

Report of the Assistant Director Governance & ICT

**Summary & Outcomes Report - Joint Health Overview & Scrutiny Committee's Response to the Consultation on Children's Congenital Cardiac Surgery**

**Summary**

1. The purpose of this report is to summarise the background to the consultation, the main issues identified by the Joint Health Overview and Scrutiny Committee (HOSC) and the recommendations put forward to the Joint Committee of Primary Care Trusts (JCPCT).

**Background Information**

2. In 2008 the NHS Medical Director requested a review of Children's Congenital Heart Services in England. The aim of the review was to develop and bring forward recommendations for a *Safe and Sustainable* national service that had:
  - 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/guardians 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
3. On behalf of the ten Specialised Commissioning Groups in England and their constituent local Primary Care Trusts, the Safe and Sustainable Review Team (at NHS Specialised Services) managed the review process and this had involved:
- Engaging with partners across the country to understand what works well at the moment and what needs to be changed
  - Developing standards – in partnership with the public, NHS staff and their associations – that surgical centres must meet in the future
  - Developing a network model of care to help strengthen local cardiology services
  - An independent expert panel assessment of each of the current surgical centres against the standards
  - The consideration of a number of potential configuration options against other criteria, including access, travel times and population.
4. At the JCPCT meeting held on 16<sup>th</sup> February 2011, the following recommendations and options for consultation were presented and agreed:
- Development of Congenital Heart Networks across England that would comprise all of the NHS services that provide care to children with Congenital Heart Disease and their families, from antenatal screening through to the transition to adult services
  - Implementation of new clinical standards that must be met by all NHS hospitals designated to provide heart surgery for children
  - Implementation of new systems for the analysis and reporting of mortality and morbidity data relating to treatments for children with congenital heart disease
  - 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 in the belief that only larger surgical centres can achieve true quality and excellence
  - The options for the number and location of hospitals that provide children's heart surgical services in the future are;

<p><b>Option A: Seven surgical centres at:</b></p> <ul style="list-style-type: none"> <li>• Freeman Hospital, Newcastle</li> <li>• Alder Hey Children’s Hospital, Liverpool</li> <li>• Glenfield Hospital, Leicester</li> <li>• Birmingham Children’s Hospital</li> <li>• Bristol Royal Hospital for Children</li> <li>• 2 centres in London<sup>1</sup></li> </ul>	<p><b>Option B: Seven surgical centres at:</b></p> <ul style="list-style-type: none"> <li>• Freeman Hospital, Newcastle</li> <li>• Alder Hey Children’s Hospital, Liverpool</li> <li>• Birmingham Children’s Hospital</li> <li>• Bristol Royal Hospital for Children</li> <li>• Southampton General Hospital</li> <li>• 2 centres in London</li> </ul>
<p><b>Option C: Six Surgical Centres at:</b></p> <ul style="list-style-type: none"> <li>• Freeman Hospital, Newcastle</li> <li>• Alder Hey Children’s Hospital, Liverpool</li> <li>• Birmingham Children’s Hospital</li> <li>• Bristol Royal Hospital for Children</li> <li>• 2 centres in London</li> </ul>	<p><b>Option D: Six surgical centres at:</b></p> <ul style="list-style-type: none"> <li>• Leeds General Infirmary</li> <li>• Alder Hey Children’s Hospital, Liverpool</li> <li>• Birmingham Children’s Hospital</li> <li>• Bristol Royal Hospital for Children</li> <li>• 2 centres in London</li> </ul>

5. Formal public consultation on the proposed changes took place between 1<sup>st</sup> March 2011 and 1<sup>st</sup> July 2011, whilst Health Overview and Scrutiny Committees were given an extended deadline of 5<sup>th</sup> October 2011 to respond to the proposals.
  
6. In March 2011, on behalf of 15 local authorities across Yorkshire and the Humber, a Joint Health Overview & Scrutiny Committee (HOSC) was formed and became the statutory body responsible for responding to the consultation on the ‘Review of Children’s Congenital Cardiac Services in England’ along with the associated reconfiguration proposals. This Committee was administered by

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<sup>1</sup> The preferred two London centres in the four options are Evelina Children’s Hospital and Great Ormond Street Hospital for Children

Leeds City Council and City of York Council's representative on the Committee was Councillor Wiseman.<sup>2</sup>

7. In considering the review documentation and the proposals set out in the Safe and Sustainable Consultation Document: *A new vision for Children's Congenital Heart Services in England (March 2011)*, the Joint HOSC considered a range of evidence and heard from a number of key stakeholders as summarised in the paragraphs below prior to producing their final report.

### **Summary of Issues Highlighted in the Final Report**

8. In summary, the view of the Joint HOSC is that any future model of designated paediatric congenital cardiac surgical centres that does not include a centre in Leeds will have a disproportionately negative impact on the children and families across Yorkshire and the Humber.
9. This view, as identified in the full final report, is specifically based on the evidence considered in relation to:
  - Co-location of services
  - Caseloads
  - Population density
  - Vulnerable groups
  - Travel and access to services
  - Costs to the NHS
  - The impact on children, families and friends
  - Established congenital cardiac networks
  - Adults with congenital cardiac disease
  - Views of the people of the Yorkshire & Humber Region
10. Whilst focusing on the needs of the children and families across Yorkshire and the Humber and the retention of services in the region, the Joint HOSC also identified potential negative impacts of alternative proposals in other parts of the country. As such, and as detailed in the report, the Joint HOSC were mindful not to shift any similar disadvantages to other areas of the country that were identified in Options A to C of the proposals (see table above).

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<sup>2</sup> Councillor Fraser, prior to May 2011

11. The specific recommendations included in the final report and put forward to the JCPCT are attached at **Annex A** to this report.

### **Identified Concerns**

12. During the inquiry, the Joint HOSC identified some specific concerns in relation to the consultation process and the availability of a range of information. Specifically the Joint HOSC highlighted concerns in relation to the availability of:
  - The detailed breakdown of assessment scores for surgical centres produced by the Independent Expert Panel (chaired by Sir Ian Kennedy) – which subsequently have seemingly been used as a proxy for quality at current surgical centres.
  - A finalised Health Impact Assessment report
  - A detailed breakdown of information on the likely impacts on identified vulnerable groups across Yorkshire and the Humber referred to in the Health Impact Assessment (interim report)
  - The Price Waterhouse Coopers report that tested the assumed patient travel flows under each of the four options presented for public consultation
  - Additional work undertaken around capacity across surgical centres
  - Detailed financial calculations and assumptions
13. Members of the Joint HOSC also highlighted serious concern and disappointment with the JCPCT's general reluctance to adequately engage with the Joint HOSC during its inquiry.
14. In early October 2011 the Joint HOSC presented its consultation response to the proposals and issued a formal report to the Joint Committee of Primary Care Trusts (JCPCT), the decision making body, for consideration. A copy of the Joint HOSC's full final report can be found at **Annex B** to this report (available online only due to its size). Agendas and Minutes relating to the meetings of the Joint HOSC can be found on Leeds City Council's website via the following link:

<http://democracy.leeds.gov.uk/ieListMeetings.aspx?CId=793&Year=2011>

15. It is expected that, in line with current Department of Health guidance<sup>3</sup>, a formal response (by the JCPCT) to the Joint HOSC's report will be received and available by the middle of November 2011.
16. It should be noted that, notwithstanding any response to the Joint HOSC's report from the JCPCT, a formal decision by the JCPCT on the preferred option was not expected until mid-December at the earliest. However, this deadline may well change due to a successful legal challenge from the Royal Brompton Hospital (RBH) in London. RBH applied for a judicial review in relation to several elements of the consultation but only one was upheld.
17. The Honourable Mr. Justice Owen found that the JCPCT's process for assessing the RBH's compliance with the standards relating to 'research and innovation' (which was found to be 'poor') was flawed, stating that '*...the failure to meet the RBH Trust's legitimate expectation as to the use to which the information provided in response to the self-assessment Template, and the likely consequential effect upon the assessment of 'Quality' in the inter London centre scoring, rendered the consultation process unfair to the Trust, the unfairness being of such a magnitude as to lead to the conclusion that the process went radically wrong.*'
18. In conclusion, the Honourable Mr. Justice Owen's judgement was that '*...the consultation exercise was unlawful, and must therefore be quashed.*'
19. The JCPCT is understood to be appealing against this decision: If unsuccessful on appeal or the JCPCT decides to hold a further public consultation (because an appeal would take too long) then the decision on the preferred option would be delayed. However, if successful on appeal, it is still unlikely that the final decision on the preferred option will be made by mid-December 2011, due to the timescales associated with the necessary court proceedings. Nonetheless, the JCPCT has indicated that they intend to make a final and binding decision by spring 2012.

## **Consultation**

20. This report is for information only.

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<sup>3</sup> Where an overview and scrutiny committee request a response from the NHS body to which it has reported, the NHS body shall respond to the request within 28 days.  
(*Overview and Scrutiny of Health – Guidance: Department of Health (July 2003)*)

## **Options**

21. This report is for information only and as such there are no options. However the Committee are asked to nominate a new representative to sit on the Regional Joint HOSC.

## **Analysis**

22. This report is for information only. A full analysis and discussion of the Safe and Sustainable consultation documentation was carried out by the Joint HOSC and is set out in their full report.
23. Members may be aware that Councillor Wiseman, the current representative on Regional Joint HOSC is standing down from the Health Overview & Scrutiny Committee in York. She will be taking up a place on the Health & Well Being Board. This means that York's place on the Regional Joint HOSC will be vacant as of 8<sup>th</sup> December 2011<sup>4</sup>.
24. The Committee are advised to nominate a new representative to sit on the Regional Joint HOSC. It is important that the voice of York's Health Overview & Scrutiny Committee continues to be heard in relation to the proposed changes to children's cardiac services. The next meeting of the Regional Joint HOSC is scheduled for Monday 19<sup>th</sup> December 2011 at 9.30am and will be held in Leeds Civic Hall. The nominated representative from this Committee is requested to make themselves available to attend.

## **Council Plan 2011-2015**

25. This report details the written response of the Joint HOSC to a national consultation regarding the provision of Children's Congenital Cardiac Services. It is not directly linked to the five priorities the Council has set.

## **Implications**

26. This report is for information only and as such there are no implications associated with the recommendations within it.

## **Risk Management**

27. There are no risks associated with the recommendations within this report.

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<sup>4</sup> Subject to approval at the Full Council meeting on 8<sup>th</sup> December 2011

## Recommendations

28. Members are asked to:

- Note the report
- Nominate a representative to sit on the Regional Joint HOSC

Reason: To keep the Committee informed of the work of the Joint HOSC in relation to the proposed changes to children's cardiac services.

## Contact Details

### Author:

Tracy Wallis  
Scrutiny Officer  
Scrutiny Services  
01904 551714

### Chief Officer Responsible for the report:

Andrew Docherty  
Assistant Director Governance and  
ICT  
01904 551004

Report  
Approved



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**Specialist Implications Officer(s)** None

**Wards Affected:**

All

**For further information please contact the author of the report**

**Background Papers:**

None

## Annexes

**Annex A** Summary of Recommendations

**Annex B** Final Report (online only)