



HOUSE OF COMMONS

LONDON SW1A 0AA

The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London
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15th March 2017

Dear The Rt Hon Jeremy Hunt MP,

Proposed Closure Of Congenital Heart Disease Services At Royal Brompton Hospital

As a cross-party group of Members, we are very concerned at the proposal by NHS England to stop commissioning congenital heart disease (CHD) services from Royal Brompton Hospital.

This is despite the hospital being the UK's largest for congenital heart services and the third largest for children's heart surgery.

The effect on the Trust, a national and international specialist centre for the treatment of respiratory and cardiac disease, would be significant, both in terms of clinical care and research.

Over 12,500 patients will be affected, yet we have seen no evidence as to how closure will improve services for patients in London and the South East.

The Impact of Closure

The NHS proposal would destroy a service that undertakes more than 1,280 congenital heart procedures a year (more than any other UK hospital). In total, its adult service cares for 8,500 patients annually. With NHS capacity already stretched, no-one has been able to tell us where all these patients would be cared for if not by Royal Brompton.



Royal Brompton's teams have developed an international reputation for tailoring the individual transition from fetal to paediatric to adult care in a seamless, coordinated process. This would be lost if services were closed.

The children's intensive care unit, which currently has around 15% of all the children's ICU beds in London, would close without the volume of patients provided by the CHD services. This will exacerbate an existing shortage of intensive care provision and no steps have been outlined to address this. You may be aware that on December 1st NHS England sent an alert to all trusts stating that: *"... there have been periods where there have been no beds available for referrals to the emergency transport teams and three children have now unfortunately been placed outside of London."*

We are also very concerned about the knock on effects that the proposal will have on Royal Brompton's role as the leading UK centre for children's respiratory medicine. It is currently the national centre for treating babies and children from around the UK with some of the most severe forms of cystic fibrosis, asthma, muscular dystrophies and other respiratory illnesses. Without the back-up of intensive care and on-site anaesthesia, which would be lost with the closure of CHD services, it would be unsafe to undertake the more complex, specialist, respiratory treatments and they will have to be relocated, although it remains unclear which centre, if any, has the expertise and capacity to undertake this work.

Royal Brompton is a world leader for research into adult CHD disease. Its teams are responsible for more published research papers on adult CHD than any other centre in the world. That research saves lives and would be completely lost if the NHS proposal goes through.

The Reason for Closure

The only reason put forward by NHS England for closure is that Royal Brompton fails to meet one of the new standards applying to CHD units, which insists on the same site co-location of all children's services.

The original standard set by a CHD review panel was that consultants across all clinical disciplines must be able to provide emergency bedside care within 30 minutes, from neighbouring sites if necessary. For many years this has been provided to Royal Brompton by specialists from the Chelsea and Westminster Hospital. They are within a journey time that is shorter than some doctors travel within a large, same site hospital to see patients. We are assured that no patient



has ever come to harm at Royal Brompton as a result of specialists not being based on the same site. We are told that in the first six months of 2016, 100% of emergency attendances occurred within the agreed response times.

Surely for patients, what matters is that they get specialist care when and where they need it, not that the expert providing that care is technically based at a neighbouring hospital?

Rather than applying an arbitrary standard, we would like to know exactly how services would be improved at Royal Brompton if there was same-site co-location of children's services?

If this standard is such a red line, why is Newcastle being permitted to retain its children's congenital services despite not having co-location?

We would like you to confirm that no CHD unit in England meets all the standards. The NHS England review of CHD services put forward well over 400 aspirational standards that hospitals were to work towards. In every other aspect of commissioning NHS England has insisted that it is the outcomes that matter, yet Royal Brompton's outputs remain some of the best in the country. Please could you confirm that there is no question over this?

Given that commissioners and regulators acknowledge that there are no concerns about the quality of the Royal Brompton's congenital heart disease services, what problem is the proposal aiming to solve? Would you not agree that the closure could only be justified if it is clearly set out how this would lead to a better service for patients? To date NHS England has completely failed to demonstrate this.

Waste of Resources

As it is widely acknowledged that the treatment of CHD in the UK has been transformed over the last 25 years with the national mortality rate falling from 14% to 2%, why is NHS England devoting scarce but significant resources to a public consultation and reconfiguration process, especially when there is no evidence that it will lead to improved outcomes for patients? Surely there are other priorities?



Conclusion

Three years ago you had to intervene following a scathing IRP report about the Safe and Sustainable process which wasted £8m. We ask that this time you intervene much earlier and instruct NHS England to withdraw its proposal to close CHD services at Royal Brompton and so end uncertainty for patients and staff, and prevent NHS England from wasting much needed resources on a completely unnecessary service reconfiguration.

Yours sincerely,

Victoria Borwick MP

Stephen Pound MP

Harriet Harman MP

Kelvin Hopkins MP

Andy Slaughter MP

Stephen McPartland MP

Dr Tania Mathias MP

Kelly Tolhurst MP

Seema Malhotra MP

Rt Hon Joan Ryan MP

Gordon Henderson MP

Tulip Siddiq MP

Rt Hon Sir Hugo Swire MP

Jonathan Lord MP

Ruth Cadbury MP

Tom Brake MP

Andrew Rosindell MP

Maria Caulfield MP

Bob Neill MP

Rupa Huq MP

Sarah Olney MP