

Janardan Prasad Dhasmana
Issue D - Referrals

To establish the information upon which decisions to send children to the BRI were based, whether by parents or by referring clinicians.

- 1 Children suspected to have congenital heart defects were referred to paediatric cardiologists at Bristol in the first instance. I believe that they should be able to deal with issues raised in subsections D1 to D6 and also D8.

Issue D7 The extent of and reasons for tertiary referral from the BRI to other centres of paediatric cardiac surgery.

2 Tertiary Referrals - Patients were referred to other centres, namely G.O.S. Hospital London, Harefield, Brompton and Birmingham. The decision for such referrals used to be taken jointly by cardiology, medical and surgical teams, usually in the Joint meetings held on Mondays at the Children's Hospital. The criterion for such referrals used were:-

- a) Patients for consideration for Heart or Heart and Lung Transplantation.
- b) Surgical treatment not available at Bristol i.e. Patients with hypoplastic left heart requiring Norwood Procedure and Neonatal Switches after October 1993.
- c) For second opinions, when the risk of surgery was considered very high or surgical options were not clearly defined.
- d) I recall an instance when parents asked me for referral to Mr Yacoub at Harefield for a second opinion, before returning to me for surgery on their child.
- e) There were instances when patients were transferred to other centres, for example when an urgent surgery could not be provided at Bristol, for the lack of a bed.

3 The records for these referrals would usually be kept at the Children's Hospital with the Cardiologists. I am enclosing a list (Annex - A) supplied to me by Dr Joffe, which includes the names of patients with reasons for tertiary referrals to other centres for a period between 1992-94. There were similar patterns of referrals before 1992.

Signed:

Janardan Prasad Dhasmana

Dated: 17 Nov. '99