



OVER THE LAST 50 YEARS SURGERY FOR CONGENITAL HEART PROBLEMS HAS GROWN INTO ONE OF THE MOST COMPLEX AREAS OF MODERN MEDICINE.

1. A CALL FOR CHANGE

Many of the 150 types of operation reach into the most complex, challenging and technically demanding areas of surgery. Success requires intricate surgery on hearts often no bigger than a walnut, coupled with finely balanced judgements drawn from a combination of advancing science, personal experience and compassion. This involves a range of highly trained individual team members who are involved before, during and after the operation. Their judgements have a direct and long-lasting impact, not only on the future of

each vulnerable child, but also on their families. The results of congenital heart surgery across the UK are good but we must not be complacent. Over the last few years we have seen several warning signs that the current arrangements are fragile. In addition, as medical science advances and public and professional expectations rise, this in turn raises the hopes of parents at a time of great personal anguish. We need to do everything possible to see their hopes fulfilled. Surgeons are tackling more complex problems

in smaller babies in more innovative and demanding ways. This means that to reduce the risk of surgery in sick children and improve their long term outlook we need to focus our surgical expertise in larger centres. This will ensure that individual surgeons and whole surgical teams gain greater experience from dealing with more cases so they become increasingly expert in these intricate and complex procedures.

These issues were first raised during the Bristol Royal Infirmary Inquiry which reported its findings a decade ago. Professional associations and national parent groups, who take a global view of these issues, have repeatedly called for a review of children's heart surgery services. They want to make sure our NHS is prepared for the complexity of future practice. We need to enable individual surgical teams to maximise their experience on particularly complex and rare conditions. The only way we can do this is by increasing the number of cases to which they are exposed. This cannot be achieved by simply tinkering at the edges of local services.

Surgery is usually a single short episode in what is often a lifetime relationship with specialist congenital cardiological services. Through this

review, we will seek to improve those services, particularly in those centres that will no longer offer surgery in the future so that children can be safely and expertly cared for nearer to home in the longer term.

We need to find a solution to a very real problem. For too long it has been filed away in the "too difficult" box. Time is now running out. We can either keep a service model that will inexorably fall behind other countries, or we can aspire to excellence and offer the most vulnerable members of the next generation the best possible start in life.

I want you to consider whether you think the proposed changes outlined in this document will deliver better care. Are there better solutions? We need an objective debate. In your deliberations refer to your own experience but please assess the options impartially, without regard to personal or emotional influences - it is more important we give children the very best chance in life.

Professor Sir Bruce Keogh
NHS Medical Director