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Dear Sirs

Safe and Sustainable - A New Vision for Children's Congenital Heart Services in England: Consultation Document

Hillingdon Council welcomes the opportunity to respond to Safe and Sustainable, a new vision for children's congenital heart services in England.

The new vision includes proposed standards to ensure consistent quality regardless of where children live, improvements to the way quality is measured, and options for change which include reducing the number of centres in London providing treatment for children with congenital heart problems.

Hillingdon Council starts from the view that children need and deserve the very best possible care available.

We note that one consequence of the review proposals is that children's heart surgery would be removed from Royal Brompton Hospital. We believe that the case for this proposal is not made and that alternative ideas should be pursued, to increase the overall

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benefits of the service without losing all of the expertise and the accessibility of the Royal Brompton and Harefield clinical teams.

Royal Brompton & Harefield provides an acknowledged world-class service and is a centre of excellence, undertaking over 400 children's heart operations each year, with patients coming from all over the world. The outcomes delivered by Royal Brompton & Harefield have been recognised as excellent by both the Care Quality Commission and by Ministers in the Department of Health.

We recognise that there is a need to focus the provision of children's heart surgery in fewer teams, with those teams undertaking a greater volume of work. We also welcome the concept of developing congenital heart networks which would improve sharing of expertise and pooling of resources, in order to achieve the best possible care and outcomes for children.

The proposal to move to two London centres does not appear to fit clearly with the evidence provided in the review, nor are the options being proposed for consultation clearly set out. The consultation document asks:

Do you support the proposal for two Specialist Surgical Centres in London?

Do you support this choice (ie. Great Ormond Street Hospital for Children and the Evelina Children's Hospital) or do you think that the Royal Brompton and Harefield NHS Foundation Trust should replace one of these other two London Hospitals?

The option of two federated teams working from three sites is not sufficiently explored. This option offers these potential advantages:

- Retaining service accessibility
- Maintaining important relationships with other services at the three centres
- Rationalising teams from three to two, thereby increasing team quality, but still utilising the capital infrastructure at three sites.

The consultation document notes that London requires at least two centres, due to the size of the population it covers (including East of England and South East England), and that the two preferred London surgical centres do not include Royal Brompton and Harefield. The consultation document also states that the Joint Committee of Primary Care Trusts has recommended that two designated centres is the ideal configuration for London, and that options involving three London centres should not form part of the public consultation. The consultation document does in fact ask whether two centres in London is the right option.



We do not support the proposal to move to two centres providing services in London, for the following reasons:

1. There appears to be no clear clinical justification for choosing between the centres. All of the three centres (Evelina - Guys & St Thomas's, Great Ormond Street and Royal Brompton & Harefield) currently deliver excellence in clinical services and outcomes. We note that Royal Brompton and Harefield was ranked joint fourth out of eleven (joint ranking with Great Ormond Street) in the pre-consultation business case analysis conducted by the NHS National Specialised Commissioning Team.
2. Continuity of care is vital for children undergoing heart surgery as they grow older. The Royal Brompton & Harefield provides a lifelong service for children with congenital heart disease.
3. Alternative approaches for increased collaboration between London centres have not, in our view, been adequately explored. In 2009, the Royal Brompton & Harefield NHS Trust developed proposals with Great Ormond Street to establish a National & International Service for Children with Heart & Lung Disease'. This outlined a vision for an international benchmark Children's Heart & Lung Service in the UK.

Under the proposals, the new service would deliver clinical care for children with congenital and acquired cardiac and respiratory disease, integrating the best practices of the Royal Brompton & Harefield and Great Ormond Street Hospital with supportive referral and follow up networks of shared care. The service would be committed to excellence in all areas including research. The proposal noted that "All other relevant services, including nationally commissioned specialist services, would be incorporated, with the aspiration of ultimately being located on a single site."

The goals of the proposed new service were:

- to optimise patient outcomes, quality of care and quality of service;
- to improve the quality of working lives and training and development opportunities of its staff; and
- to improve efficiency in the services provided.

This was a major and ambitious proposal to create a new national institution, in new premises. It was a concept which fully took into account all the inter-dependencies between paediatric services, and which was based on the premise that Royal Brompton would be a joint partner and operator in this new National Centre.

During the Safe & Sustainable process, work was undertaken by Royal Brompton & Harefield Trust to expand this collaborative approach to include the Evelina. It is not clear why the review panel appears not to have considered this collaborative approach,



which potentially offers a workable and pragmatic solution. Greater collaboration between existing centres of excellence would also not involve the expenditure of millions of pounds of scarce NHS resources, as does the current recommendation (to create the necessary physical capacity for Royal Brompton & Harefield patients to be treated elsewhere).

4. The Royal Brompton and Harefield Trust have raised a number of points regarding the impact the closure of children's heart surgery services would have on other services at Royal Brompton & Harefield Hospitals, which are not addressed in the consultation document.
5. For example, RBHT indicate that the proposals would
 - jeopardise the viability of the Trust
 - affect the Trust's ability to provide specialist services at Harefield Hospital
 - result in the closure of RBHT's Paediatric Intensive Care Unit, because 90 per cent of cases that go through the Unit involve heart surgery
 - render interventional cardiology and adult congenital heart surgery services unsustainable

If true, these risks would be very worrying indeed. We therefore request that the issues are addressed in more detail so that the London Borough of Hillingdon (and other interested parties) can consider the balance of risks, having access to the views of the specialist commissioners as well as those of RBHT.

Yours sincerely

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West Ruislip Ward and
Cabinet Member for Adult Social Care, Health & Housing

cc: Cllr Michael White, Chairman of the External Services Scrutiny Committee
Mayor of Hillingdon, Cllr Mary O'Connor MBE
Cllr Ray Puddifoot, Leader of the Council
Hugh Dunnachie, Chief Executive
Kevin Byrne, Head of Policy & Performance
John Wheatley, Senior Policy Officer

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