

WRITTEN MINISTERIAL STATEMENT

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Health, Social Services and Public Safety

PAEDIATRIC CONGENITAL CARDIAC SERVICES PLANNING

Published at 11.00 am on Monday 24 February 2014

Mr Poots (The Minister of Health, Social Services and Public Safety):

Further to my oral statement to the Assembly on 9 December 2013 this written statement is to provide the Assembly with an update on the current position concerning paediatric congenital cardiac services (PCCS) in Northern Ireland.

In my previous statement I informed the Assembly that Minister James Reilly TD, Minister of Health in the Republic of Ireland, and I have appointed a team of three international clinicians to carry out an independent assessment of current and future needs for cardiology and cardiac surgery for congenital heart disease in Northern Ireland and the Republic of Ireland. In addition to the two experts named in my oral statement, the final member of the team has now been appointed to provide expertise in anaesthetics. The assessment team will therefore comprise:

- Dr John Mayer, Chair in Cardiovascular Studies at the Children's Hospital, Boston (to chair the team);
- Dr Adrian Moran, Consultant Cardiologist from the Maine Medical Centre, USA, and fellow of the American Academy of Paediatrics and the American College of Cardiology;
- Dr John Sinclair, Consultant Paediatric Cardiac Anaesthetist and Intensivist at Yorkhill Children's Hospital, Glasgow.

The assessment team will describe the existing hospital services in both jurisdictions, outline options for service configuration and governance arrangements and report to both Ministers, jointly, recommending the most appropriate model that would meet the population health needs and other requirements of both jurisdictions.

I am pleased to inform the Assembly that the Assessment is underway and the team of experts is planning to visit Northern Ireland in the weeks ahead to meet with commissioners, the clinicians who deliver services and representatives of the families whose children avail of this service.

I also advised the Assembly that in the interim, pending the completion of the assessment in June 2014, health service management and clinicians in the Republic of Ireland would continue to work with their colleagues in Belfast to provide support to the services in Northern Ireland. The detailed arrangements for this support have been finalised and the first surgical session provided by surgeons from Dublin took place in Belfast on 17 February. Arrangements are also in place to ensure that those children whose procedure is considered to be more complex will continue to be transferred to centres in England for surgery. This is and will remain in line with risk management arrangements currently in place. An important point in all of this is that each and every case will be given individual consideration, and the most appropriate location for the procedure to be carried out will be determined

on the basis of clinical judgement. Arrangements for children in Northern Ireland who require emergency surgery have now been formalised in a service level agreement between the Health and Social Care Board and Our Lady's Children's Hospital in Dublin.

I would like to record my thanks to Minister Reilly and the clinicians from Our Lady's Children's Hospital for their efforts in working with Health and Social Care in Northern Ireland to secure these short-term arrangements.

I also advised the Assembly that in order to ensure that the service in Belfast is as robust as possible children's heart surgery would transfer from the Royal Victoria Hospital to the Royal Belfast Hospital for Sick Children. While it would be ideal for children undergoing cardiac surgery to have their operation in a paediatric setting, this particular matter is complex and requires careful consideration of the potential consequences on other paediatric services and the implications for staffing. The Belfast Trust is therefore carrying out a risk assessment of the proposed relocation and a decision will be taken shortly on the way forward in regard to this proposal.

In conclusion, I wish to reiterate to the Assembly that while I have been assured that the current PCCS service in the Belfast Trust is safe and will continue to be safe, it is, nonetheless, a fragile service, and we should not underestimate the challenges that low volumes of patients present in sustaining such services.