

**Bristol and Weston  
Health Authority**



Our Ref IAB/JR/JMH

Your Ref

2nd November, 1987

District Headquarters,  
10 Marlborough Street, Bristol BS1 3NP Avon.  
Telephone 290666 Ext. [REDACTED]

Dr. J. N. P. Hughes,  
Chief Administrative Medical Officer,  
Mid Glamorgan Health Authority,  
18 Cathedral Road,  
Cardiff CF1 9SJ

Dear Dr. Hughes,

Cardiology and Cardiac Surgery Referral Rates for Children

As you are aware, we have been pursuing for some time with the Welsh Office the need to clarify arrangements for the referral from Wales to Bristol of children requiring cardiology or cardiac surgery services. We still seem to be some way from reaching a longer term agreement and are now encountering considerable difficulties because the number of referrals is outstripping the resources available.

It is therefore our intention to restrict the number of referrals we can accept to the number of referrals accepted during 1985 when we believe the service was funded adequately, unless arrangements are made regarding funding with those Authorities who wish to refer patients in excess of these numbers. Neonatal and infant cardiology and cardiac surgery services can be funded as supra-Regional services through the Welsh Office and the DHSS directly if future workloads are forecast. The bid for supra-Regional funds made each year by ourselves can be adjusted to cover your forecast. Funding for services for children over one year needs to be identified by your Authority in relation to an agreed workload and costs.

On advice from our Cardiologists and Cardiac Surgeons, the rate of admissions and procedures for children (infants in parenthesis) per million total population are as follows:

Admissions	150	(65)
Catheterisations	75	(35)
Closed Operations	30	(20)
Open Operations	35	(12)

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Dr. J. N. P. Hughes

Cardiology and Cardiac Surgery Referral Rates for Children (Cont'd.)

These rates applied to your District population give the following numbers:

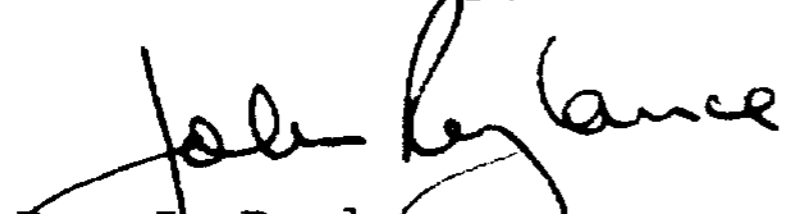
Population (000's)	533.9	
Admissions	80	(35)
Catheterisations	40	(19)
Closed Operations	16	(11)
Open Operations	19	(6)

There was only one referral for admission and catheterisation during 1985. It is uncertain whether your Authority and its clinicians intend to make any referrals to the services in this District during the remainder of 1987 or thereafter.

I will ask my General Manager for Acute Services, District Medical Officer and Treasurer's representative to visit you within the next few weeks in order to learn of your response with regard to future workloads and funding arrangements. We have not at this point in time determined what the resource implications are likely to be for any expansion of the service to your District, but would probably suggest working on a cost per case basis.

I regret having to pursue this type of approach whilst being aware that this matter is under active discussion at the Welsh Office with professional staff in Wales. It is certainly not our intention to put undue pressure on those who have the difficult task of finding the longer term solutions to the problem. However, in common with many other Health Authorities, we are faced with ever increasing demands within a relatively static resource base. The inevitable consequences of allowing continued development of unfunded work from outside the Region is to produce a deleterious effect on the services we can provide to the population in our own District.

Yours sincerely,

  
 Dr. J. Roylance  
 District General Manager

cc Mr. J. Watson  
 Dr. I. A. Baker  
 Mr. G. Nix