

<b>JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE</b>
<b>13 SEPTEMBER 2016</b>
<b>FUTURE OF CONGENITAL HEART DISEASE SERVICES</b>
<b>REPORT OF CORPORATE DIRECTOR FOR RESILIENCE (NOTTINGHAM CITY COUNCIL)</b>

## **1 Purpose**

- 1.1 To consider NHS England's recent announcement about the future of congenital heart disease services, including changes to the commissioning of services at the East Midlands Congenital Heart Centre at Glenfield Hospital, Leicester.

## **2 Action required**

- 2.1 The Committee is asked to decide whether it considers the transfer of congenital heart disease surgical and interventional cardiology services from Glenfield Hospital, Leicester to appropriate alternative hospitals (as announced by NHS England on 8 July 2016) to be a 'substantial development or variation to services' for Nottingham and Nottinghamshire residents.

## **3 Background information**

- 3.1 The East Midlands Congenital Heart Centre is one of ten centres in England and Wales providing heart surgery to children. It is located at Glenfield Hospital in Leicester and is part of the University Hospitals of Leicester NHS Trust.
- 3.2 The provision of congenital heart disease (CHD) services has been the subject of a number of reviews since the public inquiry at Bristol Royal Infirmary in 2001 and this has led to on-going uncertainty about the future configuration of services.
- 3.3 The most notable of these reviews was the national 'Safe and Sustainable' review into children's heart services. This review was carried out in response to concerns that some centres carrying out children's heart surgery were not performing enough surgical procedures to maintain and develop the specialist skills necessary to undertake increasingly complex procedures and that some centres did not have enough surgeons to guarantee a safe service 24/7. The review recommended reducing the number of centres in England that provide children's heart surgery and a number of options for configuration were consulted on. This Committee engaged with the consultation process

and supported the option for having seven surgical centres including retaining the centre at Glenfield Hospital, Leicester.

- 3.4 In 2012 a Joint Committee of Primary Care Trusts approved an option for the future configuration of services that did not include continuation of surgical services at Glenfield Hospital. This decision was referred to the Secretary of State for Health by several local authority health scrutiny committees including Leicester, Leicestershire and Rutland Overview and Scrutiny Committee and the Health Scrutiny Committee for Lincolnshire. A review was carried out by the Independent Reconfiguration Panel which made a number of recommendations. Separately a judicial review of the 'Safe and Sustainable' consultation resulted in the decision being quashed.
- 3.5 NHS England took over responsibility for commissioning CHD services in 2013 and launched the New Congenital Heart Disease Review. The review had the following aims:
- Securing the best outcomes for all patients – not just lowest mortality but reduced disability and an improved opportunity for survivors to lead better lives;
  - Tackling variation – ensuring that services across the country consistently meet national standards, and are able to offer resilient 24/7 care; and
  - Improving patient experience – including how information is provided to patients and their families, and consideration of access and support for families when they have to be away from home.
- 3.6 In 2014 there was national consultation on the standards and service specifications for CHD services with the intention that these service standards and specifications would form the basis of future commissioning of CHD services.
- 3.7 The review's report was considered by NHS England in July 2015 and it approved around 200 new standards and service specifications which providers of CHD services should meet. These standards began in April 2016, with a five year trajectory to full compliance. Trusts providing CHD services were asked to complete a self-assessment against the standards and plans to meet them within the time frames.
- 3.8 On 8 July 2016 NHS England made an announcement about action it is taking in response to the self-assessments and further verification carried out. This included that :
- “Subject to consultation with relevant Trusts and, if appropriate, the wider public, NHS England will also work with University Hospitals of Leicester NHS Trust and Royal Brompton & Harefield NHS Foundation Trust to safely transfer CHD surgical and interventional cardiology services to appropriate alternative hospitals. Neither University Hospitals Leicester or the Royal Brompton Trusts meet the standards and are extremely unlikely to

be able to do so. Specialist medical services may be retained in Leicester.”

And

“NHS England will work with Blackpool Teaching Hospitals NHS Foundation Trust, University Hospital of South Manchester NHS Foundation Trust, Papworth Hospital NHS Foundation Trust, Nottingham University Hospitals NHS Trust and Imperial College Healthcare NHS Trust to cease occasional and isolated specialist medical practices. Plans will be put in place to transfer services to other appropriate providers”.

3.9 In making this announcement NHS England acknowledged that some patients will have further to travel to access specialist services but says that “emergency admissions are rare, and ongoing work aims to ensure that more of a patient’s long-term care can be delivered closer to home, meaning fewer trips to specialist centres”.

3.10 There was no information in the announcement or on the NHS England website about which alternative hospitals services will be transferred to.

**3.11 Role of this Committee in relation to substantial developments or variations to services**

Legislation requires commissioners of NHS and public health services to consult local authority overview and scrutiny committees on proposals for substantial developments or variations to services. While a ‘substantial development or variation’ of health services is not defined in legislation, a key feature is that there is a major change to services experienced by patients and/ or future patients. Proposals may range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services involving significant numbers of patients across a wide area. A committee’s responsibilities in relation to substantial developments or variations to services are to consider:

- Whether, as a statutory body, the relevant overview and scrutiny committee has been properly consulted within the consultation process;
- Whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation; and
- Whether the proposal for change is in the interests of the local health service.

Where there are concerns about proposals for substantial developments or variations in health services, scrutiny and the relevant health body should work together to try and resolve these locally if at all possible. Ultimately, if this is not possible and the committee concludes that consultation was not adequate or if it believes the proposals are not in

the best interests of local health services then it can refer the decision to the Secretary of State for Health. This referral must be accompanied by an explanation of all steps taken locally to try and reach agreement in relation to the proposals.

- 3.12 A number of other local authorities across the East Midlands are considering the implications of the NHS England announcement on future provision of CHD services for their populations. At the time of writing the only health scrutiny committee to have considered this at a formal meeting is the Health Scrutiny Committee for Lincolnshire. In July the Committee resolved that it considers the proposed decommissioning of Level 1 Paediatric and Adult CHD services from the East Midlands Congenital Heart Centre to be a substantial development or variation in health service provision for the residents of Lincolnshire. It has also written to NHS England seeking clarification of NHS England's intentions in relation to consultation, advising that if it does not comply with statutory requirements to consult with local authority overview and scrutiny committees then it intends to refer the matter to the Secretary of State for Health. The most up-to-date information on the work of other local authority scrutiny committees across the region on this issue will be reported verbally at the meeting.

#### **4 List of attached information**

- 4.1 None

#### **5 Background papers, other than published works or those disclosing exempt or confidential information**

- 5.1 None

#### **6 Published documents referred to in compiling this report**

- 6.1 Reports to and minutes of the meeting of the Joint Health Scrutiny Committee on 14 June 2011

NHS England news "Congenital Heart Disease: NHS England takes action to deliver consistent and high quality services now and for the future" [www.england.nhs.uk](http://www.england.nhs.uk) 08/07/16

Minutes of the meeting of the Health Scrutiny Committee for Lincolnshire held on 20 July 2016

#### **7 Wards affected**

- 7.1 All

## **8    Contact information**

- 8.1 Jane Garrard, Senior Governance Officer  
Tel: 0115 8764315  
Email: [jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)