

SAFE AND SUSTAINABLE REVIEW OF CHILDREN'S CONGENITAL HEART SERVICES IN ENGLAND

RESPONSE FROM THE ADULTS, COMMUNITIES AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE TO THE INDEPENDENT REPORT ON THE OUTCOME OF THE CONSULTATION

The Leicestershire Adults, Communities and Health Overview and Scrutiny Committee welcomes the further opportunity to consider the outcome of the consultation on the Safe and Sustainable Review of Children's Congenital Heart Services in England and to add to the earlier submission made by the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee.

The Committee has noted that Option A was the highest scoring option in the consultation document and would wish to draw this to the attention of the Joint Committee of PCTs.

The Committee has considered carefully the report on the consultation issued by Ipsos MORI and the press release issued at the same time. The Committee has a number of concerns regarding both the analysis of the consultation and its presentation which are set out below:-

- (i) Notwithstanding the fact that the consultation was not easy for the public to use, the Committee notes that the majority of public responses were in favour of Option A. The Committee is concerned that the press release issued by the Safe and Sustainable Press Team appears to discount this by stating that 'more organisations supported Option B'. The Safe and Sustainable Team should recognise that the role of the NHS is to serve the needs of the patients and the public above everything else.
- (ii) The Committee is concerned that the criteria for weighting the responses to the consultation was not set out at the start of the consultation period and is concerned that the weighting given to responses from organisations could be interpreted as an attempt to achieve a preconceived outcome. The Committee has expressed the hope and is confident that this would not be the case.
- (iii) In terms of weighting, the Committee feels that the views of respondents with congenital heart disease are not being sufficiently taken into account. The analysis shows that they mostly support Option A.
- (iv) The statement that 'Option B was the most widely supported option across the Country as a whole', excluding the responses from the East Midlands and South Central regions is misleading, given that the

analysis shows that outside of the East Midlands Option A got 23% of the vote and that outside South Central Option B got 18% of the vote. The Committee is particularly concerned that, by removing the East Midlands and South Central regions from the analysis, the populations of these areas are not being allowed a voice. The Committee would further question the validity of this statement, given that 6 out of the 10 regions affected by the review chose Option A and that 8 out of 10 people in the West Midlands and 9 out of 10 people in the North East of England supported Option A.

The Committee requests that the Joint Committee of PCTs does not ignore the views of the public when making their decision.

With regard to the consultation itself, the Committee is extremely concerned by the remarks made by Roger Boyle at both the Southampton and Leicester Consultation Events, where he clearly stated a preference for the Southampton Service. The Committee understands that Roger Boyle was asked by a member of the audience at the Southampton event where he would send his child if it was sick, Southampton or Leicester, and that he answered that he would send his child to Southampton. He was also reported to have said that Southampton's centre provides a 'very high' quality of care and to lose the unit would be a 'pity'. The Committee does not feel that these comments were appropriate and seeks reassurance that Roger Boyle's personal opinion will not unduly influence the Joint Committee of PCTs when they make their decision.

The Committee would also urge the Joint Committee of PCTs to consider the impact that the loss of children's heart surgery will have on the Glenfield Hospital if Option A is not chosen. It is important that services such as this are not considered in isolation as, for example, the paediatric intensive care unit relies on heart surgery cases to stay open. There are also implications for the EMCO service which relies very heavily on UHL's children's cardiac consultants and specialist nurses for delivery, particularly during surges in demand.

A further point that the Committee wishes to draw to the attention of the Joint Committee of PCTs is that, in the consultation document, the analysis by KPMG clearly states that Southampton and Bristol are mutually exclusive: 'Based on the assumption that patients will travel to their nearest centre and a consideration of existing clinical networks, the Bristol and Southampton centres are not both viable in the same configuration options as there are too few patients in South Central England, South West England and South Wales to ensure both centres carry out the minimum 400 procedures, without making potentially unreasonable changes to catchment areas for the London and Birmingham Centres.' Despite this clear statement, Option B, which includes both Southampton and Bristol, made it onto the shortlist.

The Committee is extremely disappointed that representatives from the Safe and Sustainable Team were not able to attend the meeting of the Committee convened on 26 September, advising the Committee that it would not be possible '*given the short notification*'. The Committee is equally disappointed

that the Safe and Sustainable Team, having commissioned Ipsos MORI to undertake the analysis on its behalf, did not ask Ipsos MORI to provide the data that the Committee requested. The response from the Safe and Sustainable Team, *'We do not hold – and have never held – the data to which you refer. The analysis of consultation responses was undertaken by an independent third party expert'*, is considered by the Committee to be unhelpful. A copy of the letter from the Committee and response of the Safe and Sustainable Team thereto is appended.

In conclusion, the Committee would like to restate its strong support for Option A, which would ensure that the Glenfield Hospital continues to provide Children's Congenital Cardiac Services, recognising that the Glenfield Hospital has a proven track record for providing good quality care and outcomes. The Committee also wishes to remind the Joint Committee of PCTs that Option A was the highest scoring option in the consultation.