SPECIAL URGENT MEETING OF THE LEICESTERSHIRE, LEICESTER AND RUTLAND JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE: THURSDAY, 26 JULY 2012
TIME: 2:00 pm
PLACE: THE TEA ROOM - FIRST FLOOR, TOWN HALL, TOWN HALL SQUARE, LEICESTER

This meeting has been called as an urgent meeting because of the need to allow sufficient time for the Committee to respond to the Secretary of State's decision in respect of the Paediatric Congenital Cardiac Care unit at Glenfield Hospital.

Members of the Committee

Leicester City Council
Councillor Cooke (Chair of the Committee)
Councillor Alfonso
Councillor Gugnani
Councillor Naylor
(Two vacancies)
Councillor Sangster
Councillor Singh
Councillor Westley

Leicestershire County Council
Mr Bailey
Mrs Camamile
Mr Feltham
Mr Hampson
Mr Jones
Mr Roffey
Mr Wilson

Rutland County Council
Councillor Emmett
Councillor Parsons

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.

G. J. Carey

for Monitoring Officer

Officer contact: *Graham Carey*
Democratic Support, Leicester City Council
Town Hall, Town Hall Square, Leicester LE1 9BG
(Tel. 0116 229 8813 Fax. 0116229 8819)

INFORMATION FOR MEMBERS OF THE PUBLIC

ACCESS TO INFORMATION AND MEETINGS

You have the right to attend Cabinet to hear decisions being made. You can also attend Committees, as well as meetings of the full Council.

There are procedures for you to ask questions and make representations to Scrutiny Committees, Area Committees and Council. Please contact Committee Services, as detailed below for further guidance on this.

You also have the right to see copies of agendas and minutes. Agendas and minutes are available on the Council's website at www.cabinet.leicester.gov.uk or by contacting us as detailed below.

Dates of meetings are available at the Customer Service Centre, King Street, Town Hall Reception and on the Website.

There are certain occasions when the Council's meetings may need to discuss issues in private session. The reasons for dealing with matters in private session are set down in law.

WHEELCHAIR ACCESS

Meetings are held at the Town Hall. The Meeting rooms are all accessible to wheelchair users. Wheelchair access to the Town Hall is from Horsefair Street (Take the lift to the ground floor and go straight ahead to main reception).

BRAILLE/AUDIO TAPE/TRANSLATION

If there are any particular reports that you would like translating or providing on audio tape, the Committee Administrator can organise this for you (production times will depend upon equipment/facility availability).

INDUCTION LOOPS

There are induction loop facilities in meeting rooms. Please speak to the Committee Services Officer at the meeting if you wish to use this facility or contact them as detailed below.

General Enquiries - if you have any queries about any of the above or the business to be discussed, please contact Graham Carey, Democratic Services on 0116 229 8813 or email graham.carey@leicseter.gov.uk or call in at the Town Hall.

Press Enquiries - please phone the Communications Unit on 0116 252 6081.

PUBLIC SESSION

AGENDA

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda, and/or indicate that Section 106 of the Local Government Finance Act 1992 applies to them.

3. PAEDIATRIC CONGENITAL CARDIAC CARE - GLENFIELD HOSPITAL **Appendix A**

To discuss the Secretary of State's decision in respect of the Paediatric Congenital Cardiac Care at Glenfield Hospital. The Health Minister has indicated that responses to the decision can only be made by local authority Overview and Scrutiny bodies. Representatives of Leicester LINk will address the meeting and the Committee is asked to consider if a response should be made to the Secretary of State.

Attached is some information provided by LINk that members may find useful.

4. ANY OTHER URGENT BUSINESS

Appendix A

Gillian Jillett

From: Leicester LINks
Sent: 16 July 2012 08:52
To: Alan Duncan - Leicestershire - Rutland and Melton; Alan Meale - Nottingham - Mansfield; Andrew Bingham - High Peak Derbyshire; Andrew Brigden - North West Leicestershire; Andrew Robotham - South Leicestershire; Anna Soubry - Nottingham - Broxtowe; Brian Binley - Northampton South; Chris Heaton-Harris - Northampont - Daventry; Chris Leslie - Nottingham East; Chris Williamson - Derby North; David Tredinnick - Leicestershire - Bosworth; Dennis Skinner - Derbyshire - Bolsover; Edward Garnier - Harborough; Edward Leigh - Lincolnshire - Gainsborough; Gloria Depiero - Nottingham - Ashfield; Grahem Allen - Nottingham North; John Hayes - Lincolnshire - South Holland and the Deepings; John Mann - Nottingham - Bassettlaw; Jon Ashworth - Leicester South; Julian Huppert - Cambridge; Karl McCartney - Lincoln; Keith Vaz - Leicester East; Kenneth Clarke - Nottingham - Rushcliffe; Lillian Greenwood - Nottingham South; Liz Kendall - Leicester West; Louise Mensch - Corby; Margaret Becikett - Derby South; Mark Simmonds - Lincolnshire - Boston and Skegness; Michael Ellis - Northampton North; Natascha Engel - North East Derbyshire; Nick Boles - Grantham and Stamford; Nicky Morgan - Leicestershire - Loughborough; Patrick McLoughlin - Derbyshire Dales; Patrick Mercer - Newark; Pauline Latham - Mid Derbyshire; Peter Bone - Northampton - Wellingborough; Sir Peter Tapsell -Lincolnshire - Louth and HOrncastle; Stephen Barclay - North East Cambridgeshire; Stephen Dorrell - Leicestershire - Charnwood; Stewart Jackson - Cambridgeshire - Peterborough; Toby Perkins - Chesterfield; Vernon Coaker - Nottingham - Gedling
Subject: Urgent meeting with Simon Burns Minister of Health 17 July 2012
Attachments: Letter to EM MPs 14.07.12.doc

Importance: High

Please read this as urgent

Dear Member of Parliament,

Please find attached information which hopefully will be of benefit in discussions we are aware are be being in the House and in a separate meeting on Tuesday with the Health Minister -Simon Burns MP

The reason it has been sent to **ALL** the MPs in the East Midlands, is due to the critical implications the decision has on your constituents, who currently are, or may in the future, need to be treated at the East Midlands Cardiac Care Centre at the Glenfield Hospital or receiving ECMO at Glenfield.

Leicester, Leicestershire and Rutland LINks agreed to act as the conduit for the LINks in your area in submitting information, views and outcomes to the National Safe and Sustainable panel over the last 2 years, and prior to the decisions taken on the 4 July 2012.

We would urge you to challenge the basis of the decision which went against all the previous consultation evidence and indicators. In addition, the future position of the World renowned ECMO Centre which is used for other critical conditions outside that of Cardiac Care should be a cause of major concern .

I have received a request formally placed by Sanjive Nichani Consultant Intensivist on behalf of the Glenfield Team.

'We would urge that the option AB is a serious and possible resolution to the position which genuinely represents the best outcome for the Babies, Children and Families of our Country. Alternatively, Brompton were granted an External Review to assess the impact of moving Cardiac Surgery on their PICU. At the very least this decision to close ECMO a National indeed and International service must be subject to the same or Parliamentary Scrutiny'.

This proposal is supported and endorsed by the LINks organisations covering the East Midlands.

Please do not hesitate to contact ether myself or the Consultant leads at Glenfield Hospital- Giles Peek or Sanjiv Nichani, should you have further concerns or require clarification.

Eric Charlesworth
Chairman of the Leicester (shire)& Rutland LINk's organisation.

Your Voice in Health & Social Care

Leicestershire LINk
Local Involvement Network
Improve your Health and Social Care Services

LINk
RUTLAND'S VOICE
IN HEALTH & SOCIAL CARE

From: Leicester, Leicestershire and Rutland LINks
Direct Dial: 0116 2795075 or 2293103
Ref:

Date: 14 July 2012

Urgent information relating to M.P's meeting with Simon Burns MP –Health Minister 17/7/12

Safe and Sustainable Review outcome

The following areas of serious concern have been raised with the Joint Leicester Leicestershire and Rutland LINks, in regard to the data and the process of the National Safe and Sustainable panels' final decision.

It is the view of Leicester, Leicestershire, Rutland, and the other East Midland LINks for whom it acts as the conduit, that a gross injustice has been made, which has had an unacceptable outcome for the East Midland Paediatric Congenital Cardiac Care service provided at the Glenfield Hospital. These comments are in no particular order of priority and purely highlight some of the areas for which answers are required, explanations given or which as constituency MP's it is felt you should be aware in preparation for the meeting.

We note with extreme concern, the disregard the Department of Health (DoH) and the Safe and Sustainable (S&S) National Team have expressed at correspondence from the world's four acknowledged Experts in ECMO. These include submissions from its American inventor- Paul Bartlett. We strongly feel these should be reviewed and the seriousness of the consequences explained. Kenneth Palmer of Sweden, whom the S&S team called as the Clinical Advisor on ECMO and whose conclusion could not be stronger, has made an unequivocal statement that the closing of the Glenfield, will result in increased mortality and more babies will die.(estimated to be up to 50 within a five year period).

1. Explanation is required as why the extra options had not been presented for public consultation, and were only made public on the morning of the Review Panel decision? Copies of the documents used by the JCPCT were also unavailable. Had these been made public earlier, the 45 minutes allocated for public question time may have been more appropriately used and not finished within 20mins.

2. The penultimate speaker, who referred to the weightings given to the scores, advised the JCPCT there remained an additional **valid** option of having 8 units rather than the 7 suggested. This could be achieved whilst fully complying and meeting ALL the criteria's and weightings. She made it explicitly clear that, with NO adverse effect upon the outcome, 8 centres could be

effective and authorised. This could be achieved by combining options A+B. Explanation as to why this was not expanded, explained or questioned is needed?

3. The acknowledgement by the JCPCT that in making its considerations, the loss of other key services was very important i.e. loss of Brompton's PICU, is key. The loss of ECMO from Glenfield is highly significant and does not appear to have been considered to the critical level of such impact, or scored accordingly.

4. The inclusion of Maternity services adjacency to the PCCC, had not previously been raised, yet was a scoring reduction against Glenfield, due to the co-locality weightings. This is a major factor which affects the wider clinical and Trust service provision. In the other options it has been considered, but seemingly NOT in the case of Glenfield. The loss of PCCC at Glenfield will have a devastating and extremely serious effect upon the services provided by the Children's hospital at UHL and their ICU. Currently the rotation and training of Dr's and Nurses from not only UHL but other Hospitals in the region is a key part of the education and improvement of service, and has not been scored with extra points. We therefore believe this would have a great impact on tipping the balance, which would then have included Glenfield as a retained service.

5 The final position of the "Advisors" at the decision panel meeting is suggested to be questionable. Professor Sir Roger Boyle has acknowledged that at the original consultation exercises he **twice, at two separate meetings** before an audience of 400+ members of the public in Leicester stated that he personally supported Southampton's bid. When challenged, the response was given that he stood by his statement and that he was only an advisor and would not be part of the final panel's decision making, and that he was "retiring anyway". It was therefore unacceptable that he sat at the JCPCT panel and made comments which clearly influenced the decision, without the opportunity of redress to the statements he was making, of which many have been shown to have been inaccurate.

6 Professor Roger Boyle said the Co- location issues raised by Kennedy were not acceptable at Glenfield, as the other Children's hospital was the "other side of the City!" However he then went onto say that a similar position at Charring Cross hospital **was acceptable** as that was "only 2 miles away" from the PCCC hospital. Leicester is 3.1 miles between the two Acute hospitals. Travelling times for Leicester to Glenfield is (7minutes) less if blue lighted. London travelling time between the hospitals is greater.

7 Repeated comments referred to the public's view on Quality. Nobody can argue against this. However the formatting of the question was very clever. Any challenge is implied that argument against Quality is being questioned. This is not the case. The Beacon quality of Glenfields provision cannot be questioned, likewise it's National and international importance of the ECMO expertise is renowned. Challenge is required to ascertain why it was deemed Glenfields "Quality" could be interpreted as falling below that of others? This is clearly not the case, with modern buildings, helipad, easy road access, staff Consultant and Nurse numbers, required skill levels, & a known target level to achieve the 400 minimum required.

8 No explanation was given as to why the public opinion, which *overwhelmingly* supported option A, and was significantly endorsed by other regions in the Country including the West Midlands, was replaced by option B which originally was considered non- viable.

9 Since Glenfield's establishment as a Paediatric Congenital Cardiac Care centre there have been NO deaths as a result of inability to gain airway access. This argument, we would suggest was therefore totally unfounded with It being an acute hospital with major cardiac surgery ,staff and facilities.

10 The Safe and Sustainable National team, failed to use the criteria that they themselves set. The Glenfield team have evidence of this which is very admissible and open to scrutiny. e.g the S&S document states- Airway advice by an ENT Consultant is classed as "Amber 2" i.e. to be seen within 24hours. "If" required Glenfield can gain Consultant attendance within 7 minutes. Scoring was not given for the exceptional standards offered by Glenfield. This has to be wrong.

11 Assurances were given that cost was not a key indicator or factor; however, the National team have clearly used finance issues in contributing to the outcome. Choosing an option which, in the current financial climate should have been challenged, we think should have resulted in a scoring adjustment. The last speaker concentrated the <u>whole</u> of his presentation of pre prepared slides on the financial implications, but ONLY in respect of two options B & G. This can only be interpreted, that a decision had already been made on the reduced options B&G, and that in justifying the final outcome the financial implications of this option needed to be prepared in advance.

12 . We require full explanation as to why under the Research re-scoring, Glenfields scores were NOT adjusted even when challenged by the CEO of the Trust. This, despite the huge investment in research facilities, the appointment of new University Professorship Chairs, and the number of significant research awards. Under the Quality criteria, at considerable cost, refurbishment of the cardiac PICU has been undertaken which is acknowledged to be of a world class leading standard. This was not accepted, in any re scoring which has occurred. This again is unacceptable and viewed as a manipulation and unequal playing field submissions.

13 The issue acknowledged by the Independent advisors that there is a marked increase in the projection of patients from the BME population who will require PCCCC services. Leicester City in its own right being one of the most highly populated BME areas in the Country together with very high immigrant and asylum seekers numbers, again raises questions of validity of statistical information and interpretation.

14 Data provided for the final JCPCT meeting, we believe is highly questionable i.e. Birmingham's admission and acknowledgment there is a "risk", in the current number of procedures they say they undertake and those which they have to transfer to Glenfield. In the light of the number of transfers that have had to be made from Birmingham to Glenfield the option AB of retaining an 8th unit should not have been ignored. Two unit in the Midlands are required to give some equity with London the South and North of the UK. Likewise the transfer times to Southampton and Southampton's procedure figures raise doubts.

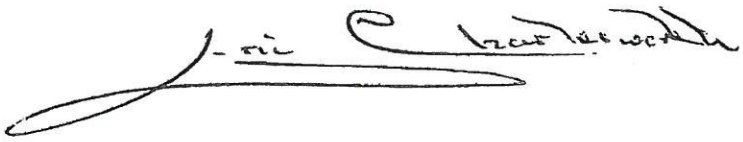
15 **For some who witnessed the streaming of the decision, serious concerns have been asked as to why IF there had not been a previous meeting of the JCPCT prior to the meeting of 4 July at which a decision had already been agreed, could explanation be given why the last presenter had prepared and shown slides which ONLY related to options B& G? Endorsing the belief a decision had already been taken.**

16 The Secretary of States mantra at the importance of the voice of the patient and public being key, has been hugely damaged. The public opinion from the East Midlands has been overridden without recognition of the implications. The evidence provided and **endorsed** by Mott McDonald and the Ipso Mori consultations returns, were clear in supporting Option A. These confirm the strength of feelings based on evidence, together with the outcomes and submissions of the public consultations undertaken by such organisations as the LINk (a Statutory Government created body). These appear to have been totally ignored. His authorisation for the decision of the appointed Cardiac units to be ratified (13 July))when it was known challenge was in progress is considered by many to be appalling.

The LINk has always been conscious of the need for a reduction of the specialised services, providing the highest quality of provision which will be safe and sustainable. However, it is our view that such decisions should have been made in a far more open and transparent manner, based on fact, and not such a reliance on statistical manipulation and weighting.

Having reviewed all the information and the evidence given upon which the decision was taken, we still believe there is room to rectify the position in a constructive and reasoned manner, that is the combination of options A+B being taken together with the point 2 above, which gives the DoH and the S&S National team the option to go for a 8th unit with NO adverse effect on any of the weightings or scorings.

Your engagement and challenge on this matter is greatly appreciated.



Eric Charlesworth
Chairman of the Leicester, Leicestershire, Rutland Joint LINk PCCC group

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