

Safe and Sustainable

Children's congenital heart services in England



Specialised Services

Children's Congenital Heart Services in England

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London Specialised Commissioning Group



Clinicians and parents have asked for this review to ensure:

- Better diagnosis and follow-up care closer to patients' homes
- Fewer deaths and complications following the surgery
- Shorter waiting times for surgery
- Better trained surgeons
- Excellent care for all children– no postcode lottery!

We are now consulting on four areas...

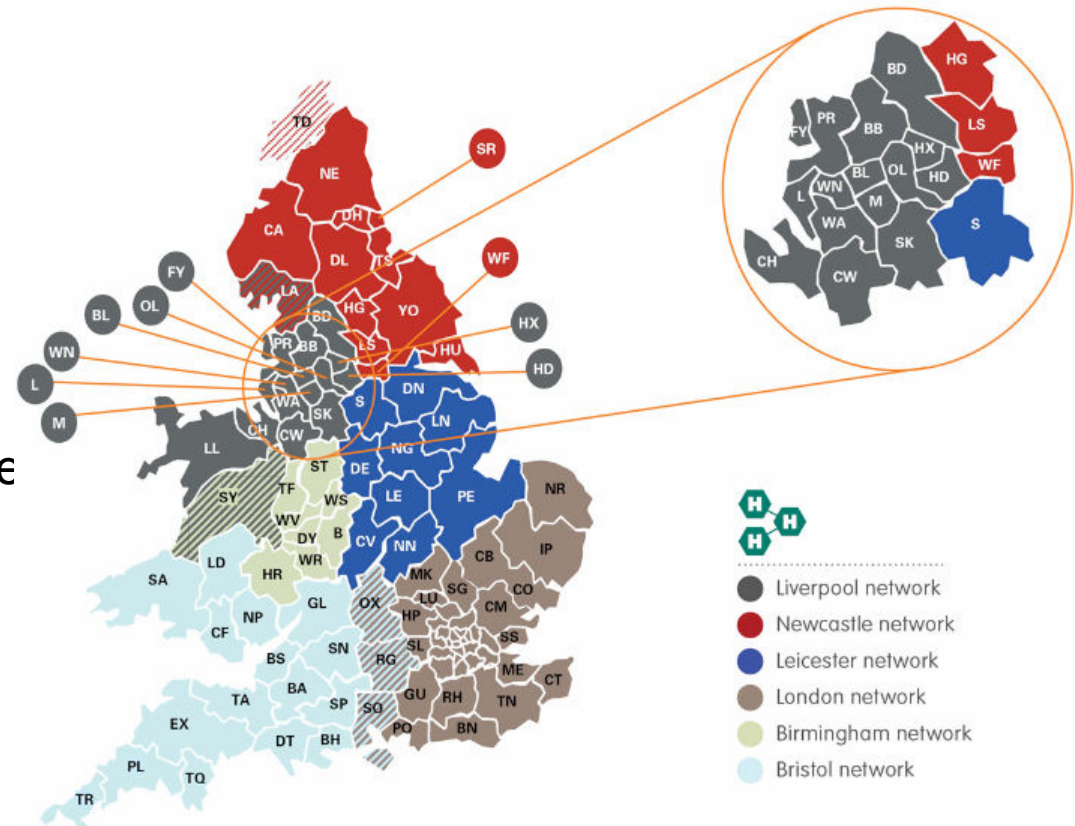
- **Standards of care**
 - NHS wants better care for everyone
 - Are they the right standards?
- **Congenital heart networks**
 - Networks would strengthen the local assessment services
 - Is this the right model of care?
- **Larger surgical centres**
 - Reduce from 11 to 6 or 7
 - Do you agree that fewer larger centres improve outcomes for children?
- **Measuring quality**
 - New systems for the analysis and reporting of mortality and morbidity data
 - Do you agree new systems are necessary?

Option A

Option A

Seven surgical centres at:

- Freeman Hospital, Newcastle
- Alder Hey Children's Hospital, Liverpool
- Glenfield Hospital, Leicester
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- 2 centres in London

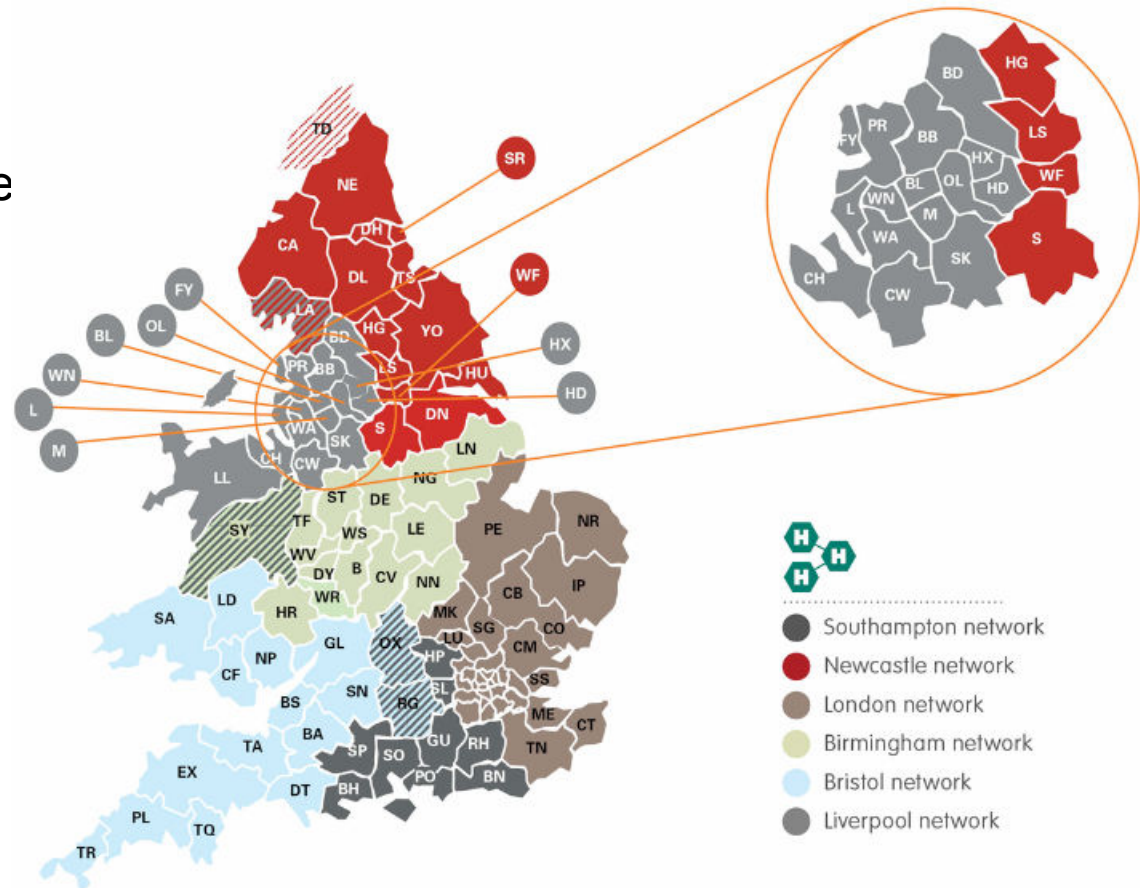


Option B

Option B

Seven surgical centres at:

- Freeman Hospital, Newcastle
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- Southampton General Hospital
- 2 centres in London

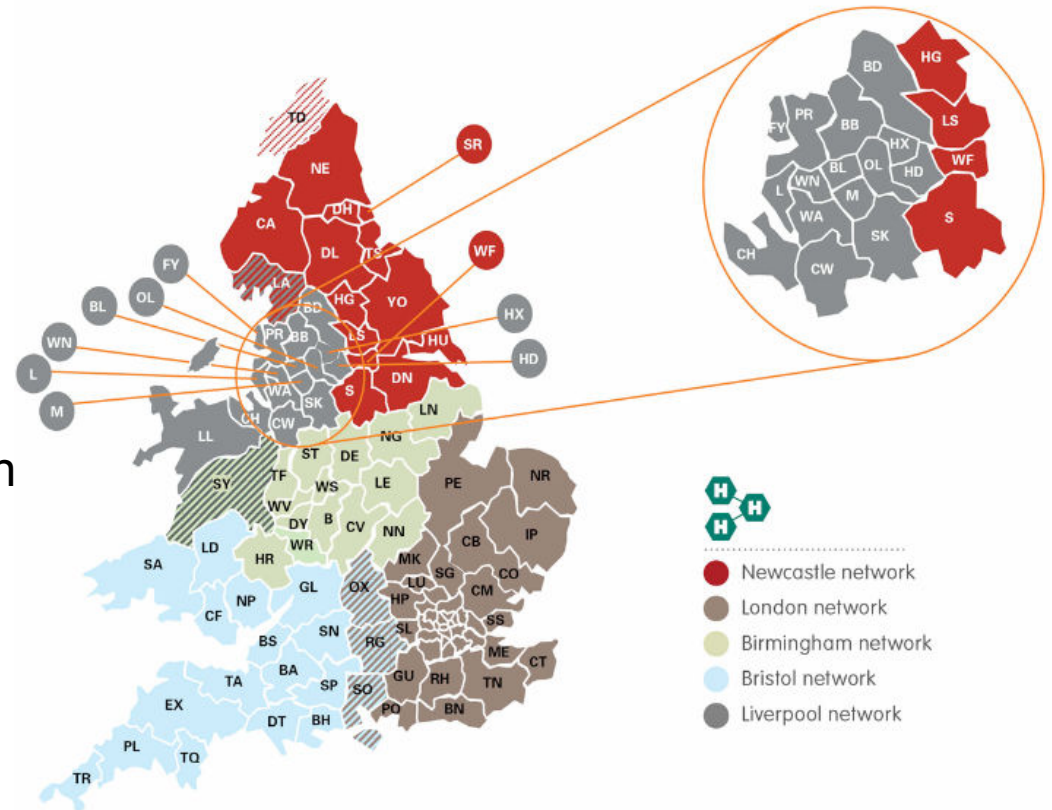


Option C

Option C

Six surgical centres at:

- Freeman Hospital, Newcastle
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- 2 centres in London

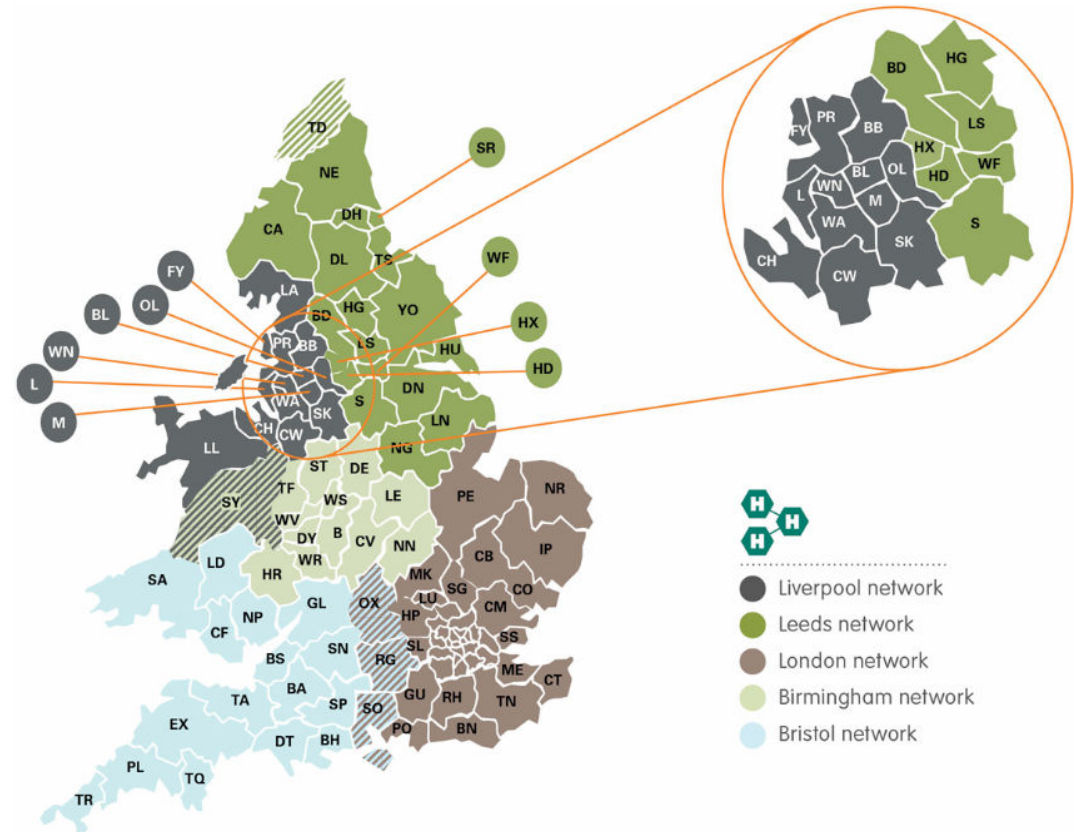


Option D

Option D

Six surgical centres at:

- Leeds General Infirmary
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- 2 centres in London



2 centres are proposed for London

- JCPCT recommended that two surgical centres is preferred to cover the populations of London, East of England and South East England.
- The question of whether two centres in London is the right number is being asked during consultation as well as which two centres they might be.

Why 2 centres?

- The forecast activity levels for London and its catchment area (currently around 1,250 paediatric procedures per year) mean that two centres would be well placed to meet the proposed ideal number of 500 procedures a year.

Why not 3 centres?

- With three London centres achieving the ideal procedure numbers, patients would have to be diverted from neighbouring catchment areas into London.
- Our analysis shows this would significantly, and unjustifiably, increase travel times and impact on access for patients outside of London, South East and East of England.

Why GOSH & Evelina?

- Evelina was the highest ranked centre in England.
- GOSH has three nationally commissioned services in their current location (cardiothoracic transplantation, ECMO and complex tracheal surgery) which would need to be re-located if GOSH were not designated.
- Because the PICU at the Royal Brompton Hospital exists predominantly to support cardiac surgery, it scored lower than the Evelina Children's Hospital on the sub-criterion involving 'the negative impact for the provision of paediatric intensive care and other interdependent services is kept to a minimum'.

Interim findings from the Public Consultation – key messages

- Mori's independent report shows there is strong support (75% of individuals) for the proposal to have two not three surgical centres in London. Just 12% of individuals did not support the proposal – some wanting three centres, some wanting just one.
- The analysis also shows that the majority of those who responded support the notion that GOSH and Evelina should carry out surgery – there is much less support for the Royal Brompton Hospital.
- Of those responding, two thirds supported the proposal (65%), 8% preferred Royal Brompton and GOSH, 16% preferred Royal Brompton and Evelina while 11% said none of these.
- Of those respondents who didn't specify a preferred option, there was strong support for GOSH and Evelina (ranked third and fourth for preference) to be part of a future configuration of services. There was less support for the Royal Brompton – tenth overall just ahead of Oxford.
- No decisions will be made until later in the year.
- The Royal Brompton has raised concerns about the potential impact of the proposed changes on some of their other services – we have therefore asked a group of independent experts to review the evidence and provide their advice to the decision makers.

Key dates

16 February 2011- Joint Committee of Primary Care Trusts (JCPCT)

1 March 2011 – consultation on the 4 options launched

1 July 2011 - consultation closes

5 October 2011 – OSC consultation closes

Winter 2011/12 – JCPCT to make a decision on the final reconfiguration

April 2013 – the new centres and networks expected to be operational