



South Central Specialised Commissioning Group

Safe and Sustainable – Review of Children’s Heart Surgery Services

Briefing note for HOSCs on the implications of the options in the Consultation Document for the population in NHS South Central

May 2011

1. Background

HOSCs have been provided with regular updates on the progress of the review by the National Safe and Sustainable Team and South Central Specialised Commissioning Group. A formal consultation process has commenced seeking views on the future of congenital heart services and covering four main areas:

- The proposed national quality standards of care (p33)
- The model for congenital heart networks (p37)
- The options for fewer larger surgical centres (p107)
- The proposed new systems for measuring quality (p126)

Full details are set out in the consultation document which can be accessed on the S&S website - www.specialisedservices.nhs.uk/document/safe-sustainable-a-new-vision-children-s-congenital-heart-services-in-england-consultation-document

2. The Five Key Principles

The Safe and Sustainable review has been driven by five key principles:

- **Children** - The need of the child comes first in all considerations.
- **Quality** - All children in England and Wales who need heart surgery must receive the very highest standards of NHS care.
- **Equity** - The same high quality of service must be available to each child regardless of where they live or which hospital provides their care.
- **Personal service** - The care that every congenital heart service plans and delivers must be based around the needs of each child and family.
- **Close to families’ homes where possible** - Other than surgery and interventional procedures all relevant cardiac treatment should be provided by competent experts as close as possible to the child’s home.

3. Purpose of Paper

Four options for the future potential configuration of surgical centres in England are being consulted upon. The consultation document is over 200 pages, and the purpose of this paper is to provide a simple summary of the four options and to highlight the proposed changes in patient flows and the associated implications for the population of NHS South Central so that HOSCs can make an informed response to the consultation question concerning surgical centres.

Members are asked to note that consultation events are being held on 4 May in Oxford and 24 May in Southampton, when there will be opportunities to ask an expert panel further questions. In addition, Hampshire HOSC has set up a formal Select Committee evidence day on Thursday May 26, to which all HOSCs will be invited to attend as observers.

The four options have significant implications for changes to patient flows for the population of NHS South Central.

4. Standards of Care

Over 150 standards have been developed in partnership with healthcare professionals, parents and patient groups and are endorsed by professional associations and national patient groups. They stand at the heart of the review aiming to achieve the best possible care and outcomes for children.

Key standards used in the assessment of the options include:

- Each Specialist Surgical Centre must:
 - be staffed by a minimum of 4 surgeons (std C4)
 - Perform a minimum of 400 paediatric surgical procedures per year (std C6)
 - Provide sufficient staff to provide a full 24 hr emergency service (std C9)
- Critical interdependent services to be co-located with paediatric cardiac surgical services as defined by the “Framework of Critical Interdependencies” (stds C12-C16)
- Appropriate and timely retrieval and repatriation of children (std C68)

5. Assessment of Centres by Independent Panel

In May 2010 an independent panel of experts, led by Professor Sir Ian Kennedy, visited each of the centres to assess their ability to meet the new standards.

Southampton received the highest ranking assessment outside London and the service was described as exemplary in three key areas:

- Management of paediatric intensive care
- Supporting parents with information and choice
- Training and innovation

Oxford received the lowest ranking assessment, was considered the least likely of the existing centres to meet all the new quality standards for Children's heart surgery and therefore not included in any of the options for change.

6. The Four Options

Of the 11 current surgical centres:

- Five are in all four options;
 - Great Ormond Street and the Evelina, London – Only two centres needed in London, these are named as the preferred centres, already achieving minimum numbers.
 - Birmingham - second largest conurbation after London and one of largest surgical units.
 - Bristol – needed owing to geography and achievement of 3 hour target for paediatric intensive care (PICU) retrieval.
 - Liverpool - based on 2 centres for the north, one of which must be Liverpool.
- Oxford suspended their service in February 2010 and are not in any of the options – as they achieved a low score from the Kennedy independent panel review and access is not improved.
- Southampton is in just one of the four options (Option B – this is the best option for retaining centres scoring the highest in the Kennedy panel visits).

Option A (includes the 5 hospitals above plus Leicester and Newcastle) was found to be the highest scoring potential option. Option B (includes the 5 hospitals above plus Southampton and Newcastle) scored well and could have scored higher pending the outcome of the debate about future patient flows, and because it minimises the adverse risk of configuration to national PICU.

Based on a strict application of patients travelling to their nearest centre the Bristol and Southampton centres are mutually exclusive because there are not enough patients in South Central England, South West England and South Wales.

Options C (includes the 5 hospitals above plus Newcastle) & D (includes the 5 hospitals above plus Leeds) are based on 6 centre options and both scored less well than options A and B.

In essence this results in a case of either Leeds or Newcastle and Southampton or Leicester.

Option B (the 5 hospitals above plus Newcastle and Southampton) is considered to be the best option for retaining centres ranked highest for quality in terms of their ability to meet the proposed new standards of care, however,, more work will need to be carried out to test whether both centres can meet the minimum requirement of 400 procedures per year. SW and SC Specialised Commissioning Groups, with the hospital trusts in Oxford,

Southampton and Bristol will be working together to demonstrate if the minimum of 400 procedures per centre can be achieved between Southampton and Bristol.

The model of care describes three levels of care:

- **District Children's Cardiology Centres** led by paediatricians with expertise in cardiology (PECs) in most large hospitals to do diagnosis (eg pregnant women) and ongoing care closer to home.
- **Children's Cardiology Centres** led by cardiologists to do all non-invasive procedures and ongoing care+ diagnosis
- **Specialist Surgical Centres** to do all surgery for all children and ongoing care and diagnosis for children living nearby

In each of the options Oxford would be a Children's Cardiology Centre and Southampton a Specialist Surgical Centre under option B, and a Children's Cardiology Centre under all the other options. Both Southampton and Oxford already have strong links with the District General Hospitals in their Children's Cardiology network that are a very good basis for developing upon.

Currently Oxford links with District General Hospitals (DGHs) in Banbury, Kettering, Northampton, Milton Keynes, Slough (also links with London), Reading, Swindon (also links with Bristol) and Wycombe. Southampton links with DGHs in IoW, Portsmouth, Winchester, Basingstoke, Salisbury, Poole, Dorchester, Bournemouth, Yeovil, Plymouth, Chichester, Frimley Park and the Channel Islands.

7. What are the current patient flows to surgical centres for patients from NHS South Central

The options in the consultation document are based on a national surgical workload of around 3,600 heart surgery procedures for children every year (p57).

The number of surgical procedures by PCT and surgical centre for the past two years is given in the table below:

Table 1: number of surgical procedures by PCT and surgical centre

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PCT	ORH		SUHT		Brompton		Guys		GOS		Total	
	2009/10	2010/11 to Oct 10	2009/10	2010/11	2009/10	2010/11 to Oct 10	2009/10	2010/11 to Oct 10	2009/10	2010/11 to Oct 10	2009/10	2010/11 to Oct 10
Berkshire East	1	1	6	9	2		0		10	11	19	21
Berkshire West	12	2	1	16	0		0		3	4	16	22
Buckinghamshire	10	1	2	11	0		2		7	4	21	16
Hampshire	1	0	69	78	1		3		3	2	77	80
Isle of Wight	1	0	10	9	0		2		0	0	13	9
Milton Keynes	9	1	0		3		1		1	10	14	11
Oxfordshire	20	3	6	26	0		0		8	10	34	39
Portsmouth	0	0	18	17	0		0		0	0	18	17
Southampton	0	0	26	19	0		0		0	0	26	19
Total	54	8	138	185	6	0	8	0	32	41	238	234

Notes:

ORH – Oxford Radcliffe Hospital

SUHT – Southampton University Hospitals NHS Trust

GOS – Great Ormond Street Hospital

Source of data is SCSCG contract data and data direct from SUHT.

Data is complete for SUHT but up to Oct 10 for the rest of providers

Very occasional patient treated at Birmingham or Leicester

8. What the Options mean for NHS South Central

Under section 6 – options for change (p107) of the consultation document, there are a series of maps showing the proposed catchment populations for the four potential options, based on regional postcodes.

The following table shows where patients from NHS South Central would travel for surgery under each option.

Regional Code	Post	Options A, C and D	Option B
BA - Bath		Bristol (25)	Bristol (25)
BH - Bournemouth		Bristol (39)	Southampton (39)
DT - Dorchester		Bristol (14)	Bristol (14)
GU - Guilford		London (53)	Southampton (53)
HP - Hemel Hempstead		London (21)	Southampton (21)
MK - Milton Keynes		London (22)	London (22)
NN - Northampton		Leicester (30)	Birmingham (30)
Ox - Oxford		London (13) Bristol (14)	Bristol (14) Southampton (13)
LU - Luton		London 24	London 24
PL - Plymouth		Bristol (36)	Bristol (36)
PO - Portsmouth		London (60)	Southampton (60)
RG - Reading		London (23) Bristol (11)	Bristol (10) Southampton (24)
SL - Slough		London (15)	Southampton (15)
SN - Swindon		Bristol (20)	Bristol (20)
SO - Southampton		London (42) Bristol (6)	Southampton (48)
SP - Salisbury		Bristol (16)	Southampton (16)
TA - Taunton		Bristol (15)	Bristol (15)
TQ - Torquay		Bristol (13)	Bristol (13)
TR - Truro		Bristol (14)	Bristol (14)

NHS South Central

Some patients from NHS South Central will have these post codes

You can see from this that for certain postcodes, the options assume that patients will flow to more than one surgical centre. This is on the basis of minimising travel times, whilst ensuring there were a minimum of 400 patients at each centre.

The assumptions used in the consultation document are:

OX: patients would go to Bristol unless the travel time to Bristol is greater than 100 minutes in which case it is assumed that they would travel to London or Southampton.

RG: patients would go to Bristol unless the travel time is greater than 90 minutes in which case they are assumed to travel to London/Southampton
SO: In options with Bristol and London only, assumed that patients would travel to Bristol unless the travel time to Bristol is greater than 120 minutes.

These assumptions need testing during the consultation period.

9. Further work to be undertaken during the consultation period

A number of assumptions about future patient flows and manageable clinical networks have been made around the four configuration options. It is proposed that some assumptions would benefit from further testing during consultation. This will include producing a “definitive” map of current networks and patient flows for all postcodes. An independent third party is being appointed to undertake this work which will include interviewing lead clinical staff, parents of children with congenital heart disease and the general public to test the assumptions around patient flows.

In addition, further consideration is to be given to the implications for the emergency retrieval of children on the Isle of Wight be a retrieval team based in London or Bristol against configurations that would exclude Southampton as a designated surgical centre.

10. Response to Consultation

HOSCs are requested to consider the implications of the proposed changes for the populations they represent and to submit their responses ideally by 1 July. Electronic versions of the response form can be found at <http://surveys.ipsosinteractive.com/wix/p904445602.aspx>

Alternatively letters and a hard copy of the response form can be sent to: Freepost RSLT-SRLZ – JYYYY, Safe and sustainable, Ipsos MORI, Research Services House, Elmgrove Road, Harrow, HA1 2QG.

Since the options contain proposals for patients flowing to more than one surgical centre for a number of regional post codes in NHS South Central, attention is drawn to Q18 in the response form which asks “What, if any, comments do you have about the assumptions we have made concerning how postcodes have been assigned in any of the four options for the Specialist Surgical Centres?”.