

cardiac transplantation if a further centre is designated in the future.

b) Threats

1 Following the removal of supra-regional designation for under ones from April 1994, the workload which has hitherto been protected is now open to competition from other providers. There is a perception that the quality of paediatric cardiac services in UBHT does not match the standards of the Trust's major competitors and it is imperative that the Trust demonstrates continued commitment to improved quality in waiting times and outcomes which will have an impact on mortality and morbidity in specialist areas.

2 A certain critical mass in terms of volume of operations performed is essential in order to remain viable, and the Society of Thoracic surgeons cites a minimum of 200 cases per annum. Currently throughput in paediatric cardiac surgery is static, even though demand is increasing, and UBHT performs fewer cases for certain conditions (?Which ones). The Department of Health has stated its requirement to centralise specialist units, in the expectation that this will lead to greater concentration of expertise, with better outcomes and lower mortality (ref). If services at UBHT do not expand, there is a danger that the total service could be lost.

3 Concern is felt that with the acknowledged increase in the volume of adult cardiac surgery, the needs of children may take a lower priority. In addition, as the number of adult cases increases, the ratio of children:adult operations will reduce, resulting in a dilution of experience and skills in an increasingly specialist area of work which may put patients at added risk.

4 The opportunity to become the sole specialist paediatric centre for the South and West may be lost if the image of cardiac surgery in UBHT is not improved. If the BRCH is to retain and build upon its reputation, the appointment of a consultant paediatric cardiac surgeon is required to undertake and oversee this service. It has proved impossible to attract a suitable candidate under the current split site arrangements.

5 The Trust is in danger of losing contracts for both adult and children's work if it becomes uncompetitive. Investment to enable expansion of both services is required in order to improve efficiency and cost-effectiveness.

CONCLUSION

1. With the loss of designation as a supra-regional centre, BRCH must compete for paediatric cardiac services with other centres which are known to have shorter waiting times. These centres also meet national recommendations in respect of concentration of paediatric services which are judged to indicate better outcomes. In order to secure contracts after 1994/95 and beyond, it is essential that steps should be taken to ensure quality of paediatric cardiac provision and demonstrate a commitment to improving outcomes. It is felt that this cannot be achieved without investment in facilities to integrate all aspects of paediatric cardiac care into the BRCH.