

DECISION-MAKER:	PANEL B		
SUBJECT:	SAFE AND SUSTAINABLE – REVIEW OF CHILDREN’S CONGENITAL HEART SERVICES IN ENGLAND		
DATE OF DECISION:	13 JANUARY 2011		
REPORT OF:	EXECUTIVE DIRECTOR HEALTH AND ADULT CARE		
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STATEMENT OF CONFIDENTIALITY

None

SUMMARY

To inform members of the background to Safe and Sustainable – the review of children’s congenital heart services in England, the proposals set out within the consultation document and the possible implications for Southampton.

RECOMMENDATIONS:

- (i) To note the consultation on the review of children’s congenital heart services in England;
- (ii) Indicate whether they wish to take part in any joint scrutiny that may take place;
- (iii) Consider if the panel also want to submit a response to the consultation and the content of any such response.

REASONS FOR REPORT RECOMMENDATIONS

1. To allow members the opportunity to respond to the consultation.

CONSULTATION

2. The review process has included input from clinicians and parents. A range of engagement activity has taken place, including national and regional engagement events for parents and staff. A Patient and Staff Engagement Event was held in Southampton, in June 2010 and regional scrutiny meetings (which Southampton is represented at) have been kept up to date on the review.

A consultation meeting is due to take place in Southampton on 24 May 2011, 6-8pm at The Guildhall.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. The consultation document details the full range of options that have been considered and rejected.

DETAIL

4. The 'Safe and Sustainable' review of paediatric cardiac surgical services in England was instigated in 2008 in response to long-standing concerns held by NHS clinicians, their professional associations and national parent groups around the sustainability of the current service configuration. They believe that surgeons are spread too thinly across surgical centres (31 congenital cardiac surgeons spread over 11 surgical centres), leading to concerns around lack of surgical cover in smaller centres and the potential for sudden closure or suspension of smaller centres. Some of the smaller centres are considered unsustainable, particularly as the new clinical standards require a minimum of four surgeons per centre, each performing 100 to 125 procedures a year, with each centre performing 400 to 500 procedures a year.

There are currently 11 surgical centres across England:

- Alder Hey Children's Hospital, Liverpool (Foundation Trust)
 - Birmingham Children's Hospital (Foundation Trust)
 - Bristol Royal Hospital for Children (Foundation Trust)
 - Evelina Children's Hospital, London (Foundation Trust)
 - Freeman Hospital, Newcastle (Foundation Trust)
 - Glenfield Hospital, Leicester
 - Great Ormond Street Hospital for Children, London
 - John Radcliffe Hospital, Oxford (surgery services are currently suspended)
 - Leeds Teaching Hospital
 - Southampton General Hospital
 - Royal Brompton Hospital, London (Foundation Trust)
5. A consultation document setting out the options for change was published on 1 March 2011. A summary document is attached at appendix 1. The consultation runs until 1 July 2011 and covers the following key areas:
- Standards of care: proposed national quality standards of care to be applied consistently across the country
 - Congenital heart networks: development of networks to coordinate care and ensure more local provision (e.g. assessment, ongoing care)
 - The options: the number and location of hospitals that provide children's heart surgical services in the future
 - Better Monitoring: improvements for analysis and reporting of mortality and morbidity data

The four options included in the consultation document are :

Option A

Seven surgical centres at:

- Freeman Hospital, Newcastle
- Alder Hey Children's Hospital, Liverpool
- Glenfield Hospital, Leicester
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- 2 centres in London

Option B

Seven surgical centres at:

- Freeman Hospital, Newcastle
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- Southampton General Hospital
- 2 centres in London

Option C

Six surgical centres at:

- Freeman Hospital, Newcastle
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- 2 centres in London

Option D

Six surgical centres at:

- Leeds General Infirmary
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- 2 centres in London

London

The preferred two London centres in the four options are:

- Evelina Children's Hospital
- Great Ormond Street Hospital for Children

6. You will note that Southampton only appears in one of the four options. The key points made about Southampton in the consultation document include:

- **Assessment of the Centres.** As part of the review each of the current centres were assessed against a range of criteria. Southampton was ranked 2nd out of the 11 Centres.

- **Southampton and Bristol** – there are concerns that Bristol and Southampton centres are not both viable in the same option as there are too few patients in the surrounding areas to ensure both centres carry out the minimum 400 procedures, without making potentially unreasonable changes to catchment areas for the London and Birmingham centres. *Southampton is included in option B as it is based on the highest ranked centres.*
- **Capacity.** The proposed networks will be tested during the consultation to check whether patients will flow in the way assumed. For instance under Option B there will be examination of whether it is feasible for families with Brighton and Redhill postcodes to travel to Southampton for surgery rather than to London. The impact of the changes at the Oxford centre will also be tested to see if the Southampton centre is already performing 400 heart operations on children a year and what, if any, impact there has been on the Bristol centre.
- **Travel Time.** The people of South West Cornwall and South Wales would be adversely affected if the Bristol centre no longer carried out surgery as it is over three hours to Southampton or Birmingham. So Bristol has been included in all viable options.
- **Research and Innovation.** Each centre's capability was assessed and scored. The panel found significant variation in the quality of research and innovation at the different centres. Two centres were considered to be excellent and these were both in London. Southampton, Bristol and Birmingham were considered good (the second best rating).
- **Paediatric Intensive Care Units.** If children's heart surgery is removed from current centres it would mean the current paediatric intensive care units would see a reduction in the number of children they treat. With the exception of three hospitals (where there is alternative provision in the area) all the other paediatric intensive care units in the other hospitals would remain viable. However, Bristol Royal Hospital for Children is considered to be most at risk due to the higher volume of cardiac cases using paediatric intensive care units, followed by Leeds General Infirmary and Southampton General Hospital. This will be explored further during the consultation.

A briefing paper from Southampton General Hospital on their response to the review is attached at appendix 2.

7. If some Health Overview and Scrutiny Committees consider the recommendations for change to be a substantial variation", this will require the NHS Specialise Services to formally consult with those HOSCs. The 2003 Direction from the Secretary of State requires scrutiny committees to convene a joint HOSC when two or more HOSCs consider that proposals affecting a population larger than a single HOSC to be substantial. If such a joint HOSC is convened the Panel need to consider if Southampton should be represented. Given the impact on Southampton and the surrounding areas it would be useful for the views of Southampton to be represented.
8. The Panel may also want to consider the merits of working with SHIP or the South Central Region to submit a joint response.

FINANCIAL/RESOURCE IMPLICATIONS

9. none

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

10. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

11. None

POLICY FRAMEWORK IMPLICATIONS

12. None

SUPPORTING DOCUMENTATION

Appendices

1.	Safe And Sustainable – Review Of Children’s Congenital Heart Services In England Consultation Document Summary
2.	Briefing Note from Southampton General Hospital

Documents In Members’ Rooms

1.	Safe And Sustainable – Review Of Children’s Congenital Heart Services In England Consultation Document
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Background Documents

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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Background documents available for inspection at: none

KEY DECISION? N/A **WARDS/COMMUNITIES AFFECTED:** All