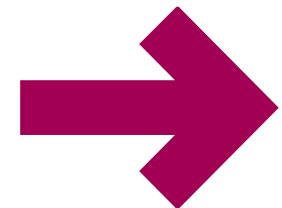


NHS England

Delivering the Congenital Heart Disease standards in London

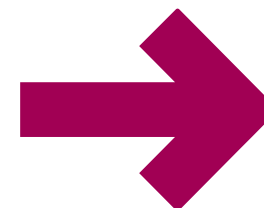
Presentation to the
South West London Joint Health Oversight and
Scrutiny Committee

30th January 2019



What we will cover

- The **NHS England decision** – what it said
- How the decision is **directing our work**
- What is **Congenital Heart Disease?**
- **Our understanding** of the Royal Brompton and Kings Health Partners proposal
- **Our understanding** of the Chelsea & Westminster and Imperial College Healthcare proposal
- The **people** that any move will affect
- **Process to building a commissioner view of services** in London to take to consultation



NHS England decision

In November 2017 the NHS England Board made a number of decisions about the provision of CHD services; one of which confirmed that:

'NHS England should work with RBH and other potential partners on the full range of options for delivering a solution that could deliver full compliance with the standards and ensure the sustainability of other connected services. Progress should be reviewed by the NHS England Board over the next two years. Should a credible solution not have been presented by the end of November 2019 in the form of a submitted Outline Business Case, supported by NHS England, referral to the Specialised Services Commissioning Committee will be made to confirm that the process of decommissioning level 1 services for children should begin, with alternative arrangements put in place to ensure patients are able to benefit from receiving care from centres compliant with the required standards.'

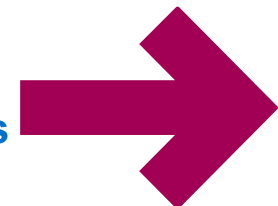
Timeline

NHS England's Board decision included a timeline to monitor progress of the programme of work, this included;

- requirement for RBH to submit a strategic outline case (SOC) by 30th June 2018
(met by the provision of feasibility study)
- that there is an OBC (now called a Strategic Case) by Nov 2019
- and full paediatric colocation is achieved by April 2022.

To achieve this timeline we propose going to **public consultation on options by Summer 2019**

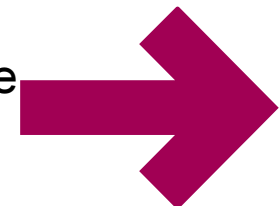
www.england.nhs.uk



Our work

We are:

- working, as directed by the NHS England board, with Royal Brompton and Kings Health Partners on the development of their proposal and on any alternative proposition
- **actively looking at alternative options** that meet the Congenital Heart Disease co-location requirements
- ensuring we have all **the intelligence, data, informatics and stakeholder input** to build our own commissioner view point of the proposal
- working to the timeline given by the NHS England Board which includes key dates such as paediatric colocation and progress dates for the proposal as a whole
- preparing for a **full public consultation** on the options that will be before us - this could include a preferred option



Congenital Heart Disease in London

What is Congenital Heart Disease (CHD)?

Congenital heart disease (CHD) refers to a heart condition or defect that develops in the womb, before a baby is born. There are many different forms of CHD. Some people with CHD do not require any form of surgery or interventional procedure. Some require surgery before, or immediately after birth. Advances in early diagnosis mean that most babies born with CHD now grow up to be adults, living full and active lives.

Where is Congenital Heart Disease treated in London?

In London there are 3 Level One providers of CHD services:

- Guys & St Thomas' NHS FT, with the children's services provided in the Evelina Children's Hospital and the adult service provided at St Thomas'
- Great Ormond St NHS FT and Barts NHS Trust providing children's and adults care together as joint service across the two sites
- Royal Brompton and Harefield NHS FT providing children's and adults services at the Chelsea site.



Paediatric Collocation - CHD National standards

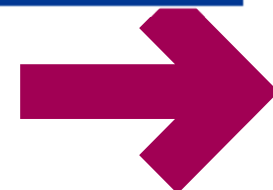


The CHD national standards for paediatric collocation for Level 1 services state that the following services **must** be located on the same hospital site as Specialist Children’s Surgical Centres, creating an appropriate environment for children’s care.

Paediatric Cardiology	Paediatric Airway Team	Paediatric Surgery	Specialised paediatric anaesthesia
PIC & HDU beds	Non-nationally designated cardiac ECMO	Paediatric Nephrology/Renal Replacement Therapy	Paediatric Gastroenterology

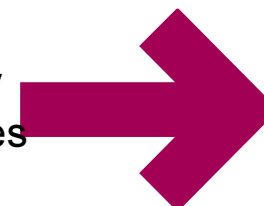
The following paediatric services **should** also ideally be located on the same hospital site, but must be able to provide urgent telephone advice or visit or transfer care within four hours if needed

Neonatology	Clinical Haematology	Respiratory Medicine	Neurosurgery
Child Psychiatry	Neurology	Orthopaedics	Endocrinology
Infection Control	Plastic Surgery	Microbiology & Clinical Biochemistry	Pharmacy



Significance of standards

- The **Royal College of Paediatrics and Child Health** said:
*'We fully support these standards. We welcome the statement that **specialist children's cardiac services should only be delivered in settings where a wider range of other specialist children's services are also present on the same hospital site**. It is essential that other services required to provide optimum care for children, are based in the same hospital as children's cardiac services, particularly when a child's condition is complex or complications arise.'*
- **125 surgeries undertaken by surgeons** – the wide range of conditions under the CHD umbrella and their often complex nature means that in order to maintain proficiency in all types of CHD surgery, CHD surgeons defined 125 surgeries a year as the minimum number of surgeries a surgeon should do – this equates to about 3 a week
- **Surgeons working in teams of 4** – in order that there is effective cover 24/7, support from wider team for complex cases, time for training and holidays a minimum of 4 surgeons will be required in each team from 2021
- **Changes in practice** regarding use of catheter intervention rather than surgical intervention, highlights the need for surgical teams to work closely together and for London, may point towards the need for two robust centres



The commissioner understanding of the RBH and KHP proposal

The proposition from RBH/KHP includes as we view it:

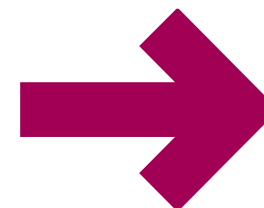
- the movement of all **adult and paediatric services from the RBH Chelsea** site to a centre of '**cardio-vascular and respiratory excellence**' on the St Thomas' campus
- that the Chelsea site services includes; all paediatric services, all adult congenital heart disease services, approximately half of the planned surgical work that RBH provides and the majority of respiratory services RBH provides
- **no change to Harefield services** - the heart attack centre delivering the unplanned emergency work, heart & lung transplant and remaining elective work will remain as is
- the **services and care** that RBH provide through other North West London providers **can continue as it does now**
- that the RBH has wanted to find, and has actively looked for, a partner organisation for some time. In order to allow it to move to premises, develop and work in a way that fits the future pattern of cardiac care, in order to maintain, build upon and prevent damage to its status as a **world class provider of care**



The commissioner understanding of the C&W and IHC proposal

The proposition from C&W and IHC includes as we view it:

- they agree that **paediatric CHD services would move from the RBH Chelsea site** to a compliant CHD centre
- **that the Cystic Fibrosis service – both adult and paediatric moves from the Chelsea site to the Chelsea and Westminster Hospital** and complex asthma, complex allergies and obstructive sleep apnoea would also be part of a new integrated children's hospital
- there would be a **new national cardiovascular and respiratory centre of excellence at Hammersmith Hospital** and the **cardiovascular and respiratory adult services** currently provided for from the Chelsea site would move there



Where do inpatients (specialised) accessing the Brompton on Chelsea come from?

CCG AREA	Number of inpatients	Percentage of total
South East	1,636	30.00%
North West London	1,284	23.54%
Midlands and East	1,155	21.18%
South West London	580	10.63%
South West	230	4.22%
North Central London	226	4.14%
North East London	168	3.08%
South East London	111	2.04%
North	64	1.17%
TOTAL	5,454	

Based on inpatient activity (inpatient elective, non elective, critical care, excess bed days, occupied bed days) as reported in SLAM (contractual data set) for the Brompton site.

Population based on ONS Mid-2016 Population Estimates for Clinical Commissioning Groups in England .

Where do outpatients (specialised) accessing the Brompton on the Chelsea site come from?

CCG AREA	Number of outpatients	Percentage of total
North West London	4,228	27.92%
South East	3,420	22.59%
Midlands and East	2,741	18.10%
South West London	2,531	16.72%
North Central London	728	4.81%
North East London	585	3.86%
South East London	522	3.45%
South West	327	2.16%
North	59	0.39%
TOTAL	15,141	

Based on outpatient activity as reported in SLAM (contractual data set) for the Brompton site. Population based on ONS Mid-2016 Population Estimates for Clinical Commissioning Groups in England.

How many patients (specialised) accessing the Brompton at Chelsea come from South West London?

INPATIENT

CCG	NUMBER
NHS Kingston CCG	128
NHS Merton CCG	95
NHS Croydon CCG	143
NHS Richmond CCG	151
NHS Sutton CCG	137
NHS Wandsworth CCG	193

OUTPATIENT

CCG	NUMBER
NHS Kingston CCG	492
NHS Merton CCG	336
NHS Croydon CCG	522
NHS Richmond CCG	661
NHS Sutton CCG	526
NHS Wandsworth CCG	810

Based on the outpatient/ inpatient activity as reported in the trust's contractual data set for the Brompton site.

Understanding the commissioners view point

To make sure we make the best commissioning decisions for London and the patients the providers in London serve, we have:

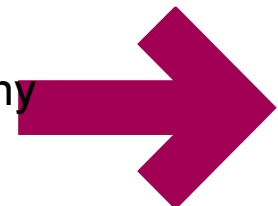
- undertaken three focused pieces of work looking at the requirements for **paediatrics, adult cardiac and adult respiratory**
- established an '**Programme Board**' following guidance on managing reconfigurations, ensuring that we have the correct assurance process around our work and have regular input with those who have responsibility in this process. Chaired by the Regional Director of Specialised Commissioning, membership includes the medical directors representing north and south London, as well as the specialised commissioning medical director, CCG and NHS Improvement representatives
- set up **two advisory groups** to help us in our work
 - **clinical advisory panel** – chaired by Professor Sir Michael Rawlins and including the Royal Colleges of Paediatrics and Child Health, Surgeons, Anaesthetists, Nurses, the Vascular Society; the Society of Cardiothoracic Surgeons and the British Congenital Cardiac Society among others
 - **patient and public voices group** - made up of the associations and organisations that represent the users of the Royal Brompton and those with the conditions that the Royal Brompton treats.
- begun **pre consultation engagement activity** which will continue into Summer 2019



What are we doing re: pre-consultation

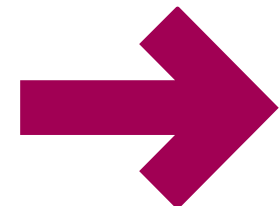
We have begun a process of pre consultation engagement and communication; this means we are working closely with many interested parties about this significant change. These stakeholders include but are not limited to:

- North West London and South London CCGs
- CCGs outside of London with significant number of patients affected by any potential change
- Healthwatch groups and representatives
- Patient groups and organisations, charities with specific interest in change and the conditions being provided for and public interest groups – some of whom are part of the Patient and Public Voice Group
- North West London providers and particularly those where there are interdependencies with RBH
- Providers in Midlands and South who have relationships and patients in common with RBH
- Clinical experts and clinical organisations through our Clinical Advisory Panel
- Cardiac providers in London
- Academic organisations
- Health Education England
- The London Mayoral team, local councillors and overview and scrutiny committees and local MP's



Conclusion

- We will continue on our pre-consultation engagement, both through our CAP and PPV group and many others, such as yourselves, Healthwatch London and colleagues in South & North London
- We should have a **clearer view by end February** on what our **consultation parameters** will be and particularly whether we will be supporting 'a preferred option' in the consultation.



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