

For the attention of:

Rt Hon. Jeremy Hunt MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
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July 14th 2017

Dear Mr Hunt

As medical professionals working in the field of cardiovascular, respiratory and paediatric care, we are calling on you to block plans to decommission congenital heart disease (CHD) services at Royal Brompton Hospital, due to the detrimental impact it will have on heart and lung disease care in the UK and beyond.

All service redesigns such as this should be made with two vital considerations:

1. Will it improve patient experiences and outcomes?
2. Do these improvements justify the cost and upheaval that will be caused?

NHS England's plan to close Royal Brompton's CHD service fails on both counts.

Regarding the cost and upheaval, this plan would affect over 14,000 patients and more than 400 staff across a range of heart and lung services (not just CHD). It would occasion costs totalling tens of millions of pounds. The improvement in patient experience and outcomes would therefore need to be considerable for all this expense and upheaval to be justified.

However, it is difficult to identify where any patient benefit would be realised. Official data show that Royal Brompton's CHD service is already the largest in the UK, with excellent patient outcomes. In 2016, the cardiology service as a whole had a 'Friends and Family' recommendation rate of over 98%. The Trust's adult CHD (ACHD) research team is independently-rated as the most influential in the world. By any measure, this is an excellent service, in an area of healthcare in which the UK as a whole already excels.

NHS England do not dispute this, and state that the only reason the service needs to be decommissioned is because it does not comply with just one of approximately

470 new CHD care standards: that requiring all CHD service-providers to have certain other paediatric services (general surgery and gastroenterology) 'co-located' in the same building.

NHS England claim this is necessary to ensure a fully responsive and cohesive multidisciplinary team (MDT) service. However, Royal Brompton's Service Level Agreements with neighbouring Chelsea and Westminster Hospital (situated a few minutes' walk from Royal Brompton) ensures this is already achieved. The physicians and professionals interact daily when required, have joint meetings, ward rounds and nurse rotation, and use shared digital and imaging systems.

Only five children a year need emergency care from the services now required to be 'co-located' (a miniscule population for whom to attempt such immense upheaval): Royal Brompton has a 100% record in ensuring all of them receive these services at their bedside, whenever they are needed, day or night. We challenge NHS England to describe what a more cohesive, responsive and effective service would look like in practice.

We also challenge NHS England to say how they would deal with the considerable knock-on effects. Their plan will result in the closure of Royal Brompton's paediatric intensive care unit (PICU), losing a sixth of London's PICU capacity at a time when there is already a widely-publicised shortage of PICU beds in London and the South. The lack of a PICU would in turn occasion the loss of other heart and lung services treating thousands of patients, including the country's largest paediatric cystic fibrosis and difficult asthma services.

The plan will decimate the world's leading ACHD research team and the UK's leading NHS Trust for both respiratory and cardiovascular research, adversely impacting on future care quality. And the flagrant lack of consideration NHS England have given to the research implications of their plans will deter future investment in UK medical research.

None of these devastating consequences are in any way addressed in NHS England's public consultation documents. Nor is there any cost-benefit analysis indicating the improvements in patient outcomes that can be expected or the investment required. This renders the consultation entirely unfit for purpose.

We hope you will seize this opportunity to avoid adding to the many well-publicised concerns elsewhere in the NHS, by blocking plans to decommission CHD services from Royal Brompton until NHS England have addressed the fundamental flaws outlined above and come up with more sensible alternative proposals.

Yours sincerely,

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