



Department  
of Health

*Philip Dunne MP  
Minister of State for Health*

*Richmond House  
79 Whitehall  
London  
SW1A 2NS*

Your Ref: Council — Heart - 20170913

*020 7210 4850*

PO-1099309

Dr Carolyn Wilkins OBE  
Chief Executive  
Oldham Council  
Level 3, Civic Centre  
West Street  
Oldham OL1 1UG

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*Dear Dr Wilkins*

Thank you for your letter of 19 September to the Rt Hon Jeremy Hunt MP, Secretary of State for Health, about congenital heart disease (CHD) services in Manchester. I am replying as the issues raised fall within my ministerial portfolio.

I note the Council's concerns.

As you 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 delivered in Liverpool.

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

NHS England has worked with MFT, 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 MFT site, supported by consultants from other hospitals. In addition, there will be a dedicated adult CHD clinical nurse specialist service and support at MFT, 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, MFT 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 is not helpful and 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, MFT has led the work of letting patients know what is happening and answering their questions. NHS England and MFT staff recently met with patients and their representatives to explain more about what is happening and 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.

We expect NHS England to take a decision on the future of CHD services at their Board meeting on 30<sup>th</sup> November.

I hope this reply is helpful.

*Yours sincerely*  
*Philip Dunne*

**PHILIP DUNNE**