

Better outcomes for children with congenital heart disease

Wednesday, 16th February 2011

Safe and Sustainable – the NHS review into the future of children’s congenital heart services in England – has today proposed four options to reduce the number of hospitals providing children’s heart surgery from 11 to six or seven. New quality standards are also proposed to ensure better care and survival rates for children. Whilst specialist surgical care would be centralised, the NHS would like more expert assessment and ongoing care services closer to families’ homes. A four month full public consultation on the proposals will begin later this month.

Leslie Hamilton, Immediate Past President for the Society for Cardiothoracic Surgery and Vice Chairman of the *Safe and Sustainable* Steering Group, said: “These changes are about saving lives - not saving money. Pooling surgical expertise in fewer larger centres will produce better outcomes for children and ensure these vital services are safe and sustainable for the future. Change is long overdue: the debate is not about whether there should be change – it is how there should be change.”

Children’s heart surgery is complex and is becoming increasingly specialised. Proposals announced today would spell the end for occasional practice and small surgical centres. Hospitals carrying out children’s heart surgery would need to meet tough new quality standards. All centres would need at least four consultant congenital heart surgeons treating the ideal minimum of 500 children each year to ensure the NHS avoids unnecessary cancellations and provides urgent care round the clock. It is envisaged that surgical centres that do not provide children’s heart surgery would provide children’s cardiology instead – they will not close.

Sir Bruce Keogh, NHS Medical Director and former president of the Society for Cardiothoracic Surgery in Great Britain and Ireland, said: “As surgeons we have a duty to ensure the most vulnerable members of our society get the best possible care. As we get better at treating smaller and sicker babies, the operations and after-care are becoming much more complex. This consultation is about working out how NHS services can offer the best opportunity for increasingly sick babies to have successful operations and to live long and healthy lives.”

Safe and Sustainable is recommending that the John Radcliffe Hospital in Oxford - the lowest ranking centre – should not be considered viable in any of the four options. *Safe and Sustainable* is also recommending that London should be served by two - not three - surgical centres. The preferred configuration in London is that Great Ormond Street Hospital and the Evelina Children’s Hospital would remain surgical centres; it is envisaged that the Royal Brompton Hospital would become a children’s cardiology centre. All other centres are included in at least one of the options.

All children’s congenital heart services would be co-ordinated by congenital heart networks managed and led by clinicians. This will create an integral role for cardiac nurses and additional paediatricians with expertise in cardiology. These networks would provide better co-ordination of the existing fragmented services as well as strengthened local services meaning that many children would no longer need to travel long distances for cardiology services.

Anne Keatley-Clarke, Chief Executive of the Children's Heart Federation, said: "Parents tell us that they would travel anywhere if it meant their child received the best care. We cannot afford to keep relying on the goodwill of surgeons to keep small centres open. Every child must have access to services that are safe and high quality regardless of where they live. Most children that have surgery only need it once and many children never have surgery. Therefore it is imperative that non-surgical expert cardiology services are provided closer to home."

The *Safe and Sustainable* process has been transparent, thorough and clinically led. Expert cardiac clinicians and their associations have been instrumental to the development of the proposed quality standards. Professor Sir Ian Kennedy, who chaired the inquiry into the deaths of cardiac children in 2001 led an independent panel of experts to assess each centre's ability to meet the new quality standards. The findings formed part of the evidence considered by the NHS committee responsible for agreeing the proposals.

A four month public consultation launches on 28 February 2010. The public will be invited to give their views on the recommendations. A final decision will be made later this year.

Option A

Seven surgical centres at:

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

Seven surgical centres at:

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

Option C

Six surgical centres at:

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

Option D

Six surgical centres at:

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

London

The preferred two London centres in the four options are:

- Evelina Children's Hospital
- Great Ormond Street Hospital for Children.