

**Clinical Advisory Panel, 18 December 2013  
Minutes**

**Present:**

- Professor Huon Gray, National Clinical Director for Cardiac Care, NHS England (Chair)
- Dr J P van Besouw, President Royal College of Anaesthetists (via teleconference)
- Dr Jacqueline Cornish, National Clinical Director for Children and Young People, NHS England
- Professor John Deanfield, Chair of Adult with Congenital Heart Disease Advisory Group
- Professor Deirdre Kelly, Chair of the review's Clinician Group
- Dr Rob Martin, British Congenital Cardiac Association
- Dr Andy Mitchell, Regional Medical Director (London), NHS England
- Professor Sir Michael Rawlins, President, Royal Society of Medicine (via teleconference)
- Mr James Roxburgh, Society for Cardiothoracic Surgery
- Dr Tony Salmon, Chair of the review's Standards Sub Group
- Professor Terence Stephenson, Academy of Royal Colleges
- Professor Norman Williams, Royal College of Surgeons

**Apologies:**

- Mr David Barron, Society of Cardiothoracic Surgeons
- Dr Hilary Cass, Royal College of Paediatrics and Child Health
- Professor Pedro del Nido, International Adviser
- Mr James Palmer, National Clinical Director for Specialised Services, NHS England
- Fiona Smith, Royal College of Nursing
- Professor Peter Weissberg, Chair of the review's Patient and Public Group.

**In attendance:**

- Jane Docherty, Project Manager, NHS England
- Joanna Glenwright, Senior Manager (Analytical Function), NHS England
- Michael Wilson, Programme Director, NHS England

| Item | Agenda Item  |
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| 1.   | <p><b>Welcome and apologies</b></p> <p>The Chair welcomed everyone to the meeting.</p> <p>Apologies were noted from Mr David Barron, Dr Hilary Cass, Mr James Palmer, Professor Pedro del Nido, Fiona Smith and Professor Peter Weissberg.</p> |

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| 2.            | <p><b>Minutes of the previous meeting</b></p> <p>Professor Kelly asked that a change be made to item 6 paragraph 3 to read ‘the panel would need to think about evaluation of the review, its implementation and it needs to be prospective’.</p> <p>No other comments - agreed to sign off</p>  |
| 3.            | <p><b>Action log</b></p> <p>Action 2: in progress: Mr Wilson advised that the CRG dashboard is in development and will be ready to share with CAP shortly.</p> <p>Action 6: Two clarifications to the scope of the review were agreed</p> <ul style="list-style-type: none"> <li>• Extra corporeal Membrane Oxygenation (ECMO) to be amended to include all extra corporeal life support</li> <li>• Pulmonary hypertension to be removed</li> </ul> <p>Action 7: The last programme board meeting was cancelled. Legal and other advice would be covered at the next meeting on 14 January 2014.</p>   |
| 4.            | <p><b>Feedback from advisory / engagement groups</b></p> <p>The key messages from these meetings were summarised as:</p> <ul style="list-style-type: none"> <li>• Change name to include advisory</li> <li>• General consensus on scope and objectives</li> <li>• Need to balance progress versus engagement</li> <li>• Need further work on sub-specialisation</li> <li>• Desire for a meeting of all advisory / engagement groups (not replace three groups’ individual meetings</li> <li>• More work on making the case for change.</li> </ul> <p>There was agreement that the case for change needed to be rooted in evidence and that outcomes were an important part of any new approach. The groups were keen to move on from safe and sustainable. There was a keenness to come to a conclusion as soon as possible to give the service certainty about the future. A key issue for the group was surgeon numbers (discussed further under item 5). Mr Wilson underlined the importance of the CAP in informing discussions and direction of travel.</p> |
| <b>Action</b> | <p>Agreed to prepare a draft case for change based on discussions and share with stakeholders.</p>   |
| 5.            | <p><b>Standards update</b></p> <p>Dr Salmon provided an update on the work of the standards sub-group. He advised that 99% of the standards were not contentious. The areas still to be agreed upon were:</p> <ul style="list-style-type: none"> <li>• surgeon numbers;</li> </ul>   |

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|                  | <ul style="list-style-type: none"> <li>• case load;</li> <li>• interdependencies including co-location of adult and children’s services; and</li> <li>• response times.</li> </ul> <p>Following discussion, CAP agreed that it was appropriate that standards were aspirational, setting out the requirements of an excellent service. There was discussion about surgeon numbers but no consensus. The panel agreed that at its next meeting it would review those standards on which there were differing opinions (including surgical numbers) and give clear advice to NHS England.</p>  |
| <p><b>6.</b></p> | <p><b>Outcomes analysis and standards setting</b></p> <p>Ms Glenwright presented a paper setting out proposals to gather additional evidence to inform the standards, by:</p> <ul style="list-style-type: none"> <li>• commissioning NICOR to undertake further analysis of their data; and</li> <li>• commissioning a systematic literature review.</li> </ul> <p>CAP agreed the proposal and discussed how the literature review would best be undertaken. The scale of the task suggested it would require a university or academic group to take it forward. Prof Rawlins suggested taking advice from Prof Tom Walley who leads the health technology assessment (HTA) programme.</p> <p>The question to be addressed by the literature review was discussed. It was agreed that this should focus on the areas of most debate, particularly the relationships between volume and outcome. It was agreed that the review team should report on the evidence rather than provide interpretation.</p> <p>With regards the NICOR data analysis Prof Kelly noted that the issue of co-morbid conditions and the effect on service delivery and patient outcomes would be worth investigating. Some members felt that many questions may be unanswerable under current data collection. Mr Wilson acknowledged this may be the case but it was important to test this. This was agreed.</p> <p>The issue of how this evidence would feed into the standards was discussed. It was agreed that the impact of all the available evidence on the proposed standards would need to have been considered before consultation.</p> |
| <p><b>7.</b></p> | <p><b>Early diagnosis update</b></p> <p>Dr Cornish gave a presentation on early diagnosis. The group agreed that development of early diagnosis would be welcome. The support provided by the review in general and CAP in particular would be helpful in making progress in this complex area.</p> <p>Prof Deanfield considered that there could be an opportunity to pursue creation of a database through NICOR. Prof Gray noted that there needed to be sufficient properly trained sonographers. Dr Cornish welcomed the project support to be provided by the review and noted that this area involved many different organisations beyond NHS England, and their support would be needed for a successful outcome.</p>  |

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| 8.                   | <p><b>Review of work programme against objectives and scope</b></p> <p>Mr Wilson reported on the work being done to ensure that the work of the review aligned with its objectives. He highlighted the need to establish an approach for setting standards for ECMO. Dr Cornish confirmed that the NIC CRG was the lead CRG for ECMO but that other CRGs also had an interest and expertise and should be involved.</p> <p>Prof Stephenson reminded the group that ECMO had to be a second order issue, in that the requirements of ECMO services should be allowed to dictate the arrangements for CHD services. Prof Gray asked for more clarity about what the review's work on ECMO would be and it was agreed that a proposal would be brought back to the panel.</p> <p>The relationship with the devolved administrations was discussed, and the close network links between the English service and the cardiology centre in Cardiff was noted. Mr Wilson stated that he would be contacting each of the governments to discuss links. He would also ensure that membership of the review's groups reflected the scope of the review.</p> <p>Dr Cornish noted that a draft generic service specification for transition was being developed, which the review's work in this area would need to link with.</p> |
| 9.                   | <p><b>Any other business</b></p> <p>There was no other business.</p>   |
| 10.                  | <p><b>Future meetings</b></p>  |
| Date of next meeting | <p><b>Next meeting scheduled for:</b></p> <p>20 February 2014 <i>(This meeting was subsequently cancelled and rescheduled for 31 March 2014)</i></p>   |