

**DERBYSHIRE COUNTY COUNCIL
IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH**

19 September 2016

Report of the Director of Legal Services

CONGENITAL HEART SERVICES – GLENFIELD HOSPITAL

1. Purpose of the Report

To inform the Committee of proposals to cease Congenital Heart Services at Glenfield Hospital, Leicester.

2. Information.

On 8 July 2016 NHS England announced its intention to cease commissioning congenital heart services from the Glenfield Hospital, Leicester. The media announcement by NHS England is appended to this report.

Although the hospital is situated in Leicestershire (as part of the University Hospitals Leicester – UHL) its specialist service for congenital heart surgery is provided for patients across the East Midlands area in the East Midlands Congenital Heart Centre (EMCHC) based at the Glenfield site on Groby Road, Leicester.

Members will be aware that any major changes to local health services are required to be subject to full public consultation prior to any action to reconfigure or close a service. Service commissioners are obliged to undertake a public engagement exercise to ascertain the impact any service re-configuration will have on local communities, and how the concerns of local patients will be addressed as part of the change process.

The NHS England announcement states that*“subject to consultation with relevant trusts and, **if appropriate**, the wider public, NHS England will work with the University Hospitals of Leicester NHS Trust....to safely transfer Congenital Heart Disease surgical and interventional cardiology services to appropriate alternative hospitals”*

This statement follows communications between NHS England and the Chief Executive of UHL NHS Trust regarding the Trust’s ability to meet the requirements of service provision standards set out following a review in April 2016.

It is not clear, from the documents already available, where services will be transferred following the closure of the EMCHC apart from the statement's reference to "*appropriate alternative hospitals*".

As the Glenfield EMCHC serves communities across the East Midlands, this matter is also being considered by Health Scrutiny Committees in Leicester City, Leicestershire County and Nottingham City. Leicester City and Leicestershire County Councils are looking to establish a Joint Health Scrutiny Committee to give further consideration to the proposals.

The Lincolnshire Health Scrutiny Committee has already considered the proposals at its meeting on 20 July and the Committee Chair has sent a letter to NHS England reminding them of their duty to undertake a full public consultation. A response has been received which implies that NHS England will undertake a public engagement and consultation programme.

Whilst it is accepted and understood that health service commissioners have a duty and responsibility to ensure that services are commissioned which are safe and provide the best possible care to patients, the requirement for major service reconfigurations to undergo prior public engagement and consultation should also be met.

Members are asked to consider the following;

- a) NHS England be asked to provide more details of the alternative arrangements that will be offered to patients should the EMCHC be de-commissioned;
- b) NHS England be asked to assure this Committee that a public engagement and consultation programme will be undertaken in accordance with Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 before any final decision is made on the future of the EMCHC at Glenfield Hospital;
- c) The Chair of this Committee sends a letter to NHS England which sets out this Committee's requests.

3 Considerations

Health considerations are detailed in the main body of this report

In preparing this report the relevance of the following factors has also been considered: financial, human relations, legal and human rights, prevention of crime and disorder, equality and diversity, environmental, property and transport considerations.

4. Background Papers

Documents held by the Improvement and Scrutiny team – Legal and Democratic Services Division.

5. Recommendations

The Committee is recommended to;

- 5.1 Request NHS England to provide more details of the alternative arrangements that will be offered to patients should the EMCHC be de-commissioned;
- 5.2 Request NHS England to assure this Committee that a public engagement and consultation programme will be undertaken in accordance with Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 before any final decision is made on the future of the EMCHC at Glenfield Hospital;
- 5.3 The Chair of this Committee sends a letter to NHS England which sets out this Committee's requests.

John McElvaney
Director of Legal Services

ANNOUNCEMENT BY NHS ENGLAND – 8 JULY 2016

The full announcement by NHS England on 8 July 2016 is set out below:

"Patients with complex, sometimes life-threatening congenital heart disease will benefit from action to ensure core standards of quality and sustainability apply across all specialist services announced today (Friday 8th July) by NHS England. Congenital heart disease (CHD) services have been the subject of a number of reviews since the public inquiry at Bristol Royal Infirmary in 2001, with the outcome of a further review of a number of children's heart surgery cases at Bristol published last week.

In 2015, NHS England published new commissioning standards for CHD services following extensive consultation with patients and their families, clinicians and other experts. Since then, hospital trusts providing CHD services have been asked to assess themselves against the standards, which came into effect from April 2016, and report back on their plans to meet them within the set time frames.

As a result of these assessments, and following further verification with providers, NHS England intends – subject to necessary engagement and service change process in relation to this assessment – to take the following actions to ensure all providers comply with the set standards.

With regard to providers of specialist surgical (Level 1) services:

Subject to consultation with relevant Trusts and, if appropriate, the wider public, NHS England will also work with Alder Hey Children's Hospital NHS Foundation Trust and Liverpool Heart and Chest Hospital NHS Foundation Trust to safely transfer CHD surgery from Central Manchester University Hospitals NHS Foundation Trust. Specialist medical services may be retained at Central Manchester.

*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.*

NHS England will work with Newcastle Hospitals NHS Foundation Trust to ensure progress is made towards meeting the standards and the strategic importance of the link of CHD surgery to the paediatric heart transplant centre is sustainable and resilient.

NHS England will support and monitor progress at University Hospitals Bristol NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust,

University Hospitals Birmingham NHS Foundation Trust, Barts Health NHS Trust, Guy's and St Thomas' NHS Foundation Trust, and University Hospital Southampton NHS Foundation Trust to assist them in their plans to fully meet the standards. In the case of Bristol this will also include addressing specific recommendations set out in the independent report published last week.

Birmingham Children's Hospital NHS Foundation Trust and Great Ormond Street Hospital for Children NHS Foundation Trust will continue to be commissioned, with ongoing monitoring, as they currently meet all or most of the standards.

NHS England remains concerned as to the level of occasional and isolated practice in specialist medical (Level 2) services, and intends to take the following actions:

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.

NHS England will support and monitor progress at Liverpool Heart and Chest hospital to develop Level 2 and Level 1 services in line with standards and Oxford to assist them in their plans to fully meet the standards.

Norfolk & Norwich University Hospitals NHS Foundation Trust and Brighton and Sussex University Hospitals NHS Trust will receive ongoing monitoring of their progress towards meeting the standards.

In addition, a small number of hospital trusts not recognised as a specialist centre, but which responded to the self-assessment that they undertook occasional practice/interventions, have been instructed to make arrangements for such patients to be cared for at a specialist centre in future. This process has now all-but eliminated occasional practice, with follow-up action to be taken against providers if they continue.

Dr Jonathan Fielden, NHS England Director of Specialised Commissioning and Deputy National Medical Director, said: *"Patients, families and staff need to be assured of sustainable, high quality services now, and into the future. There has been a great deal of uncertainty over the future of congenital heart disease services over the past fifteen years. We owe it to patients, families and staff to end that uncertainty, and to provide clear direction for the safety and quality of this specialist area of medicine going forward. A great deal of work has gone into achieving consensus across the board on the standards that providers should meet. We are determined to take all actions necessary to ensure that those standards are met, so that patients get the high quality and safe services that they expect and deserve. This is further proof that NHS England as the national commissioner of specialised care is stepping up decisively on behalf of patients*

now and to sustain quality care for the future.”

Professor Sir Ian Kennedy, who was the chair of the public inquiry at Bristol Royal Infirmary, said: *“These are vital services and we have waited 15 years to arrive at a solution which delivers quality and consistency for current and future generations. It is good news for patients that there is finally a clear consensus on the standards that need to be met, and that we are now seeing decisive action to make those standards a reality for every patient in every part of the country.”*

Miss Clare Marx, President of the Royal College of Surgeons, said: *“Improvements to care for children undergoing heart surgery continue to be needed in spite of improvements since the Bristol Royal Infirmary public inquiry report in 2001. The Royal College of Surgeons strongly supports today’s plans and we hope these changes will now finally happen for the ultimate good of patients. Units need to be the right size to enable surgical teams to be familiar and skilled in all conditions, treating these patients on a regular basis to maintain their experience and expertise. It’s absolutely critical that teams are sufficiently staffed to provide secure on-call rotas, disseminate new techniques, and train the next generation of specialists. The proposals set out today represent a consensus view of what consistent, high quality care should look like across the country. As a profession we are confident these standards will help reduce variation in care and improve outcomes. Any further delay or obstruction by local parties will prolong uncertainty for the very ill patients who need this surgery.”*

Congenital heart disease (CHD) affects up to 9 in every 1,000 babies born in the UK, with differing types of CHD and levels of severity. Some of the more common CHDs include:

septal defects, commonly referred to as a “hole in the heart”;

coarctation (or narrowing) of the aorta,

pulmonary valve stenosis, where the valve controlling blood flow to the lungs is narrower than normal, and;

transposition of the great arteries, where the pulmonary and aortic valves and the arteries they’re connected to have swapped positions.

Services and surgery – the provision of which is clustered in a small number of specialist centres across England – have progressed significantly over the last few decades, and around 80% of those born with a CHD now survive into adulthood.

However, there has been uncertainty over their future configuration. In an effort to address this uncertainty, in July 2013, after discussions with key stakeholders, NHS England established the New Congenital Heart Disease Review.

In order to establish which providers do or can meet the standards in the set time frame, all providers were asked to complete a self-assessment process, the results of which have now been processed and form the basis of the actions set out today. In 2014/15, the last year for which reliable data exists, the number of operations

performed by CHD services was 4,354, and the number of interventional procedures was 3,793. While some patients will have to travel further to access specialist services as a result of these changes, 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. Where the transfer of services goes ahead, NHS England will work with the hospital trusts to ensure that staff are supported.