers earlier in the process. Each report details whether the evidence provided shows that the requirement has been met, and then sets out what that provider needs to do to meet those standards that have not yet been met. Each unit is also given a summary rating. An overview of the assessment process, the findings and the ratings for every unit are described in the overview report of the national panel.

We want to reassure patients that published outcomes from all our current providers show that they are safe, but we believe that care can be improved and risks further reduced by ensuring that patients receive their care only from centres that meet the standards. Any changes made to any service will be made safely, and will be carefully managed with patients.

We are also planning for our next CHD Implementation workshop for the clinical and patient & public representatives who have been working on implementing the standards, which will be focusing on transition to adult services, psychological support, engaging young people and how we share best practice.

19 October 2016

I want to remind you about the reasons for us doing this work, and also inform you about developments in specific parts of the country. The driver for NHS England's work is simple – we want to ensure that every patient, who requires care for congenital heart disease, can be confident that that care is delivered from a centre that meets the national standards. These standards were developed by clinicians, patients, and other key stakeholders, and were the subject of rigorous public consultation, before being formally agreed by our Board in July 2015.

We know that implementation of these standards is critical if we are to provide the services our patients deserve. We know this, because stakeholders – including patient groups and families – have told us. We are strongly committed to ensuring that people with congenital heart disease have access to high quality, resilient services – achievement of the agreed national standards is the best way of securing this. However, any potential change will not happen overnight.

We are currently preparing for formal public consultation on our proposals. Commissioning decisions will not be made until spring, at the earliest, next year, and only after feedback received during that consultation has been considered. Any changes to current service provision will be carefully managed, and we will work with patients, and their clinical teams, to ensure that transition is as smooth as possible.

At the moment, we are meeting with providers across the country to discuss our proposals and their implications for individual hospital trusts. We have met with staff, patient groups and many others with an interest in the services, to answer questions; have visited existing facilities, to hear about plans for the future; and have sought to clarify some points where we needed further detail.

So far we have visited Great Ormond Street, the Evelina, University Hospitals Leicester, the Royal Brompton, Birmingham Children's Hospital, and Barts. We also have visits lined up at Newcastle, Alder Hey, Liverpool Heart & Chest Hospital, and

Central Manchester University Hospitals, with other hospital visits still to be arranged.

I would like to thank all of the providers who have hosted visits so far, in particular the clinical staff who have made time within their busy schedules to meet with us. We are in listening mode at the moment, and very open to debate and discussion. Since publishing our proposals in early July, we have dealt with almost 70 separate pieces of correspondence relating to our proposals, so if you do have any queries, please get in touch with us at england.congenitalheart@nhs.net

The discussions currently taking place with CHD providers are critical as there is still opportunity for providers to produce evidence, or come up with solutions, which will enable them to meet the CHD standards in full by the required timescales. This would influence what we finally consult on.

University Hospitals Leicester NHS Trust

We know that University Hospitals of Leicester NHS Trust has put into the public domain correspondence sent to NHS England. The letter relates to a number of questions which we put to the Trust, after our visit there on 16 September. In the interests of balance, it is important for people in Leicester, the wider East Midlands and beyond to understand the background to some of the questions we asked. There remain some fundamental areas where our assessment of the Trust's current position – based on the information provided to us by the Trust – shows that Leicester does not currently meet the national standards, and which it needs to address.

The national standards require a minimum of three consultant surgeons, each undertaking a minimum of 125 operations per year, averaged over the three years leading up to April 2016. Leicester has reported carrying out 331 cases in 2015/16, well short of the minimum requirement for 3 surgeons of 375 cases. The Trust has told us that it has one substantive consultant surgeon and two locums.

The national standard further requires four consultant surgeons, each undertaking a minimum of 125 cases per year, averaged over the three years leading up to April 2021 – which would require an increase of over 50% on the numbers achieved last year. University Hospitals Leicester has not yet provided us with a plan setting out how they would achieve the 500 cases required.

This is a really important standard for patients. We want patients to be confident that their surgery is being delivered by an expert in this field, who has the back-up of a team of fellow surgeons, to cover periods of annual leave, sickness and out-of-hours cover. On the basis of the information provided so far, we cannot guarantee that this is the case in Leicester.

The national standards also have requirements for particular clinical services to be located together on the same site, so that patients and their families can benefit from treatment from a team who know each other well, and which is able to respond in a joined up way at very short notice when required. University Hospitals Leicester has

not yet provided the information we require to demonstrate that these standards are met.

We will continue discussions with colleagues at University Hospitals Leicester, during this pre-consultation period, and will use this blog to share further information about any developments at Leicester or elsewhere as appropriate."

Will Huxter Blog - 23 November 2016

I want to use this blog to update you about the progress we are making in implementation of the nationally agreed standards for Congenital Heart Disease services, which were approved by our Board in 2015.

As you know, we are currently preparing for public consultation on our proposals about how CHD services might be configured in the future, in order to implement the standards across the country.

Since announcing our proposals in July, our regional and central teams have been working with providers to pin down exactly what is left to do to enable those who are almost there in meeting the standards, to achieve full compliance.

We have also been talking to those trusts which – on the evidence they have presented to us so far – look like they will be unable to meet the standards in full, within the required timescales as set out in the standards. These discussions, as you might imagine, are quite complex and involve a significant amount of back and forth between ourselves and the trusts in terms of information sharing.

It is really important that we give these discussions enough time to run their course, as some of the information received already during this pre-consultation period has the potential to alter the proposals which we will put forward for public consultation.

Given where we are in talking to a number of CHD providers, we have decided to enable talks to continue for a slightly longer period of time and will, therefore, launch public consultation in the New Year, and not before Christmas, as originally intended.

This will allow time for further discussions to take place, and will enable some of the providers to further refine and develop their plans for future service delivery – and for us to continue our pre-consultation engagement with patients, the public, clinicians, and other stakeholders. I will let you know via this blog once we have a definite date for consultation launch.

I will also give you more detail about some of the events that will be taking place during consultation. We are currently planning a mix of face-to-face and digital events, including webinars and Twitter chats, for those who are unable to travel to meetings, as well as some specific events for groups we think would be particularly affected by our proposals.