Annex F: Letters in response to Leicester Growth Plan

Table A provides a list of potential provider referrers to University Hospitals of Leicester NHS Trust (UHL) CHD service.

Category	Trust	Letter received?
	Leicester	N/A
	Lincolnshire	Yes
	Nottingham	Yes
Category 1	Derby	Yes
	Sherwood	Yes
	Northampton (2)	Yes
	Kettering	Yes
	Nuneaton (2)	Yes
	Peterborough (2)	Yes
	Coventry (2)	Yes
Category 2	Burton	Yes
	Chesterfield	Yes
Category 3	Oxford	No We have spoken to the lead cardiologist at Oxford who is very supportive of EMCHC retaining Level 1 commissioning and recognises that some patients from MK and Northampton are closer to EMCHC. We are arranging for a team from Oxford to visit EMCHC to see the facilities and have the necessary #discussions regarding appropriate referral.
Category 3	Doncaster	Yes

Table A

Category	Trust	Letter received?
	Buckingham	No. We have received a letter from Buckingham Healthcare Trust who have declined to change their current referral pathways. Our plan only included a small area around Buckingham Cottage Hospital and did not include Stoke Mandeville patients, so we feel confident that the small number of patients this would deliver can easily be provided from our other hospitals.
	Stoke	Yes
	Milton Keynes	Yes We have spoken to MK team and they have agreed to refer as long as we liaise with Oxford in the process. We will ensure the MK team are also included in the visit to EMCHC by the Oxford team. We are also in dialogue with the MK fetal team to discuss opportunities for fetal referrals
	Bedford	No Bedford have said they are not happy to commit to a formal agreement due to the merger with Luton and Dunstable but adhoc referrals will continue from the team as appropriate based on patient choice
	Kings Lynn	No We have had dialogue with the Senior Paediatrician who is happy to facilitate referrals, especially as some of their patients come from well into our catchment area. They are discussing with the medical director and arranging for both clinical teams to meet to agree a more formal protocol.

United Lincolnshire Hospitals NHS Trust

© 0	N/ISI
CARINGFORYOU	United LincoInshire Hospitals NHS Trust
John Adler	Lincoln County Hospital Greetwell Road Lincoln LN2 50Y
Chief Executive University Hospitals of Leicester NHS Trust Leicester Royal Infirmary Leicester LE1 5WW	Tek 01522 573977 email: jan.sobierej⊜uhunhs.uk www.uhunha.uk
Dear John	
Thank you for your letter dated 8th Septe	mber 2017.
region. We are keen to ensure our patie centre and will continue to work with the B	
Assuming EMCHC continues to be com	a excellent relationship with EMCHC and, according to their as were referred from this Trust to EMCHC for CHD surgery, missioned as a Level 1 CHD centre and based on current: t it is reasonable to assume that further development of our increase to 51 by 2021
Yours sincerely	
Jan Schwing	husepon
Jan Sobieraj (Mr) Chief Executive	Dr Neill Hepburn Medical Director
Chair: Deen Fathors Chief Executive: Jan Sobieraj (Mr)	

Nottingham University Hospitals NHS Trust

	Nottingham University Hospitals
	Chief Executive's Office
	Trust Headquarters
	City Hospital campus
Please ask for: Chief Executive's Per	sonal Assistant Nottingham
PH/sc/071	
23 August 2017	Tel: 0115 840 4807 Email: Peter.Homa@nuh.nhs.uk
Sent Via E-Mail	www.nuh.nha.uk
Mr. John Adler Chief Executive University Hospitals of Leicester NHS Leicester Royal Infirmary Leicester LE1 5WW	Trust
Dear John	
Thank you for your letter dated 8th Se	ptember 2017.
Midlands region. We are keen to ens	Trust acknowledges the benefits and supports the retention rt Centre (EMCHC) as a Level 1 CHD centre within the East sure our patients are offered informed choice regarding their to work with the EMCHC team to facilitate this.
commissioned as a Level 1 CHD ce	an excellent relationship with EMCHC and last year 56 cases CHC for CHD surgery. Assuming EMCHC continues to be entre, we think that it is reasonable to assume that further alp facilitate referrals to increase to 58 by 2021
Yours Sincerely	
Fefer Homa	gul.
Chief Executive	
Criter Executive	Medical Director
	We are here for you

4

Derby Teaching Hospitals NHS Foundation Trust

Derby Teaching Hospitals MHS **NHS Foundation Trust** Our ref : GB/hr Royal Derby Hospital Telephone : 01332-785-971 Uttoxeter Road Email address : gavin.boyle@nhs.net Derby DE22 3NE Mr J Adler Chief Executive University Hospitals of Leicester NHS Trust Leicester Royal Infirmary Leicester LE1 5WW 12th September 2017 Dear John **Congenital Heart Disease Services** Thank you for your letter dated 8th September 2017. Derby Teaching Hospitals NHS Foundation Trust acknowledges the benefits and supports the retention of the East Midlands Congenital Heart Centre (EMCHC) as a Level 1 CHD centre within the East Midlands region. We are keen to ensure our patients are offered informed choice regarding their CHD surgical centre and will continue to work with the EMCHC team to facilitate this. We recognise that we currently have an excellent relationship with EMCHC and last year 40 cases were referred from this Trust to EMCHC for CHD surgery. Assuming EMCHC continues to be commissioned as a Level 1 CHD centre, we think it is reasonable to assume that further development of our relationship will help facilitate referrals to increase to 44 by 2021; indeed this level may well be exceeded as a result of our planned merger with Burton Hospitals and the resulting alignment of clinical services for this enlarged catchment. Yours sincerely Jan Storm Gavin Boyle Nigel Sturrock Chief Executive Medical Director Smoking is not permitted anywhere in the buildings and grounds of Derby Teaching Hospitals. For advice and support about giving up smoking preser call theophene 0880 022 4322. chair: John Rivers CBE DL Chief Executive: Gavin Boyle:

Sherwood Forest Hospitals NHS Foundation Trust

De	dicated to Ou	itstanding	gcare		Sherwood Forest Hospitals	
Our You	ect Line: 01623 872205 : Ref. EMCHC12.09.2017 :: Ref. salt: Richard.mitcheli@efn-6	r.nhs.uk			King's Mill Hospit Mansfield Roa Sutton in Ashfiel Notinghamshin NG17 4J	d e
12	* September 2017				Tel: 01623 62251 Join today: www.sih-tr.nhs.u	
Joh Ch Uni Tru Lev Exe Leit	hn Adler ief Executive iversity Hospitals of Leic st HQ vel 3 Balmoral Building acutive Comidor cester Royal Infirmary cester 1 5WW	ester NHS Trust				
De	ar John					
The	ank you for your letter	dated 8th Sept	tember 201	7.		
cen info	retention of the East the within the East Mi	Midlands Cong dlands region. g their CHD su	enital Heart We are kee	Centre (EM	is the benefits and supports CHC) as a Level 1 CHD our patients are offered titinue to work with the	
cas con ass	es were referred from tinues to be commiss	this Trust to E ioned as a Lev	MCHC for C el 1 CHD ce	HD surgery. entre, we thin	th EMCHC and last year 29 Assuming EMCHC k that it is reasonable to littate referrals to increase to	
	urs sincerely					
U	chad hidely	(the	
	hard Mitchell ef Executive				ndrew Haynes cal Director	
0162	ent Experience Team 13 672222 Belh-trunhs.uk	confident environment		are proud to a smoke-free	Chair John MacDonald Chief Executive Richard Mitchell	

Northampton General Hospital NHS Trust

Northampton General Hospital NHS Trust From the office of Dr Sonia Swart Cliftonville **Chief Executive** Northampton e-mail: sonia.swart@ngh.nhs.uk NN1 5BD Our Ref: SS/gjj/kp Switchboard: 01604 634700 11th September 2017 Sent Via Email: John adler@uhl-tr.nhs.uk Mr John Adler Chief Executive University Hospitals of Leicester NHS Trust Leicester Royal Infirmary Leicester LE1 5WW Dear John **Congenital Heart Disease Services** Thank you for your letter dated 8th September 2017. As previously discussed and stated in my letter to you of 18th April 2017, we feel it is very important that the East Midlands retains a centre of excellence for congenital cardiac services, and critical that the ECMO service is retained. We continue to have an excellent relationship with Great Ormond Street Hospital for our congenital heart disease patients and can see no reason for us to alter this referral pathway until EMCHC meets all the current standards. We are very pleased to hear that your plans for co-location of EMCHC to the Children's Hospital at the Leicester Royal Infimary are progressing well and have been accepted as appropriate by NHS England. Whilst we support the view of our clinical team with respect to the current provision for our CHD patients, it is our duty to explore options for the future. From July 2019, on the assumption that EMCHC is fully co-located with other children's services, we are happy to work with you to establish suitably agreed pathways and protocols, with appropriate information for our patients to be offered an informed choice. We agree with the assumptions in your growth plan that these discussions are likely to take some time to complete, and therefore it is likely that referrals based on patient choice from Northampton CHD patients will begin in 2020/2021. It is difficult to predict exactly the impact this new working relationship may deliver as activity levels differ each year. At present we estimate on average that we refer 20 patients per year to specialist centres and therefore we feel the assumption in your growth plan that 10 patients (approximately 50% of the expected surgical caseload) may choose to be treated and referred to EMCHC is appropriate. Yours sincerely Son GA **Dr Sonia Swart Dr Mike Cusack** Chief Executive Medical Director

Kettering General Hospital NHS Trust

UNIVERSITY OF	
LEICESTER Mileted Teaching I loopile!	Kettering General Hospital
onh Adler hief Executive elcester Royal Infirmary E1 5WW	Chairman & Chief Executive Rothweil Road Kettering Northants NN16 802
	Main Switchboard: 01536 482000 Direct Dial: 01536 482005 Web: www.kgh.nhs.uk When calling, please ask for Chice McAulay
	11 September 2017
Pear John, hank you for your letter dated 8th September dettering General Hospital NHS Foundation Tr he retention of the East Midlands Congenital H entre within the East Midlands region. We are formed choice regarding their CHD surgical of MCHC team to facilitate this. We recognise that we currently have an excelled ases were referred from this Trust to EMCHC continues to be commissioned as a Level 1 CH ssume that further development of our relation o 25 by 2021.	rust acknowledges the benefits and supports Heart Centre (EMCHC) as a Level 1 CHD a keen to ensure our patients are offered centre and will continue to work with the ent relationship with EMCHC and last year 24 for CHD surgery. Assuming EMCHC ID centre, we think that it is reasonable to
Tro-e	R (Churton)
IONA WISE HIEF EXECUTIVE OFFICER (INTERIM)	DR ANDREW CHILTION MEDICAL DIRECTOR
A. Con	Chairman: Graham Foster JP

George Eliot Hospital NHS Trust

	George Eliot Hospital
	George Eliot Hospital NHS Trust
	College Street Nuneaton Warwickshire CV10 7DJ
11 September 2017	Direct Dial: 024 76 351351
John Adler Chief Executive Leicester Royal Infirmary	
Leicester LE1 5WW	
Dear John	
Re: Congenital Heart Disease	e Services
Thank you for your letter dated	8th September 2017.
East Midlands Congenital A	ust acknowledges the benefits and supports the retention of Heart Centre (EMCHC) as a Level 1 CHD centre within the a keen to ensure our patients are offered informed choice centre and will continue to work with the EMCHC team to
continues to be commissioned	where an excellent relationship with EMCHC and last year 4 s Trust to EMCHC for CHD surgery. Assuming EMCHC as a Level 1 CHD centre, we think that it is reasonable to nt of our relationship will help facilitate referrals to increase to
Yours sincerely,	
	\bigcirc
box	Creation Wood
Kath Kelly Chief Executive	Dr Gordon Wood Medical Director
'Our vision is to EXCEL (at patient care*

North West Anglia NHS Foundation Trust

North West Anglia NHS Foundation Trust Peterborough City Hospital Bretton Gate Peterborough PE3 9GZ 13 September 2017 Mr J Adler Chief Executive University Hospitals of Leicester Leicester Royal Infirmary Leicester LE1 5WW Dear John Thank you for your letter dated 8th September 2017. We note that North West Anglia NHS Foundation Trust have an established relationship with the East Midlands Congenital Heart Centre (EMCHC). We are keen to ensure that our patients continue to have a choice of centre and will continue to work with the EMCHC team to facilitate this. We recognise that last year 9 cases were referred from this Trust to EMCHC for CHD surgery and assuming that EMCHC continues to be commissioned as a Level 1 CHD centre, we think it is reasonable to assume that through further development of our relationship this number could rise to approximately 38 by 2021, assuming that you also include the Hinchingbrooke patients too. Yours sincerely m Steph Stephen Graves Dr Kanchan Rege **Chief Executive** Medical Director

University Hospitals Coventry & Warwickshire NHS Trust

NHS University Hospitals **Coventry and Warwickshire** NHS Trust University Hospital Clifford Bridge IRoad Walsgrave Coventry CV2 2DX 14 September 2017 Direct Line: 024 7696/7621 Fax: 024 7696 5224 www.uhow.nhs.uk John Adler Chief Executive University Hospitals of Leicester NHS Trust Leicester Royal Infirmary Leicester LE1 5WW Dear John Congenital Heart Disease Service Thank you for your letter dated 8 September. University Hospital Coventry and Warwickshire INHS Trust has an established relationship with Birmingham University Hospitals Foundation NHS Trust for congenital heart disease referrals, and has done for many years. I note that two patients were referred from our Trust to the East Midlands congenital heart centre last year. We support the continued status of University Hospitals of Leicester as the East Midlands congenital heart centre, and where clinician or patient choice dictate, we will continue to see referrals to your service. Yours sincerely Mark Kemp Head of Planning Professor Andy Hardy, Chief Executive Officer 001 David Moon, Chief Finance and Strategy officer Chief Executive Officer: Andrew Hardy Chairman: Andrew Meehan

Burton Hospitals NHS Foundation Trust

		Burton Hospitals NHS Foundation Trust
Direct Dial	01283 593295	Queen's Hospital Belvedere Road Burton upon Trent
Our Ref:	heien.scott-south@burlonft.nhs.u HSS/HMA	Tel 01283 566333
Date:	24 October 2017	
	ospitals of Leicester NHS Tru oyal Infirmary	st
Dear John	AL HEART DISEASE SERVI	~=*
	or your letter dated 8 Septemb	
Burton Hosp the East Mic	oitais NHS Foundation Trust n diands Congenital Heart Centr tinue to have a choice of cent	otes that we have an established relationship with e (EMCHC). We are keen to ensure that our re and will continue to work with the EMCHC team
surgery and we think it is	assuming that EMCHC contin	e referred from this Trust to EMCHC for CHD nues to be commissioned as a Level 1 CHD centre, nrough further development of our relationship this I.
Yours since	rely	
Kun?	SIGH-SWAL .	Mann
MS HELEN CHIEF EXE	SCOTT-SOUTH CUTIVE	MAGNUS HARRISON MEDICAL DIRECTOR

Chesterfield Royal Hospital NHS Foundation Trust

WERE	Chesterfield Royal Hospital NHS
PROUD	Sector Se
	Calow
CADE	546 586
CARE	Tet: 01246 277271
Construction of the local division of the lo	Minicom: 01246 512611
	second chester field regal else site
Chief Executive's Office	
Felophone: 01246 513161	
emait aittonmonit@nfta.net	
an Anti 2017	
John Adler Chief Executive	
University Hospitals of Leicester NHS Trust	
Infernary Square	
Leicester LR1 SWW	
Dear John	
Re: Congenital Heart Services	
	y and discuss the services provided by The East Midlands its from the East Midlands, and in particular those under MS Foundation Trust .
While we do currently work together and sen	d some of our patients with Consenital Heart Disease
	is tend to be referred to Leeds General Infinitary (LGI)
and we are very hoppy with the service we re	ceive from this arrangement. However, we are also very
	e patients we have sent to EMCHC, and agree with you red the choice of receiving their care at LGI or at EMCHC.
also had it is very involvent that the East M	clands retains a centre of excellance for congenital
cardiac services, and that the EMCHC ECMC	Deenvice is retained . I would be happy to work with you to wided with information to help them make an informed
proces with their consultants regarding where	
	unforable form a clinical or passand parapartius for the
	for those children presenting as an emergency who require a transport service conversionant for North Dertweise.
	a simila amemotics communication for Facilit Darbywres,
	C will be very attractive, and should result in an increase
in patients choosing to come to your centre.	

Page 2 My clinicians would be very happy to meet with your clinical learn to decuse how we might work together in the future and hope this increased support will sid your proposals to meet the MMS England standards for CHD services in England and enable your excellent services to remain available to the people of the East Mellands and beyond. Yours sincerely. AN M ç Simon Month Chief Executive C.C. Gall Collins, Medical Director Dr A Umikrishnam, Divisional Director

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Chair: Suzy Brain England Interim Chief Executive: Richard Parker NHS Foundation Trust PA to Chairman & Chief Executive: Kate Sullivan Dancaster Royal Infirmary Tel: 01302 644153 E-mail: kate_sullivan@nhs.net Tel: 01302 366666 Fax: 01302 553140 Context Royal Infirmary John Alder Minicom: 01302 553140 Chief Executive www.dbh.nhs.uk Leicester Royal Infirmary www.dbh.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Conficer. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers.	Interim Chief Executive: Richard Parker Dencester Royal Infirmary Airmhorpe Road, Doncester South Yorkshie DN2 SUT PA to Chairman & Chief Executive: Kate Sullivan Tel: 01302 644153 E-mail: kate.sullivan@nhs.net Tel: 01302 664053 14 September 2017 Minicarr. 01302 553140 John Alder www.dbh.rhs.uk Chief Executive www.dbh.rhs.uk Leicester Royal Infirmary Leicester www.dbh.rhs.uk PA: mandy.johnson@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk Dear John, Thank you for your letter dated Sth September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of orup patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, atthough the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop atternative referral pathways for those patients who live closes to EMCHC, recognising that this would increase choice for patients and their referres.		NHS		
Chair: Suzy Brain England Interim Chief Executive: Richard Parker Dancaster Royal Infirmary PA to Chairman & Chief Executive: Kate Sullivan Tel: 01302 664153 E-mail: kate.sullivan@nhs.net Dancaster Royal Infirmary 14 September 2017 Minicore: 01302 553140 End 2032 250058 John Alder www.dbh.rbs.uk Www.dbh.rbs.uk Leicester Royal Infirmary Leicester Royal Infirmary Leicester Royal Infirmary Leicester Royal Infirmary Leicester Royal Infirmary www.dbh.rbs.uk PA: mandy.johnson@uhl-tr.nhs.uk Dear John,	Chair: Suzy Brain England Interim Chief Executive: Richard Parker Dancaster Royal Infirmary PA to Chairman & Chief Executive: Kate Sullivan Tel: 01302 664153 E-mail: kate.sullivan@nhs.net Dancaster Royal Infirmary 14 September 2017 Minicore: 01302 553140 End 2032 250058 John Alder www.dbh.rbs.uk Www.dbh.rbs.uk Leicester Royal Infirmary Leicester Royal Infirmary Leicester Royal Infirmary Leicester Royal Infirmary Leicester Royal Infirmary www.dbh.rbs.uk PA: mandy.johnson@uhl-tr.nhs.uk Dear John,		Doncaster and Bassetlaw		
Chair: Suzy Brain England NHS Foundation Trust Interim Chief Executive: Richard Parker Dencaster Royal Infirmary Armhorpe Road, Doncaster South Vorkshire DV2 StT PA to Chairman & Chief Executive: Kate Sullivan Tel: 01302 644153 E-mail: <u>kate.sullivan@nhs.net</u> Tel: 01302 366666 Fax: 01302 30098 14 September 2017 Minicorr: 01302 553140 (ority for people who are deef) John Alder www.dbh.nhs.uk Leicester Royal Infirmary Leicester www.dbh.nhs.uk PA: mandy.johnson@uhi-tr.nhs.uk PA: mandy.johnson@uhi-tr.nhs.uk Dear John, Thank you for your letter dated Sth September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHO centre. As a referral is based upon a number of factors, including patient choice, clinical relationisp and commissioning decisions, athough the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referrent pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referres. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel ab	Chair: Suzy Brain England NHS Foundation Trust Interim Chief Executive: Richard Parker Dencaster Royal Infirmary Armhorpe Road, Doncaster South Vorkshire DV2 StT PA to Chairman & Chief Executive: Kate Sullivan Tel: 01302 644153 E-mail: <u>kate.sullivan@nhs.net</u> Tel: 01302 366666 Fax: 01302 30098 14 September 2017 Minicorr: 01302 553140 (ority for people who are deef) John Alder www.dbh.nhs.uk Leicester Royal Infirmary Leicester www.dbh.nhs.uk PA: mandy.johnson@uhi-tr.nhs.uk PA: mandy.johnson@uhi-tr.nhs.uk Dear John, Thank you for your letter dated Sth September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHO centre. As a referral is based upon a number of factors, including patient choice, clinical relationisp and commissioning decisions, athough the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referrent pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referres. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel ab				
Chair: Suzy Brain England Decaster Royal Infirmary Interim Chief Executive: Richard Parker Decaster Royal Infirmary PA to Chairman & Chief Executive: Kate Sullivan Tet: 01302 644153 E-mail: kate sullivan@nhs.net Tel: 01302 644153 E-mail: kate sullivan@nhs.net Tet: 01302 36666 Fax: 01302 320098 Minicar: 01302 320098 14 September 2017 Minicar: 01302 320098 John Alder Oncester Royal Infirmary Leicester Dear John, Sent by email: john.adler@uhl-tr.nhs.uk PA: PA: mandy.johnson@uhl-tr.nhs.uk Dear John, Thatk you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients a	Chair: Suzy Brain England Decaster Royal Infirmary Interim Chief Executive: Richard Parker Decaster Royal Infirmary PA to Chairman & Chief Executive: Kate Sullivan Tet: 01302 644153 E-mail: kate.sullivan@nhs.net Tel: 01302 644153 E-mail: kate.sullivan@nhs.net Tet: 01302 36666 Fax: 01302 320098 Minicar: 01302 320098 14 September 2017 Minicar: 01302 320098 John Alder Ocnoster Royal Infirmary Leicester Leicester LE3 3WW Sent by email: john.adler@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically court to the East Midlands CHC than to any other Level 1 CHO				
Amthorpe Road, Doncaster South Yorkshire DN2 SET South Yorkshire DN2 SET Tel: 01302 644153 E-mail: <u>kate.sullivan@Puhs.net</u> Tel: 01302 644153 E-mail: <u>kate.sullivan@Puhs.net</u> Tel: 01302 30098 14 September 2017 John Alder Cinief Executive Leicester Royal Infirmary Leicester Royal Infirmary Royal Infirmary Leicester Royal Infirmary Royal Infirmary Roya	Amthorpe Road, Doncaster South Yorkshire DN2 SET South Yorkshire DN2 SET Tel: 01302 644153 E-mail: <u>kate.sullivan@Puhs.net</u> Tel: 01302 644153 E-mail: <u>kate.sullivan@Puhs.net</u> Tel: 01302 30098 14 September 2017 John Alder Cinief Executive Leicester Royal Infirmary Leicester Royal Infirmary Royal Infirmary Leicester Royal Infirmary Royal Infirmary Roya	Chair: Suzy Brain England	NHS Foundation Trust		
PA to Chairman & Chief Executive: Kate Sullivan South Yorkshire DN2 SUT Tel: 01302 644153 E-mail: kate.sullivan@Puhs.net Tel: 01302 366666 Fax: 01302 20098 Fax: 01302 320098 14 September 2017 Minicorr. 01302 553140 John Alder Oral 2 320098 Chief Executive www.dbh.rbs.uk Leicester Royal Infirmary www.dbh.rbs.uk PA: mandy.johnson@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight. I have managed to seek some views including from the two Clinical Commissioning forups Accounts work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work.	PA to Chairman & Chief Executive: Kate Sullivan South Yorkshire DN2 SUT Tel: 01302 644153 E-mail: kate.sullivan@Puhs.net Tel: 01302 366666 Fax: 01302 20098 Fax: 01302 320098 14 September 2017 Minicorr. 01302 553140 John Alder Oral 2 320098 Chief Executive www.dbh.rbs.uk Leicester Royal Infirmary www.dbh.rbs.uk PA: mandy.johnson@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight. I have managed to seek some views including from the two Clinical Commissioning forups Accounts work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work.	Interim Chief Executive: Richard Parker			
PA to Chairman & Chief Executive: Kate Sullivan Tet: 01302 644153 E-mail: kate.sullivan@nhs.net Tet: 01302 366666 Fax: 01302 5320098 Tet: 01302 320098 14 September 2017 Minicarr: 01302 553140 John Alder (only for people who are deaf) Chief Executive www.dbh.nhs.uk Leicester Reyal Infirmary Leicester Leicester LE1 3WW Sent by email: john.adler@uhi-tr.nhs.uk PA: mandy.johnson@uhi-tr.nhs.uk Dear John, The consider the referral pathway for Congenital Heart Diseas Evrices as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHO centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work.	PA to Chairman & Chief Executive: Kate Sullivan Tet: 01302 644153 E-mail: kate.sullivan@nhs.net Tet: 01302 366666 Fax: 01302 5320098 Tet: 01302 320098 14 September 2017 Minicarr: 01302 553140 John Alder (only for people who are deaf) Chief Executive www.dbh.nhs.uk Leicester Reyal Infirmary Leicester Leicester LE1 3WW Sent by email: john.adler@uhi-tr.nhs.uk PA: mandy.johnson@uhi-tr.nhs.uk Dear John, The consider the referral pathway for Congenital Heart Diseas Evrices as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHO centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work.				
Field OD/OC CHARGES C Finder: And Caster and Provide State State Face 01302 320098 14 September 2017 Minicorr: 01302 553140 John Alder (only for people who are deaf) Chief Executive www.dbh.nbs.uk Leicester Rey and the state of the	Field OD/OC CHARGES C Finder: And Caster and Provide State State Face 01302 320098 14 September 2017 Minicorr: 01302 553140 John Alder (only for people who are deaf) Chief Executive www.dbh.nbs.uk Leicester Rey and the state of the	-	livan		
John Alder (only for people who are deaf) John Alder www.dbh.nhs.uk Leicester Royal Infirmary uwww.dbh.nhs.uk Leicester LE1 3WW Sent by email: john.adter@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work.	John Alder (only for people who are deaf) John Alder www.dbh.nhs.uk Leicester Royal Infirmary uwww.dbh.nhs.uk Leicester LE1 3WW Sent by email: john.adter@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work.	Tel: 01302 644153 E-mail: <u>kate.sullivan@n</u>	Haller		
John Alder Chief Executive www.dbh.nhs.uk Leicester Royal Infirmary Leicester LE1 3WW Sent by email: john.adjer@uhi-tr.nhs.uk PA: mandy.johnson@uhi-tr.nhs.uk Deer John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight. I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely MadMaM Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Dancaster CCG Sewa Singh, Medical Director, DBTH NHS FT	John Alder Chief Executive www.dbh.nhs.uk Leicester Royal Infirmary Leicester LE1 3WW Sent by email: john.adjer@uhi-tr.nhs.uk PA: mandy.johnson@uhi-tr.nhs.uk Deer John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight. I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely MadMaM Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Dancaster CCG Sewa Singh, Medical Director, DBTH NHS FT	14 September 2017	Minicom: 01302 553140		
Chief Executive www.dbh.nbs.uk Leicester Royal Infirmary Leicester LE1 3WW Sent by email: john.adier@uhi-tr.nhs.uk PA: mandy.johnson@uhi-tr.nhs.uk Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight. I have smanaged to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely MadMa Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Dancaster CCG Sewa Singh, Medical Director, DBTH NHS FT	Chief Executive www.dbh.nbs.uk Leicester Royal Infirmary Leicester LE1 3WW Sent by email: john.adier@uhi-tr.nhs.uk PA: mandy.johnson@uhi-tr.nhs.uk Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight. I have smanaged to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely MadMa Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Dancaster CCG Sewa Singh, Medical Director, DBTH NHS FT	labe didea	(only for people who are deaf)		
Leicester Royal Infirmary Leicester Royal Infirmary Leicester LE1 3WW Sent by email: john.adler@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitalis where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely Mathematical Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	Leicester Royal Infirmary Leicester Royal Infirmary Leicester LE1 3WW Sent by email: john.adler@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitalis where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely Mathematical Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT		www.dbb.obs.uk		
Leicester LE1 3WW Sent by email: john.adler@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who five closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely MadMA Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	Leicester LE1 3WW Sent by email: john.adler@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who five closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely MadMA Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT				
Sent by email: john.adler@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely Madda Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, DBTH NHS FT	Sent by email: john.adler@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk PA: mandy.johnson@uhl-tr.nhs.uk Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely Madda Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, DBTH NHS FT				
PA: mandy_johnson@uhl-tr.nhs.uk Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely MadMad Richard Parker <u>Chief Executive</u> Doncaster and Bassetiaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetiaw CCG Jackie Pedderson, Chief Officer, Darcaster CCG Sewa Singh, Medical Director, DBTH NHS FT	PA: mandy_johnson@uhl-tr.nhs.uk Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely MadMad Richard Parker <u>Chief Executive</u> Doncaster and Bassetiaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetiaw CCG Jackie Pedderson, Chief Officer, Darcaster CCG Sewa Singh, Medical Director, DBTH NHS FT	LE1 SWW			
PA: mandy_johnson@uhl-tr.nhs.uk Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely Amaged Richard Parker Chief Executive Doncaster and Bassetiaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetiaw CCG Jackie Pedderson, Chief Officer, DBTH NHS FT	PA: mandy_johnson@uhl-tr.nhs.uk Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely Amaged Richard Parker Chief Executive Doncaster and Bassetiaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetiaw CCG Jackie Pedderson, Chief Officer, DBTH NHS FT	Sent by email: jobn adjer@ubi-trinks.uk			
Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely Madda Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Fedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	Dear John, Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely MadMad Richard Parker Chief Executive Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Fedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT				
Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely Richard Parker Chief Executive Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc I dris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	Thank you for your letter dated 8th September 2017 requesting that we consider the referral pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely Richard Parker Chief Executive Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc I dris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT				
pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely Maddad Richard Parker Chief Executive Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely Maddad Richard Parker Chief Executive Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	Dear John,			
pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely Maddad Richard Parker Chief Executive Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	pathway for Congenital Heart Disease Services as one of the group of Hospitals where some of our patients are geographically closer to the East Midlands CHC than to any other Level 1 CHD centre. As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely Maddad Richard Parker Chief Executive Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	Thank you for your letter dated 8th Septemb	er 2017 requesting that we consider the referral		
As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	As a referral is based upon a number of factors, including patient choice, clinical relationships and commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT				
commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	commissioning decisions, although the timescales for a response has been extremely tight, I have managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients and their referrers. We note that last year <10 cases were referred from the group of 9 Trusts referenced in the correspondence but we do not feel able to offer any accurate assessment on the impact on referrals to EMCHC of this work. Yours Sincerely Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	patients are geographically closer to the East Mic	diands CHC than to any other Level 1 CHD centre.		
correspondence but we do not feel able to offer any accurate assessment on the impact on referral to EMCHC of this work. Yours Sincerely Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	correspondence but we do not feel able to offer any accurate assessment on the impact on referral to EMCHC of this work. Yours Sincerely Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	managed to seek some views including from the two Clinical Commissioning Groups Accountable Officers. As a result I can confirm that we would be happy for the relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this would increase choice for patients			
Yours Sincerely WMMM Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	Yours Sincerely WMMM Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	managed to seek some views including from the Officers. As a result I can confirm that we woul the EMCHC team to build the necessary relation those patients who live closest to EMCHC, reco	he two Clinical Commissioning Groups Accountable Id be happy for the relevant clinicians to work with nships to develop alternative referral pathways for		
Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	managed to seek some views including from th Officers. As a result I can confirm that we woul the EMCHC team to build the necessary relatio those patients who live closest to EMCHC, reco and their referrers. We note that last year <10 cases were referr correspondence but we do not feel able to offer	he two Clinical Commissioning Groups Accountable Id be happy for the relevant clinicians to work with inships to develop alternative referral pathways for gnising that this would increase choice for patients red from the group of 9 Trusts referenced in the		
Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	managed to seek some views including from th Officers. As a result I can confirm that we woul the EMCHC team to build the necessary relatio those patients who live closest to EMCHC, reco and their referrers. We note that last year <10 cases were referr correspondence but we do not feel able to offer to EMCHC of this work.	he two Clinical Commissioning Groups Accountable Id be happy for the relevant clinicians to work with inships to develop alternative referral pathways for gnising that this would increase choice for patients red from the group of 9 Trusts referenced in the		
Chief Executive Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	Chief Executive Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	managed to seek some views including from th Officers. As a result I can confirm that we woul the EMCHC team to build the necessary relatio those patients who live closest to EMCHC, reco and their referrers. We note that last year <10 cases were referr correspondence but we do not feel able to offer to EMCHC of this work. Yours Sincerely	he two Clinical Commissioning Groups Accountable Id be happy for the relevant clinicians to work with inships to develop alternative referral pathways for gnising that this would increase choice for patients red from the group of 9 Trusts referenced in the		
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	managed to seek some views including from th Officers. As a result I can confirm that we woul the EMCHC team to build the necessary relatio those patients who live closest to EMCHC, reco and their referrers. We note that last year <10 cases were referr correspondence but we do not feel able to offer to EMCHC of this work. Yours Sincerely	he two Clinical Commissioning Groups Accountable Id be happy for the relevant clinicians to work with inships to develop alternative referral pathways for gnising that this would increase choice for patients red from the group of 9 Trusts referenced in the		
Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	Cc Idris Griffiths, Chief Officer, Bassetlaw CCG Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	managed to seek some views including from th Officers. As a result I can confirm that we woul the EMCHC team to build the necessary relatio those patients who live closest to EMCHC, reco and their referrers. We note that last year <10 cases were referr correspondence but we do not feel able to offer to EMCHC of this work. Yours Sincerely Mamada Richard Parker	he two Clinical Commissioning Groups Accountable Id be happy for the relevant clinicians to work with inships to develop alternative referral pathways for gnising that this would increase choice for patients red from the group of 9 Trusts referenced in the		
Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	Jackie Pedderson, Chief Officer, Doncaster CCG Sewa Singh, Medical Director, DBTH NHS FT	managed to seek some views including from th Officers. As a result I can confirm that we woul the EMCHC team to build the necessary relatio those patients who live closest to EMCHC, reco and their referrers. We note that last year <10 cases were referr correspondence but we do not feel able to offer to EMCHC of this work. Yours Sincerely Maddad Richard Parker <u>Chief Executive</u>	he two Clinical Commissioning Groups Accountable Id be happy for the relevant clinicians to work with inships to develop alternative referral pathways for gnising that this would increase choice for patients red from the group of 9 Trusts referenced in the rany accurate assessment on the impact on referrals		
Sewa Singh, Medical Director, DBTH NHS FT	Sewa Singh, Medical Director, DBTH NHS FT	managed to seek some views including from th Officers. As a result I can confirm that we woul the EMCHC team to build the necessary relatio those patients who live closest to EMCHC, reco and their referrers. We note that last year <10 cases were referr correspondence but we do not feel able to offer to EMCHC of this work. Yours Sincerely Maddad Richard Parker <u>Chief Executive</u>	he two Clinical Commissioning Groups Accountable Id be happy for the relevant clinicians to work with inships to develop alternative referral pathways for gnising that this would increase choice for patients red from the group of 9 Trusts referenced in the rany accurate assessment on the impact on referrals		
		managed to seek some views including from th Officers. As a result I can confirm that we woul the EMCHC team to build the necessary relatio those patients who live closest to EMCHC, reco and their referrers. We note that last year <10 cases were referr correspondence but we do not feel able to offer to EMCHC of this work. Yours Sincerely Maddad Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NH	he two Clinical Commissioning Groups Accountable Id be happy for the relevant clinicians to work with inships to develop alternative referral pathways for gnising that this would increase choice for patients red from the group of 9 Trusts referenced in the rany accurate assessment on the impact on referrals		
Gill Payne, Care Group Director, Specialised, DBTH NHS FT	Gill Payne, Care Group Director, Specialised, DBTH NHS FT	managed to seek some views including from th Officers. As a result I can confirm that we woul the EMCHC team to build the necessary relatio those patients who live closest to EMCHC, reco and their referrers. We note that last year <10 cases were referr correspondence but we do not feel able to offer to EMCHC of this work. Yours Sincerely Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NH Cc Idris Griffiths, Chief Officer, Bassetlaw CC	he two Clinical Commissioning Groups Accountable Id be happy for the relevant clinicians to work with inships to develop alternative referral pathways for gnising that this would increase choice for patients red from the group of 9 Trusts referenced in the rany accurate assessment on the impact on referrals 45 Foundation Trust		
		managed to seek some views including from th Officers. As a result I can confirm that we woul the EMCHC team to build the necessary relatio those patients who live closest to EMCHC, reco and their referrers. We note that last year <10 cases were referr correspondence but we do not feel able to offer to EMCHC of this work. Yours Sincerely Richard Parker <u>Chief Executive</u> Doncaster and Bassetlaw Teaching Hospitals NH Cc Idris Griffiths, Chief Officer, Bassetlaw CC Jackie Pedderson, Chief Officer, Doncaster Sewa Singh, Medical Director, DBTH NHS	he two Clinical Commissioning Groups Accountable Id be happy for the relevant clinicians to work with inships to develop alternative referral pathways for gnising that this would increase choice for patients red from the group of 9 Trusts referenced in the any accurate assessment on the impact on referrals assessment on the impact on referrals Foundation Trust CG er CCG FT		

Buckinghamshire Healthcare NHS Trust

Sofe & compassionate care, every time	Buckinghamshire Healthcare
	Stoke Mandeville Hospital Mandeville Road Avlosbury
Trust Headquarters Executive Office Direct Dial: 01296 418191	HP21 8AL Tel: 01296 315000 www.buckshealthcare.nhs.uk
John Adler Chief Executive University Hospitals of Leicester NHS Trust Leicester Royal Infirmary Leicester LE1 5WW	
19 October 2017	
Dear John	
Apologies for our delay in response, as you know I to had the opportunity to discuss this with my team I ca patients with Congenital Heart Disease have been to arrangements and are not currently planning a revie you the best with your service review.	an confirm that for many years the flows of our to London and Oxford. We are happy with these
Yours sincerely	
Dr Tina Kenny Medical Director	
Providing a range of acute and comm Chair: Hattle Llowelyn Davie	nunity services across Buckinghamshire is: Chief Executive: Neil Dardis

University Hospitals of North Midlands NHS Trust

	NHS
	University Hospitals
	of North Midlands
	NHS INSt
Ref: PC/LB	Royal Stoke University Hospital
15 September 2017	Executive Suite Springfield
15 September 2017	Newcastle Road
Mr John Adler	Stoke-on-Trent
Chief Executive	Staffordshire
Leicester Royal Infirmary Leicester	ST4 6QG
LE15WW	Tel: 01782 676612
	Email: paula.clark@uhnm.nhs.uk
Dear John	
RE: CONGENITAL HEART DISEASE SERVICES	
RE: CONGENITAL HEART DISEASE SERVICES	
Thank you for your letter dated 8th September 2017.	
We understand that University Hospital of North Midland	
where some of our patients are geographically closer to Our current primary referral pathway is to another Level	
relationships, we would be very happy for our relevant d	
the necessary relationships to develop alternative referra	
and would wish to be referred there.	
Best wishes.	
Dest mares.	
Town Clark	
PAULA CLARK CHIEF EXECUTIVE	
CHIEF EXECUTIVE	
Trusts where EMCHC is closest Level 1 CHD centre for with another centre	some patients but primary network relationship is
wur anouler verwe	
University Hospitals of North Midlands NHS Trust	
South Warwickshire NHS Foundation Trust	
Milton Keynes University Hospital NHS Foundation Trus	
Doncaster and Bassetlaw Hospitals NHS Foundation Tr Oxford University Hospitals NHS Foundation Trust	ust
The Queen Elizabeth Hospital King's Lynn NHS Trust	
Bedford Hospital NHS Trust	
Buckinghamshire Healthcare NHS Trust	
Northern Lincolnshire and Goole Hospitals NHS Founda	tion Trust
Page 1 of 1	-1- int with
	Committed to reprinting

Milton Keynes University Hospital NHS Foundation Trust

NHS Milton Keynes University Hospital Our ref: JH/hw Standing Way EaglEstone Milton Keynes MKP SLD Date : 12th September 2017 01908 660033 hoš pital nha uk For people who have hearing loss Mnicom 01906 243824 Mr John Adler Chief Executive University Hospitals of Leigester Leicester Royal Infirmary LEICESTER LE1 5WW Aler 16 RE: Congenital Heart Disease Service Thank you for your letter dated 8th September 2017. We understand that Milton Keynes University Hospital NHS Foundation Trust is one of a group (detailed below) where some of our patients are geographically closer to EMCHC than to any other Level 1 CHD centre. Our typical referral pathway is currently via Oxford University Hospitals. Whilst we value our current referral relationships, we would be very happy for our relevant clinicians to work with the EMCHC team to build the necessary relationships to develop alternative referral pathways for those patients who live closest to EMCHC, recognising that this will increase choice for patients and their referrers and assist with the future viability of the EMCHC. We would recommend that EMCHC approaches these discussions, in partnership with Oxford University Hospitals and its current network rather than individually. We note that that last year <10 cases were referred from this group of 9 Trusts to EMCHC for CHD surgery and we think it is reasonable to assume that the network development referenced above will see that number increase to between 40 - 50 cases by 2021. bot withes. JOE HARRISON DR IAN RECKLESS Chief Executive Medical Director As is blocking hospital, we conduct - dwoation and research to improve healthcare for out pilletts. During your wait inspirate analy to involved in pilot fam, or you may be effect to pilot(pillate in a clinical trial). Please speak to your doctor or nume. Plyos have diry (pilotem). Acting Chairman: Simon Lleyd Chief Executive: Joe Harrson WeCARE