

Dr. S.C. JordanStatement to the Bristol Royal Infirmary InquiryIssue D

*D5 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 was, of course, aware that paediatricians in Plymouth and one in Yeovil were referring most of their patients to Southampton. The original reasons for this were geographical in the case of Yeovil and historical in relation to both sites, coupled with the fact that the surgical waiting lists in Bristol were longer than elsewhere.

*D6 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.*

I referred a number of patients elsewhere, usually for one or more of the following main reasons:

- I. There was a surgeon able to offer an operation that was not available in Bristol. This included, at different times, the Rastelli operation, arterial switch (Magdi Yacoub), Fontan operation (Brompton and GOS), autograft aortic valve replacement (Donald Ross) and heart or heart-lung transplantation (Harefield Hospital).
- II. A surgeon or a team had shown a particular interest in the management of an unusual condition, such as ventricular septal defect with prolapsing aortic valve cusp (Donald Ross and Jane Somerville at the National Heart Hospital).
- III. Parents requested such a referral either because it was more convenient (eg they had relatives with whom they could stay in London) or had some other association, such as a relative or Godparent who was a cardiac surgeon.
- IV. I or my colleagues were uncertain about the actual diagnosis, such as differentiating aorto-left ventricular tunnel from sinus of valsalva aneurysm.
- V. I or my colleagues were uncertain as to the correct procedure and we wanted a "second opinion"
- VI. Parents requested a "second opinion", usually because they were uncertain as to the need for surgery or were unhappy with the risk that they had been given by the surgeon. This included patients in whom I was alerted by the referring paediatrician to parents' anxieties.
- VII. Parents where a previous child had been operated on in Bristol and had died, in which case I always offered to send the child elsewhere.
- VIII. When surgery had previously been carried out by another surgeon and the patient had moved into the area (or we had taken over an area formerly served by another unit). Not all parents wished to be referred back to the original surgeon.

There were some instances not detailed in the above list where parents requested a "second opinion" but where this was not practicable, particularly in infants with hypoplastic left heart syndrome who were already in too bad a condition to make it possible to transfer them elsewhere.

In total the Congenital Heart Register database shows that 260 children altogether, that is going back to 1966, but mainly from 1982 onwards, had their main surgery carried out by a non-Bristol surgeon. The number may have been greater as the database only allowed for one surgeon to be recorded so that patients who had (say) a preliminary shunt in Bristol and were then referred elsewhere, would not have had the surgeon coding changed.