Oxfordshire Joint Health Overview and Scrutiny Committee

Response to the Safe and Sustainable consultation on Children's Congenital Cardiac Services in England

Introduction

1. Members of the Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) have given careful consideration to the proposals for changes to Children's Congenital Cardiac Services in England. What follows is the response of the OJHOSC to the initial consultation. Once the promised independent report on the outcome of the consultation is published in August 2011 the OJHOSC would wish to add to this submission.

2. The OJHOSC has chosen to respond in narrative form rather than use the response form provided. This is because it was considered that the form did not provide sufficient flexibility to allow for the level of comment that members of the OJHOSC wish to make.

3. What follows can be summarised as follows:

    i. The OJHOSC considers that the consultation is flawed and should be withdrawn
    ii. If the consultation were not to be withdrawn then there appears to be only one rational option and that is Option B
    iii. Option B would only be acceptable if the South of England Congenital Heart Network (i.e. the Oxford/Southampton link-up) were to be seen as integral to that option
    iv. If the consultation is not withdrawn and Option B is not chosen; or the South of England Congenital Heart Network was not included as an integral part of Option B, then the OJHOSC would reserve the right to refer the matter to the Secretary of State on the grounds that any other option would not be in the best interests of the health services in the OJHOSC's area.

Comments on the consultation relating to the omission of the John Radcliffe Hospital from the consultation

4. Members of the OJHOSC wish to express their dismay that:

    i. The John Radcliffe Hospital (JR) was not included in the consultation
    ii. The changes that have taken place at the JR since the SHA review have not been acknowledged by Safe and Sustainable
    iii. The consultation document contains no reference to the work that has taken place between the Oxford Radcliffe Hospitals NHS Trust (ORH) and the Southampton University Hospitals NHS Trust (SUHT) to establish a joint paediatric cardiac service – the South of England Congenital Heart Network
    iv. The fact that the JR has been omitted from the consultation and the lack of any question in consultation response form such as; "Do you agree to the closure of cardiac surgery at Oxford?" prevents any proper discussion of the issue and is intended to create a de facto acceptance of the closure of the service at the JR

5. It is the view of the OJHOSC that these omissions call into question the validity of

the whole consultation process. The consultation asks for a response to a document that fails to contain full and up-to-date information and does not address all of the pertinent issues. That cannot be a proper basis for a consultation on such an important matter as this.

Further comments on the consultation document

6. The omissions identified above are not the only ones that concern members of the OJHOSC. The choice of options seems to be predicated mainly on the distance that patients might have to travel but nothing appears to have been done to evaluate actual patient flows. Evidence is clear that parents will decide where their child should be treated on the basis of quality rather than geography. All of the parents who addressed the OJHOSC emphasised their wish for children to have access to high quality services. The consultation document seems to put a much greater emphasis on the distance to a facility and access and retrieval times. That seems strange when there is so much emphasis being given to quality standards.

7. Quality always comes above distance in making decisions about where treatment should take place.

8. Patients travel to Southampton General from both the south west and south east (e.g. Plymouth and Guildford) as well as from the north (e.g. Northampton). And Oxford patients have been going to Southampton since March/April 2010 not just because it is nearer than Bristol or London but because they recognise the quality of service provided. That is how parents and carers exercise choice; something else that has been ignored by Safe and Sustainable.

9. Not only do patients exercise choice but GPs also do so in deciding where they should refer patients to. It seems remarkable that at a time when GPs are to be given the leading role in commissioning services, they rate barely a mention in the consultation document and certainly have not been included to any degree in formulating the options.

10. The quality of services provided at SUHT has been recognised by the 2010 Kennedy Review which rated Southampton General as providing the country’s highest quality service outside London. Kennedy saw “exemplary practice” in the management of paediatric intensive care, supporting parents with information and choice and training and innovation.

11. The omission of the JR is symptomatic of a process that has concentrated on the issue of congenital heart disease but has failed to address the effects that the proposals would have on the health services required for those children with heart problems who do not need surgery. That is a massive black hole at the centre of the consultation. There is far more to the care of children than elective heart surgery and that has been ignored by Safe and Sustainable.

12. There are a number of assertions in the consultation that are not backed up by any evidence. Chief among these is the statement that there should be a minimum volume of 400 paediatric surgical procedures for each Specialist Surgical Centre. No evidence is provided for that figure and in fact there is a statement in the consultation document that; *“the scientific papers reviewed do not provide sufficient evidence to make firm recommendations regarding the cut-off point for minimum*

volume of activity for paediatric cardiac procedures” . The document refers to, *“available evidence”* but does not show what that evidence is. There is however evidence that hospitals in Scotland for example are able to provide a high quality service with smaller volumes than 400 but that evidence is not referred to.

13. Furthermore, travel is assessed by road times from the centre of post code areas. No consideration is given to air ambulances or the fact that the JR already has a helipad and SUHT is having one built. Travel by helicopter between Oxford and Southampton takes about 15 minutes.

14. Surgical numbers have increased significantly at Southampton in the past year owing to the cessation of surgery in Oxford and the hospital is close to achieving the minimum number of cases required (400) in 2010/11.

15. Since March when surgery was suspended in Oxford, Southampton has undertaken the majority of cases and from the start there have been joint management teams. Catheter cases are now done in Southampton by the Oxford team. All of this has been ignored by the Safe and Sustainable team.

16. As stated above, the Southampton/Oxford based network (South of England Congenital Heart Network) has not been considered by Safe and Sustainable. This is despite that fact that discussions about future joint working between the ORH and SUHT began as early as October 2009 with Oxford patients being treated at Southampton since April 2010.

17. Then, in February 2011, the two Trusts announced that they had entered a Joint Strategic Partnership and indicated that detailed plans for implementing a new joint fully integrated service would shortly be published. Sadly, Safe and Sustainable, despite being aware of these discussions, refused to delay public consultation to consider any new options alongside the options presented to the Joint Committee of Primary Care Trusts (JCPCTs). This is in spite of the commitment given by Simon Burns MP, Minister of Health at a meeting with Nicola Blackwood MP and Young Hearts representatives from Oxfordshire that any options for a joint Oxford / Southampton service would receive full consideration by the Safe and Sustainable Review Team.

18. The OJHOSC deplores this and wishes to state its full support for the network and its further development.

19. The omissions highlighted above add weight to the view that this is a flawed consultation. None of the points are picked up by Safe and Sustainable and yet people are being asked to come to a conclusion about which option they would wish to support.

20. **Therefore the OJHOSC would wish to see the consultation document withdrawn. Members of the Committee are not persuaded that any further consultation would then be necessary for the south of England as the Southampton/Oxford network would clearly provide a safe and sustainable service that could continue to develop further.**

21. However, if there were to be a new consultation then further thought must be given by Safe and Sustainable to producing something that is based more on facts and evidence than opinions. Any new consultation must also recognise the work that

has been done, and continues to be done, between Oxford and Southampton.

The risks to children's healthcare if the service at the John Radcliffe closes

22. Assuming that the above recommendation that the consultation should be withdrawn is not acted upon, the OJHOSC would remain very concerned that, if paediatric cardiac services do not continue at the John Radcliffe Hospital, other vital paediatric services will be lost. Evidence was provided to the Committee that the proposals as set out in the Safe and Sustainable document threaten the wider paediatric services provided in Oxford.

23. It is not possible to know what weight Safe and Sustainable has given to this because, due to the very narrow focus of the consultation document, there is no description of a vision for non-surgical services.

24. Most heart problems related to children are not congenital but the service configuration advocated by Safe and Sustainable would have a major effect on all children with heart problems. What for example would happen to the intensive care service? What emergency provision would survive for children with acquired heart deficiencies as opposed to those with congenital problems? Would heart/lung facilities cease? Removing cardiac surgery would diminish the expertise available from other disciplines and, as caseloads would inevitably fall; there could be a very real threat to the training status in some paediatric disciplines.

25. As was said to the OJHOSC, children's services cannot be run one at a time. They are interdependent and if one major service goes then others are threatened. None of the above questions are addressed by Safe and Sustainable.

26. Congenital heart patients need many services over a long period of time and it is much better for patients if care is provided in an integrated way within one hospital or campus where the whole range of services can be provided. The John Radcliffe Hospital is a prime example of a large specialist hospital where patients can be treated for all aspects of their care from conception onwards.

27. In the early pre-birth stage mothers are offered foetal cardiology services to correct birth defects in the womb. This includes ante-natal screening, monitoring and treatment of the foetus in the womb for some conditions. Mothers can then have their babies delivered in the high risk maternity unit in the JR's Women's Centre. This unit also provides maternity care to adult congenital heart patients jointly with the Oxford Heart Centre as these women may be at higher risk when giving birth. Once born a child can be given support in the JR's Neonatal Intensive Care Unit which serves a large regional catchment and their mothers can stay with them.

28. Children needing in-patient treatment for congenital heart surgery are treated in two designated and superbly equipped wards at the Oxford Children's Hospital at the JR. In addition parents are offered on-site accommodation in the unit.

29. It is important that families can stay as close together as possible during such hugely stressful occasions.

30. Children with congenital heart conditions often need treatment for other conditions (kidney, liver, brain, gastrointestinal, genetic etc.) and have access to on-site related children's specialties within the dedicated Oxford Children's Hospital. An

excellent range of outpatient facilities are also provided in the Oxford Children's Hospital with ready access to the full range of diagnostic modalities. These include the Oxford Homograph Bank (Heart Valve Bank.)

31. The JR also has a dedicated new paediatric Emergency Department and 24 hour helicopter landing facilities for acutely ill patients.

32. When children reach adolescence they move on to be cared for in the Adult Congenital Heart Service which is housed in the new state of the art Oxford Heart Centre which opened in 2010. Thus the transition from child to adult care can be planned and take place on the same site. The young person can meet the medical staff who will be looking after them in the future and get to know them before the handover takes place. That would not happen if the nearest hospital for the child's treatment were to be in Bristol or London.

33. The OJHOSC is persuaded of the importance of continuity of lifelong care for patients with congenital heart problems. The John Radcliffe Hospital has a deserved reputation for the quality of care provided to heart patients of all ages. It is recognised that patients do best where there is support available throughout their lifetime. If the paediatric services provided by the hospital were to be closed it could put at risk all of the services outlined above as well as the successful transfer of patients from children's to adult cardiac services.

34. It is the considered opinion of the OJHOSC that nothing should be done that would put those services at risk. It is clear that the proposals as outlined in the Safe and Sustainable consultation document would do just that. Closing the John Radcliffe cardiac surgery service and also removing the developing South of England Congenital Heart Network would be nothing short of disastrous.

35. The fact that clinicians from Oxford have been working in Southampton has demonstrated that paediatric patients from Oxford are able to be provided with continuity of care that would not be possible if Oxford were not to be included with Southampton in the chosen option.

South of England Congenital Heart Network

36. The OJHOSC accepts that it is desirable for patient safety and sustainability of service to have larger groups of surgeons undertaking consistent numbers of operations. There is obviously logic to ensuring that there are sufficient surgeons available to provide a 24/7 service. This could be dealt with by training more surgeons but realistically that is unlikely to happen and certainly not in the near future.

37. The OJHOSC also takes the realistic view that, having made up their minds for whatever reason that the JR paediatric cardiac surgery service should remain closed, the Safe and Sustainable team is unlikely to reverse that decision.

38. While the OJHOSC would be very disappointed to see the final end of paediatric cardiac surgery at the JR, OJHOSC members do not adhere dogmatically to a view that all cardiac paediatric services should be offered in Oxford. However there must be a comprehensive service that enables patients to be cared for as close as possible to their home.

39. It has been shown in practice already that surgery can be done by Oxford clinicians

working in Southampton. Those children who receive surgery and/or catheterising in Southampton can subsequently receive further care and provided with all other necessary services in Oxford. That has the major of advantage of maintaining the excellent services referred to earlier and ensuring that the children are cared for near to home.

40. None of the options apart from option B would allow this to happen. Therefore if a complete service is not to be maintained then the OJHOSC would support Option B as this is the only one that includes Southampton.

41. It is the view of the OJHOSC that option B must be seen to encompass the whole of the developing network across the south of England. Such a network, based upon close links between the ORH and SUHT, would be the best solution for patients from Oxfordshire and the whole of the South of England as far as the Midlands.

42. However, this support is conditional on recognition by Safe and Sustainable of the link between the ORH and SUHT and agreement that the South of England Congenital Heart Network is the best way forward for patients and their relatives/carers.

43. Option B is supported because of the following:

    1. The evaluation undertaken by Professor Sir Ian Kennedy and his panel for Safe and Sustainable showed that Southampton is the second best surgical centre in the country for the ability to meet the required clinical standards. Clinical quality is the most important criterion for parents/carers.
    2. It is clear that Southampton and Oxford working together would achieve the required number of 400 operations a year.
    3. The network is already up and running with plans for future development.
    4. Parents whose children have been looked after in Southampton by Oxford clinicians see it as a great success and are very supportive.
    5. The importance of local services for emergency treatment must not be ignored. Option B in the network configuration would provide a much safer option for patients in around the Oxfordshire area.
    6. The importance of lifelong access to integrated cardiac services cannot be overstated. The John Radcliffe Hospital, through the Children’s Hospital and the Oxford Heart Centre for adults is able to provide such an integrated service.
    7. The important and extremely high quality paediatric services currently available at Oxford would be preserved.
    8. The network would ensure that children and their families from Oxford and the surrounding area would need to travel only for surgery or catheterising. None of the other options are acceptable as travel for these people would be too difficult and/or lengthy and expensive.
    9. The network provides the best opportunity for patients from Oxford and the surrounding area to be able to gain access to as many local services as possible.
    10. There are excellent facilities at Oxford for families who need to stay near to their child; the same is not thought to exist in other places.

44. **Hence it is the conclusion of the OJHOSC that the only viable option would be**

Option B with the caveat that it must include the South of England Congenital Heart Network.

Referral to the Secretary of State

45. If Option B were not to be chosen, or there was no agreement by Safe and Sustainable that, in choosing Option B, the link between Oxford and Southampton should be recognised, then the OJHOSC would consider that the possible effects on services provided in Oxford would be such that they would amount to a substantial service change. This would leave the OJHOSC with no option but to refer the matter to the Secretary of State on the grounds that the changes would not be in the best interests of health services in Oxfordshire.