

MEETING:	OVERVIEW AND SCRUTINY COMMITTEE
DATE:	30 SEPTEMBER 2011
TITLE OF REPORT:	SAFE AND SUSTAINABLE CHILDRENS HEART SURGERY IN ENGLAND
REPORT BY:	ASSOCIATE DIRECTOR /HEAD OF SERVICE (Health)

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To consider submitting a response to a consultation on the proposed options for reconfiguration of paediatric cardiac surgery centres in England.

Recommendation(s)

THAT the Committee considers a response to the proposals for the reconfiguration of paediatric cardiac surgery centres in England.

Key Points Summary

- A national consultation has been undertaken on the reconfiguration of paediatric cardiac surgery centres in England to deliver safe, sustainable, world class childrens heart surgery. Overview and Scrutiny Committees have been given a further opportunity to comment on the proposals, up to 5 October, in the light of the publication of reports on the Health Impact Assessment and a report on the public consultation. Relevant documents can be accessed via the following link: <http://www.specialisedservices.nhs.uk/safeandsustainable>.
- Four options for the reconfiguration of paediatric cardiac surgery centres were presented to the National Joint Committee of PCTs, based on the recommendations of the Safe & Sustainable review process. The review was clinically led and supported by the relevant professional associations and national parent groups.
- The Joint Committee of PCTs is expected to announce its final decision as to the preferred option by the end of 2011. Any changes to the provision of children's cardiac services are expected to be implemented from 2013. A detailed implementation plan will be developed once the preferred option has been identified.

Further information on the subject of this report is available from
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- The review recommends the development of Cardiac Networks across England, comprising all of the NHS services that provide care to children with Cardiac Disease and their families, from antenatal screening through to the transition to adult services
- It proposes the implementation of new clinical standards.
- It proposes the implementation of new systems for the analysis and reporting of mortality and morbidity data relating to treatments for children with Congenital Heart Disease.
- It proposes a reduction in the number of NHS hospitals in England that provide heart surgery for children from the current 11 hospitals to 6 or 7 hospitals. This recommendation is based on the clinical view that only larger surgical centres can achieve true quality and excellence
- Each of the proposed four options includes the specialist hospitals currently accessed by children and young people from Herefordshire.

Alternative Options

- 1 There are no Alternative Options, this is a national review.

Introduction and Background

- 2 In 2009 the NHS Management Board and the NHS Medical Director, Professor Sir Bruce Keogh asked the National Specialised Commissioning Group (NSCG) to undertake a review to examine the way that children's heart surgery and interventional cardiology services were provided in England. This became known as the ***Safe and Sustainable - Review of Children's Congenital Cardiac services in England***
- 3 Children's heart surgery is an increasingly complex procedure that demands great technical skill and expertise from surgeons and their teams. The review was requested because there were concerns that some centres were not performing enough surgical procedures to maintain and develop their specialist skills, and that some centres do not have enough surgeons to guarantee a safe 24/7 service around the clock.
- 4 There are currently around 30 consultant heart surgeons who operate on children spread across 10 surgical centres in England. The Safe and Sustainable review aims to develop a national service that has:
 - Better results in surgical centres with fewer deaths and complications following surgery
 - Better, more accessible assessment services and follow up treatment delivered within regional and local networks
 - Reduced waiting times and fewer cancelled operations
 - Improved communication between parents and all of the services in the network that see their child
 - Better training for surgeons and their teams to ensure the service is sustainable for the future
 - A trained workforce of experts in the care and treatment of children and young people with congenital heart disease
 - Surgical centres at the forefront of modern working practices and new technologies that are leaders in research and development
 - A network of specialist centres collaborating in research and clinical development, encouraging the sharing of knowledge across the network
- 5 There are no paediatric cardiac surgical services in Wales.
- 6 The review analysed the responses to the four month public consultation and produced a comprehensive report, published on 24 August 2011. More than 75,000 people responded to the public consultation, which ran from 1 March to 1 July 2011. The review is also considering the findings of Health Impact Assessments, the outcome of the work being done to test patient

flows, and the capacity planning information that all Trusts involved in the review have been asked to submit.

- 7 Overview and Scrutiny Committees have been given further opportunity to comment on the proposals, up to 5 October.

Key Considerations

- 8 The proposed configuration options are summarised below. As mentioned, Birmingham Children's Hospital Foundation Trust (BCH) and Bristol Royal Hospital for Children are two of the centres which appear in all of the options. However, the impact of the proposed reconfiguration of other centres upon both of these hospitals needs to be considered.

Option A - Seven surgical centres at:

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

Observations on Option A:

Anticipated activity at Birmingham Childrens Hospital <91, this should not pose any problems as they currently have three surgeons performing >500 interventions.

Issue, Birmingham Childrens Hospital has invested significantly in cardiac surgery in anticipation of increased capacity as a result of this reconfiguration; a reduction in the number of surgical interventions may have financial consequences for Birmingham Childrens Hospital.

Anticipated activity at Bristol Royal Hospital for Children >160, they currently have three cardiac surgeons performing >277 interventions.

Issue, Bristol Royal Hospital for Children will need to develop an increased clinical infrastructure. The Freeman (Newcastle) would remain as a cardiac transplant centre, along with Great Ormond Street

Option B - Seven surgical centres at:

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

Observations on Option B

Anticipated activity at Birmingham Childrens Hospital >725, plus paediatric respiratory Extra Corporeal Membrane Oxygenation (ECMO). A fourth cardiac surgeon has been appointed..

Issues - Birmingham Childrens Hospital could manage the demand. However, additional consideration needs to be given to the fact that Leicester's paediatric respiratory Extra Corporeal Membrane Oxygenation would need to move to Birmingham Childrens Hospital, which would have resource consequence on Paediatric Intensive Care Unit and cardiac theatres.

Anticipated activity at Bristol Royal Hospital for Children >358.

Issues - to be compliant with the recommendations of the Safe & Sustainable review, this option would require some Herefordshire and Welsh patients going to Bristol to ensure the 400 minimum caseload is met, rather than to Birmingham Childrens Hospital.

Also, we would require involvement in a cross boundary cardiology network, which would need to be carefully managed due to the sensitivities of both paediatric cardiac surgery and ECMO moving out of Leicester.

The Freeman (Newcastle) would remain as a cardiac transplant centre, along with Great Ormond Street Hospital for Children.

Option C - Six surgical centres at:

1. Freeman Hospital, Newcastle
 2. Birmingham Children's Hospital
 3. 2 centres in London
- Alder Hey Children's Hospital, Liverpool
 - Bristol Royal Hospital for Children

Observations on Option C

Anticipated activity at Birmingham Childrens Hospital >725

Issues - Whilst 725 cases is considered possible with Extra Corporeal Membrane Oxygenation, there would be concerns regarding Birmingham Childrens Hospital having capacity to deliver 800 plus cases, without affecting non-specialised services for the local population

Anticipated activity at Bristol Childrens Hospital >437

Issues - assumptions include that some Herefordshire, Worcestershire and Wales patients would go to Bristol.

Sensitivities regarding developing a cardiology network would be the same as for Option B

Sensitivities regarding Leicester's paediatric respiratory Extra Corporeal Membrane Oxygenation move to Birmingham Childrens Hospital would be the same as for Option B.

The Freeman (Newcastle) would remain as a cardiac transplant centre, along with Great Ormond Street Hospital for Children.

Option D - Six surgical centres at:

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

Observations on Option D

Anticipated activity at Birmingham Childrens Hospital – 660, plus all paediatric Extra Corporeal Membrane Oxygenation (ECMO) and transplants,

Issues - This option could be considered to be the most vulnerable due to Birmingham Childrens Hospital becoming the transplant centre, and having to provide all paediatric respiratory ECMO. Whilst there is a reduced anticipated number of cases to options 2 &3, the resource intensity of Extra Corporeal Membrane Oxygenation and in particular the transplantation service moving to Birmingham Childrens Hospital will have additional implications.

Anticipated activity at Bristol Childrens Hospital >437

Issues - assumptions include that some Herefordshire, Worcestershire and Wales patients would go to Bristol.

Sensitivities regarding developing a cardiology network would be the same as for Option B

Sensitivities regarding Leicester's paediatric respiratory Extra Corporeal Membrane Oxygenation move to Birmingham Childrens Hospital would be the same as for Option B.

Community Impact

- 9 During the years 2005 - 2010 twenty seven children received Paediatric Cardiac surgery at Birmingham Children Hospital, during the same period only two children received Paediatric Cardiac surgery at Bristol Childrens Hospital. Patient choice will continue to support the clinical decision making about the location of paediatric cardiac surgery but the proposed reconfiguration of centres will not adversely affect Herefordshire residents choice given the current providers of care will be maintained.

Financial Implications

- 10 Reportedly cost neutral to commissioners as the money will follow the patients under payment by results. However NHS providers will have to invest to ensure the infrastructure for all services are robust and clinically robust.

Legal Implications

- 11 None

Risk Management

- 12 None

Consultees

- 13 National Consultation, more than 75,000 people responded to the public consultation on the future of children's heart services, which ran from 1 March to 1 July 2011, making it one of the largest ever carried out by the NHS.

Appendices

- 14 None

Background Papers

- None identified.