

<b>Subject:</b>	<b>Consultation on “Safe and Sustainable”: a New Vision for Children’s Congenital Heart Services in England</b>		
<b>Date of Meeting:</b>	<b>March 28 2011</b>		
<b>Report of:</b>	<b>The Strategic Director, Resources</b>		
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<b>Wards Affected:</b>	All		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 The NHS is currently consulting with stakeholders on plans to significantly alter the way in which it provides services for children with congenital heart conditions, particularly in terms of how the very specialised surgery required by this group of patients is delivered. In essence, the plan is to ‘scale-up’ surgical services, with the current 11 units across England reconfigured as 6 or 7 larger teams.
- 1.2 The Health and Social Care Act (2001) obliges NHS trusts to consult with local Health Overview & Scrutiny Committees (HOSCs) on plans to make ‘substantial variations’ to existing services. Children’s congenital heart surgery is a ‘specialist service’: a low volume procedure which is commissioned nationally by Department of Health commissioners rather than locally by individual Primary Care Trusts. In order to comply with the legislation around consultation, the NHS has been obliged to contact every HOSC in England to enquire whether they consider that the reconfiguration plans constitute a ‘substantial variation’, and if they do, whether they wish to be formally consulted about them. Every HOSC which does choose to be involved in the consultation will be required to devolve its scrutiny powers to a joint HOSC (JHOSC) to consider this matter.
- 1.3 Given the relatively low impact that these changes are likely to have on local residents, and the considerable time and resources required to participate in a JHOSC, officer advice in this instance is that the Brighton & Hove should not seek to formally participate in this consultation, although the HOSC should continue to monitor the initiative’s progress via regular

updates to the South East Coast HOSC Network . More information on the proposals to reconfigure children’s congenital heart services, and on HOSC responsibilities in terms of major reconfiguration plans is included in part 3 of this report.

## **2. RECOMMENDATIONS:**

2.1 That members:

(1) Note the contents of this report;

and

(2) Decline to take part formally in the consultation process, but continue to monitor the progress of this initiative via the South East Coast HOSC Network, and reserve the right to reconsider their involvement should later stages of the planned reconfiguration impact significantly upon Brighton & Hove residents.

## **3. BACKGROUND INFORMATION**

3.1 Paediatric cardiac surgery for children with congenital heart conditions is currently undertaken at 11 national centres. These are: Newcastle upon Tyne, Leeds, Liverpool, Birmingham, Leicester, Bristol, Southampton, Oxford and London (at the Royal Brompton, Great Ormond Street and Guys and St Thomas’).

3.2 In recent years, the NHS has increasingly looked to ‘scale-up’ very specialised ‘low-volume’ treatments – i.e. to provide complex and uncommon treatments on a regional or sub-regional basis. This is justified in terms of developing and maintaining clinical excellence: clinicians who regularly perform a procedure (particularly in terms of surgery) are likely to have better success rates than peers who do so only rarely. It follows from this that low volume non-emergency surgery should be provided at a scale which allows for an optimal configuration of surgical teams. The NHS argues that the current configuration is sub-optimal and proposes to reduce 11 centres to six or seven.

3.3 There are four possible configurations under consultation. In all scenarios surgical centres will be retained/expanded at Liverpool, Birmingham and Bristol. All scenarios also include a centre for the North/North-East (either in Newcastle or Leeds). None of the options include a continuation of services in either Leicester or Oxford. All the options assume there will be two centres in London: GOS and the Evelina (at Guys).

- 3.4 There is a good deal of evidence to support the scaling-up of low volume procedures, and the idea of centralising paediatric cardiac surgery is widely supported by the Royal Colleges, advocacy groups etc. However, any new reconfiguration will inevitably be opposed by people in the areas which stand to lose services. It may also be that the impact of losing a specialist surgical team is much broader than just the loss of that particular service, as very specialist paediatric surgeons may support a range of less specialised children's healthcare services in an area.
- 3.5 HOSCs are required to consider NHS reconfiguration plans in terms of their likely impact on their local populations. Strictly speaking, therefore, questions of whether a planned reconfiguration is in the best interests of patients across the country or whether it runs counter to the interests of any specific area other than the local HOSC area are not germane: the question for Brighton & Hove HOSC is whether planned changes will have a detrimental impact upon city residents. Currently, virtually all local children with congenital heart problems are referred to London hospitals for treatment. Since all the consultation options will retain services at two London centres, and since it appears likely that the clinical quality of these centres will be maintained or improved by the reconfiguration, it does not seem as if the plans will have an obvious negative impact upon Brighton & Hove residents.
- 3.6 Where two or more HOSCs consider NHS reconfiguration plans to constitute a significant variation in services which they wish to be consulted about, they must form a JHOSC to examine the issue. Relevant HOSC statutory powers will be delegated to the JHOSC, and the JHOSC will be required to come to a view on the reconfiguration plans from the holistic perspective of all areas involved. Since children's congenital heart services are commissioned nationally, any JHOSC could potentially have more than a hundred HOSCs involved in it. However, it is likely that those HOSCs with the most immediate interest in the issue will lead – e.g. HOSCs with residents who use the affected hospitals for general healthcare. Nonetheless, this is still likely to be a very complex and involved process, with considerable demands on member and officer resources. It is up to HOSC members to determine whether the local impact of reconfiguration plans would justify their involvement.
- 3.7 Chairmen and/or lead officers from South East Coast (SEC) Strategic Health Authority area HOSCs (Kent, West Sussex, East Sussex, Medway, Brighton & Hove) meet regularly as a network to discuss regional health issues. The SEC Network has debated the children's cardiac reconfiguration on several occasions, talking with officers from the DH and SHA specialist commissioning units. Network members have informally agreed that none of the HOSCs in the region have a significant interest in the reconfiguration of surgical centres. However,

the SEC Network has no formal decision making powers – these remain the prerogative of individual HOSCs.

- 3.8 Changes to the configuration of paediatric surgery units constitute only part of the NHS plans. Sitting behind these ‘hub’ services are the ‘spoke’ services which support children before and after surgery, typically over a considerable period of time. Some of this support may be delivered at the surgical centres themselves, but much of it is (or should be) delivered closer to patients’ homes, either at local hospitals or via community care. Details of the ‘spoke’ arrangements for the SEC area are likely to be of more potential interest to local residents than changes in the configuration of surgical centres, as there may be a very real practical difference in a support service based in Brighton to one based, say, in Worthing or Eastbourne. However, although the NHS consultation describes a broad vision of support services, it stops well short of providing details of how these services will be configured locally. When these plans are eventually developed, it may well be that local HOSCs will want to be actively involved, and the SEC Network has made this point to the South East Coast Strategic Health Authority. Any HOSC decision not to become formally involved at this stage of the reconfiguration process would not preclude HOSC involvement at a later stage.

#### **4. CONSULTATION**

- 4.1 None has been undertaken in compiling this report

#### **5. FINANCIAL & OTHER IMPLICATIONS:**

##### Financial Implications:

- 5.1 None directly, other than in terms of scrutiny team resources. However, members should be aware that there are implications in terms of scrutiny officer support for a joint HOSC.

##### Legal Implications:

5.2

##### Equalities Implications:

- 5.3 None directly, but there may be implications to future decisions re: community support services for paediatric cardiac surgery

##### Sustainability Implications:

- 5.4 None directly, but there may be implications to future decisions re: community support services for paediatric cardiac surgery

Crime & Disorder Implications:

5.5 None

Risk and Opportunity Management Implications:

5.6 None directly, but there may be implications to future decisions re: community support services for paediatric cardiac surgery

Corporate / Citywide Implications:

5.7 None directly, but there may be implications to future decisions re: community support services for paediatric cardiac surgery

**SUPPORTING DOCUMENTATION**

**Appendices:**

**Documents in Members' Rooms:**

**Background Documents:**

1. "Safe and Sustainable" – A New Vision for Children's Congenital Heart Services in England: Consultation Document, 01 March 2010 to 01 July 2011

