

# Jim McMahon OBE MP



HOUSE OF COMMONS

LONDON SW1A 0AA

Dr Carolyn Wilkins  
Level 3  
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OL1 1UG

Our Ref: SM/WILK01005/01170481

29 November 2017

Dear Dr Wilkins

**Re: Council Resolution Response – Adult Congenital Heart Disease Facilities & Services**

Please find enclosed two replies I have received in response to my letters on your behalf, regarding the above Council resolution.

I hope this helps.

Yours sincerely

A handwritten signature in black ink that reads "Jim McMahon".

Jim McMahon OBE MP  
Member of Parliament  
Oldham West & Royton

*Serving the Communities of Chadderton, Royton and Oldham*

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Jim McMahon OBE MP  
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20 NOV 2017

*Dear Jim*

Thank you for your letter of 19 October to the Rt Hon Jeremy Hunt MP, Secretary of State for Health, on behalf of Oldham Council and a number of your constituents about adult congenital heart disease (CHD) in North West England. I am replying as the issues raised fall within my ministerial portfolio.

I note the concerns raised about needing to travel to Leeds, Sheffield or Newcastle for NHS treatment.

As the council and your constituents will know, under NHS England's proposals the most specialist parts of services for adult patients with CHD would move from Manchester to Liverpool. NHS England considers that outpatient clinics and non-complex maternity care for adults with CHD could still continue in Manchester. Specialist services for children with CHD are already provided in Liverpool.

In its assessment of CHD centres NHS England identified the arrangements at Central Manchester University Hospitals NHS Foundation Trust (CMFT) as a risk. A significant factor was that the service has been supported by only one surgeon. This arrangement lacked resilience, as if the surgeon were to be unavailable care could be compromised. This surgeon has now left the trust.

NHS England has worked with CMFT, Leeds Teaching Hospitals NHS Trust and Newcastle-upon-Tyne Hospitals NHS Foundation Trust to develop robust clinical arrangements for the safe ongoing care of patients.

A comprehensive set of arrangements has been put in place to support the ongoing care of all Manchester's adult CHD patients. Some aspects of that service are still

being provided in Manchester and some elements of the service are being delivered by Manchester clinicians, but the majority of the specialist CHD care is being provided by clinicians from Leeds, and, to a lesser extent, Newcastle. The arrangements include the management of adult CHD medical and surgical emergencies, urgent care of CHD patients with other surgical emergencies, outpatients and multidisciplinary team meetings.

Unfortunately, this will mean that some patients have longer journeys to appointments and admissions and NHS England recognises that this will be an additional burden on affected patients and their families. To minimise the impact of this, most outpatient care and diagnostic tests will continue to be offered on the CMFT site, supported by consultants from other hospitals. In addition, there will be a dedicated adult CHD clinical nurse specialist service and support at CMFT, together with non-cardiac surgery for adults and children with CHD, and maternity care for women with adult CHD, including pre-conception counselling.

In addition, CMFT has said that patients who need to travel to another hospital for elective (planned) treatment will be supported to make appropriate travel arrangements.

NHS England is continuing to work with the hospital trusts in Manchester and Liverpool to ensure that safe and effective care is available now and in the long term. It understands that the uncertainty over the future of services in the north west adds to the anxieties that patients and their families are feeling. It is considering how best to resolve that uncertainty as quickly as possible. Its priority in establishing the interim arrangements is to ensure that patients continue to receive safe, effective care.

As the Trust responsible for these patients, CMFT has led the work of letting patients know what is happening and answering their questions. NHS England and CMFT staff recently met patients and their representatives to explain more about the interim arrangements. At the meeting, patients were able to express their concerns about the service, and these will help inform the next steps in managing this situation.

I hope this reply is helpful.

*Yours sincerely*  
*Phil*

**PHILIP DUNNE**

JIM McMAHON MP  
WESTMINSTER OFFICE

23 NOV 2017

RECEIVED

**ANDY  
BURNHAM**

**MAYOR OF  
GREATER  
MANCHESTER**

Jim McMahon OBE MP  
Textile House  
108 Union Street  
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OL1 1DU

Ref: 1710-135/ES

23 November 2017

Dear Jim,

Thank you for your recent letter in which you raised concerns on behalf of your constituents regarding the proposed changes to the Adult Congenital Heart Disease (ACHD) Services in Greater Manchester. I consulted NHS colleagues at the Greater Manchester Health and Social Care Partnership (GMHSCP) with regards to your correspondence.

Adult congenital heart services are a nationally commissioned specialised service so the responsibility for these services is with NHS England, not GMHSCP, under the devolved arrangements. Greater Manchester is, of course, a crucial stakeholder and we have made our views clear at each stage of the process.

NHS England have had long term concerns about the variability on quality of care provided by these services in different parts of the country, and therefore set out a revised set of standards for the care of people with congenital heart disease. It has been consulting on changes to the configuration of services across the NHS to enable these standards to be met consistently, so that ACH services are provided to the highest standards for all patients.

The consultation closed in July, and I have attached the GM commissioner response (i.e. GMHSCP and the CCGs) for information, which you may find useful.

The current position is that as a result of the publication of the new standards and the consultation process on the back of a 'minded to' decision to consolidate the North West service in Liverpool, the current service at Central Manchester University Hospitals NHS Foundation Trust (CMFT) has become unsustainable.

The NHS in the North West has only ever employed one adult congenital cardiac surgeon, along with three based at Alder Hey who focus on paediatric surgery and during the course of this consultation period, I have been informed that the adult surgeon handed in his notice, and has subsequently moved to alternative NHS employment outside of the North West. In addition to the above, other key staff members have recently left the service which has meant that a safe service

cannot currently be provided. As such, this means that complex interventional procedures will need to be undertaken outside of the North West.


The proposals as set out in the consultation mean that the cardiac surgery and complex interventional cardiology procedures for patients with congenital heart disease would no longer take place at Manchester Royal Infirmary. These procedures would be undertaken at Liverpool Heart & Chest. Both mine and the GMHSCP's position however would be that some interventional procedures should remain in Greater Manchester.

I can confirm that the ACH services in Leeds and Newcastle are currently jointly supporting CMFT to deliver their ACH services. Currently, emergency inpatients are transferred to either Newcastle or Leeds as appropriate for their clinical needs and dependent on the receiving Trust's capacity. Surgical and cardiology input and outpatient support is being, as far as possible, 'in-reached' into CMFT from Newcastle and Leeds. It is my understanding also that CMFT are contacting all patients to inform them of their care pathways.

To summarise both mine and the Greater Manchester Health and Social Care Partnership's position, is as follows:

- There are significant lessons to be learnt from the handling of this matter which has caused patients an unnecessary level of uncertainty and upset;
- It is now imperative that the consultation responses are considered diligently but rapidly, and a decision about the future of the North West service made;
- Whether the lead provider is Liverpool or Manchester, it will need to be a networked model so that services are provided in the best place for patients to secure the best clinical outcomes;
- It will also need to be a clinical model of care that ensures that related services such as maternity care do not suffer any detriment; and
- It is now incumbent on NHS England and clinical leaders in Liverpool and Manchester to agree the model that works best for patients, and get on with decisions and implementation so that the current reliance on out-of-region services can be brought to an end as swiftly as possible.

I hope this provides reassurance that in Greater Manchester we are doing all we can to ensure affected patients receive the best care possible.

*Best wishes,*  


Andy Burnham  
Mayor of Greater Manchester