BRITISH CONGENITAL CARDIAC ASSOCIATION

Mr Michael Wilson,
Programme Director, New Congenital Heart Disease Review (NCHDR)
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21 July 2016

Via email/post

Dear Michael,

On July 12th BCCA Council met and the announcement on July 8th on future commissioning was obviously a subject that occupied a significant part of the agenda. BCCA have accepted the NCHDR Standards drafted and signed off though some members have reservations about specific aspects. However, we recognise that satisfying everyone was a near impossible task and some compromise and flexibility is inevitably required.

I have been asked by council to convey to you the following concerns relating to the impact of implementation as proposed especially the effect on maintaining high quality patient care.

Care is totally reliant on skilled motivated staff who feel valued and appreciated. There is not a surplus of such staff and any loss will have a major detrimental effect on maintaining the current high quality outcomes currently seen throughout England.

(1) Any unit that is required to absorb extra activity must have financial support to put in place the infrastructure necessary such as additional PICU beds etc. If this is not provided then more than likely the "new" service will actually be worse and most importantly less safe than the current model of care provision. So far we have been told that the whole exercise will be cost neutral. We do not accept this. It may be cost neutral for the commissioners in that the activity is paid for at a different location but at the same price. However all units are currently at capacity and can only take on extra work by expanding PICU beds, theatre time, catheter labs, MRI suites etc. This can only happen with a commitment to additional pump-priming financial support at the outset.

(2) We are concerned that the knock-on effect of losing cardiac surgery may destabilise other care provision in PICUs making them non-viable. In support of this we draw attention to "recommendation 19" of the recent Bristol review which states that: "*NHS England should commission a review of Paediatric Intensive Care Services across England. We were conscious of the heavy strains placed on families by the limitations on the capacity of the Bristol PICU, during the period of this Review, and consider that this is likely to be a national issue that requires proper attention.*"

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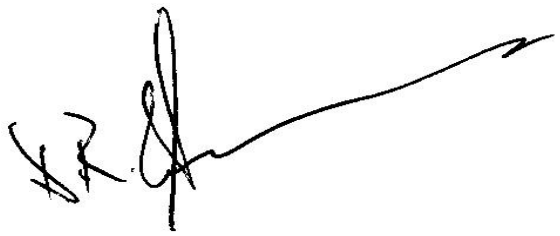
(3) Finally we are extremely concerned regarding the potential loss of the workforce currently caring for our patients. The congenital heart disease team is a highly skilled and specialised group of staff who are a very valuable asset to the NHS. We firmly believe it is important that any staff affected by the proposed changes are assured that their job is secure. Put simply we cannot afford to lose trained clinical staff whatever their status especially nursing and other supporting services in addition to highly specialised medical staff. In many areas there is already a skill shortage. We do not wish to see a situation where staff are asked to reapply for their jobs. Such a scenario would be deeply hurtful, stressful, unjustified and likely to precipitate resignations.

There should be appropriate full financial support where staff are required to relocate. By that we are referring to the costs associated with moving house etc which may prove necessary in many cases. Unless a significant number of staff can be encouraged to move to the new combined centres it will not be possible to provide safe high-quality care and we would almost certainly end up with a worse service that is likely to fall short of achieving the proposed standards of care. Without those staff the service at the combined centre cannot be safely provided and we would likely end up with a worse service than what we have at present.

I recognise that some of these issues may not be in your remit but I am sure you will pass this on to whoever is responsible.

Yours sincerely



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