

**Issue D3: The sources of information available to such referring clinicians upon the standards of treatment and care attained at the BRI**

57. I am not able to comment on this issue.

**Issue D4: The factors influencing clinicians, in deciding to refer children to the BRI rather than to other centres performing paediatric cardiac surgery**

58. I am not able to comment on this issue.

**Issue 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**

59. I am not able to comment on this issue.

**Issue 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**

60. I am not able to comment on this issue.

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

61. Tertiary referral from the BRI to other centres of paediatric cardiac surgery would occur where the Unit would be unable to deal with the specific patient and a more specialist referral would be needed. This is a separate issue to the waiting list issue which was one of capacity and does not fall within the meaning of what is normally understood by “tertiary referral”.