Young Hearts presentation to HOSC meeting on 19 May 2011

The National Safe and Sustainable Decision making process and Consultation on recommendations for changes to the provision of children's heart surgery in England is flawed because

- The decision not to include Oxford in any of the options is based on an assessment undertaken by the Kennedy Expert Review Panel following their visit on 8 June 2010. The Review Team were asked to review submissions from each centre on how they could meet the proposed core standards **both now and in the future**
- It is clear from reading the Kennedy Review that Oxford was judged on what service existed at the date of the visit and not on what services had existed either in the period before the suspension of the service in March 2010 or what would be possible in the future despite the reference on page 82 to" **each centre being assessed on the robustness and deliverability of each centre's development plans to meet all of the standards core requirements and the impact of increased activity."**
- The assessment scores ranged from Guys and St Thomas on 535 to Oxford Radcliffe Hospitals on 237. At the time of the visit on 8 June 2010, the service was suspended pending the publication in July 2010 of the report commissioned by South Central SHA into 4 unexpected deaths at the Trust. Although everyone took great pains to say the two reviews were completely separate, it was clear that the Kennedy Review Team knew the likely outcomes and recommendations which would come out of this piece of work – viz there were no ongoing clinical concerns about the care provided / there were some areas of concern around risk management and mentoring arrangements for new staff/ ORH needed to move to a situation where it could rely on a larger group of cardiac surgeons by entering into a partnership arrangement with another centre.
- We believe there is evidence that the Kennedy Review did not apply the positive aspects of the report but focused on the negative points, all of which were easily remediable as evidenced by the fact that the SHA signed off 15 of the 16 action points arising from the review at its meeting on 24 November 2010.
- The following points relating to each of the 6 separate domains on which centres were scored, helps to explain why Oxford was scored so poorly as against the scores given to the other 10 centres.

Leadership and Strategic Vision

At the time of the Kennedy visit the ORHT had just recruited a new Chief Executive who started in post on 1st April 2010 and was finalising recruitment for a new Medical Director. It was also known that Professor Ted Baker, Medical Director, Guys and St Thomas and an eminent Paediatric

Cardiologist, had been appointed to this post and would take up his new appointment in September 2010. In addition, Sir Jonathan Michael advised the Kennedy Review that the Trust would shortly be consulting staff on a new management structure with clinicians leading each of 6 new Divisions to strengthen and develop clinical leadership in the Trust. This new structure was put in place on 1 November 2010.

In relation to the SCSHA Independent Review, The Kennedy Review was aware of the draft conclusions and recommendations which would be turned into an action plan for the Trust to complete by 31 March 2011. A key test of leadership would have been seen as the Trust's response to the proposed Action Plan. In fact, the Trust responded positively to the External Review and as previously stated achieved sign off of 15/16 action points by the SCSHA at its meeting on 24 November 2010.

The ORH initiated discussions with Southampton University Hospitals Trust as early as October 2009 about future joint working. These discussions became more focused in October 2010 when both Trusts decided to explore the possibility of a joint strategic partnership to deliver services across the South Central area based on the close relationships and strong network which had built up since services for Oxford patients were moved to Southampton on 1 April 2010. On 16 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. S&S were aware of these discussions but refused to delay public consultation to consider any new options alongside the options presented to the Joint Committee of Primary Care Trusts (JCPCTs) on 16 February 2011.

It is clear that the Kennedy Review failed to consider either the past excellent performance of the Oxford unit or its development plans for the future when finalising its report in December 2010

The Kennedy Review also showed bias in that to use just one example, Professor Ted Baker was assessed as giving excellent leadership in his Guys and St Thomas' post but no account was taken of his potential to achieve similar excellent leadership in his new Medical Director post at the Oxford Radcliffe Hospitals Trust.

As a Trust in transition, Oxford should have been accorded the opportunity to meet the Panel again with its new team in place to talk about future plans rather than past issues.

Strength of Network

The Kennedy Review criticised the Trust for its lack of grasp of the requirement for it to act in a leadership role in a tertiary network saying network relationships were informal with no written clinical protocols and pathways etc. This is surprising as we are informed that Oxford sent more than 70 examples of clinical protocols and clinical pathways electronically to the Kennedy Review team prior to their visit.

In the last 12 months, despite the difficult circumstances, Oxford has maintained its existing networks, established a very successful partnership with Southampton and enhanced existing networks right across South Central SHA. We understand that in doing so Oxford is strongly supported by its commissioners**.**

Staffing and activity

At the time of the Kennedy Review visit the ORH Trust had posts in place for 2 paediatric cardiac surgeons with one vacancy following Mr Salih's resignation in March 2010. The Trust had deferred making a new appointment until the outcome of the SCSHA review was known but there was no question that it intended to fill the vacant post. Given the Trust's good long term relationships with key international centres of excellence and the high reputation of Oxford University's commitment and research base on congenital and acquired heart disease, no difficulty was expected in identifying a suitable candidate. However, the Kennedy Review chose to present this information as Oxford only having 1 surgeon in post with no explanatory footnote.

Similarly, Oxford had gone through a process of one of two existing surgeons choosing to retire from paediatric practice and a slightly delayed period of recruiting Mr Salih as a new second surgeon in December 2008. As a result of delays in completing his final post graduate training at Melbourne Children's Hospital,

Mr Salih did not take up his post until November 2009. This meant that the Oxford operating figures fell to circa 120 on paediatric cases plus 80 interventional catheter cases which was lower than the expected rate of 200 cases per annum (Oxford does more procedures as interventions as a result of the exceptional skills and expertise of Dr Neil Wilson, the leading UK paediatric cardiac interventional cardiologist who was appointed to Oxford in 2003)

The Kennedy Review questioned Oxford's ability to achieve 400 cases but even in 2009/10 Oxford as the smallest unit with only 1 surgeon in post for

most of that year achieved 108 cases. With two surgeons in post Oxford would easily have expected to reach 200 operations a year. In addition, the Commissioners had already agreed to move the East and West Berkshire catchments from GOS to Oxford which would have been expected to swell the numbers to 230. Unlike some other parts of the country, Oxford also had an extensive fetal cardiology service offering detailed fetal echocardiography and specialist cardiac management for over 1000 pregnant women per annum.

None of this information was taken on board by the Kennedy Review team who were supposed to be considering future development options. Instead Oxford was blackballed on the basis of inaccurate and misleading information.

Facilities and capacity

Facilities for paediatric cardiac services were included in the newly built Oxford Children's Hospital on the John Radcliffe Hospital campus including extensive parental accommodation. Concern was expressed that a new Paediatric Intensive Care Unit had not been included in the Children's Hospital but the Kennedy Review Team were shown space in the newly opened Oxford Heart Centre which would be converted into a Children's Heart Unit HDU similar to the successful Adult Cardiac Coronary Heart HDU in the Heart Centre. In other words, Oxford already had much better facilities than most other centres with the potential to build on this to improve intensive care / HDU facilities. No account was taken of these developmental opportunities in the assessment report.

Oxford was scored low because it had not apparently addressed the deficiencies in paediatric intensive care or the level of cardiac anaesthetist cover which would be required for 400 cases. When the intensive care criticisms were explored by the ORH Director of Paediatric Intensive Care and the Divisional Director criticisms were withdrawn and appeared to stem from a misunderstanding of the distinction between on call anaesthetists and on call intensivists.

Oxford scored highly in having a large number of specialist children's services and Maternity and Neonatal services co-located on the same site thus meeting the standards set by the earlier Specialist Commissioning Review into Critical Interdependent Paediatric Services: Co-location which defined a Framework of Critical Inter-Dependencies in 2008. No reference was made to this by the Kennedy Review despite one of its members, Mr James Monro commenting favourably on this aspect during the visit.

Information and choice

The Trust was criticised for the limited opportunities for parents to consult with the surgeon before surgery as there was said to be only a single 0.5 WTE surgeon. Once again information is distorted by saying only 0.5WTE surgeons were in place although this was clearly not true as shown by our earlier comments under staffing.

Criticisms were also made about the failure to plan for an increased level of cardiac liaison nurses and clinical psychologists needed to treat 400 cases a year. This is of course not difficult and is relatively cheap to address compared with major deficiencies elsewhere in terms of geographical distance between maternity hospitals or other children's services and cardiac surgical sites.

Ensuring excellent care

The Trust was assessed as having no adequate research protocol or clear vision over the scope of future areas of focus for research. This is incorrect. The Trust hosts one of 5 National Biomedical Research Centres which has a clear work stream focused on cardio-vascular research. Oxford has an excellent reputation as a research centre and has pioneered many developments in the field including knowledge of the molecular genetic basis of congenital and inherited heart disease, a strong foetal cardiology teaching network, the use of telemedicine in paediatric cardiology (now widely used), a variety of interventional catheter techniques at all ages (including procedures under ultrasound alone in a neonatal unit usually performed by surgery and often in an operating theatre and joint catheter and surgical 'hybrid' procedures) and the development of an artificial heart.

It has also established a new centre for Clinical Genetics where work is underway into links between clinical genetics and management of families with cases of cardiomyopathy.

SUMMARY

The above points demonstrate that the Kennedy Review was biased and presented a distorted picture of Oxford. This was then compounded by the JCPCTs decision in October 2010 to exclude consideration of Oxford from any of the Options which would be put out to consultation in February 2011.

Young Hearts believes that the decisions taken by the JCPCTs in October 2010 and on 16 February 2011 are inherently flawed based as they are on information from the Kennedy Review which is not rational but based on subjective views rather than clear evidence. The pre-consultation business case was also flawed in that it failed to take into account the impact of the closure of children's heart surgery in Oxford on other services at Oxford Radcliffe Hospitals NHS Trust which have far reaching consequences for the

future viability of the Oxford Children's Hospital, the Paediatric Intensive Care Unit and the Trusts foetal, maternity and neonatal intensive care services.

Safe and Sustainable have also failed to take account of the clear and unambiguous commitment given by Simon Burns MP, Minister of Health at a meeting with Nicola Blackwood MP and Young Hearts representatives on 14 February 2011, that any options for a joint Oxford / Southampton service would receive full consideration by the Safe and Sustainable Review Team. Rather than seeking to actively investigate and develop this potentially attractive alternative option, the Safe and Sustainable team have been universally negative about any suggestions that surgical services could re-open on the Oxford campus.

Young Hearts position

We remain convinced that it is possible to provide effective services at lower levels than those suggested by the consultation document of 400-500 cases per annum and yet meet the higher quality standards proposed for the new service. We wish to point out that Scotland re-organised its two paediatric cardiac services a decade ago into 1 single unit in Glasgow employing 4 cardiac surgeons. They undertake up to 275 operations a year –although 303 were achieved in 2009/10 - with a 30 day operative mortality rate which fell to 2.9% in the year which is better than that of some English centres. The key point here is that 4 surgeons working together can deliver effective surgical outcomes without needing to scale up to 400/500 cases a year.

However, we believe that a joint Oxford/Southampton service will easily achieve 350/400 cases a year with access to 5/6 surgeons initially across both campuses and the ability to grow if demand increases. Under this model, the most complex cases would be undertaken in Southampton with a significant proportion of the more common operations and interventional catheters being undertaken in Oxford.

Our members have had good experiences of the Southampton service and are happy to build on this as shown in the accompanying Young Hearts briefing document, which gives many examples of children needing emergency care whose lives were saved as a result of having a local facility. We believe Safe and Sustainable has largely focused on pre-planned elective care and has failed to address the needs of children requiring emergency care

We are concerned at the additional travel and accommodation costs parents will incur if they have to travel to Southampton, London or Bristol especially as Safe and Sustainable has recently confirmed that there will be no additional help available for parents not on benefits to help meet these costs.

We are concerned that sufficient parental accommodation may not be available for parents and other siblings at distant locations. This contrasts poorly with the Oxford Children's Hospital which has 18 rooms for families funded by the Ronald McDonald charity.

Our members are angry that we face losing a good local accessible facility in Oxford with excellent outcomes as a result of an ideologically driven and unproven view that in the case of children's heart surgery big is better.

We believe it is essential to retain a paediatric cardiac service on the JR site to provide parents with a good accessible children's heart service which also offers support to other paediatric surgical services and foetal maternity services at the JR. It is a matter of deep concern that Safe and Sustainable failed to consider the effects on these services of removing paediatric cardiac services permanently from the JR campus.

This means that in effect we can only give our support to Option B as set out in the consultation document conditional on this option being expanded to include a joint Oxford / Southampton service

We request that Oxfordshire HOSC supports Young Hearts in opposing the planned re-configuration of children's heart services set out in the consultation document 'Safe and Sustainable: A new vision for children's congenital heart services in England' and give support to a new joint Oxford/Southampton Congenital Heart Service for the South of England

May 2011