



DEPARTMENT OF CHILD HEALTH  
LEVEL 12  
DERRIFORD HOSPITAL  
PLYMOUTH  
DEVON  
PL6 8DH

RECEIVED  
27 AUG 1999

TEL: 01752 777111  
FAX: 01752 763467

25 August 1999

Ms S Muth  
Assistant Secretary  
The Bristol Royal Infirmary Inquiry  
2-10 Temple Way  
BRISTOL  
BS2 0BY

Dear Ms Muth

Thank you for your letter dated 28<sup>th</sup> July, seen by me on my return from annual leave earlier this month. I note that my colleague, Dr J H Baumer, Consultant Paediatrician here, has already replied and I have seen a copy of his letter dated 18<sup>th</sup> August. I do not have much additional information to add but thought I should declare the following:

1. I was a medical student at Bristol, having qualified in 1966 and registered the following year. In 1968 I was a senior house officer in paediatrics at Southmead Hospital, Bristol. In 1972 I was appointed a paediatric registrar to Plymouth, rotating the following year to Bristol Children's Hospital for a 12 month period. At the beginning of 1974 I became a senior registrar at Great Ormond Street Hospital for Sick Children and stayed within that group until March 1976 when I was appointed consultant paediatrician to Plymouth General Hospitals, where I have remained since.
2. I note that the inquiry centres on paediatric cardiac services in Bristol between 1984 and 1995. You should know historically why Plymouth has had a different service compared to other paediatric centres within the South West peninsula. Certainly I can confirm that in 1972 the then consultant paediatricians here, Dr Nelson Montgomery and Dr Keith Strelling, had regular visits from Dr Ronald Gibson, Consultant Cardiologist from the Royal Brompton Hospital, London. Children were referred to his hospital for investigation and paediatric cardiac surgery if necessary. They were then followed up both locally and at the Royal Brompton Hospital. On a few occasions children were referred to Bristol Children's Hospital purely for paediatric cardiac assessment, if the Royal Brompton Hospital were full and we were unable to get our patients into Great Ormond Street Hospital for Sick Children, London (Dr Nelson Montgomery had been the resident medical officer there). Dr Stephen Jordan, Consultant Paediatric Cardiologist from Bristol, also did a clinic here every 4 months or so.
3. When I returned to Plymouth as a paediatric consultant in 1976 the arrangements were similar to my experience in 1972 and it was shortly after my appointment that Dr Ronald Gibson retired. We had contact with Dr Barry Keeton, who was a previous senior registrar in paediatric cardiology at the Royal Brompton Hospital and who subsequently went to set up the Southampton unit. The unit offered an extremely good clinical, caring service both from the paediatric cardiology medical

point of view as well as the surgical point of view. Gradually this became formalised with the team from Southampton undertaking regular joint out-patient appointments with us and these now occur every 2 weeks. We and our patients with their families have been fully informed all the way along the line in a holistic manner with regard to the quality of their services. Our relationships have been good with regard to emergency need as well as cold cases need, and communication has remained excellent. We therefore had a contract with the Southampton team and very seldom would children be referred elsewhere for paediatric cardiac surgery. On the odd occasion when Southampton has been unable to take a child we may have referred that child to the Royal Brompton or to Great Ormond Street, and occasionally to Bristol, although the latter was usually when the child had other complicating paediatric surgical issues, usually within the new born period. As a result the paediatric cardiology clinics here were reduced to just twice a year and then to once a year with a decrease in numbers of patients involved. However, Dr Alison Hayes, Consultant Paediatric Cardiologist from Bristol, who continued the Plymouth clinic when Dr Jordan retired, has endeavoured to increase the number of clinics back to two a year but the numbers on each clinic remain small.

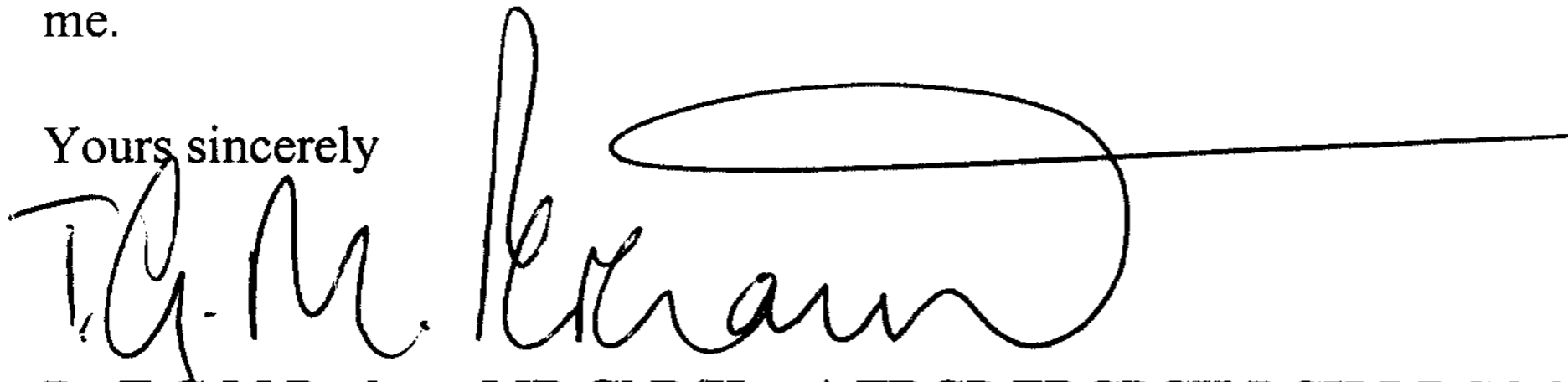
4. With regard to my answers for specific issues:

- i) **D2** I am not able to give a judgement of impression of the paediatric cardiac surgical service at BCH and BRI between 1984 and 1995 because of only a very small number of referrals, usually complicated by other surgical requirements. However, my impression, based on past experience and exposure to the Bristol set up is of a somewhat disjointed service which particularly seemed to be the result of problems related to a split site delivery, ie initially investigations at Bristol General Hospital and subsequently treatments at the Bristol Royal Infirmary. I must say my earlier medical experiences with the paediatric medical cardiac consultants was one of extreme care and devotion, including many out of hours checks and visits, particularly in the baby unit at Bristol Children's Hospital. I can recall one conversation with Dr Stephen Jordan, the paediatric cardiac consultant, regarding the difficulties of split site delivery but I can not recall any comments regarding the actual paediatric surgical aspects of care. I had of course known Mr James Wisheart when he was a thoracic senior registrar at Great Ormond Street Hospital for Children when I was there in 1974.
- ii) **D3** Any sources of information available to me on the standards of treatment and care attained at the BCH and BRI would only have been through the paediatric cardiologists who were visiting here or from patients' families, or that that may have been delivered at meetings of the South West Paediatric Club. I can not definitely remember any discussions regarding this item but have some memory of delivery of a paper by the paediatric medical cardiologists from Bristol on the results of their treatment that was delivered to the club some years ago. I have a feeling that it related to the question of early intervention versus late intervention and I believe the paper had been given by Dr Stephen Jordan.
- iii) **D4** I think I have already answered that with regard to the above. I do recall a meeting that took place early in the 1980s suggesting that we referred children and their families to Bristol but that was based on pressures that were being exerted on the Bristol paediatric medical team to increase the through put of numbers in the Bristol unit. I believe the request was management driven but there seemed to be no way that the Bristol surgical unit could cope with increased numbers, particularly from the Plymouth district. We were happy with our arrangements and did not feel that we needed to change direction.

However, if a child was referred it was usually for a problem other than a paediatric problem. I would therefore have counselled the parents with regard to the latter surgical problem with advice that the Bristol paediatric medical cardiology team would assess the child and then decide what may be necessary, and take the matter further as appropriate and discuss it further with the family at the time. Certainly on follow up I would have then tried to find out what took place and what may be necessary in the future, etc. Again I was aware that the Bristol centre was accredited for children's cardiac problems and I had no reason to doubt that the service in Bristol was adequate and satisfactory, and within the sphere that was necessary for accreditation.

I sincerely hope the above is of help, and if you wish any further information do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'T.G.M. Perham'. The signature is written in a cursive style with a large, prominent loop at the end of the name.

**Dr T G M Perham MB ChB(Hons) FRCP FRCPCH DCH DRCOG  
Consultant Paediatrician**