

CONGENITAL HEART DISEASE REVIEW

COMMENTS AND OBSERVATIONS RECEIVED FROM INTERESTED PARTIES

E-MAIL TO STAKEHOLDERS FOLLOWING THE STAKEHOLDERS MEETING AT GLENFIELD HOSPITAL IN JUNE.

"Thanks to those who were invited and went along to the event hosted by NHS England for patients and families a couple of weeks ago.

For those who didn't attend, NHS England (NHSE) visited the East Midlands Congenital Heart Centre (EMCHC) at Glenfield on Friday 30 May. As part of the review, the NHSE team has been visiting all centres in England that provide this specialist service.

These visits have been an opportunity for NHS England to:

- update the clinical teams and patients and parents about the review,
- hear from the Trust's perspective of their Unit functions, what they are proud of and how they are facing their challenges; and
- listen to staff and patients as they describe what a good service looks like, to ensure that the standards reflect what we are being told.

The visit went well and was good opportunity to meet the key people leading the review for NHSE.

By now, I am sure you are all aware of the recent announcement made by health minister, Jane Ellison about the delay to the consultation period of the review.

In light of this, I have been liaising with members of the service to set up a date for our next meeting so we can proceed with our plans for expansion. This meeting is likely to take place towards the end of July/early August and will be an opportunity to discuss our estate options for the unit at Glenfield.

I will be in touch with you shortly once a date has been agreed."

COMMENTS FROM ERIC CHARLESWORTH

Dear Michael,

I understand the above meeting is due to be held tomorrow. In view of the significant role & continuing interest you showed in Glenfield Hospitals role in providing Paediatric Congenital heart surgery (now encompassing adult cc as well,) I thought it appropriate to share a concern raised with me, which may be worthy of clarification should you feel it appropriate.

The recent visit by NHS England, I thought was very positive & a refreshing change to the previous debacle of Safe & Sustainable. Video conferences with John Holden NHS E lead have supported a fresh & balanced review. Clearly however, the current health economy position has significance on the BETTER CARE TOGETHER Board proposals, endorsed by all 3 LA's & both Trusts.

Whilst the proposed direction of travel has endorsed the creation of a Women's hospital, there is NO reference to a similar commitment to a Children's Hospital. This would include the future of the paediatric Congenital care unit. The issue of having all services on 1 site may remain key in the final decision. Without such a reference in the planning proposals, fears are growing that this may influence NSH E's recommendations re the future of Glenfield as a key provider. It may be that the Trust are awaiting the Reviews recommendations, but this could be addressed by having a positional statement made about the future of a Children's hospital.

Should you not feel it appropriate to raise at OSC, the mere fact that we are sharing information seems vital, as it will be coming for public consultation in the months ahead.

Sent from my iPad

Regards

Eric Charlesworth

Chair Leicester Mercury Patients Panel

& Healthwatch member

22 JULY 2014

COPY OF E-MAIL FROM CONGENITAL HEART DISEASE REVIEW TEAM NHS ENGLAND

Dear colleagues

This week we are submitting **draft versions of our key consultation documents** to the NHS England new congenital heart disease review Programme Board for their review.

These documents include the:

- **draft financial impact assessment (attached);**
- **draft equality analysis (attached);** and
- **draft consultation document (to follow).**

All of these documents are currently being reviewed and **do not represent the final documents we will issue for public consultation**. We are still working on the consultation document, and it will be submitted to the Programme Board as a late paper, expected by close of business tomorrow.

As key stakeholders in the review we thought that you would be interested to see the current versions of these documents and to be aware that they will be published as part of the full set of Programme Board papers, as usual, on the NHS England website in advance of the meeting.

We have attached those that have been submitted so far and as soon as we have it available, we will provide you with a copy of the latest draft of the consultation document.

The Programme Board members will be submitting any comments they have relating to these documents in writing in advance of the meeting, or at the meeting on Monday 28 July 2014, in order to ensure the review team have sufficient time to consider and implement these comments prior to the final versions being approved for use in the public consultation.

We are not requesting you to review and comment on these documents at this stage but if you did have a comment to make please ensure it reaches us by Monday 28th July 2014.

For your information we have also attached a copy of the **draft minutes of the most recent meeting of the Clinical Advisory Panel (18 June 2014)**, where what we heard about the standards pre-consultation was considered, and changes to the standards were agreed. The papers issued for this meeting can be found here:

<http://www.england.nhs.uk/wp-content/uploads/2014/06/chd-26-cap-agend-papers-180614.pdf>

Many thanks

Kind regards

New congenital heart disease review team

NHS England

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4 AUGUST 2014

COPY OF E-MAIL SENT BY JOHN ADLER, CHIEF EXECUTIVE UHL TO STAFF AND LATER CIRCULATED TO FRIENDS OF THE EAST MIDLANDS CONGENITAL HEART CENTRE,

Dear colleagues,

I thought it would be helpful to share with you some very recent developments in the NHS England New Congenital Heart Disease Review because of the profile of this service and because the developments affect the plans of the Trust as a whole.

The Review has produced draft standards highlighting key requirements expected of Specialist Surgical Centres within the Congenital Heart Network. Whilst it is yet to be agreed when these will be published for public consultation, it is expected that consultation will be more about how to implement the recommendations, rather than what the standards are. This is because there has been a great deal of involvement in their production (including from UHL).

The latest iteration has highlighted two key points that impact our service:

- Surgical teams require a minimum of 4 surgeons each delivering a minimum of 125 cases and a total of 500 cases per annum. This is based on clinical evidence that indicates such activity provides the necessary level of clinical quality needed to provide the service. It is clear that there will be some flexibility in the timescales allowed to meet these numbers, with an initial milestone at 375 cases, probably within 3 years.
- All paediatric services need to be co-located on one site and not as previously indicated within 30 minutes contact time.

In the light of this, a paper regarding the provision of the service was submitted to our Trust Board for discussion on Thursday 31 July. The following actions were agreed:

- *Supporting the commissioning of an urgent assessment of the potential to alter our current reconfiguration plan to achieve co-location, including timelines and costs.* In order to be consistent with our recently published 5 Year Plan, we will be looking to co-locate all children's services at the LRI (i.e. move children's heart surgery from Glenfield to the LRI). This would have the added benefit of resolving our split-site children's services, which we all agree is less than ideal. It is worth mentioning that our investment plans already include spending on new children's and children's heart surgery facilities – we would simply spend this money in a different way.
- *Supporting the Director of Strategy pursuing the existing dialogue with Birmingham's Children's Hospital with a view to agreeing a network approach as soon as possible.* Although our projections show that we should be able to get to 375 cases, we will struggle to reach 500 because our catchment population is not big enough. The solution is to network with Birmingham Children's Hospital, something which we have been discussing with colleagues there for some time. This will allow the respective strengths of both centres to be brought together to the benefit of patients.

- *Agreed to a paper coming to a future meeting that sets out the implications of meeting the emerging standards and the implications of not meeting them.* The Board was clearly of the view that we should aim to meet the emerging standards in the way described above. This was felt to be the best way of securing the future of the children's heart service in Leicester and also potentially derive significant benefits for our children's services as a whole.

I hope that this update is helpful.

Kind regards,

John Adler

Chief Executive

Children's heart ops could be moved to Leicester Royal Infirmary

By [Leicester Mercury](#) | Posted: August 05, 2014

By Cathy Buss

Children's heart operations could be moved in a bid to protect the long-term future of the surgical unit.

NHS England, which is reviewing provision nationwide, is expected to insist all children's services are on one site if hospital trusts want to carry on as a surgical centre for youngsters born with heart problems.

At the moment, children's heart surgery is at Glenfield Hospital while all other paediatric services, including the neo-natal unit, are at Leicester Royal Infirmary.

There has been concern among medics at University Hospitals of Leicester NHS Trust that unless all the services are brought together, Leicester could miss out on heart surgery centre status in the future.

In a message to staff and campaigners yesterday, John Adler, chief executive of the trust, said there would be "an urgent assessment", including of the time and costs of moving children's heart facilities.

He said: "This would have the added benefit of resolving our split-site children's service, which we all agree is less than ideal."

Directors have also given the go-ahead for talks with Birmingham Children's Hospital to make sure the Leicester trust can meet a requirement – still in draft form – that each centre has four surgeons, all performing 125 operations a year.

Mr Adler said: "The trust board was clearly of the view that we should aim to meet the emerging standards.

"This was felt to be the best way of securing the future of children's heart services in Leicester and also, potentially, to derive the significant benefits for our children's services as a whole."

Adam Tansey, from Burbage, whose son Albert was born with half a heart, was on the panel which helped to draw up the standards.

He said: "This review recognises the need for the best national service.

"Naturally there is concern that the ethos changes if you move the service but we are constantly dealing with changes in our lives and everyone at Glenfield has shown their ability to move with the times."

The Leicestershire charity Heart Link cautiously welcomed a possible move.

Spokesman Richard French said: "Obviously, we would like the service to remain in Leicester, ideally at Glenfield, but if it has to transfer to the infirmary then so be it.

"Our priority is the children and parents who have to use the service. If it is relocated then all facilities and provisions we have supplied via our fund-raising over 33 years will be replicated on a new site."

Eric Charlesworth, chairman of the Leicester Mercury Patients' Panel, said: "I am delighted at these next steps.

"Now is the opportunity to begin to remove any issues that might hinder the continuation of this world-leading service."

Zuffar Haq, also a member of the Leicester Mercury Patients' Panel, said he would prefer a new children's hospital at Glenfield.

He said: "The move to the infirmary looks like a short-term fix."

Last year, a review, Safe and Sustainable, recommended cutting the number of children's heart surgery centres nationally from 11 to seven.

It was subsequently suspended after a High Court ruling that it was flawed.

However, Glenfield Hospital was one of the centres earmarked for closure.

Read more: <http://www.leicestermercury.co.uk/Children-s-heart-ops-moved-infirmary/story-22073999-detail/story.html#ixzz39bfEYKEA>