

# University Hospitals of Leicester NHS Trust East Midlands Congenital Heart Centre update

Leicester , Leicestershire and Rutland Health  
Overview and Scrutiny Committee



# Consultation timeline

**9th February 2017** - NHS England launched the consultation

**6th June 2017** - original completion date to take into account the period of purdah for the local government elections

**8th June 2017** - General Election will require a further extension of the consultation period

**9th June 2017** – public consultation meetings can resume

**17th July 2017** – end to public consultation

**30<sup>th</sup> November/ 14<sup>th</sup> December 2017** – NHS England Board meeting dates



# NHS England consultation key points

Criteria	Compliance
1.1 Surgery and catheter procedures to take place in a Specialist Surgical Centre	Compliant
1.2 Network MDT discussions for rare, complex and innovative procedures	Compliant
1.3 Age-appropriate care environments	Compliant
2.1 Surgeons to be primary operator in 125 procedures each year (3-year average), 4 surgeons by 2021	Plan not approved
2.2 Cardiologist to be primary operator for 50 procedures each year (lead cardiologist = 100) each year (3-year average)	Plan
3.1 Surgical rotas should be no more than 1 in 3	Compliant
3.2 Interventional cardiologist rotas should be no more than 1 in 3	Compliant
3.3 Cardiologist rotas should be no more than 1 in 4	Compliant
3.4 A consultant ward round occurs daily	Compliant
3.5 Patients and their families can access support and advice at any time	Compliant
3.6 Network medical staff can access expert CHD advice at any time	Compliant
4.1 Co-location of key specialities and facilities (call-to-bedside within 30 mins)	Plan
4.2 Key specialities to function as a multidisciplinary team	Compliant
5.1 Participate in national audits, use current risk adjustment models and learn from adverse incidents	Compliant

- Standard 2.1 is now the ONLY standard that NHS England consider we do not meet
- Our network relationships are crucial to meet the 500 case standard by 2021
- EMCHC growth plan will be sent to NHS England this week



# EMCHC Growth Plan

- **Total East Midlands Demand** – current demand is 512 surgical cases- NHS England's own activity forecasts show East Midlands demand will be between 525 and 546 by 2020-21
- **Current activity** – EMCHC have increased caseload from 232 cases in 2005/6 to 345 cases in 2016/17 – and will meet the 375 average by 2018/19
- **Growth from increasing referrals from existing partners** – through dedicated PIC/NIC transport, improved facilities and increased capacity , outreach provision and improved prenatal detection rates



# EMCHC Growth plan

- **Intrinsic EMCHC growth** – Increased ACHD population re-operation rate , on- going ECMO Programme with new NICOR applicable cannulation's and a new overseas patients plan leads us to a projection of 471 surgical case load by 2020/21
- **Growth from new network partners** – we have had confirmation and desire to support our growth plan from Chesterfield, Peterborough and Northampton Hospitals and have begun discussions on how to implement the necessary referral pathways
- **Growth from outside our original network ( numbers not included in plan as yet )**  
Milton Keynes and Bedford Hospitals fall within the NHS England travel time catchment and we will extend the offer of our services . South Warwickshire NHS Foundation Trust have established a new referral pathway with EMCHC

# Anticipated position for 2020/21

Financial year	Growth based on 2014-16 activity	Continued 2014-16 growth + population increase + network expansion
2016-17	345	345
2017-18	375	381
2018-19	403	419
2019-20	435	459
2020-21	471	515
2021-22	509	546

We sent NHS England our Growth Plan on the 3<sup>rd</sup> May 2017



# Key areas of concern in the consultation

## Inconsistency of approach

- Despite not meeting the numbers or co location standards Newcastle is being given more time and support to achieve them due to their heart transplantation work
- NHS England are not affording the world class ECMO services at UHL the same derogation
- Growth plans/ impact statements to meet numbers from other Level 1 centres are not published and do not appear to be subject to the same scrutiny as ours



# Key areas of concern

## Lack of crucial information

- The PIC review which is covering ECMO , PICU , and specialist surgery is running alongside this review – although we have been assured that initial findings will be fed into the CHD consultation process – this will not be in time for the public to see before commenting
- This is in contrast to the IRP recommendations post Safe and Sustainable





# Key areas of concern

## Transition and implementation

- The detail behind the ability of the proposed centres to receive EMCHC caseload is scant and based on numbers that are 4 years out of date and do not match current caseload
- Specialist workforce recruitment is seriously under question and the impact on the wider profession is worrying
- Capacity – PICU capacity and waiting lists in other level 1 centres are under severe pressure currently – what is the risk of implementation?



# Summary

- Geographical balance of CHD provision severely threatened by NHSE plans and specifically to the detriment of the East Midlands population
- The risk of implementation is yet to be fully quantified and appears to be significantly higher than the risk of EMCHC not meeting the standards within the timeframe
- EMCHC Growth plan is highly detailed, uses NHS England's own data and clearly demonstrates that the 500 caseload standard is achievable by 2021
- Even with our conservative growth estimates – the 500 caseload standard will be achieved by 2021/22

