New Congenital Heart Disease Review

NHS England

Presentation for Leicester City Council Health and Wellbeing Scrutiny Commission

25 March 2015

NHS England

New Congenital Heart Disease Review

What was said in consultation

NHS England

The Report

- NHS England commissioned *Dialogue by Design* to receive and analyse consultation responses on their behalf.
- This involved setting-up and maintaining the response channels, processing, analysing and reporting on the responses received.
- Report published 02/03/15

THE CONSULTATION PROCESS

- An overview of who responded, and how
  - 459 submissions: 280 online, 102 email, 77 on paper form
  - 365 from individuals, 92 from organisations (2 not specified)
  - 220 from people with CHD or their family/carer: 124 from people working directly or indirectly with people with CHD: 17 from charity/support group for people with CHD
  - Broad age range, including 55 ‘under 12’
  - Most identified as Welsh/English/Scottish/Northern Irish/British (285)
  - 87 self-identified as having a disability

DIALOGUE by DESIGN

RECURRING THEMES

Positive views

- Collaboration, supporting improvements to quality of care
- Improved access to care resulting from network approach
- Opportunities for knowledge transfer and skills development provided by model of care

Concerns

- Challenges of implementation, particularly adequacy of funding
- Potential for regional variations in quality of care
- Sufficient specialists with the right expertise to staff the model?

DIALOGUE by DESIGN

SOME OF THE THINGS YOU SAID…..

I think the proposals are well thought out and should help provide seamless consistency for all CHD and cardiac children/families (Individual)

Your proposals are extremely dated and many areas have developed services beyond those outlined in the documentation produced (Individual)

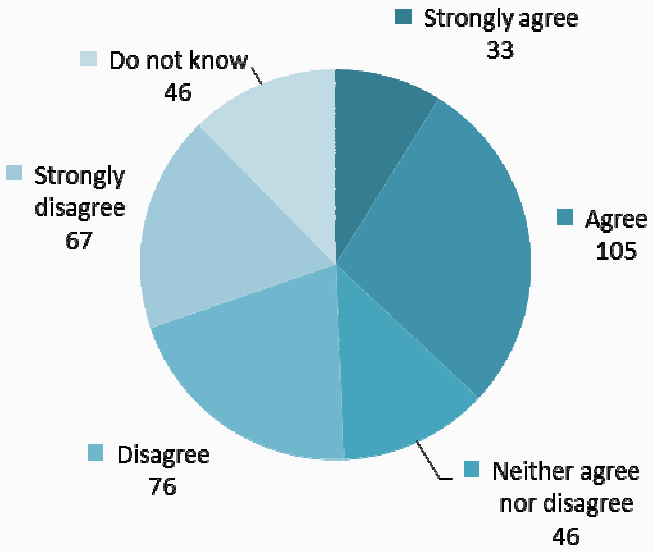
There is an inconsistent approach to the proposed model of care [...] The proposal that some parts of the country will operate with Level 1 and Level 3 centres, while other parts of the country will have Level 1, Level 2 and Level 3 centres appears to be inconsistent with the aim of tackling variations across the country. (Organisation)

The overall model of care is good and will maximise opportunities for as much care as possible to be provided close to home, whilst ensuring that patients have access to highly specialist care at the times in their pathway that they need it. (Individual)

DIALOGUE by DESIGN

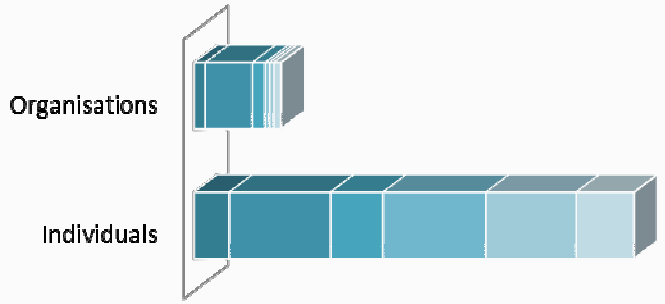
VIEWS ON THE PROPOSALS OVERALL (373 RESPONSES)

Will the draft standards and service specifications meet the aims [of the new CHD review]?



Similar numbers agree that draft standards and service specifications will meet the aims of the new CHD review as disagree, with slightly more disagreeing.

Will the draft standards and service specifications meet the aims [of the new CHD review]? Responses by organisation and individual.



	Individuals	Organisations
Strongly agree	25	8
Agree	72	33
Neither agree nor disagree	37	9
Disagree	73	3
Strongly disagree	64	3
Do not know	41	5

Organisational respondents are more likely than individual respondents to agree that the proposals would meet NHS England's aims.

DIALOGUE by DESIGN

MODEL OF CARE

Many support this, a few unconditionally though most with caveats.

Positives

- Promoting consistent standards across regions
- Bringing care closer to home
- Joining up care

The overall model of care is good and will maximise opportunities for as much care as possible to be provided close to home, whilst ensuring that patients have access to highly specialist care at the times in their pathway that they need it. (Individual)

Concerns

- Would lead to additional travel time for patients and families
- Care could become fragmented and inconsistent

There is an inconsistent approach to the proposed model of care [...] The proposal that some parts of the country will operate with Level 1 and Level 3 centres, while other parts of the country will have Level 1, Level 2 and Level 3 centres appears to be inconsistent with the aim of tackling variations across the country. (Organisation)

DIALOGUE by DESIGN

LEVEL 2 SPECIALIST CARDIOLOGY CENTRES

Views are mixed

Positives

- Similar to those identified for overall model of care
  - Reduced travel time, increased access, quality and consistency of care

It provides a better clinical governance structure by mandating the MDT decision must be made and will build stronger centres of excellence due to the increased throughput. (Organisation)

Concerns

- Staff retention
- Dilution of skills, impacting on quality and consistency of care
- Need for level 2 centres in every location – or at all?

The needs of patients or healthcare professionals will not be met here if these centres are seen as little more than training grounds.

DIALOGUE by DESIGN

NETWORK APPROACH

Many support this, often with reservations. Few oppose the standards explicitly.

Positives

- Value of collaboration – contributes to knowledge transfer, high quality and consistent care
- Opportunities for staff development
- Reduced regional variation in access to care

Concerns

- Implementation will be challenging without proper management or adequate funding
- Whether some centres will not be included in networks and have to close

DIALOGUE by DESIGN

STAFFING AND SKILLS

Many support this, often with reservations. Some oppose the standards explicitly.

Positives

- Supporting improvements in quality of care
- Increased support for patients
- Increased access to specialist care
- 24/7 on call support

Concerns

- Availability of resource to cover cost of additional staff and training
- Availability of expertise to staff the proposals
- Recruitment and retention at different levels of the network
- Strictness of standards

DIALOGUE by DESIGN

MINIMUM 4-SURGEON TEAMS, MINIMUM CASELOAD OF 125 OPERATIONS PER SURGEON PER YEAR

Positives

- Cover for absence
- Promotion of safety and quality
- Exposure to wide range of different cases

Concerns

- Potential for competition between surgeons striving to meet caseload quota
- Surgeons unable to meet caseload quota
- Perceived lack of evidence for standard size team, operations quota
- Regional variation in demand

DIALOGUE by DESIGN

SERVICE INTERDEPENDENCIES AND CO-LOCATION

Many support this, some with reservations. A few oppose the proposed standards.

Positives

- Patient-centred
- Efficient allocation of resources
- Improved patient safety

Concerns

- Cost and time-scale for implementation
- Potential for co-location to lead to the closure of some centres
- Queries over whether the evidence base supports the proposed approach

DIALOGUE by DESIGN

IMPLEMENTATION

Broad support for approaches to implementation. Some concerns and mixed views

Positives

- Quality dashboard
- Peer review
- Network governance

Concerns / mixed views

- Whether a rigid or flexible approach to implementing standards is preferable
- Ensuring consistent quality of care over the long term
- Role of commissioners
- Funding/resourcing for implementation

DIALOGUE by DESIGN

OTHER STANDARDS

Few respondents comment on sections of the consultation which have no associated question: most agree broadly with proposals, and some suggest improvements or alternatives.

- Facilities
- Training and education
- Organisation and audit
- Research
- Communication with patients
- Transition
- Pregnancy and contraception
- Fetal diagnosis
- Palliative care and bereavement
- Dentistry
- Transplant services
- Learning disabilities

DIALOGUE by DESIGN

SOME OF THE THINGS YOU SAID…..

The staff have to be towards top of the agenda, at the end the service or good quality service will not exist without these highly skilled and sought after staff (Individual)

Please think carefully about keeping all the skills in a few places. I have two grandchildren with CHD. I can't travel to the other end of the country to visit, neither can their parents. Please be mindful of geography. (Individual)

There needs to be provision for the whole family to be treated as a unit in one location regardless of age, with shared appointments and investigation, diagnosis and treatment (Charity/support group)

The proposed network and 3 levels of centres seem sensible but resources, funding and procedures/operations should be located in areas of highest local patient demand for services based on published current and predicted future demand. (Several individuals)

Fears about the funding of the service, the availability of highly qualified, experienced staff and the length of time it will take to meet the newly agreed standards is an ongoing and as yet unanswered concern. (Charity)

DIALOGUE by DESIGN

New Congenital Heart Disease Review

NHS England

What happens next

NHS England

What happens next

- Shape the NHS England Response
- Invite hospitals to develop proposals for delivery models
- Develop an appropriate commissioning approach
- Prepare for decision making (including internal assurance)
- Transition from review to Specialised Commissioning

NHS England

Timetable: 2015/16

2015-16

April – September 2015

Deliver review objectives

Agree standards

Co-design commissioning model

October 2015 – March 2016

Procurement

Specialised commissioning; finance; comms & engagement; analytics

April 2016 onwards

Live

Contract & performance management

Transition from review to SpecCom

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Questions?