

		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:	17 December 2014
Subject:	Proposed Congenital Heart Disease Standards and Service Specifications – Final Response

Summary:

On 19 November 2014, the Committee established a working group to draft a response to the consultation by NHS England on the Proposed Congenital Heart Disease Standards and Service Specifications. The Working Group met on 24 November and 2 December 2014, with the final response, agreed by the Chairman and the Vice Chairman of this Committee, submitted to NHS England on 8 December 2014.

The Committee is invited to determine that the Proposed Congenital Heart Disease Standards and Service Specifications constitute a substantial development of the health service and a substantial variation in the provision of the service for the residents of Lincolnshire.

It is expected that NHS England will make a decision and agree the standards and specifications in March 2015. Following this, NHS England will undertake a commissioning process during 2015/16, with the contract implemented from 1 April 2016. NHS England has stated that it intends to implement all the agreed standards by 31 March 2019.

Actions Required:

(1) To determine that the consultation on the Proposed Congenital Heart Disease Standards and Service Specifications constitute a substantial development of the health service and a substantial variation in the provision of the health service, on the basis that the implementation of the Standards and Service Specifications is likely to lead to serious impacts for Lincolnshire patients and their families, particularly in terms of the accessibility of the services at Level 1 centres for both Specialist Children's Surgical Centres and Specialist Adult Congenital Heart Disease Surgical Centres.

- (2) The Health Scrutiny Committee is invited to endorse its submission to NHS England consultation on the Proposed Congenital Heart Disease Standards and Service Specifications, which is attached to Appendix A to this report.
- (3) To note the next steps for the New Review of Congenital Heart Services, including:
 - an expected decision by NHS England on the Congenital Heart Disease Standards and Service Specifications in March 2015;
 - the commissioning of new services by NHS England during 2015/2016; and
 - the award of the contracts from 1 April 2016, with all the Standards and Service Specifications met by 31 March 2019.

1. Background

Responding to the Proposed Congenital Heart Disease Standards and Service Specifications

On 19 November 2014, the Committee considered the consultation document on the Proposed Congenital Heart Disease Standards and Service Specifications, and agreed to establish a working group to draft a response to the consultation, with the final response approved by the Chairman and the Vice Chairman of the Committee.

The Working Group comprised Councillor Mrs Christine Talbot, Councillor Chris Brewis, Councillor Miss Joyce Frost, Councillor Dr Gurdip Samra and Dr Brian Wookey. The working group met on 24 November and 2 December 2014. The Chairman and the Vice Chairman finalised the response, which is attached as Appendix A, and submitted it to NHS England on 8 December 2014.

The Committee's response emphasises the importance of providing the residents of Lincolnshire with safe and accessible services

Substantial Variation and Substantial Development in NHS Provision

The Committee is also requested to consider the potential impact of NHS England's proposals on the residents of Lincolnshire, in terms of accessibility to Level 1 Centres for both Specialist Children's Surgical Centres and Specialist Adult Congenital Heart Disease Surgical Centres. This is because NHS England's approach to the development of networks does not meet Recommendation 10 of the Independent Reconfiguration Panel and could lead to patients in Lincolnshire, as well as the rest of the East Midlands, not having access to an accessible Level 1 centre.

The Consultation Document

The consultation document was circulated to the Committee with the agenda for 19 November 2014. There were twelve questions in the consultation document, including a question enabling general comments to be made.

The Next Steps

The consultation closed on 8 December, 2014. NHS England has commissioned an organisation called *Dialogue by Design* to analyse all the consultation responses. Once this analysis is complete, *Dialogue by Design* will provide NHS England with their final report by mid-February 2015. This is an indicative timetable and is subject to the number of responses that are received.

NHS England has stated that the purpose of the *Dialogue by Design* report is to summarise the range of views held by respondents rather than quantifying the weight of opinion among respondents and that emphasising quantitative information in this way would not be appropriate given the nature of the consultation process. **NHS England emphasises that the consultation is not a vote or a survey, the report of *Dialogue by Design* will focus on the issues raised by participants rather than the number of times an issue has been raised by participants.**

NHS England will consider the issues raised during the consultation and where appropriate will amend the draft standards and specifications. These will then be agreed through the relevant committees and approved by the NHS England Board. The NHS England Board meets every two months and has a scheduled meeting on 26 March 2015, with the following meeting on 28 May 2015.

NHS England has published the following timetable:

Indicative milestones and timescales

Commissioning timeline: milestones	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Draft standards agreed	█																		
Consultation Launch	█																		
Consultation Completed		█																	
Standards and specification signed off			█																
Baseline patient experience survey completed				█															
Design commissioning process	█	█	█																
Business case agreed				█															
Commissioning intentions issued					█														
Commissioning process					█	█	█												
Contracts awarded							█												
New standards come into effect								█											
Contract management begins									█										
All standards met																			█

This timetable shows that the commissioning process will begin in earnest during 2015/2016, with contracts coming into effect on 1 April 2016. NHS England intends that all the standards and specifications will be met by the fourth quarter of 2018/2019, which in effect means as standards will be met by 31 March 2019.

2. Conclusion

The Committee is invited to determine that the Proposed Congenital Heart Disease Standards and Service Specifications constitute a substantial development of the health service and a substantial variation in the provision of the health service. The Committee is also invited to endorse its submission to NHS England consultation on the Proposed Congenital Heart Disease Standards and Service Specifications and note the next steps of the process.

3. Consultation

The Committee has responded to a consultation document on NHS England's Proposed Congenital Heart Disease Standards and Service Specifications.


4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Response of the Health Scrutiny Committee for Lincolnshire to the NHS England Consultation on the Proposed Congenital Heart Disease Standards and Service Specifications

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.**

- (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.

- (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.

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.

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 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.