Item 7: Safe and Sustainable – A New Vision for Congenital Heart Services in England

By: Paul Wickenden, Overview, Scrutiny and Localism Manager

To: Health Overview and Scrutiny Committee – 25 March 2011

Subject: Safe and Sustainable – A New Vision for Congenital Heart Services

in England

1. Background.

(a) Most services in the NHS are commissioned by Primary Care Trusts. There is a different process for commissioning specialised services. These services are defined by law as those services which cover a planning population (catchment) of a million, or more.

(b) There are ten regional Specialised Commissioning Groups, like the South East Coast Specialised Commissioning Group¹, which secure specialised services for their regional populations, such as rare cancers. Around 60 specialised services are commissioned by the National Specialised Commissioning Team (NHS Specialised Services). These are services which affect fewer than 500 people across England or where fewer than 500 specialised procedures are undertaken each year, such as secure forensic mental health services for young people (around 80 patients each year).

2. Review of children's heart surgery in England.

- (a) Another example is congenital heart disease which refers to defects in a child's heart which are present from birth. It is a relatively rare, lifelong condition often requiring very complex treatment from a team of heart specialists. 85% of children with the condition survive into adulthood.
- (b) Over the past few years NHS Specialised Services has been undertaking a review of children's heart surgery in England. The full title of the review is 'The Safe and Sustainable Review of Paediatric Congenital Cardiac Services in England'. The review has been undertaken on behalf of all Primary Care Trusts in the country².
- (c) The review has now reached the stage where a set of options has been agreed for public consultation between 28th February and 1st July 2011. The consultation covers four main areas:
 - i. Standards of care
 - ii. Congenital heart networks.
 - iii. Larger surgical centres.

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¹ See: http://www.secscg.nhs.uk/home/

² The consultation document can be accessed here: http://www.specialisedservices.nhs.uk/safe_sustainable/public-consultation-2011

Item 7: Safe and Sustainable – A New Vision for Congenital Heart Services in England

- iv. Measuring quality.
- (d) There are currently 11 hospital trusts in England with children's heart surgery centres, including three in London. These centres are:
 - i. Newcastle-upon-Tyne Hospitals NHS Foundation Trust
 - ii. Leeds Teaching Hospitals NHS Foundation Trust
 - iii. Alder Hey Children's NHS Foundation Trust (Liverpool)
 - iv. University Hospitals of Leicester NHS Trust
 - v. Birmingham Children's Hospital NHS Foundation Trust
 - vi. Great Ormond Street Hospital for Children NHS Trust (London)
 - vii. Royal Brompton and Harefield NHS Trust (London)
 - viii. Guy's and St Thomas' NHS Foundation Trust (London)
 - ix. Oxford Radcliffe Hospital NHS Trust
 - x. University Hospitals Bristol NHS Foundation Trust
 - xi. Southampton University Hospitals NHS Trust
- (e) A number of other hospitals provide related services for children with heart conditions but do not provide surgery.
- (f) None of the surgical centres are in the South East Coast region, but there are outreach sites at all the acute hospital sites in Kent and Medway.
- (g) Data supplied by the South East Coast Specialised Commissioning Group shows that in 2009/10 in Eastern and Coastal Kent there were 45 in-patient hospital stays for paediatric cardiac surgery (43 at the Brompton, 2 in Leeds) and in West Kent there were 37 (all at the Brompton).
- (h) A summary excerpt from the consultation paper including the options being consulted on can be found as an appendix to the paper³.
- 3. Responding to the consultation.
- (a) All HOSCs in England are being asked to consider whether the proposals represent a 'substantial development or variation' to health services for their residents, requiring formal consultation with the committee as set out in health scrutiny legislation. If a number of HOSCs consider this to be the case, one or more large joint HOSCs will need to be established to respond to the consultation.
- (b) If a HOSC does not consider the proposals to be substantial there is still the option for the committee to respond informally to the consultation process with any comments it wishes to be taken into consideration.

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³ Ibid. pp.5-8.

Item 7: Safe and Sustainable – A New Vision for Congenital Heart Services in England

(c) For children's heart surgery Kent residents are primarily served by London hospitals, and will continue to be under the proposals. The wider aspects of the proposals such as the standards of care and the proposed role of local non-surgical centres within the networks are common across the South East Coast region. It may be appropriate to develop an informal response to the consultation in conjunction with other HOSCs in the region through the network of South East Coast HOSC Chairmen which meets on a regular basis.

4. Recommendations.

The Committee is asked to agree that a regional response to the consultation be agreed through the South East Coast HOSC Chairmen network.