

Safe and Sustainable Children's Heart Surgery: A Briefing

Our aim

This briefing aims to provide Health Overview and Scrutiny Committees with further information on the NHS review of children's heart surgery services in England. It is possible that when the NHS delivers proposals for change in these services some HOSCs may consider them to be a 'substantial variation', requiring us to formally consult with those HOSCs.

What we would like from HOSCs

We would like HOSCs to let us know of their proposed scrutiny arrangements in time for formal public consultation in the autumn of 2010. This will help us to start to plan how best to work with HOSCs during the consultation and it will help HOSCs to begin to plan for how they might be consulted. We realise that HOSCs cannot be certain about the exact arrangements until they have seen the review's proposals and decided whether the proposed changes constitute a substantial variation but we would like to plan with you now so that HOSCs can make best use of the consultation period.

When does public consultation take place?

The NHS will hold consultation from **October 2010 to January 2011**. Please see back page for further dates.

Who will consult?

The NHS is establishing a national joint committee of Primary Care Trusts (PCTs) that will have legal powers for consultation and decision making. The committee will include the Chair of each of the 10 Specialised Commissioning Groups in England (each SCG Chair is a PCT Chief Executive).

What is the likely outcome of the review and what are we likely to be consulting about?

Children's heart surgery is a complex and relatively rare treatment. On average a PCT is likely to have only 20 children each year requiring heart surgery. It is likely that the review will recommend a reduction in the number of NHS hospitals that provide children's heart surgery. Although surgery may cease in some hospitals, they would continue to provide a specialist cardiology service for children in their region.

There are currently 11 surgical centres across England – the map on page three shows their locations.

Why is there a need for the review?

- Children's heart surgery is becoming increasingly complex
- Services have developed on an ad hoc basis; there is a need for a planned approach for England and Wales
- Surgical expertise (31 surgeons) is spread too thinly over 11 surgical centres
- Some centres are reliant on one or two surgeons and cannot deliver a safe 24 hour emergency service
- Smaller centres are vulnerable to sudden and unplanned closure
- Current arrangements are inequitable as there is too much variation in the expertise available from centres
- Fewer surgical centres are needed to ensure that surgical and medical teams are seeing a sufficient number of children to maintain and develop their specialist skills
- Available research evidence identifies a relationship between higher-volume surgical centres and better clinical outcomes
- Having a larger and varied caseload means larger centres are best placed to recruit and retain new surgeons and plan for the future
- The delivery of non-surgical cardiology care for children in local hospitals is inconsistent; strong leadership is required from surgical centres to develop expertise through regional and local networks
- Increasing the national pool of surgeons is not the answer, as this would result in surgeons performing fewer surgical procedures and increase the risk of occasional surgical practice

What does the review aim to achieve?

- Better results in the surgical centres with fewer deaths and complications following surgery
- Better, more accessible diagnostic 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 sustainability of the service
- A trained workforce expert in the care and treatment of children and young people with congenital heart disease
- Centres at the forefront of modern working practices and innovative 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

Is there support for the review?

There is strong support for the review, which was instigated at the request of national parent groups, NHS clinicians and their professional associations. However, some local parent groups and clinicians working in the centres are understandably concerned about the future of their own centres.

How will the NHS consult the public?

- Face to face events across England and Wales
- Online communications, including video and accessible information
- Printed communications, such as the consultation document itself and newsletters
- Through the media

How will the NHS consult with HOSCs?

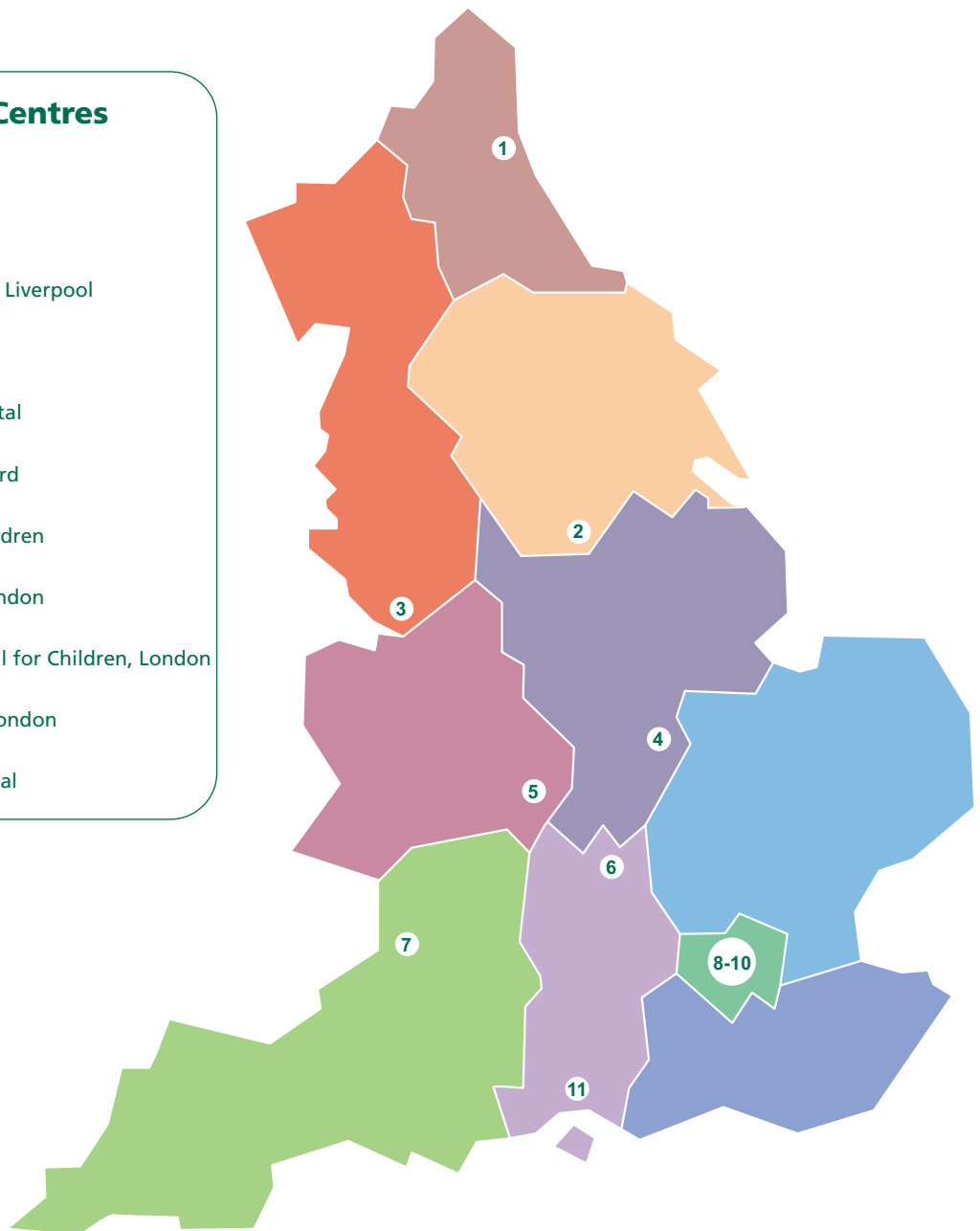
We want you to help us plan for consultation by telling us how you think we can best engage with HOSCs.

The 2003 Direction from the Secretary of State requires scrutiny committees to convene a joint HOSC when two or more HOSCs consider proposals affecting a population larger than a single HOSC to be 'substantial'.

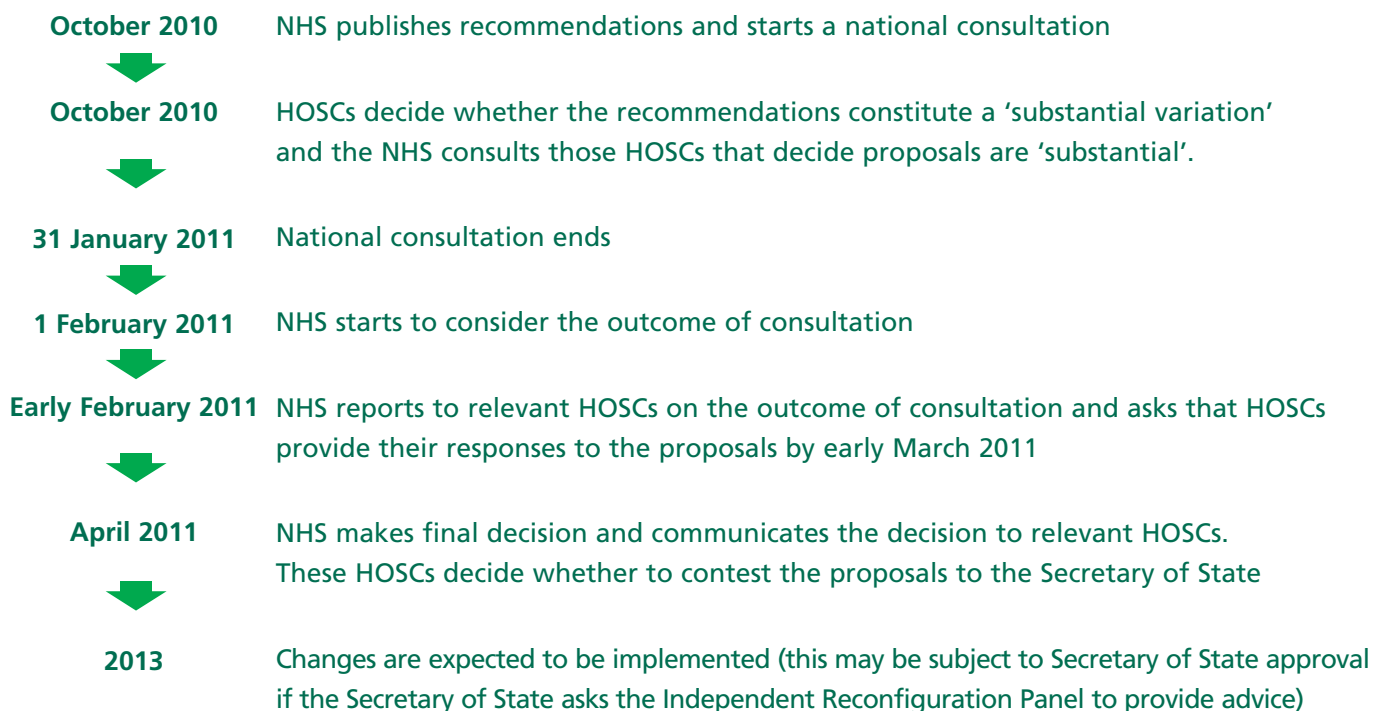
There are 10 Strategic Health Authority regions in England, so it may make sense to align scrutiny arrangements with these regions. We are aware that HOSCs in several regions already have protocols for joint scrutiny of health issues.

Current Surgical Centres

- 1 Freeman Hospital, Newcastle
- 2 Leeds Teaching Hospital
- 3 Alder Hey Childrens Hospital, Liverpool
- 4 Glenfield Hospital, Leicester
- 5 Birmingham Children's Hospital
- 6 John Radcliffe Hospital, Oxford
- 7 Bristol Royal Hospital for Children
- 8 Royal Brompton Hospital, London
- 9 Great Ormond Street Hospital for Children, London
- 10 Evelina Children's Hospital, London
- 11 Southampton General Hospital



What is the timeline?



Please let us know:

1. Your proposed arrangements for scrutiny (for example, whether or not you think that existing arrangements for regional joint scrutiny can be used)
2. Contact details so that we can start to confirm dates and venues for presentations to HOSCs (we suggest that we set dates now so that we can start to work with you in developing a consultation that meets your needs)
3. Any other questions that you may have

Contact details

The NHS review is led by the National Specialised Commissioning Team on behalf of the 10 Specialised Commissioning Groups in England.

Please contact: Zuzana Bates, Project Liaison Manager e: Zuzana.Bates@nsscg.nhs.uk

National Specialised Commissioning Team 2nd floor, Southside, 105 Victoria Street, London SW1E 6QT
Direct Line: 020 7932 3771

Further information

Other documents that you may wish to read include:

- 'The Need for Change' (April 2010) which sets out the reasons why change is considered necessary
- Clinical standards that hospitals providing children's heart surgery must meet in the future (March 2010)
- Newsletters

These, and other documents, are available from our website: <http://www.specialisedcommissioning.nhs.uk/index.php/safe-and-sustainable-programmes/childrens-heart-surgery-services-programme/>

We would like to thank the Centre for Public Scrutiny for their assistance.