

## **PROPOSAL FOR THE CREATION OF A JOINT COMMITTEE OF PRIMARY CARE TRUSTS FOR THE REVIEW OF PAEDIATRIC CARDIAC SURGICAL SERVICES IN ENGLAND**

### **1 INTRODUCTION**

- 1.1 The 'Safe and Sustainable' review of paediatric cardiac surgical services in England was instigated in 2008 in response to long-standing concerns held by NHS clinicians, their professional associations and national parent groups around the sustainability of the current service configuration. Surgeons are spread too thinly across surgical centres (31 congenital cardiac surgeons spread over 11 surgical centres), leading to concerns around lack of surgical cover in smaller centres and the potential for sudden closure or suspension of smaller centres.
- 1.2 A steering group comprising the relevant clinical and lay associations and NHS commissioners was established, chaired by the Immediate Past President of the Royal College of Paediatrics and Child Health. The steering group has developed clinical quality standards, informed by contributions from NHS clinicians, the public, NHS commissioners and other stakeholders, against which centres seeking designation as paediatric cardiac surgical centres were assessed in May and June 2010.
- 1.3 The outcome of the review is likely to be a recommendation for fewer, larger centres of specialist expertise but within a national model of care that develops the delivery on non-interventional diagnostic and follow-up care in local hospitals; this will be achieved by strengthening a commitment to shared clinics and by developing the roles of cardiac liaison teams and of Consultant Paediatricians with Expertise in Cardiology. The NHS will hold formal public consultation on options for change between October 2010 and January 2011.
- 1.4 The review is led by the National Specialised Commissioning Group on behalf of the ten Specialised Commissioning Groups in England and their constituent Primary Care Trusts. In December 2009 the National Specialised Commissioning Group recommended the establishment of the Joint Committee of Primary Care Trusts (JCPCT) with delegated powers of consultation and decision making. This recommendation was endorsed by the Secretary of State for Health in July 2010.

### **2 GEOGRAPHICAL COVERAGE**

- 2.1 It is proposed that the JCPCT will comprise delegates representing every PCT in England, and, should the Welsh Assembly determine to join the JCPCT, a delegate from Wales because Welsh patients receive these services in England.

### **3 STATUTORY FRAMEWORK**

- 3.1 The relevant statute is the National Health Service Act 2006 and specifically sections one to three, which impose a duty on the Secretary of State for Health to provide a comprehensive Health Service. The NHS (Functions of Strategic Health Authorities and Primary Care Trusts and Administrative Arrangements) (England Regulations 2002 SI 2002/2375) allocates certain of those functions to Primary Care Trusts and amongst other provisions authorises those Trusts to make arrangements for their functions to be exercisable jointly with other NHS bodies and permits the delegation of the exercise of those functions to committees or sub-committees including joint committees. If a body delegates its relevant functions to a joint committee and that committee reaches a decision the body will be bound by that decision.

### **4 APPLICATION**

- 4.1 Guidance issued by the Department of Health in 2003 (“Overview and Scrutiny of Health – Guidance”) recommends as follows:
- 4.1.1 Paragraph 10.3.2: “In circumstances where a proposed service change spans more than one PCT, they will need to agree a process of joint consultation. The Board of each PCT will need to formally delegate the responsibility to a Joint Committee, which should act as a single entity. Following the consultation the Joint PCT Committee will be responsible for making the final decision on behalf of the PCTs for which it is acting. See Regulation 10 of SI 2002/2375 for relevant PCT provisions”.
- 4.2 Although this is only guidance, the circumstances of the paediatric cardiac surgery consultation warrant a Joint Committee arrangement.

### **5 ESTABLISHMENT**

- 5.1 The Chief Executive of every Primary Care Trust in England is being asked to obtain approval of the Trust Board to the following decisions:
- 5.1.1 That the Trust resolves to use its authority under the 2002 Regulations to share decision making powers on this consultation with every other PCT.
- 5.1.2 That the Primary Care Trusts appoint a Joint Committee in accordance with the terms of reference below (refer to section 6).
- 5.1.3 That the Joint Committee comprise of the following members:
- Chair: The Chief Executive of East of England Strategic Health Authority
  - the Chairs or PCT Chief Executive nominees of the ten regional Specialised Commissioning Groups
  - the Director of National Specialised Commissioning

- a representative appointed by the Welsh Assembly should the Welsh Assembly determine to join the Joint Committee

5.1.4 That the members of the Joint Committee shall elect a Vice Chair from among their number.

5.1.5 That the Joint Committee shall adopt the Standing Orders relating to the handling of meetings, agendas and declaration of interest, and also Standing Financial Instructions of the East of England Strategic Health Authority. Such Standing Orders will regulate compliance with the Public Bodies (Admission to Meetings) Act 1960 and associated arrangements for the publication of dates of meetings, issue of papers and so on. Thus the Joint Committee will meet in public when appropriate.

## **6 TERMS OF REFERENCE OF THE COMMITTEE**

6.1 Primary Care Trust Boards are also asked to agree that the role of the Committee shall be to carry out the following functions as the formal consulting body in respect to the provision of paediatric cardiac services in England:

- approve the method and scope of the consultation
- approve the text of and issue the consultation document
- act as the formal body in relation to the Joint Overview and Scrutiny Committees established for this Consultation by the relevant Local Authorities
- take decisions on issues which are the subject of the Consultation

## **7 PROCEDURE**

7.1 Primary Care Trusts are also asked to agree:

- the Joint Committee adopts the Standing Orders of the East of England Strategic Health Authority
- each member of the Joint Committee shall have one vote and the Joint Committee shall reach decisions by a simple majority of the members present, but with the Chair having a second and deciding vote if necessary
- that the Joint Committee will make decisions on the issues being consulted on, taking proper account of all the consultation responses and all other relevant matters, including an Equalities Impact Assessment
- the decisions of the Joint Committee shall be binding on all member Trusts

## **8 RECOMMENDATIONS**

- 8.1 The Primary Care Trust Board is asked to pass the following resolutions:
  - 8.1.1 The Primary Care Trust resolves to use its authority under Regulation 10 of the NHS (Functions of SHAs and PCTs and Administration Arrangements) (England) Regulations 2002 to share decision making powers on its consultation with every other PCT in England.
  - 8.1.2 The Primary Care Trust is content with the establishment, terms of reference and the procedure of the JCPCT, as set out in sections 5, 6 and 7 above.