

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL
<b>SUBJECT:</b>	SAFE AND SUSTAINABLE – REVIEW OF CHILDREN'S CONGENITAL HEART SERVICES IN ENGLAND, REPORT OF THE PUBLIC CONSULTATION
<b>DATE OF DECISION:</b>	15 SEPTEMBER 2011
<b>REPORT OF:</b>	EXECUTIVE DIRECTOR OF HEALTH AND ADULT SOCIAL CARE
<b>STATEMENT OF CONFIDENTIALITY</b>	
None.	

### **BRIEF SUMMARY**

The Health Overview and Scrutiny Panel discussed the Safe and Sustainable Review on 17 March 2011 and provided a response to the consultation (Appendix 1). Following the publication of the report of the Public Consultation on 24 August 2011 (Appendix 2), Health Overview and Scrutiny Committees (HOSCs) have an opportunity to add to their earlier submissions, should they wish to, until 5 October 2011. The Joint Committee of PCTs will consider the formal responses to the consultation proposals from the HOSCs in its decision-making process, along with an independent report to the consultation, full health impact assessment and other evidence.

### **RECOMMENDATIONS:**

- (i) To note the Report of the Public Consultation on the review of children's congenital heart services in England;
- (ii) To note the publication of the Paper from Southampton University Hospitals NHS Trust to members of the JCPCT on the retrieval of critically ill children from the Isle of Wight and associated letter from Jeremy Glyde, Safe and Sustainable Programme Director, to Sir Neil McKay CB, Chair of the JCPCT, regarding the retrieval of critically ill children from the Isle of Wight
- (iii) Consider if the Panel want to submit a further response to the review and the content of any such response.

### **REASONS FOR REPORT RECOMMENDATIONS**

1. To update members on the Safe and Sustainable Review and to provide the Panel with an opportunity to submit additional feedback.

### **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

2. The consultation document details the full range of options that have are being considered. The Report of the Public Consultation provides details of the public's response to the consultation document.

### **DETAIL (Including consultation carried out)**

#### **3 Independent Report on Public Consultation**

The 'Safe and Sustainable' review of paediatric cardiac surgical services in England consultation document setting out the options for change was published on 1 March 2011. The consultation ran until 1 July 2011. Both the HOSP and Southampton City Council provided a response to the consultation setting out a clear preference for option B, the only option which retains SUHT as a specialist surgical paediatric cardiac centre.

4. Ipsos Mori published their independent report on the public consultation on 24 August 2011. The report provides an analysis of more than 75,000 responses to the consultation. The report is comprehensive and is accompanied by a technical annexe which explains the methodology they have used to code the responses.

Key findings from the report include:

- Strong support amongst respondents for the Key Principles.
- Strong support for the need for 24/7 care in each of the Specialist Surgical Centres.
- Strong agreement that systems should be implemented to improve the collection, reporting and analysis of mortality and morbidity data.
- Option A received the highest level of support from personal respondents (58%) followed by Option B (34%), although more organisations supported Option B (41%) compared to Option A(18%).
- There were high levels of responses from people in the East Midlands and South Central regions. Option B was the most widely supported option across the country as a whole, excluding these regions.
- There were lower levels of support for Options C and D, with Option D receiving most support from respondents in the Yorkshire and Humber region.
- Three-quarters of respondents supported the proposal for two Specialist Surgical Centres in London (75% of personal respondents and 74% of organisations responding), with the majority supporting the proposed choice of Great Ormond Street Hospital for Children NHS Trust and Evelina Children's Hospital (65% of personal Respondents and 56% of organisations responding).

5. As highlighted above, although Option A was selected by more individuals than any other, more organisations supported Option B. Support for configuration options was strongly influenced by where people live. There were high levels of responses from people in the East Midlands and South Central regions. However, Option B was the most widely supported option across the country as a whole, excluding these regions. There was also a strong belief among many respondents that quality should be the deciding factor when planning future services.

6. **Retrieval of critically ill children from the Isle of Wight**

At the request of the *Safe and Sustainable* decision-making body, the Joint Committee of Primary Care Trusts (JCPCT), Southampton University Hospital NHS Trust (SUHT) has produced a report (Appendix C) on the safe retrieval of critically ill children from the Isle of Wight to provides JCPCT members with a more detailed understanding of the unique factors involved in retrieving a critically ill child by ferry. On 1 September 2011 Jeremy Glyde, *Safe and Sustainable* Programme Director, wrote to the JCPCT (Appendix D) around the emergency retrieval of children from the Isle of Wight. The letter advises that there is no available evidence that could reasonably suggest that a retrieval team from London or Bristol could reach the Isle of Wight in compliance with the time limits stipulated by the PICS standards, even if the Isle of Wight is considered to be a 'remote area' and measured by the higher time threshold of 4 hours. This advice is concordant with that provided to the JCPCT by the Paediatric Intensive Care Society in its formal response to consultation dated 23 June 2011. The secretariat will further advise the JCPCT to take these conclusions about retrievals from the Isle of Wight into account when considering the outcome of public consultation as part of the committee's deliberations to agree an eventual configuration option, and in any necessary re-

scoring of options.

7. **Health Impact Assessment: Interim Report**

In October 2010 Mott MacDonald were commissioned to carry out a Health Impact Assessment of the reconfiguration Options for children's heart surgery, to consider the positive and negative impacts that each proposed Option could have on:

- \_ health outcomes and existing health inequalities;
- \_ equality groups and deprived populations;
- \_ travel and access to the services; and
- \_ the resulting carbon dioxide emissions.

The purpose of the interim report (Members Room Document) is to provide a comprehensive overview of emerging findings based on the assessment tasks undertaken to date.

8. The interim report states that concentrating surgical expertise onto fewer sites and bringing non-surgical care closer to home will benefit patients. The development of strong congenital cardiac networks is acknowledged to be one of the benefits to vulnerable groups as they will increase equity of access and improve the delivery of care. The report also suggests issues for the JCPCT to consider during implementation.

9. The document shows that there are positives and negatives for all options and that the number of people significantly affected in all cases will be low.

10. **Next Steps**

11. The JCPCT is expected to make a final decision by the end of 2011. Implementation of any changes to children's congenital heart services is expected to start in 2013. A detailed implementation plan will be developed once a decision has been made.

Health Overview and Scrutiny Committees have the opportunity to add to their original consultation responses by 5 October 2011. Should the panel decided to submit further comments members may want to consider including the following points:

- Welcome the publication of the thorough report on the public consultation. Keen that appropriate weighting is given to professional opinions and results that are skewed as a result of local campaigns are acknowledged and considered appropriately. Pleased that quality and excellent care were recognised as the most important principle and standard for the future configuration of services.
- Recognise that the independent report on the public consultation could not include all detailed points provided in the written responses, rather than the questionnaires. However it is important that the detailed responses are considered along side the report. In relation to the Panel's previous response the point concerning patient numbers and flows, PICU, interdependences, GUCHD and complex procedures are considered by the JCPCT in their decision making.
- Welcome the report Retrieval of critically ill children from the Isle of Wight and the associated letter from Jeremy Glyde. Seek assurance that Southampton will be treated with the same status as Bristol – i.e. must be considered mandatory in any option chosen in order for the review to be fair and the IoW to be given equal access to services.

## RESOURCE IMPLICATIONS

### Capital/Revenue

None.

### Property/Other

None.

## LEGAL IMPLICATIONS

### Statutory power to undertake proposals in the report:

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:

None.

## POLICY FRAMEWORK IMPLICATIONS

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**KEY DECISION?** Yes/No

<b>WARDS/COMMUNITIES AFFECTED:</b>	all
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### SUPPORTING DOCUMENTATION

**Non-confidential appendices are in the Members' Rooms and can be accessed on-line**

### **Appendices**

1	Panel Response to the Safe and Sustainable Review
2	Ipsos Mori's Report on the Public Consultation
3	Southampton University Hospital NHS Trust Report on the Safe Retrieval of Critically Ill Children from the Isle of Wight
4	Letter from Jeremy Glyde, Safe and Sustainable Programme Director, to Sir Neil McKay CB, Chair of the JCPCT, regarding the retrieval of critically ill children from the Isle of Wight

### **Documents In Members' Rooms**

1 Health Impact Assessment: Interim Report

### **Integrated Impact Assessment**

Do the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out. **No**

### **Other Background Documents**

Integrated Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)