

# East Midlands Congenital Heart Centre Update

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Trust Board paper F

## Executive Summary

### Context

A paper detailing the history of national reviews of Congenital Heart Disease (CHD) and NHS England's intention to cease commissioning Level 1 CHD services from the East Midlands Congenital Heart Centre (EMCHC) was presented to the July Board (July 7<sup>th</sup> 2016) together with our initial response which was sent to NHS England on the 5<sup>th</sup> July 2016.

This paper is intended to update the Board and outline some of the actions being taken.

### Input Sought

The Board are asked to review the developments and support the ongoing work to challenge the intention of NHS England to cease commissioning Level 1 CHD services from the East Midlands Congenital Heart Centre.

### Timeline 6th July 2016 to 27th July 2016

1. As expected, the Royal Brompton Hospital (RBH) also challenged NHS England's intention to cease commissioning Level 1 CHD services at their centre with a response which focussed on challenges to the process.
2. An initial response to our letter was received from Will Huxter, Regional Director of Specialised Commissioning (London) and SRO Congenital Heart Disease Review, on the 6<sup>th</sup> July. This letter stated *"Having reviewed your comments, we see no need to change our assessment that your Trust does not currently meet all the standards and that it is unlikely to be able to do so. Accordingly, it remains our intention to cease commissioning level 1 CHD services from your Trust."*
3. The letter also contained a reference to *"appropriate further public engagement and/or consultation before we reach a final decision on the future of services at your Trust"* but there was no detail of what this might mean nor a response to the specific points we raised. A near identical letter was received by the RBH. We wrote back to Will Huxter on the 10<sup>th</sup> July requesting a more substantive response (See Paragraph 13 for more detail on the response).

4. The announcement by NHS England was discussed at the Annual Paediatric Intensive Care Society (PICS) Directors and Nurse Managers meeting on Monday 11<sup>th</sup> July 2016. All present shared the view that the representation of PIC within the latest process was inadequate given the impact that any changes to cardiac surgical provision will have on PIC services. This was in complete accord with the points we made in our letter to NHS England.

In a statement from the PIC Directors and Nurse Managers there was a unanimous opinion expressed that the release of the NHS England statement, without an accompanying plan, makes a proper evaluation and response impossible, and presents a significant destabilising pressure on PIC services, which may be further destabilised through the proposed PIC national review. PICS urged NHS England to publish further details of their plans for paediatric cardiac services incorporating the concurrent changes to PIC services at the earliest opportunity.

5. Deputy City Mayor and Chair of the Leicester Health and Wellbeing Board, Councillor Rory Palmer, wrote to the Secretary of State on the 13<sup>th</sup> July requesting that the announcement be reviewed and reversed. And that Leicester City Council was exploring all possible avenues to challenge the decision.
6. Members of Lincolnshire's Health Scrutiny Committee have unanimously voted to seek NHS England's commitment to carry out a full public consultation over the possible closure.
7. On the 15<sup>th</sup> July 2016 NHS England published a blog post. The blog includes a link to the Standards Compliance Assessment Report of the National Panel which supplements their initial which can be accessed here:  
<https://www.england.nhs.uk/commissioning/spec-services/npc-crg/chd/>
8. John Adler, Aidan Bolger and Mark Wightman met with a group of MPs in London to brief them before they went into a meeting with Professor Sir Bruce Keogh, Medical Director for NHS England, Dr Jonathan Fielden, Director of Specialised Services and Jeremy Hunt, Secretary of State for Health. At that meeting we received a commitment to a local consultation and a follow up meeting between Sir Bruce and a team from the Trust. We have since written to Sir Bruce to follow up on that commitment and are awaiting a response.
9. Professor Azhar Farooqi, Chair of Leicester City CCG and speaking on behalf of the three CCGs in Leicester, Leicestershire and Rutland said: "We are disappointed with the announcement but we welcome the consultation that has been promised. It is heartening to hear that the campaign to appeal the decision has received so much passionate support. We are glad that local people will now be able to have their views heard. We recognise the hard work that has gone in to ensuring that a safe service is provided at Leicester's Hospitals and recognise the deep concern expressed by them and those who support the continuation of the service in its present form."
10. Our clinical team has met with colleagues from Nottingham's Hospitals and have agreed to jointly develop a regional plan to support the maintenance of the Congenital Cardiac services in the East Midlands. We will concentrate on the impact on many services beyond cardiology alone and with implications that are

likely to affect all the hospitals in our region. In support of this we have arranged a series of telephone calls with the CEOs of some of the other key hospitals around us to encourage their support.

11. The Chief Executive is chairing a EMCHC Task Group, made up of senior clinicians, nurses and managers. This group will meet weekly to coordinate the work we are all doing to challenge these plans.
12. We have instructed solicitors to work up an assessment of our options to legally challenge the plans.
13. A more comprehensive response, although still inadequate, was received from Will Huxter on 22<sup>nd</sup> July (see appendix). In his letter he does not dispute that Leicester currently provides a service that achieves good outcomes in relation to 30 day mortality but states that for three-year mortality Leicester sits in “the middle of the pack” on published, assessed data.
14. He does not agree that we will meet the standard for three surgeons to each carry out 125 cases a year from April 2016 or the longer term requirement for four surgeons and 500 cases. The methodology for measuring this standard from April appears to have changed and we will investigate this further.
15. In recognising the impact on paediatric intensive care, a national service review of Paediatric Intensive Care Services will be accelerated which should include relevant interdependencies such as ECMO, Paediatric Surgery and Paediatric Transport.
16. There is a commitment to work with us to understand the potential impact on other specialist children’s services and ECMO as part of a pre-consultation engagement process.
17. This pre-consultation process will inform the consultation process planned for early autumn and what goes into commissioning intentions for 2017-18. On this basis it is unclear that major changes will be capable of being enacted next year.
18. The consultation will be a co-production between the national and regional NHS England teams; the national team are responsible for policy and strategy whilst delivery is a local responsibility.
19. The Chief executive met Jonathan Fielding, Director of Specialised Commissioning at NHS England in London on the 25<sup>th</sup> July. The substantive merits and arguments were discussed. He remained unconvinced by our activity predictions and doubt was cast, although not based on fact, over our co-location plans. NHS England’s position remains unchanged for now.
20. A weekly Communication plan is in place which sets out our outwards facing strategy. This includes a comprehensive social media plan, new graphics, a petition (<https://petition.parliament.uk/petitions/160455>) and communication plans with MPs and media. Press coverage to date has been excellent with extensive local, regional and national coverage.

**Next Steps**

21. The EMCHC Task Group will continue to oversee and coordinate our response.
22. Members of the CHD team will attend the national CHD Implementation Group symposium in London on the 29<sup>th</sup> July with a listening brief.
23. We will work to keep our local and regional Health Oversight and Scrutiny Committee fully briefed so that they are in a position to take the actions they see as appropriate.
24. As part of the pre-consultation engagement process, we will arrange a day-long meeting with the NHS England, the local team and stakeholders for early September.
25. We will consider our response to the latest communications from NHS England and continue to actively review our legal options.

# For Reference

Edit as appropriate:

1. The following [objectives](#) were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes / <del>No</del> / <del>Not applicable</del> ]
Effective, integrated emergency care	[Yes / <del>No</del> / <del>Not applicable</del> ]
Consistently meeting national access standards	[Yes / <del>No</del> / <del>Not applicable</del> ]
Integrated care in partnership with others	[Yes / <del>No</del> / <del>Not applicable</del> ]
Enhanced delivery in research, innovation & ed'	[Yes / <del>No</del> / <del>Not applicable</del> ]
A caring, professional, engaged workforce	[Yes / <del>No</del> / <del>Not applicable</del> ]
Clinically sustainable services with excellent facilities	[Yes / <del>No</del> / <del>Not applicable</del> ]
Financially sustainable NHS organisation	[Yes / <del>No</del> / <del>Not applicable</del> ]
Enabled by excellent IM&T	[Yes / <del>No</del> / <del>Not applicable</del> ]

2. This matter relates to the following [governance](#) initiatives:

Organisational Risk Register	[Yes / <del>No</del> / <del>Not applicable</del> ]
Board Assurance Framework	[Yes / <del>No</del> / <del>Not applicable</del> ]

3. Related [Patient and Public Involvement](#) actions taken, or to be taken: To follow.

4. Results of any [Equality Impact Assessment](#), relating to this matter: None

5. Scheduled date for the [next paper](#) on this topic: [September Board]

6. Executive Summaries should not exceed [1 page](#). [My paper does /~~does not~~ comply]

7. Papers should not exceed [7 pages](#). [My paper does /~~does not~~ comply]