
Written Ministerial Statement

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Department of Health, Social Services and Public Safety

Paediatric Congenital Cardiac Services

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Mr Poots (The Minister of Health, Social Services and Public Safety): I wish to make a statement to the Assembly following receipt from the HSCB of the report of the external review of paediatric congenital cardiac services (PCCS) in Northern Ireland.

I have received the report of the external review of paediatric congenital cardiac services in Belfast which was commissioned by the HSCB.

Paediatric Congenital Cardiac Surgery is a highly complex specialist service affecting a small number of children. In Northern Ireland, only around 90 paediatric cardiac surgical operations are undertaken each year, with a further 40 undertaken in England or Dublin.

In March this year, when I announced the review being undertaken for the HSCB, I advised members that such a highly complex specialist service is inherently vulnerable mainly because of the low activity levels. As a result there are significant challenges in attaining and sustaining quality against rising standards. Standards for this service are increasing across the UK with a move towards surgeons working in larger teams delivering higher volumes of activity, and ensuring a rota that can provide 24/7 surgical cover. Available evidence and professional consensus is that larger teams deliver better outcomes. In light of these increasing standards the HSCB commissioned an Expert Panel from the “Safe and Sustainable” Team in England to consider how we deliver the best service for children in Northern Ireland.

This report is timely, following the recent decision by the NHS in England into how it delivers congenital heart services to children in England, where some major centres will no longer have this specialist surgery on site (following previous decisions, it is already the case that Wales has no centre providing this service and patients from Wales access surgery at Bristol and Liverpool). The challenges we face are similar, that is to deliver services that are safe and sustainable and deliver the best outcomes for patients, and it has been known for many years that it would not be possible to maintain a free-standing service, with 24/7 surgical cover, in Belfast, and hence the work that has already been done to develop networking arrangements with Dublin.

The Report recognises that children in Northern Ireland with congenital heart disease are well served by a dedicated and experienced team of consultant paediatric cardiologists and nurses. The report highlights many excellent features in the current service that presents opportunities for the development of a future model for children’s cardiology.

I wish to put on record my appreciation of the team delivering this service in Belfast. Their dedication and commitment has clearly been evident to the Review Team. I had the opportunity to meet with the paediatric cardiologists in Belfast Trust recently to hear at first hand their views on the options for the future provision of this service.

It is reassuring that the Report shows that the Review Team found no immediate safety concerns presented by current arrangements. That said, the Review Team has stated that the paediatric congenital cardiac surgical service is not sustainable in Belfast and the Review Team’s view is that it should cease.

Their view is that potential safety risks needs to be addressed within six months.

I have therefore asked the HSCB, working with the PHA, to develop proposed criteria to provide a clear objective basis for future decisions on this and related services, and to draw up a commissioning specification for the delivery of this service for Northern Ireland. In doing so, first and foremost I expect the HSCB to consider the safety and sustainability of the service in Belfast and the findings of the Report. In addition I want to ensure the HSCB robustly considers all options available including the potential for an all-island service and/or networking arrangements with other centres in the UK. It is also essential that the impact of any proposed service change on patients and their family is carefully considered. In that regard I expect the HSCB to give full consideration to accessibility of the service and the impact any proposed service change would have on other paediatric and cardiac services. In addition, I also want the HSCB to take forward work to ensure we have the most robust retrieval and transport services to ensure we have safe retrieval and transfer arrangements for sick children particularly in emergency situations.

Recognising that the Report suggests a period of six months for the sustainability issues to be addressed I expect the HSCB to establish with immediate effect, a working group to propose clear criteria for decision making, and develop a detailed service specification for the commissioning of paediatric congenital cardiac surgery and interventional cardiology against which the service must be delivered. I expect patient representatives, parents and clinicians to be part of that group. A full, open and transparent public consultation on the criteria, service specification and potential impact on service model(s) will be carried out. This will help inform the way forward to identify the preferred service model for children in Northern Ireland who need specialist cardiac care. I expect consultation to begin in September 2012.

I fully appreciate that parents and children living with congenital cardiac problems may be anxious about any changes and how these might impact on the care provided to them.

I want to reassure families that my aim is to ensure a safe, sustainable service into the future. I hope to be in a position to announce the model for Paediatric Congenital Cardiac Services for Northern Ireland in early 2013.