COUNTY COUNCIL MEETING – 26 SEPTEMBER 2012

POSITION STATEMENT OF THE CHAIRMAN OF THE SCRUTINY COMMISSION

This Statement is made to make the County Council aware of the decision of the Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee to refer to the Secretary of State for Health the decision to move Children's Congenital Heart Surgical service and the Extra Corporeal Membrane Oxygenation (ECMO) service from the Glenfield Hospital to Birmingham Children's Hospital.

Background

In early 2011 the NHS began a consultation on the future configuration of centres providing heart surgery for children. The rationale for the review, which was supported by leading clinicians and others, was that, given the technological advances and the complexity of surgical procedures, the size and number of specialist units should be reviewed. Smaller centres with fewer staff and lower caseloads were thought to pose a risk and not able to provide the level of expertise needed for the service. Concentrating clinical services in fewer centres would ensure better quality and outcomes. The consultation, as expected, generated a large response.

Of the 4 options put forward for consultation, Option A which would have seen the retention of unit at the Glenfield Hospital, scored the highest in an assessment undertaken by a independent panel of experts who had been commissioned by the NHS.

The County Council on 23 March 2011 unanimously agreed to support Option A and offered its fullest support to the 'Hold on to our Hearts' campaign and urged stakeholders and local people to do the same.

Decision of the Joint Committee of the PCTs

The Joint Committee of the Primary Care Trusts (JCPCT) met on Wednesday, 4th July and decided that seven Specialist Surgical Centres will operate from:-

- Freeman Hospital, Newcastle
- Alder Hey Hospital, Liverpool
- Birmingham Children's Hospital
- Great Ormond Street Hospital, London
- Evelina Children's Hospital, London
- Bristol Royal Hospital for Children
- Southampton General Hospital

The Unit at the Glenfield Hospital will no longer be a specialist surgical centre and will in future operate only as a Cardiology Centre.

Recognising the significance of this decision and the impact it would have, not only in relation to children's congenital heart and ECMO services at Glenfield, but on the wider health economy, the Cabinet on 23rd July passed a resolution expressing its concern and inviting the Joint Health Scrutiny Committee to consider whether there were grounds for challenging the decision.

Decision of the Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee

The Joint Health Scrutiny Committee met on 4th September to consider this matter and a copy of its referral document is attached. The appendices referred to in the attached document are available on request.

May I take this opportunity to thank the Committee and in particular Ruth Camamile, Alan Bailey and our scrutiny officers who played a major role in putting together what I consider to be a robust and well argued challenge to the decision.

The proposal to move children's heart surgical and ECMO services will have a devastating impact on the health services in Leicestershire and on the children and their families who need them. I would urge all members to join in the fight to keep these valuable services in the County and to lobby the Secretary of State for Health who will now have to take the final decision.

Simon Galton
Chairman
26th September 2012

LEICESTER, LEICESTERSHIRE AND RUTLAND HEALTH SCRUTINY COMMITTEE

REFERRAL TO THE SECRETARY OF STATE FOR HEALTH

DECISION TO MOVE THE CHILDREN'S CONGENITAL HEART AND EXTRA CORPOREAL MEMBRANE OXYGENATION (ECMO) SERVICES FROM GLENFIELD HOSPITAL, LEICESTER TO THE BIRMINGHAM CHILDREN'S HOSPITAL

This document sets out the evidence gathered by the Leicester, Leicestershire and Rutland Health Scrutiny Committee (LLR Scrutiny Committee) in support of a formal referral to the Secretary of State for Health. This referral is made pursuant to Regulation 4(7) of the Local Authority (Overview and Scrutiny Committee Health Scrutiny Functions) Regulations 2002.

The LLR Scrutiny Committee supports the principles of the Safe and Sustainable Review but is concerned at the outcome, believing that the decision of the Joint Committee of Primary Care Trusts (JCPCT) is not in the best interest of the local health service and the population it serves. The grounds of the challenge are summarised below. The details and supporting papers are appended.

(a) The JCPCT prediction of demand and capacity at Birmingham Children's Hospital;

(b) The impact of moving ECMO services and increased mortality;

(c) Impact on Paediatric Intensive Care capacity in the Midlands;

(d) Impact on medical research at University Hospitals of Leicester NHS Trust (UHL) and Leicester University;

(e) Accessibility of services;

(f) The decision making process of the JCPCT.

The LLR Scrutiny Committee is also extremely concerned about the decision in relation to moving ECMO services and is seeking assurances and further information regarding the following:

- whether the Secretary of State had, in reaching his decision, had regard to the professional opinions of national and international ECMO specialists;
- the basis of the advice of the Advisory Group on National Specialised Commissioning Services (ACNSS) which it is believed advised the Secretary of State that ECMO caseloads were so small as to be statistically insignificant and to discount the evidence presented by the UHL Trust.

Michael Cooke

Michael Cooke
Chairman

Ruth Camamile

Ruth Camamile
Vice Chairman

LEICESTER, LEICESTERSHIRE AND RUTLAND HEALTH SCRUTINY COMMITTEE

REFERRAL TO THE SECRETARY OF STATE FOR HEALTH

DECISION TO MOVE THE CHILDREN'S CONGENITAL HEART AND ECMO SERVICES FROM GLENFIELD HOSPITAL, LEICESTER TO THE BIRMINGHAM CHILDREN'S HOSPITAL

DETAILED SUBMISSION

(a) Prediction of Demand and Capacity of Birmingham Children's Hospital

The original national projections for demand for paediatric heart surgery used by the JCPCT suggested that demand was flat. The latest information shows that demand is increasing and that the birth rates in the East and West Midlands are above the national average. This increase is before the 143 cases a year which are expected to shift from Northern Ireland to the mainland as a result of the Kennedy review into children's heart surgery in Belfast (published 1/8/12). There are also question marks against some of the suggested patient flows, given that the research commissioned by the JCPCT shows that clinicians in Sheffield and Doncaster had indicated a preference for Birmingham over Newcastle. (The detailed statistical analysis supporting the above statement is attached as Appendix 1 to this referral).

Birmingham is creating an extra 11 Intensive Care Unit (ICU) beds, taking its capacity to 33. These extra beds were announced in March 2010 in response to the Healthcare Commission's concerns regarding the then high numbers of cancelled operations due to ICU capacity, i.e. no new ICU capacity is planned to accommodate the work transferring from Glenfield as a result of the JCPCT decision.

The decision of the JCPCT will see Birmingham take Glenfield's surgery work and ECMO provision. Putting together the expected rise in demand, the transfer of Glenfield cases and the already significant capacity issues, the evidence would suggest that extra capacity announced in 2010 is already insufficient. There is also a concern that the patient flows and extra demand may push the level of demand at Birmingham Children's Hospital to approximately 1000 cases per year. (Attached at Appendix 2 is the detailed analysis showing that capacity at Birmingham).

For the reasons set out above, the LLR Scrutiny Committee believes that the JCPCT should be asked to revisit the issue of demand and capacity with the proposed reconfiguration of services.

(b) The impact of moving ECMO services and increased mortality

Glenfield's ECMO service is the longest established ECMO service in the country. It provides the majority (80%) of the ECMO capacity nationally including mobile ECMO. ECMO practitioners in the UK and overseas have voiced their concerns over the transfer of the service to Birmingham. The ECMO expert who advised the panel, Kenneth Palmer, has stated publicly that his views were overlooked and that he had written in the following terms *'I oppose sharply my name being used for transferring the ECMO Unit from Glenfield to Birmingham'.*

The LLR Scrutiny Committee recognises that ECMO can be transferred; of course it can in principle. However in doing so all the recognised ECMO experts have acknowledged that the clinical outcomes will suffer for a number of years as a result of the transfer.

The mortality rate for ECMO in Leicester is 20%. The national mortality rate (i.e. that of the other nationally commissioned centres) is 50% higher. That gap will close over time as each centre ascends the learning curve but the point is that Glenfield's low mortality will not transfer with the service. To give an indication of real impact of this; if over the last 10 years Glenfield's ECMO mortality had been at the national average, 62 more children would have died.

Appendix 3 to this referral sets out the detailed arguments in relation to this point and the letters of support for the position now outlined.

The LLR Scrutiny Committee has noted that the JCPCT in its Decision Making Business Case does not directly refute the assertion made by the UHL Trust that 'a failure to designate Glenfield Hospital would result in the death of at least 76 infants, children and adults per year for 5 years due to the loss of ECMO services in Leicester (Page 100) but merely states that the other two ECMO providers did not highlight the risks of moving ECMO services. The LLR Scrutiny Committee considers this unacceptable. The JCPCT needs to address this point directly and provide its own indication of the number of additional deaths that will arise as a result of moving ECMO services.

The LLR Scrutiny Committee also noted that a survey of ECMO staff at Glenfield demonstrated that many of the skilled nursing staff involved in delivering the ECMO services had indicated that they would be unable to relocate their lives and families to Birmingham. Given that it requires 13 nurses to 1 ECMO bed there is a concern about recruiting and training the number and quality of staff required.

The LLR Scrutiny Committee believes that the decision to move ECMO services was not examined in sufficient detail, did not take into account the views of national and international experts. It also believes that the decision did not properly assess the evidence of the impact of such a move given that the Glenfield Unit is the largest such unit in the country. The LLR Scrutiny Committee therefore requests that this decision is revisited.

(c) Impact on Paediatric Intensive Care capacity in the Midlands

The LLR Scrutiny Committee has noted that Paediatric Intensive Care Unit (PICU) capacity is already tight across the region. In 2010, 86 children came to Leicester from the West Midlands. The Committee has been advised that the transfer of services to Birmingham will mean the closure of the Glenfield PICU. The review team concluded that the closure of the Glenfield PICU would have' limited risk' on the Trust's other PICU but this is not the case as the Glenfield and Leicester Royal PICU are run by one team in two locations.

The LLR Scrutiny Committee noted that 40% of PICU beds in Leicestershire were normally occupied by ECMO or Congenital Heart Patients patients compared to only 29% of PICU beds in Southampton, yet the JCPCT were concerned about the loss of PICU beds in Southampton but not Leicestershire.

As a result of the JCPCT decision the LLR Scrutiny Committee notes that, when demand exceeds supply, general PICU patients from Leicester will have to travel elsewhere; the nearest is Nottingham, which is often full. This would mean PICU patients would need to access hospitals in Birmingham, Sheffield or Leeds (if that remains open). The LLR Scrutiny Committee also noted with some concern that, as Nottingham does not offer a retrieval service, the closure of Glenfield PICU would mean the end of the paediatric retrieval service for the East Midlands. (Appendix 4 sets out the supporting information in relation to the issue of PICU beds).

The LLR Scrutiny Committee therefore believes that Birmingham Children's Hospital will not have the capacity to handle the expected demand; that ECMO mortality will increase
during the transition, which means lives will be lost, not saved for a number of years in the future, and that general paediatric intensive care capacity in the Midlands and especially the East Midlands will be insufficient to deal with demand.

In view of the above and, in particular given the advice now offered to the LLR Scrutiny Committee that there is a significant risk that the Glenfield and Leicester Royal Infirmary PICUs will close, the LLR Scrutiny Committee therefore requests that the JCPCT should be asked to revisit its decision given that it was based on the assumption that there was a 'limited risk' of closure.

(d) Impact on medical research at UHL and Leicester University

The LLR Scrutiny Committee was advised by Professor Sir Robert Burgess of the University of Leicester of significant concerns the proposed move would have on the quality of clinical research.

In the 2008 Research Assessment Exercise (RAE), a rigorous and periodic process to judge the quality of research in British Universities, the University of Leicester was judged, in relation to cardiovascular medicine, to be 'internationally excellent'. This placed the university's cardiovascular research ahead of a range of other major centres, including Birmingham, and is a testament to the high quality of work between leading academics and UHL clinical staff. Given this the LLR Scrutiny Committee was surprised to note that the Glenfield unit score low on quality of research. The current beneficial synergy of consultant working concurrently on research and as clinical practitioners will also be lost.

The University has recently secured significant funding for the Cardiovascular Biomedical Research Unit at the Glenfield Hospital from the National Institute of Health Research, local groups and philanthropists. The loss of the Children's Congenital Heart and ECMO Services will impact adversely on the ability of the University and UHL to continue to attract sponsorship and also recruit the high calibre staff needed to ensure that the existing high quality research is maintained and further developed. In this regard it should also be noted that the University and UHL Trust employ some 30 academics, 150 researchers plus a considerable number of support staff in the Cardiovascular Biomedical Research Department who could also be put at risk in the future as a result of the decision to move services.

For the reasons outlined above, the LLR Scrutiny Committee believes that the JCPCT should be asked to review its decision to reflect on the wider impact of such a decision, particularly, in relation to medical research which ultimately contributes significantly to improving health outcomes.

(e) Accessibility issues for children and families

The JCPCT decision to close the Glenfield unit will mean that young children and their parents living in Leicestershire, Rutland, Nottinghamshire and Lincolnshire will now be expected to travel to Birmingham or London for treatment.

The LLR Scrutiny Committee fully supports the referral made by the Health Scrutiny Committee for Lincolnshire and it's well argued case covering the accessibility to Birmingham Children's Hospital. Similar considerations would apply to residents living in Rutland, East Leicestershire and Nottinghamshire. Accessibility to the centre of Birmingham, particularly parking facilities at the Birmingham Children's Hospital, is also an issue which the LLR Scrutiny Committee believes has not been adequately considered.
Glenfield Hospital is readily accessible with very good on-site parking facilities and overnight accommodation for families whose children require the service of the Glenfield unit. The LLR Scrutiny Committee believes that the value of such facilities for families, at what is a difficult time in their lives, has not been adequately considered.

The considerable public support for Glenfield Unit during the original consultation and the support since the decision of the JCPCT, including an online petition in excess of 60,000 signatures, is testament to the concern of residents.

For the reasons outlined above, the LLR Scrutiny Committee believes that the decision of the JCPCT does not adequately take into account the needs of the residents of East Leicestershire, Rutland and of residents in the neighbouring authorities of Nottinghamshire and Lincolnshire

(f) JCPCT - Decision making process

Failure to consult on new options

The 2011 consultation document contained 4 options. The decision making business case refers to 12 options. Whilst it is accepted that these further options are put forward as a response to the consultation, the LLR Scrutiny Committee is not satisfied that the scoring of these new options is fully explained. It is also of the view that it would have been appropriate for the JCPCT to undertake a further round of consultation, albeit on a more limited scale, in accordance with the Cabinet Office guidelines on consultation given the significance of the decision and the huge public response to the consultation.

Pre-determination

The LLR Scrutiny Committee is concerned and is of the view that there is a perception that the final decision was made prior to the JCPCT meeting on 4th July. The additional options were only made public on the morning of the JCPCT meeting. Copies of the document used by the JCPCT were not made available, thereby reducing the ability of the public to challenge the assumptions therein.

More significantly, the last presenter had prepared and presented slides which only related to Options B and C, creating the distinct impression that the other 10 options had already been discounted prior to the JCPCT meeting. The LLR Scrutiny Committee would ask the Secretary of State to satisfy himself that no decisions were made prior to the meeting on 4th July 2012.

Other issues taken into account

The JCPCT, in arriving at its decision, considered that the loss of other key services was very important. The loss of Brompton's PICU was considered key, yet the loss of Glenfield's ECMO services appears not to have been considered as key, or scored accordingly. The LLR Scrutiny Committee believes that this requires an explanation.

The inclusion of maternity services adjacent to Paediatric Congenital Cardiac Units had not been previously raised, yet this was a scoring reduction against Glenfield as the distance between the Glenfield Hospital and Leicester Royal Infirmary (LRI) is just over 3miles. However, the JCPCT appeared to be less concerned about Charing Cross Hospital as it was "only two miles away". The LLR Scrutiny Committee believes travelling times between Glenfield and LRI are likely to be less than those between the London Hospitals and that travelling times rather than distance should have been considered.

Bias

Sir Roger Boyle, at public meetings in Southampton and Leicester, stated his personal view that he favoured Southampton over Glenfield. Was it therefore appropriate for Sir Roger Boyle to be at the table at the JCPCT meeting when the decision was made?

For the reasons set out above, the LLR Scrutiny Committee believes that the assumptions and decision making processes of the JCPCT may be flawed.