



**Briefing for local  
government on proposed  
changes to NHS Specialist  
services for people with  
Congenital Heart Disease**

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### Document Status

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**BRIEFING FOR LOCAL GOVERNMENT ON PROPOSED CHANGES TO NHS  
SPECIALIST SERVICES FOR PEOPLE WITH CONGENITAL HEART DISEASE**

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## 1 Executive summary

In July 2015, the NHS England Board agreed new standards and service specifications for congenital heart disease (CHD) services, with the expectation that in future all providers would meet the standards, leading to improvements in service quality, patient experience and outcomes. NHS England is the direct commissioner of CHD services, as prescribed specialised services.

The standards are based on a three tier model of care with clear roles and responsibilities (and standards) for each tier. Networks will help local services to work closely with specialist centres, to ensure that patients receive the care they need in a setting with the right skills and facilities, as close to home as possible. The three tiers are:

- **Specialist Surgical Centres (level 1):** These centres will provide the most highly specialised diagnostics and care including all surgery and most interventional cardiology.
- **Specialist Cardiology Centres (level 2):** These centres provide specialist medical care, but not surgery or interventional cardiology (except for one specific minor procedure at selected centres). Networks will only include level 2 centres where they offer improved local access and additional needed capacity.
- **Local Cardiology Centres (level 3):** Accredited services in local hospitals run by general paediatricians / cardiologists with a special interest in congenital heart disease. They provide initial diagnosis and ongoing monitoring and care, including joint outpatient clinics with specialists from the Specialist Surgical Centre, allowing more care to be given locally.

The Board agreed a go-live date of April 2016 for implementation of the new standards, embedded in contracts with providers, with a standard specific timetable to achieve full compliance.

The Board agreed proposals for commissioning the service and endorsed initial work with providers to develop proposals for ways of working to ensure the standards would be met.

Work with providers commenced in April 2015, culminating in submission of proposals in October 2015. Seven submissions were received, some from networks based on a single surgical centre, others from new multi-centre networks.

The proposals were comprehensively assessed by a commissioner led panel, with clinician and patient/public representation. The panel advised that certain standards were considered particularly important determinants of service quality and safety:

- All surgeons should be part of a team of at least four, with an on-call commitment no worse than 1:3 from April 2016 and that each surgeon must undertake at least 125 operations per year. From April 2021 the aim is a minimum 1:4 rota.
- Surgery must be delivered from sites with the required service interdependencies.

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The assessment was discussed at NHS England's Executive Group Meeting (EGM) in December 2015. EGM accepted the panel's assessment that, taken together, the provider proposals did not provide a national solution; giving more time would not yield a different outcome; and that developing a national solution would require significant support and direction by NHS England. EGM agreed that action should be taken to ensure that the April 16 standards were met as soon as possible, with immediate action to ensure that appropriate short term mitigations are put in place in the meantime to provide assurance of safety. This approach was endorsed by the Specialised Services Commissioning Committee (SSCC) at its meeting in February 2016.

## 2 The Assessment

### 2.1 The Assessment Process

A process to assess compliance with selected standards was launched in January 2016. It focused on 24 paediatric standards (and the matching adult standards) most closely and directly linked to measurable outcomes (including the surgical and interdependency standards previously highlighted by SSCC) and to effective systems for monitoring and improving quality and safety.

Providers of CHD services were asked to evidence their compliance with the 2016 standards. While the focus was on the 2016 standards, NHS England also took account of the ability of providers to reach the 2021 standards.

Where standards were not met providers were asked to provide plans to achieve the standards and the mitigating actions they proposed to take to provide assurance of the safety and quality of services until all the standards were met. An acceptable development plan was considered to be one that gave a high degree of assurance (in the view of NHS England) that the standard would be met within 12 months of the standard becoming effective on 1 April 2016.

The process was based on NHS England's standard approach when introducing a new service specification for any specialised service.

Our initial assessment showed that additional information would be needed in order to complete the process. This was requested from all the hospitals involved in March 2016 to make sure that every hospital had the opportunity to supply all the relevant information before we completed our assessment. We gave initial feedback on the findings of the first round at a meeting with clinicians on 18 March, and explained why further detail was being requested. These additional returns were assessed in April 2016.

Each set of returns was initially evaluated at a regional level by the NHS England specialised commissioning team, followed by a national panel to ensure a consistency of approach. The national panel brought together NHS England staff from both national and regional teams with representatives from the Women and Children's Programme of Care Board and the Congenital Heart Services Clinical Reference Group to provide wide ranging and senior clinical advice and patient and public perspectives.

The panels were asked to concentrate on this assessment of compliance rather than trying to answer the question 'what should NHS England do?' The driver for this work has been to ensure delivery of the standards.

### 2.2 Outcome of Assessment Process

All the providers were assessed against the standards, and rated on a scale from Green (meeting all the requirements as of April 2016) through to Red (current arrangements are a risk). The national panel report is available on the NHS England website:

<https://www.england.nhs.uk/commissioning/spec-services/npc-crg/chd/>.

### 3. Proposals for change

In line with these assessments, NHS England has set out decisions that it is minded to take in relation to congenital heart disease services, subject to the outcome of public consultation. No decisions have been taken at this time. The full text of the announcement is available on the NHS England website:

<https://www.england.nhs.uk/2016/07/chd-future/>

In summary we are proposing that in order to ensure that every patient benefits from services that meet the agreed standards that in future specialist surgical (Level 1) services for patients with congenital heart disease will be provided at:

- Alder Hey Children's Hospital NHS Foundation Trust and Liverpool Heart and Chest Hospital NHS Foundation Trust
- Birmingham Children's Hospital NHS Foundation Trust and University Hospitals Birmingham NHS Foundation Trust,
- Great Ormond Street Hospital for Children NHS Foundation Trust and Barts Health NHS Trust
- Guy's and St Thomas' NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust
- Newcastle Hospitals NHS Foundation Trust
- University Hospital Southampton NHS Foundation Trust
- University Hospitals Bristol NHS Foundation Trust

Subject to further discussions with the relevant Trusts, local authorities and public consultation, specialist surgical (Level 1) services for patients with congenital heart disease would no longer be provided at:

- Central Manchester University Hospitals NHS Foundation Trust
- University Hospitals of Leicester NHS Trust
- Royal Brompton & Harefield NHS Foundation Trust

Specialist medical services may be retained in Leicester and Manchester.

We are also proposing that in order to ensure that every patient benefits from services that meet the agreed standards, that in future specialist medical (Level 2) services for patients with congenital heart disease will be provided at:

- Brighton and Sussex University Hospitals NHS Trust
- Norfolk & Norwich University Hospitals NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust

Subject to further discussions with the relevant Trusts, local authorities and patient groups, specialist medical (Level 2) services for patients with congenital heart disease would no longer be provided at:



- Blackpool Teaching Hospitals NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- Nottingham University Hospitals NHS Trust
- Papworth Hospital NHS Foundation Trust
- University Hospital of South Manchester NHS Foundation Trust

## 4. Engagement, public consultation and scrutiny

NHS England has committed to full public consultation on its proposals for change in relation to level 1 congenital heart disease surgical centres. This will be for a period of 12 weeks, and will be led nationally with regional support.

Prior to the launch of public consultation, NHS England will undertake engagement with affected Trusts, local authorities, patient groups and other stakeholders. Pre-consultation engagement will include an assessment of the potential impact on other services within the Trust in the event that the proposals are approved.

Proposed changes at aspiring level 2 congenital heart disease centres are not considered to meet the threshold for 'substantial variation' because of the small number of patients affected. NHS England will work with affected hospitals and patient groups to plan and manage the changes needed. These changes are not expected to have any impact on other services in these hospitals.

We intend to work most closely with those authorities closest to the hospitals potentially affected by change. Other authorities that consider the proposals to represent a substantial change for their residents may wish to be involved in these arrangements either before or during formal consultation. We would be supportive of the development of joint scrutiny arrangements.

We will provide further briefings or attend H&WB or OSC meetings on request (please see contact details below).

## 5. Timescale

Subject to advice from OSCs and others during our pre-consultation engagement, NHS England's high level timetable is as follows:

- Pre-consultation engagement: this has now started
- Public consultation: minimum 12 weeks, starting in the autumn (date to be confirmed following pre-consultation engagement)
- Review of the outcome of consultation: Spring 2017
- Final decisions: late Spring/early Summer 2017

Implementation of the final decisions: Summer 2017 onwards (with an appropriate transition plan for patients and staff).

## 6. Next steps

Keep in touch with NHS England's work via Will Huxter's blog available on the NHS England website: <https://www.england.nhs.uk/commissioning/spec-services/npc-crg/chd/blogs/>

Contact the team; request a more detailed briefing or attendance at a HWBB or OSC, or to request an email alert when a new blog is issued: [england.congenitalheart@nhs.net](mailto:england.congenitalheart@nhs.net)