LEICESTER CITY HEALTH AND WELLBEING BOARD

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Title of the report:	NHS England's proposals for congenital heart disease services at University Hospitals of Leicester NHS Trust
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Purpose of report

This paper provides a briefing for the Health and Wellbeing Board on NHS England's proposals for the future provision of congenital heart disease services, with particular reference to University Hospitals of Leicester NHS Trust.

Background

In July 2015, the NHS England Board agreed new standards and service specifications for congenital heart disease (CHD) services, with the expectation that in future all providers would meet the standards, leading to improvements in service quality, patient experience and outcomes. NHS England is the direct commissioner of CHD services, as prescribed specialised services.

The standards are based on a three tier model of care with clear roles and responsibilities (and standards) for each tier. Networks will help local services to work closely with specialist centres, to ensure that patients receive the care they need in a setting with the right skills and facilities, as close to home as possible. The three tiers are:

> ***Specialist Surgical Centres (level 1)***: These centres will provide the most highly specialised diagnostics and care including all surgery and most interventional cardiology. (Leicester is currently a level 1 centre.)
>
> ***Specialist Cardiology Centres (level 2)***: These centres provide specialist medical care, but not surgery or interventional cardiology (except for one specific minor procedure at selected centres). Networks will only include level 2 centres where they offer improved local access and additional needed capacity.
>
> ***Local Cardiology Centres (level 3)***: Accredited services in local hospitals run by general paediatricians / cardiologists with a special interest in congenital heart disease. They provide initial diagnosis and ongoing monitoring and care, including joint outpatient clinics with specialists from the Specialist Surgical Centre, allowing more care to be given locally.

The Board agreed a go-live date of April 2016 for implementation of the new standards, embedded in contracts with providers, with a standard specific timetable

to achieve full compliance.

The Board agreed proposals for commissioning the service and endorsed initial work with providers to develop proposals for ways of working to ensure the standards would be met.

Work with providers commenced in April 2015, culminating in submission of proposals in October 2015. Seven submissions were received, some from networks based on a single surgical centre, others from new multi-centre networks. Leicester submitted a joint proposal with Birmingham.

The proposals were comprehensively assessed by a commissioner led panel, with clinician and patient/public representation. The panel advised that certain standards were considered particularly important determinants of service quality and safety:

- All surgeons should be part of a team of at least four, with an on-call commitment no worse than 1:3 from April 2016 and that each surgeon must undertake at least 125 operations per year. From April 2021 the aim is a minimum 1:4 rota.
- Surgery must be delivered from sites with the required service interdependencies.

The assessment was discussed at NHS England's Executive Group Meeting (EGM) in December 2015. EGM accepted the panel's assessment that, taken together, the provider proposals did not provide a national solution; and giving more time would not yield a different outcome; and that developing a national solution would require significant support and direction by NHS England. EGM agreed that action should be taken to ensure that the April 16 standards were met as soon as possible, with immediate action to ensure that appropriate short term mitigations are put in place in the meantime to provide assurance of safety. This approach was endorsed by the Specialised Services Commissioning Committee (SSCC) at its meeting in February 2016.

The assessment process

A process to assess compliance with selected standards was launched in January 2016. It focused on 24 paediatric standards (and the matching adult standards) most closely and directly linked to measurable outcomes (including the surgical and interdependency standards previously highlighted by SSCC) and to effective systems for monitoring and improving quality and safety.

Providers of CHD services, including Leicester, were asked to evidence their compliance with the 2016 standards. While the focus was on the 2016 standards, NHS England also took account of the ability of providers to reach the 2021 standards.

Where standards were not met providers were asked to provide plans to achieve the standards and the mitigating actions they proposed to take to provide assurance of the safety and quality of services until all the standards were met. An acceptable development plan was considered to be one than gave a high degree of assurance (in the view of NHS England) that the standard would be met within 12 months of the standard becoming effective on 1 April 2016.

The process was based on NHS England's standard approach when introducing a new service specification for any specialised service.

Our initial assessment showed that additional information would be needed in order to complete the process. This was requested from all the hospitals involved in March 2016 to make sure that every hospital had the opportunity to supply all the relevant information before we completed our assessment. We gave initial feedback on the findings of the first round at a meeting with clinicians on 18 March, and explained why further detail was being requested. These additional returns were assessed in April 2016.

Each set of returns was initially evaluated at a regional level by the NHS England specialised commissioning team, followed by a national panel to ensure a consistency of approach. The national panel brought together NHS England staff from both national and regional teams with representatives from the Women and Children's Programme of Care Board and the Congenital Heart Services Clinical Reference Group to provide wide ranging and senior clinical advice and patient and public perspectives.

The panels were asked to concentrate on this assessment of compliance rather than trying to answer the question 'what should NHS England do?' The driver for this work has been to ensure delivery of the standards.

Outcome of the assessment process

All the providers were assessed against the standards, and rated on a scale from Green (meeting all the requirements as of April 2016) through to Red (current arrangements are a risk). Leicester was assessed as Amber/Red (does not meet all the April 2016 requirements and is unlikely to be able to do so).

Leicester was assessed as meeting 8 of the 14 requirements tested, and unlikely to be able to meet all the April 2016 requirements. Specifically:

a) Surgical activity

University Hospitals of Leicester reported a caseload of 331 procedures for 2015-16, an increase of 55 procedures compared with 2014-15. This is insufficient for three surgeons to meet the current minimum activity requirement of 125 cases per surgeon per year. The full standards (effective from 2021) require a team of four surgeons rather than three, and that there was felt to be no realistic prospect of Leicester increasing activity during this period to a level that would allow these requirements to be met.

b) Interventional cardiology rota

The Trust did not demonstrate that they have implemented a 1 in 3 interventional cardiologist rota.

c) Access to specialist services

The Trust does not have access to 24/7 bedside paediatric gastroenterology or paediatric nephrology.

The Trust does not have vascular and interventional radiology services on site.

The national panel report is available on the NHS England website https://www.england.nhs.uk/commissioning/spec-services/npc-crg/chd/.
The individual assessment report for Leicester is attached as appendix 1 to this report.

Proposals for change

In line with these assessments, NHS England has set out decisions that it is minded to take in relation to congenital heart disease services, subject to the outcome of public consultation. No decisions have been taken at this time.

The proposal in relation to Leicester is:

- to cease commissioning level 1 (surgical) services from the Trust
- to discuss the potential continuation of level 2 CHD services in Leicester.

If these proposals are approved following public consultation, the closest alternative centre for most patients who currently undergo CHD surgery at Leicester would in future be Birmingham. The majority of care for all patients is non-surgical, and could continue to be provided at Leicester as a level 2 centre.

Engagement and public consultation

NHS England has committed to public consultation on its proposals for change in relation to Leicester and other congenital heart disease providers. This will be for a period of 12 weeks, and will be led nationally with regional support.

Prior to the launch of public consultation, NHS England will undertake engagement with the Trust, local authorities, patient groups and other stakeholders.

Pre-consultation engagement will include an assessment of the potential impact on other services within the Trust in the event that the proposals are approved.

Timescale

Subject to advice from Overview and Scrutiny Committees and others during our pre-consultation engagement, NHS England's high level timetable is as follows:

- Pre-consultation engagement: this has now started. Attendance at this meeting of the Health & Wellbeing Board is part of the pre-consultation engagement
- Public consultation: up to 12 weeks, starting in the autumn (date to be confirmed following pre-consultation engagement)
- Written six months' notification to providers of potential decommissioning of their services from April 2017, subject to the outcome of public consultation: 30 September 2016
- Review of the outcome of consultation: January /February 2017
- Final decisions: March/April2017
- Implementation of the final decisions: April 2017 onwards (with an appropriate transition plan for patients and staff).

Recommendations

NOTE the briefing provided.