

Eric Manns Building

45 Moorgate Street
Rotherham
S60 2RB

☎ (01709) 822723

✉ leader@rotherham.gov.uk

Safe and Sustainable
Ipsos MORI
Research Services House
Elmgrove Road
Harrow
HA1 2QG

28 June 2011

Dear Sir

Thank you for the opportunity to respond to the "Safe and Sustainable Review of Children's Cardiac Services".

1. In making a response, we fully endorse the principles outlined in the consultation.

- Children - The need of the child comes first in all considerations
- Quality
- Equity
- Personal service
- Close to families' homes where possible

We have specific comments in respect of proximity to families' home (outlined under the headings of blue light transfers; support networks and financial considerations)

- 2. Do you agree or disagree with the statement that ‘Without change there is a risk that in the future some children’s congenital cardiac services may become neither safe nor sustainable’?**

We would support the above statement. However, we would urge the retention of Leeds Teaching Hospital Trust as a surgical centre as we believe that it meets the above conditions and has the capacity to improve its service.

- 3. To what extent do you support or oppose the national standards within each of these seven key themes?**

We would support the seven key themes

- 4. To what extent do you support or oppose the proposal to increase the role of paediatricians with expertise in cardiology in District Children’s Cardiology Services across England?**

See 6

- 5. To what extent do you support or oppose the proposal that current surgical units that are not designated for surgery in the future become Children’s Cardiology Centres?**

We would support this aim. However, should Leeds not be chosen as an option, we have concerns whether the proposed Cardiology Centre would be sustainable in the long term, particularly in respect of retaining and developing specialist staff to support this service.

- 6. To what extent do you support or oppose the proposal to develop Congenital Heart Networks across England?**

We are pleased that the review calls for the strengthening of local heart networks and includes proposals to increase the roles of paediatricians locally. We already have a foundation for this work. Indeed, both parents and local clinicians value the access to regular clinics run locally by Leeds Cardiology staff, including transition nurses, in conjunction with the Rotherham based paediatric team. We are aware that Rotherham clinicians have developed greater degrees of specialism as a result of their collaboration with the Leeds centre, leading to better services for some of the most vulnerable children and young people in Rotherham.

We believe that this is a blue-print that should be rolled out elsewhere. We are not persuaded that this excellent service would be replicated to the same standard should Leeds not be the chosen option.

- 7. To what extent do you support or oppose:**

- The need for 24/7 care in each of the Specialist Surgical Centres?

- The proposal that, in the future, interventional cardiology should be provided only by designated Specialist Surgical Centres

We would support the above aims.

Additional Comments

However, in responding we would also like to make some specific observations that we do not believe have been addressed in the Safe and Sustainable review.

Population

Services should be located in proximity to the population. Currently, Leeds has almost 14 million people within a two hour drive of its hospital. Newcastle has far fewer, with less than three million. Whilst population density appears to be a qualifying factor for hospitals in Liverpool and Birmingham; this standard does not appear to have been applied to the selection of Leeds as an option.

Blue-light transfer

Because of the proximity of the motorway and public transports network, the journey to Leeds is relatively simple for patients in Rotherham. Should services relocate to Newcastle or other centres, babies and children in our area would have much greater transfer times to travel. This would not only be the case for specialist heart procedures but also for related procedures in order to ensure heart specialists are on hand in case of a medical emergency. In addition, Newcastle is not well served by a motorway network.

Feedback from local parents all stress that transfers time are critical; having experienced the emergency transport of their children to Leeds for life-saving treatment they have articulated their concerns about whether longer blue light journeys to the other proposed centres would lead to the same positive outcomes. We share their concerns that a blue light journey of three hours plus on a busy road network is neither safe nor sustainable.

Local parents have expressed existing concerns about blue light services and the availability of specialist equipment to support very sick children being transferred. With journey times being lengthened, both parents and specialist staff based at our local hospital believe that patient safety will be compromised. Parents were not reassured at recent consultation events that sufficient consideration has been given to these issues. Given the potential of longer journey times, we share the view that safe transfer cannot be assured under these circumstance.

Co-location

We do not believe that sufficient consideration has been given in the scoring to the co-location of services in Leeds. We are aware that local parents attending Leeds consider co-location to be a positive factor in their child's care and as such its provision is a great reassurance to them. Local clinicians also cite the significance of co-location; be it in terms of better access to specialisms; minimising disruption and blue-light transfers; continuity of care and smooth transition to adult services; and minimising disruption and

stress of parents and carers. We are aware that some of the other options do not have these benefits.

We are aware that local parents attach great value to the services in Leeds; not only in terms of medical care and expertise but also to the support it gives to children and carers in very difficult circumstances. This applied across the team from surgical staff, cardiac nurses or access to counselling services. Basic accommodation is available on site in Leeds, allowing parents to be close to their child whilst undergoing surgery. It is important that such facilities remain available to support parents or carers.

Transition

With the increasing numbers of children with congenital heart defects surviving into adulthood, it is critical that adult services are also safe and sustainable. Given the services are inter-linked, with often the same surgeons performing both adult and paediatric interventions, if Leeds were to close as a surgical centre would the adult service be viable? We do not believe that this issue has been given consideration.

Intensive Care

We are concerned that the closure of Leeds would lead to significant reductions in children's intensive care capacity. This will mean that some children needing intensive care may have to receive care outside of our region or put additional pressure on intensive care beds provided at the other specialist children's hospital locally.

Support Networks

The impact on families, including other siblings, should not be underestimated. Local parents and clinicians spoke of the practical support given to parents or carers by their own families whilst their child was awaiting or undergoing treatment. At present Leeds is accessible via car or public transport, however, if the service was relocated, there was a widespread view that it would be difficult for their families to maintain the same level of support because they would have travel much further distances. They were concerned that this would be difficult if a round-trip of several hours was required, potentially adding to an already stressful and distressing situation.

Examples were given of existing difficulties of getting time-off work to attend appointments and having to use leave entitlements. This may be compounded if more time off was needed to travel greater distances.

We are aware that the impact on parents who do not have access to their own transport is considerable. Currently a journey to Leeds by public transport can involve up to three changes, plus a short walk (often with buggy) to the LTHT. This can often take over two hours. It is envisaged that the journey to any of the other centres on public transport would add between 2-3 hours to the trip. On weekends or out of hours this would be more difficult. This is without taking costs into consideration.

Financial consideration

Yorkshire and Humber has a higher proportion of families on low income families. We envisaged the cost of journeys for Rotherham families would increase if Leeds were no longer the specialist centres. Whilst we are aware that claims can be made for some

travel costs, the overall cost of journeys/ overnight stays and other associated costs could be substantial.

Impact on ethnic minority communities

We have serious concerns that the proposed closure of Leeds as a surgical centre would have a disproportionate impact on ethnic minority communities as our region is home to a greater number of these families who are also disproportionately higher users of this unit.

In conclusion, any decision to close Leeds as a surgical centre would not best serve the interests of some of the most sick and vulnerable children in Rotherham.

Should you have any queries about this response, please contact Deborah Fellowes, Scrutiny and Policy Manager on (01709) 822769 or by email deborah.fellowes@rotherham.gov.uk

Yours sincerely



Councillor Roger Stone OBE
Leader of the Council