University Hospitals of Leicester NHS
NHS Trust

Caring at its best

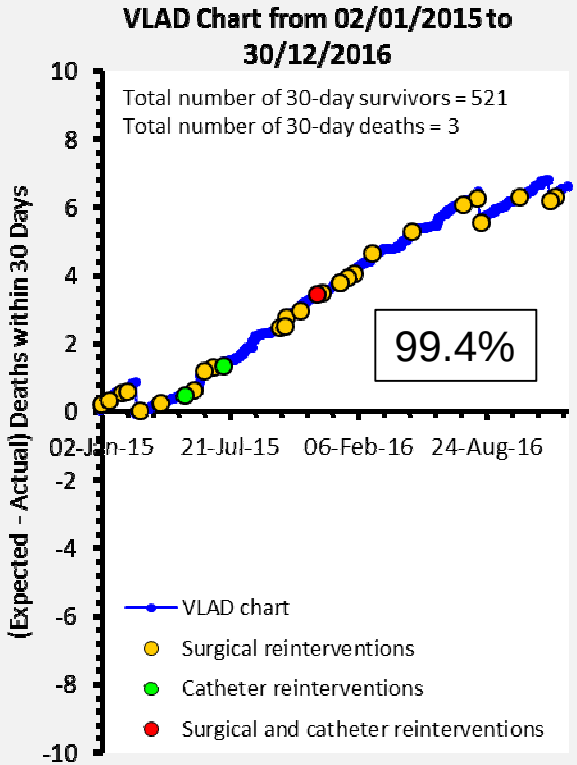
University Hospitals of Leicester

Nottingham and Nottinghamshire Joint Health Scrutiny Committee

2017
Hold on to our Hearts
East Midlands Congenital Heart Centre

Better than expected surgical survival

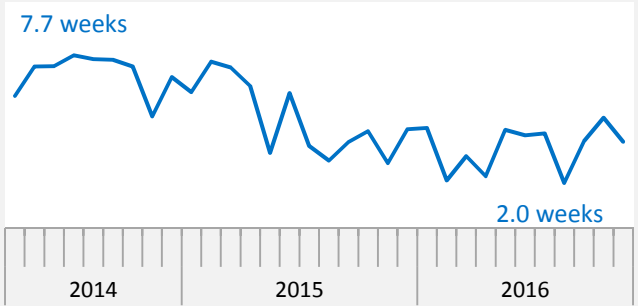
Risk-adjusted survival following paediatric surgery is statistically better than expected for the previous 2 years.



National average (PRAiS 2012-15) = 98%

4 weeks

average waiting time for paediatric surgery in 2016



Lower rates of:

- Surgical cancellations
- Complications
- Catheter re-interventions

Specialised Services Quality Dashboards NHS England

Statistically lower rates compared with other Level 1 congenital heart centres in Q1 of 2016-17 according to our Specialised Quality Dashboards.

99%

Recommendation rate from our Friends and Family test

434 /436 respondents would recommend our services to their family and friends.

(Jan 16 – Nov 16),

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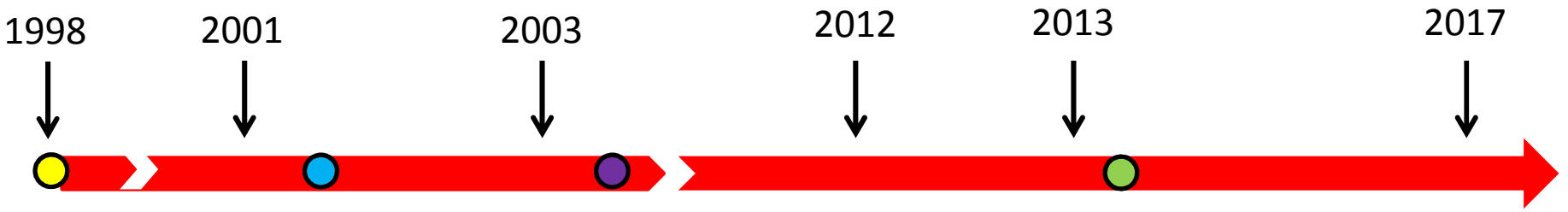
Timeline of Reviews



Bristol Inquiry	**Munro Report**	**Safe & Sustainable**	**IRP**	**New CHD Review**
198 recommendations 2 surgeons 40-50 open heart ops	Standards 300 unit ops “participate in”	4 surgeons 400 ops	4 surgeons	4 surgeons 500 ops

- Dobson
- Milburn
- Smith
- Hunt

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A profession transformed

Mortality

1991 → **2001** → **2012-15** → **2015-16**

Mortality

1991	2001	2012-15	2015-16
Bristol 28%	Bristol 3%		
National 14%	National 4%		National 2%
Leicester 13%	Leicester 7%		Leicester 0.6%

17 centres

(UK & RoI)

→

Cardiff to Bristol, 1999

Edinburgh to Glasgow, 2001

Harefield to Royal Brompton, 2001

Oxford to Southampton, 2010

Belfast to Dublin, 2016

→ 10 centres

Occasional practice: 190 cases to 5 cases,1991 to 2001
All CHD centres relocated or upgraded to children's facilities

Regulation Governance Audit

→

NCDHA Revalidation National standards

Technology Knowledge

CRG NSFs Appraisal Education

PSA NICE CQC CQIN HEE

→ Regulation Governance Audit

The Report of the Independent Review of Children's Cardiac Services in Bristol

Eleanor Grey QC, Professor Sir Ian Kennedy

June 2016

"There is a fundamental difference between the circumstances revealed by the Bristol Public Inquiry…and the situation now"

The work of the National Congenital Heart Disease Audit "should ensure that such a situation would now not go undetected".

UHL compliance with 14 key standards

Criteria		Compliance
1.1	Surgery and catheter procedures to take place in a Specialist Surgical Centre	Compliant
1.2	Network MDT discussions for rare, complex and innovative procedures	Compliant
1.3	Age-appropriate care environments	Compliant
2.1	Surgeons to be primary operator in 125 procedures each year (3-year average), 4 surgeons by 2021	Plan not approved
2.2	Cardiologist to be primary operator for 50 procedures each year (lead cardiologist = 100) each year (3-year average)	Plan
3.1	Surgical rotas should be no more than 1 in 3	Compliant
3.2	Interventional cardiologist rotas should be no more than 1 in 3	Compliant
3.3	Cardiologist rotas should be no more than 1 in 4	Compliant
3.4	A consultant ward round occurs daily	Compliant
3.5	Patients and their families can access support and advice at any time	Compliant
3.6	Network medical staff can access expert CHD advice at any time	Compliant
4.1	Co-location of key specialities and facilities (call-to-bedside within 30 mins)	Plan
4.2	Key specialities to function as a multidisciplinary team	Compliant
5.1	Participate in national audits, use current risk adjustment models and learn from adverse incidents	Compliant

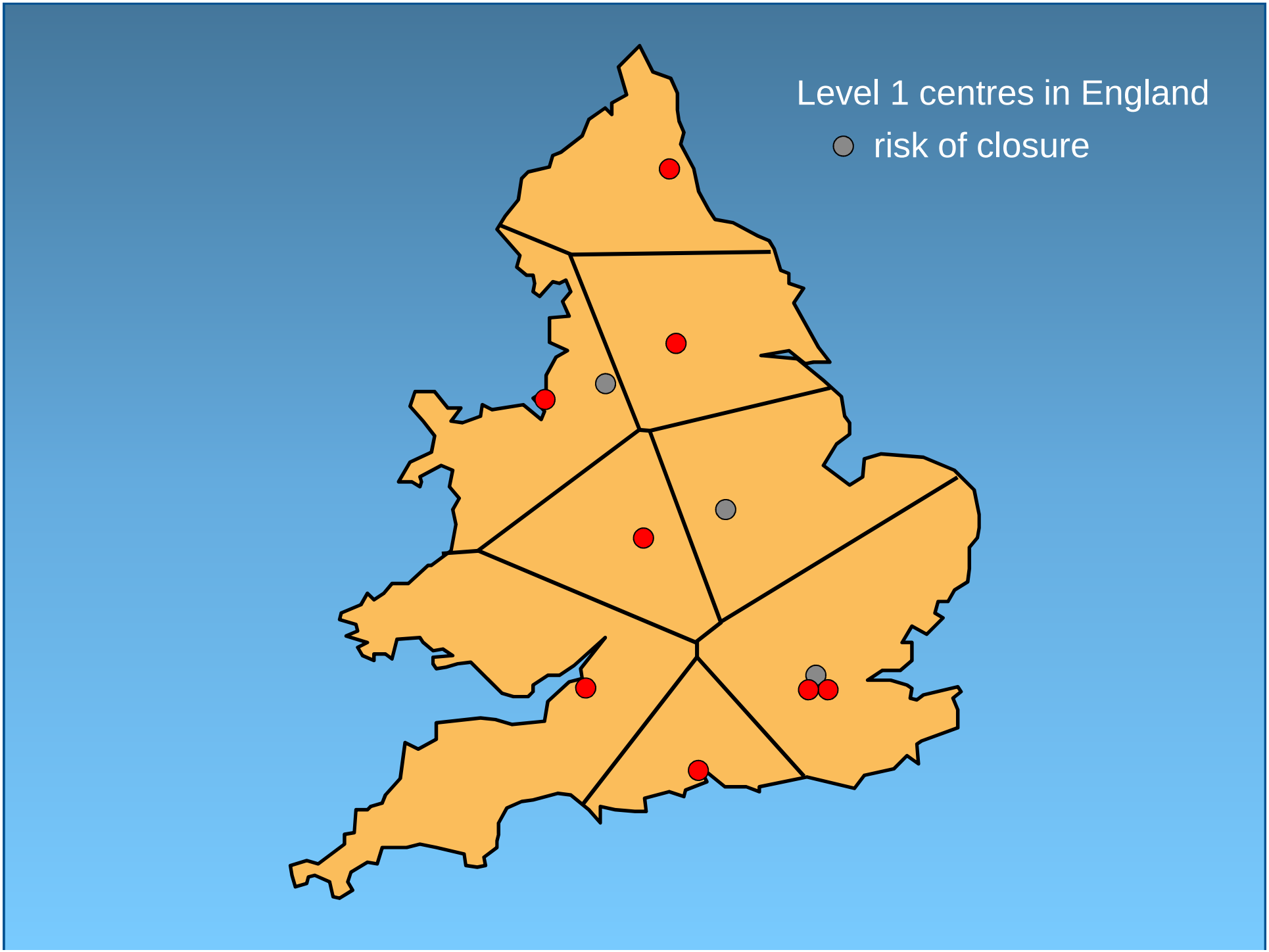
NHS England's numbers game

Case numbers – 3 Surgeons

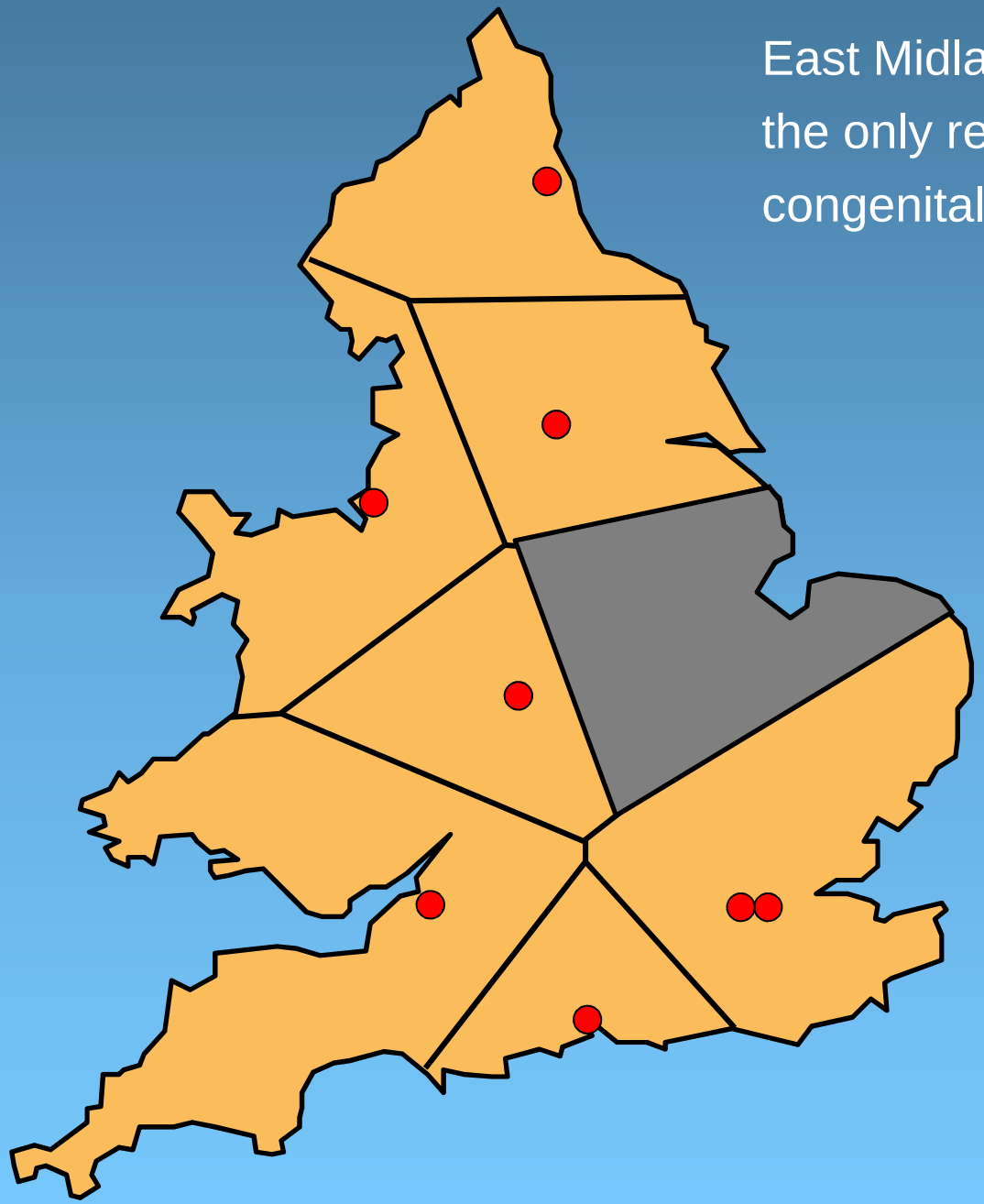
- Standard 2.1 requires each surgeon to perform 125 cases pa and the unit to achieve 375 cases per year, averaged over three years
- NHSE are counting this retrospectively rather than from standards implementation in April 2016 thereby predetermining the outcome
- If counted from this year onwards (as intended), we expect to be compliant with this standard by March 2019 as required

Case numbers – 4 Surgeons

- by 2021 teams should have 4 surgeons all performing 125 cases pa i.e. a total of 500 cases
- We have submitted a network development plan that clearly demonstrates how we can meet this standard
- NHSE have refused to consider our proposal as a potential solution


Level 1 centres in England
risk of closure

East Midlands would be the only region without a congenital heart centre



Likely patient impacts …

2500 PICU bed days to be re-provided….?where

1000 Congenital cardiac inpatient episodes per year

1000 Fetal cardiac outpatient appointments per year

474 Paediatric & Neonatal ECMO bed days

Increased pressure on remaining surgical waiting lists

400 Cardiac catheter procedures per year

375 Congenital Cardiac Surgeries

Destabilisation of National PICU capacity

40 Mobile ECMO transports

12+ Specialist Services

Severe compromise of education, training & research

Transition period

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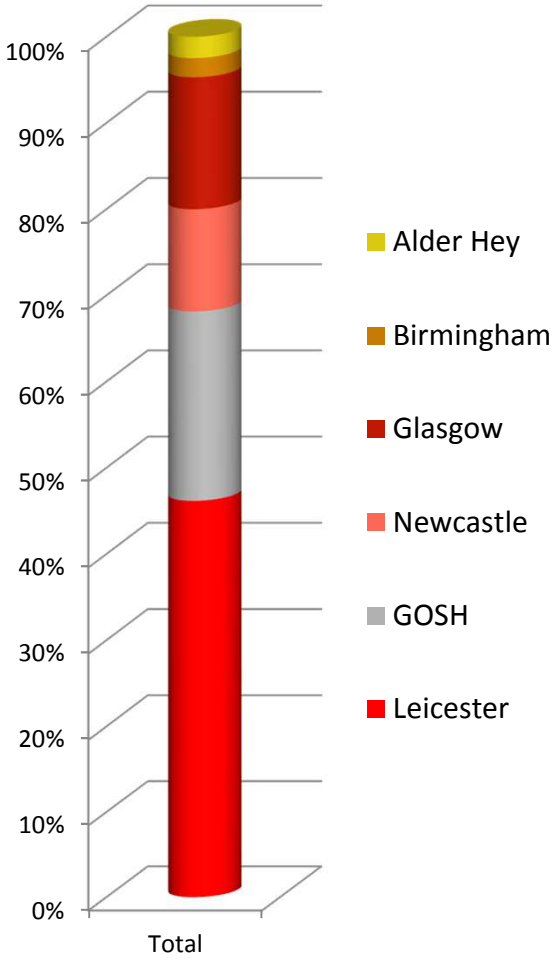
Likely patient impacts …

- Travel times
- Cost
- Ease of access
- Increased waiting lists
- Disruption of patient-clinician relationships
- Uncertainty and anxiety

 Healthcare inequality

Given the harm, costs and illogicality of NHSE's proposal, we shouldn't be asking whether Birmingham Children's Hospital can accommodate patients from the East Midlands but rather, *should it*.

ECMO Activity



World Leading ECMO Centre

- ECMO Commenced in 1989 funded by our Heart Link Charity
- Second centre globally to treat more than 2000 patients
- Accounts for nearly 50% of UK Respiratory Paediatric activity
- Only UK 24/7 mobile service

Combined UK Respiratory Neonatal & Paediatric Data (2012-2015)

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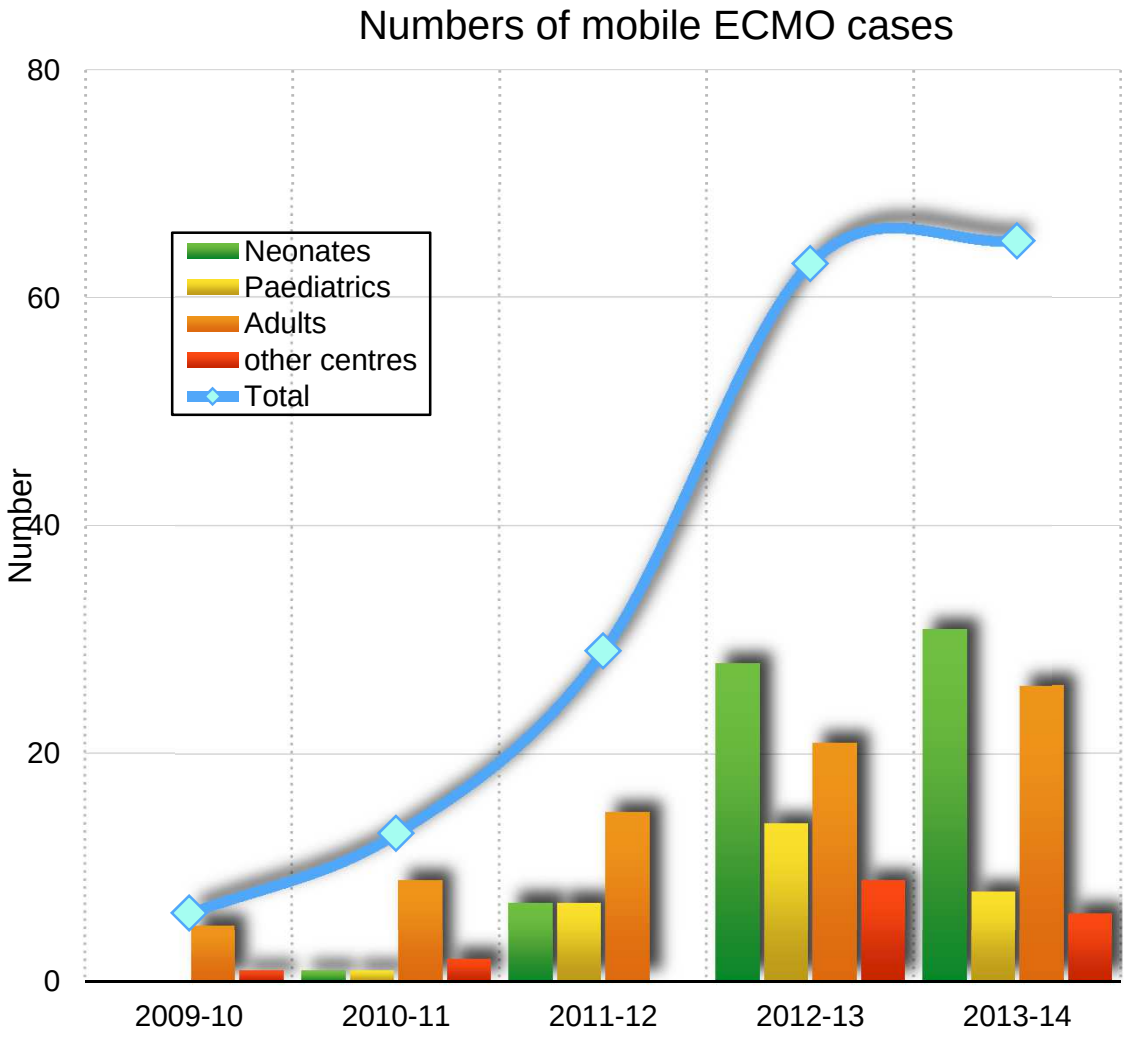

The EMCHC ECMO team dominate the provision across Paediatrics and Adults – the other centres do not have the expertise to manage the additional demand if EMCHC were to close .

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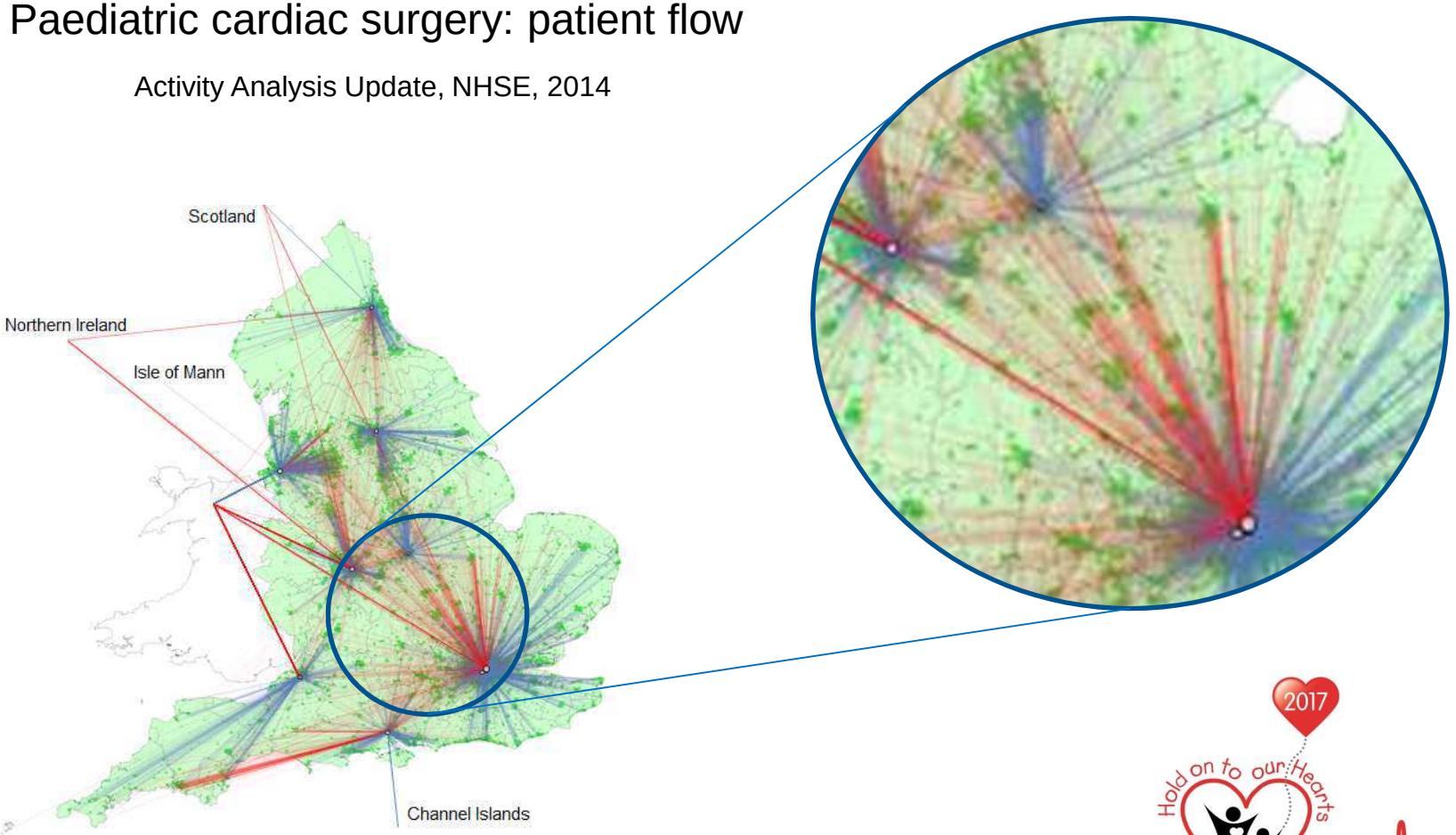
The simple solution:
East Midlands patients treated closest to home

Paediatric cardiac surgery: patient flow

Activity Analysis Update, NHSE, 2014



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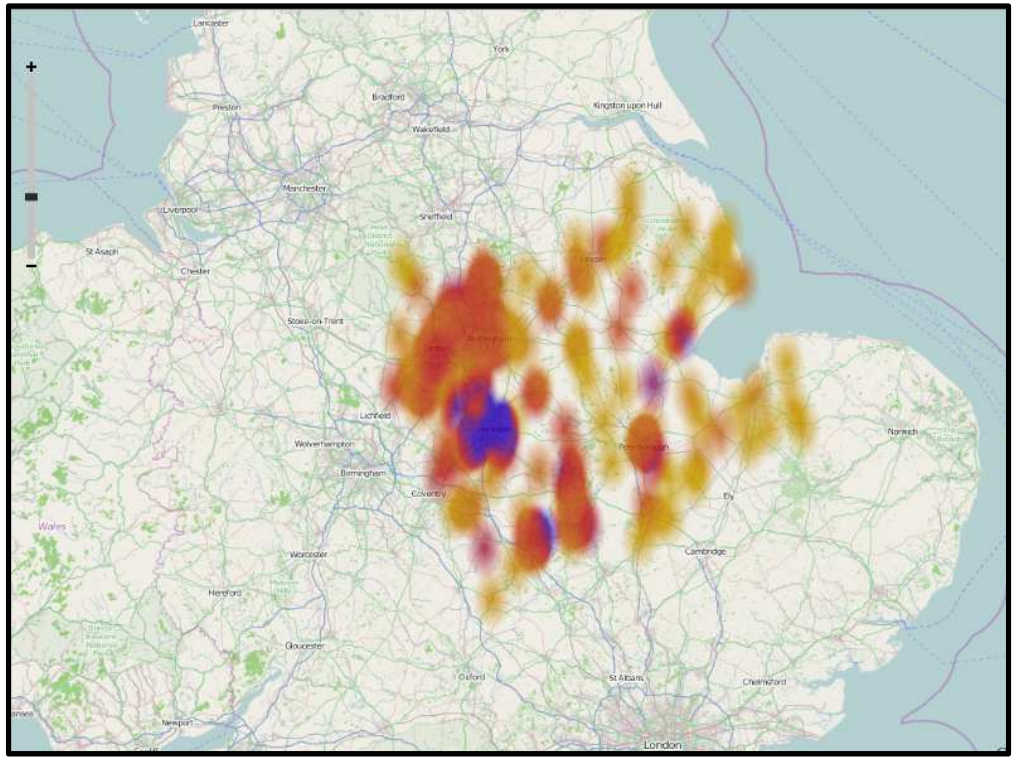

NICOR data 2014-16: 502 operations per year

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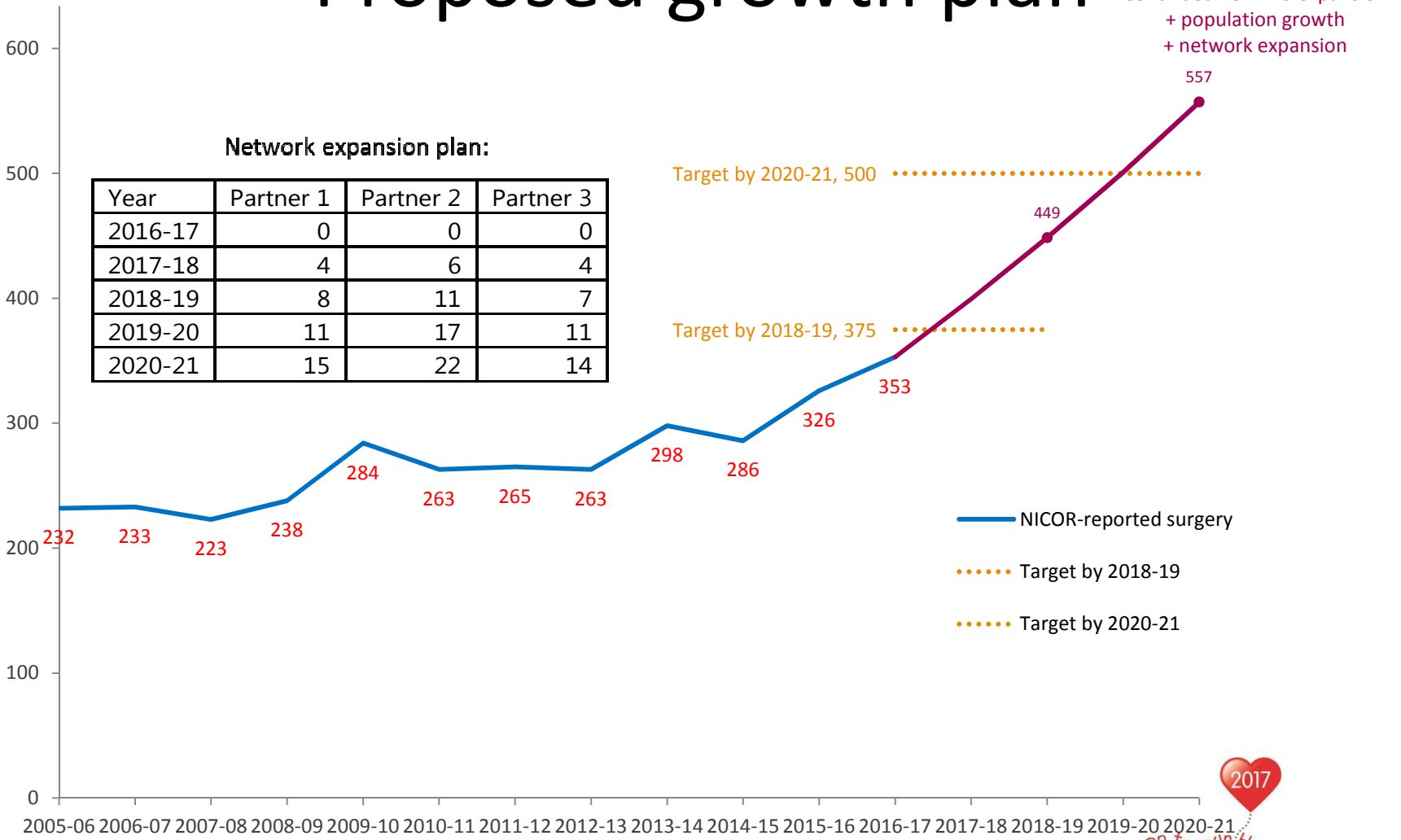
Proposed growth plan

Network expansion plan:

Year	Partner 1	Partner 2	Partner 3
2016-17	0	0	0
2017-18	4	6	4
2018-19	8	11	7
2019-20	11	17	11
2020-21	15	22	14



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Summary

- UK CHD surgery already transformed and results now world leading, including in Leicester
- Current process disproportionate, costly and disruptive
- NHS time & resources could be focussed where there is pressing clinical need
- Geographical balance of CHD provision severely threatened by NHSE plans and specifically to the detriment of the East Midlands population
- Any concerns about centre size resolved by adopting our simple proposal to allow East Midlands patients to stay in their region for treatment
- Our proposal should be supported by NHSE, not ignored

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