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Dear Secretary of State

New review of congenital heart disease (CHD) services

In your letter of 12 June about the “Safe and Sustainable” review, you asked NHS England to report back to you by the end of July setting out how we intend to take the process forwards.

I am pleased to enclose the paper which our Board considered at its meeting in public on 18 July, which sets out our thinking on the nature of the problem and the principles which must underpin our approach. In line with our commitment to transparency, a video recording of the Board’s discussion is also available, at <http://www.england.nhs.uk/2013/07/22/boardvids-180713/>. Annex 1 of the Board paper describes an outline timetable for the work.

We have set ourselves the hugely ambitious challenge of an implementable solution within a year. This does not mean we think the job is easy; on the contrary, it is exceedingly difficult. We have a duty to patients now and to future generations to ensure the best possible quality of care within the available resource. That means best outcomes, a positive patient experience, and consistently high levels of safety.

We do not see this as a competition between providers to find “winners” and “losers”. Instead, we want a single national service which sets high standards for the delivery of care, which are uniformly available to all NHS patients in England, wherever they live. Beyond this aspiration for a national service underpinned by national standards, we do not profess to know yet precisely what the answer is. We are very clear that the Independent Reconfiguration Panel’s (IRP) report requires us, amongst other things, to look at children’s and adults’ services together, to look afresh at the demographic and other relevant data, to describe the entire pathway, and to properly involve all stakeholders throughout the work. So, we need a new process. Although the *Safe and Sustainable* conclusions cannot be implemented, there has nonetheless been some very good work during the past five years, with extensive involvement from clinicians and patient groups, to develop

standards and proposals for networks. As IRP suggests, this work needs to be completed. Once validated it will give us a platform for future work, but it does not in any way require us to reach the same conclusions as the previous process.

As we continue our initial discussions over the next few weeks, and begin to develop a proposition for debate in the autumn, there is bound to be speculation about the “answer” we have in mind. But having promised that we will listen before we act, I can assure you that we have no such prejudice. I welcome your support in reiterating this message.

We are still in an extended period of listening and we regularly publish the notes from our meetings to open the debate as widely as possible. I have established a committee of the Board to give this topic the focus it deserves, and Professor Sir Mike Rawlins will chair a clinical advisory panel to support our medical director Professor Sir Bruce Keogh in obtaining excellent clinical engagement and advice.

We are absolutely committed to achieve the service change required for these very vulnerable patients. We will exploit the full potential of NHS England as the sole national commissioner, and do so in a way that properly engages all interested parties, but at sufficient pace to mitigate the risks of further delay.
Yours sincerely

A handwritten signature in black ink, appearing to read 'Malcolm Grant', with a stylized, cursive script.

Professor Sir Malcolm Grant
Chair