

## EDUCATION, CHILDREN & YOUNG PEOPLE SCRUTINY PANEL

MINUTES OF THE MEETING of the Education, Children & Young People Scrutiny Panel held in the Guildhall on Monday 7 February 2011.

### Present

Councillors James Williams (Chair)  
Margaret Adair  
Peter Eddis  
Andy Fraser  
Malcolm Hey  
Lynne Stagg

### Also in Attendance

Dawn Saunders, Associate Director of Public Health.  
Mark Hackett, Chief Executive Southampton General Hospital  
James Gnanapragasam, cardiologist, Southampton General Hospital  
Alison Ayres, Head of Communications, Southampton General Hospital.

The briefing note from Portsmouth Hospitals Trust was tabled at the meeting.

- 6 Declarations of Members' Interest (AI 1).**  
Councillor Eddis declared a personal but not prejudicial interest as his great-niece has recently undergone heart surgery at Southampton.
- 7 Declarations of Interest (AI 2).**  
No declarations were made.
- 8 Minutes of the Meeting Held on 24 January 2011 (AI 3).**  
**RESOLVED that the minutes of the Education, Children & Young People held on 24 January be agreed as a correct record.**
- 9 Review into paediatric cardiac services (AI 4).**  
The Chair welcomed everyone to the meeting and the Scrutiny Support Officer informed the Panel that the Health Overview & Scrutiny Panel would consider the report on paediatric cardiac services at its meeting on 17 March. The report would therefore need to be agreed by 10 March.

Dawn Saunders, Associate Director of Public Health, Mark Hackett, Chief Executive, and James Gnanapragasam, Cardiologist, Southampton General Hospital were invited to respond to the questions set out in the scoping document for this review. Ms Saunders circulated a presentation to the Panel to aid the discussion, during which the following points were raised:

The Specialised Commissioning Group commissions paediatric cardiac services on behalf of NHS Portsmouth.

For cardiac surgery children from Portsmouth can be treated at Southampton University Hospitals Trust (SUHT), Great Ormond Street, Royal Brompton and

Harefield and Guys & St Thomas. Since 2005, most families choose SUHT. Currently, 22% of Portsmouth City residents are under 18. By 2016 the Portsmouth City population will see a shift in its make up with 700 less children under 18 and more adults over the age of 65.

Annually, in Portsmouth an average of 26.4 patients aged 18 or under are diagnosed with cardiac disease.

Between 14 and 16 hospitals refer patients to Southampton for cardiology procedures including the insertion of stents and other devices.

The reasons for cardiac problems are varied and could be congenital due to faulty genes or growth-related issues resulting in:

- Defective tubes that feed into the heart.
- A transposed heart.
- Defective valves.
- Tears or gaps between the chambers.

Nationally, 3,500 paediatric cardiac procedures are carried out a year; 400 of which in Southampton General Hospital. It pioneered this work and carries out the largest volume of congenital procedures. 25% of cardiac surgery is congenital.

Patients undergoing cardiac procedures stay in hospital for the minimum amount of time possible. Most patients with stents have the operation in the morning and return home that evening. More complex operations require the patient to stay in a specialist intensive care unit for several days.

Patients are referred between hospitals depending on the expertise of the surgeons. However, only Great Ormond Street Hospital carries out heart transplants.

Infants often require further surgery or other interventions throughout their lives. There are very close working relationships between cardiologists and paediatric cardiologists with an interest in paediatric cardiology at Portsmouth Hospitals NHS Trust, with joint clinics being held to ensure continuity for the transition from children's to adults' services.

The parents choose where their child will go for treatment.

NHS Portsmouth spent £432,722 on commissioning paediatric cardiac services in 2009/10.

Southampton General Hospital took 90 patients from Oxford cardiology unit when it closed last year at a cost of between £3.5 and £4m. Most cases cost approximately £10,000.

There is no specific ante-natal screening programme for heart defects. A nuchal fold scan (for Down syndrome) is carried out at 12 and again at 20 weeks. If risk factors for the baby are identified e.g. there is a family history of congenital heart disease or the mother's lifestyle is risky (due to alcohol or drug taking) the mother will be referred to a specialist clinic and closely monitored. There is a policy for screening for congenital cardiac disease in newborn

babies, through the physical examination of newborn babies and the 6-8 week examination. Most babies with cardiac problems are identified in the first 24 to 48 hours after birth and many murmurs are picked up at the 6-8 week examination.

The age of the mother can mean that the baby is predisposed to many problems including Down syndrome. There are more obstetric risks for very young and older mothers. The average age of the first time mother is 28-29.

Often infants with cardiac conditions also suffer from other conditions as well. All the consultants involved will be involved in the discussions about treatment. The heart problems are normally dealt with first. All paediatric specialities are provided for at Southampton General Hospital.

There is a link between prematurity and cardiac problems.

Councillor Hey commented that lots of research is being carried out in this field by various charities and that there is cause to be optimistic about the future.

Raising awareness of risk factors for pregnant women is very important.

Women who had heart surgery in childhood are now having children.

The incidence of acquired heart disease in adults is increasing and is due to poor lifestyle choices leading to obesity. The Panel agreed that schemes like Surestart which assist parents to make good lifestyle choices are very important so that the children will learn good habits and pass them on to their children. There is a commitment from the government to continue supporting Surestart.

The charity Wessex heartbeat supports patients with cardiac problems (adults and children) by providing information, support and free accommodation in two houses very close to Southampton General Hospital for families of patients. The specialist cardiac liaison nurses in the ward offer practical advice to families. An information pack for families was passed around the Panel.

Queen Alexandra Hospital also provides general care for children with congenital heart problems and one of its paediatricians leads on this, Dr Roy Seivers.

The Primary Care Trust that covers Southampton is looking at eradicating duplication of paediatric services that are provided both in the community and at the hospital. However, the level of these services will be increased to reinforce its position as a tertiary provider. 130 consultants will have paediatric interest and there will be 200 paediatric beds. Mr Hackett explained that he felt paediatric services had a bright future because of the increase in demand as the population grows.

Southampton General Hospital has been described as exemplar hospital in training and education, the management of paediatric intensive care and the standards on most of its wards by an independent review of the 11 centres that carry out children's heart surgery which was led by Professor Sir Ian Kennedy. In this review it was ranked the second best performing centre nationally for its quality of outcome, environment, team working, culture and parent

involvement. Since the 1970s it has been in the top hospitals for survival rates and has never been investigated for mortality rates. The decision to operate is taken at a joint conference. If a mortality does occur, the case is discussed thoroughly to see if lessons could be learnt. There is a good culture of openness where staff feel able to discuss freely all aspects of treatment.

Parents will travel to get the best for their children and most procedures are planned. Patients in need of urgent surgery are stabilised at their nearest hospital and then transported to Southampton General Hospital either by plane (for those in the Channel islands) helicopter or ferry (for those on the Isle of Wight) or road.

The proposals being put forward for consultation by the safe and sustainable review of children's cardiac services in England will be published on 16 February.

Peer support is very important for surgeons and all medical staff. Referrals can be made to occupational health team if required.

It is very rare when a hospital is unable to treat a paediatric cardiac patient at Southampton General Hospital. The waiting time for surgical procedures fluctuates.

The parents are involved in all stages of treatment and are able to make informed decisions. They are given lots of information including leaflets produced by the British Heart Foundation. The doctors have a duty to act in the best interests of the patient as stipulated in the Children's Act. It is very rare that the parents disagree with the advice given. However, the parents can ask for a second opinion from another hospital or ask the hospital's ethics committee to consider the case.

A lot of work is being carried in the city to reduce the number of mothers smoking during pregnancy. Fifty percent of pregnant teenage girls smoke. It is important that the whole family is involved because there is a high risk of Sudden Infant Death if there is a smoker in the family.

People do not go abroad for paediatric cardiac services as there are adequate services provided here.

The Chair thanked everyone for their interesting and informative contribution.

**RESOLVED that the Panel visit the paediatric cardiac service at Southampton General Hospital.**

**10 Date of Next Meeting (AI 5).**

21 February 2011.

The meeting closed at 15:35.