

REPORT TO COUNCIL

3 MAY 2017

**REPORT OF ADULT SOCIAL CARE
AND HEALTH SELECT COMMITTEE**

**NATIONAL REVIEW OF CONGENITAL HEART DISEASE (CHD) -
CONSULTATION RESPONSE**

SUMMARY

Congenital Heart Disease (CHD) relates to heart conditions and defects that develop in the womb, and can require a range of interventional or surgical procedures. Most babies born with the condition survive into adulthood, and is relatively common with between 5,500 to 6,300 born in the UK each year with CHD. Newcastle Hospitals NHS Trust currently provides CHD treatment including surgery. This nationally commissioned service has been subject to several reviews in recent years, particularly in relation to children's care.

NHS England instituted a new review, this time including Adult services. Consultation is now taking place on the proposals that flow from this review, until 5 June 2017. As with previous reviews, the Regional Health Scrutiny Committee has been consulted on the proposals and will be responding.

The Adult Social Care and Health Select Committee considered an update at its meeting on 11 April, and agreed that the proposals again represented a potential substantial variation to local health services (under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013).

Stockton's input into the Regional Committee consultation response is therefore required to be agreed by Council.

RECOMMENDATIONS

1. That Council endorse Stockton's input into the Regional Health Committee's CHD consultation response (Appendix A).

DETAIL

1. Congenital Heart Disease (CHD) relates to heart conditions and defects that develop in the womb, and can require a range of interventional or surgical procedures. Most babies born with the condition survive into adulthood, and is relatively common with between 5,500 to 6,300 born in the UK each year with CHD. Newcastle Hospitals NHS Trust currently provides CHD treatment including surgery.

2. Following concerns raised as part of the inquiry into care at the Bristol Royal Infirmary published in 2001, there has been a long standing process of reviews aimed at improving the quality of CHD care.
3. In 2008 the Safe and Sustainable Review examined changes across the system for paediatric CHD services and made proposals for public consultation. These included reducing the number of hospitals that provided surgery to ensure that in future hospitals providing surgery had a minimum number of surgeons providing a minimum number of operations per year.
4. In 2011 the Regional Health Committee responded on behalf of the region to the Safe and Sustainable review. The recommendations of the Safe and Sustainable review were challenged and ultimately not taken forward.
5. NHS England took over responsibility for the commissioning of specialised services including CHD treatment in 2013, and a new review, this time including Adult services, was started. This focussed on the development of new standards against which potential providers would be assessed and would need to meet.
6. Consultation is now taking place on the proposals that flow from this review, until 5 June 2017. Full details can be found at: <https://www.engage.england.nhs.uk/consultation/chd/>
7. The North East Regional Health Committee has again considered the proposals on the region's behalf at its meeting on 2 March.
8. The proposals would enable Newcastle to retain its services, providing that there was a plan in place to achieve the standards it does not currently meet. Activity levels and co-location of services are the two standards not yet being met, but a time-limited exception to the standards would be in place for the Trust to enable it to meet them.
9. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the NHS is required to consult local authority health scrutiny committees in relation to 'substantial variations' to local services.
10. Under the Regulations and associated statutory guidance¹, 'substantial variation' is not defined and is subject to local discretion. In line with the approach taken by the other regional Councils, it is considered that this proposal (and any potential loss of service) would constitute a 'substantial variation' to regional health services under the Regulations, and should therefore be responded to on that basis.
11. As it affects the residents of more than one local authority, the Regional Committee has been consulted and will produce a consultation response.
12. In line with standard practice at Stockton for responding to substantial variations, consultation responses including any element of a Joint Committee Response pertaining to Stockton should be agreed by Council prior to submission.

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf

13. Key issues for Stockton's input have been highlighted at Appendix A.

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Appendix A

Key themes to include in Regional Response

1. Note that there are no current concerns over outcomes, with Newcastle recognised as providing world class outcomes. It was noted that the review was taking a national perspective to ensure that services were sustainable in the longer run with lower levels of risk across the country as a whole. This must be made clear during the consultation and engagement with patients and public, particularly in light of the significant work that Newcastle Hospitals NHS Foundation Trust would need to undertake to meet the standards.
2. Note that Newcastle Hospitals Trust welcomes the review proposals, and the Review Team's appreciation of the strategic importance of the Trust's services within the NHS (for example, the amount of CHD patient heart transplantation provided to those with advanced heart failure). Support for the Review's intentions to retain services at Newcastle and the added flexibility that has been given to the Trust to enable it to meet the standards.
3. Note that a key issue is the requirement for co-location of children's services by 2019. Adults and Children's cardiothoracic services are based at the Freeman, and the interdependent services including paediatric surgery and nephrology, are based at the Royal Victoria Infirmary (RVI).
4. Note that co-location of its services would require significant effort and planning. There is currently no obvious place to locate the CHD services at the RVI. All options were being considered including a new build and moving services between the two sites. The Trust is currently looking at the options and costs, and working proactively with commissioners to see how the standards can be met.
5. The Trust indicated that in the interests of long term stability and quality, it would look to co-locate its services as required, potentially by moving all CHD services to the RVI. If only children's CHD services were moved to the RVI, there is a risk that the benefits of co-locating adult and children's CHD care would be lost.
6. Support for the planned work by Newcastle Trust, both in terms of physical changes to the departments and also the work needed to ensure activity levels are maintained. Although concerned over the scale of change needed, there is recognition it is necessary to achieve the standards.
7. NHS England must ensure timescales are realistic to ensure the Trust has a reasonable opportunity to meet the standards.
8. Support for all efforts to ensure that this new review achieved its aims and does not lead to further uncertainty.