

ACTA  
Churchill House  
35 Red Lion Square  
London  
WC1R 4SG

Sir Neil McKay  
Chair JCPCT

27<sup>th</sup> June 2011

Dear Sir Neil,

I am writing to you on behalf of the Committee of the Association of Cardiothoracic Anaesthetists (ACTA). 'Safe and Sustainable' has divided the ACTA membership. Anaesthetists and intensivists working in GOS, Evelina, Bristol, Birmingham and Newcastle broadly support the proposals. In contrast, those from Brompton, Leeds, Leicester, Oxford and Southampton and several adult congenital centres have major causes for concern.

Dr Kate Grebenik represented ACTA on the steering group for "Safe & Sustainable Paediatric services". Kate believed that too many important steering group decisions were made outside the committee and she was the only steering group member who was unable to endorse either the process or the proposed options primarily due to concerns about transparency. In particular, weighting attached to individual standards and potential options for reconfiguration were both decided outside of the steering group. Donna Greenhalgh (ACTA Secretary) wrote to Patricia Hamilton expressing ACTA's concern about the lack of transparency in the process in February but has yet to receive a reply (copy of letter enclosed)

Having consulted linkmen in all paediatric units, the ACTA Committee believes that

1. Very large centres would be better for surgical training and surgical rosters.
2. The minimum number of cases that are associated with improved outcome is unknown.
3. Some rationalisation of paediatric services may be required - but the need for reduction to six or seven centres is unproven.
4. Reduction to six-seven centres will cause major capacity problems and necessitate considerable additional investment in surviving centres.
5. Transferring sick neonates to distant centres by ambulance is not without risk.
6. The ideal model of paediatric cardiac surgical care is in a dedicated paediatric unit within a large tertiary centre containing maternity services, other specialist children's services and adult cardiothoracic surgery.
7. The negative effects of closing paediatric cardiac surgical units on other paediatric services should be taken into account.
8. If paediatric cardiac surgery in isolated cardiac hospitals (without supporting paediatric general services) is suboptimal in London, this model of care should also be deemed suboptimal outside the capital.

Yours sincerely

Dr J H Mackay  
ACTA Chairman