

D 5 *Whether there is evidence to suggest that clinicians based outside the BRI but within its "catchment area" were deciding to refer children to centres other than the BRI; and if so, why.*

I have no knowledge of whether clinicians within Bristol's catchment area refer children to centres other than the BRI, except for those in Plymouth who refer their patients to Southampton. This has been the situation from well before my arrival in Bristol in 1980, and continues today despite the transfer of all paediatric open-heart surgery to BCH, and the excellent results being achieved currently. I don't know why, since I have had no dealings with them

D 6 *Whether any of the paediatric cardiologists based at the BRI decided to refer a child to a paediatric cardiac surgeon outside the BRI; and if so, why.*

It was, and still is, up to the paediatric cardiologists and cardiac surgeons together to determine the best course of action for each individual child. Appendix D 1 shows a sample of patients discussed at our joint cardiology/cardiac surgery meetings in the period 1992 to 1994, and who were referred to a paediatric cardiac surgeon or cardiologist at another centre. The choice of centre depended on whether we believed that an individual or team in that unit had special expertise in a particular condition. Patients were referred either for an opinion about the best surgical option available to us, or for them to proceed with surgery. Depending on circumstances, some patients were referred prior to any surgery, eg dilated cardiomyopathy in end-stage heart failure, who needed cardiac transplantation; others had had single or multiple previous operations for complex congenital heart defects, where the risks of further intervention were particularly high. Each case was different. A small number of very ill children had to be referred to another paediatric cardiology centre simply because there was no bed available at BCH at the time.