

ITEM 4. DESIGNATION ISSUES

SRS(92)9

4.1 Neonatal Infant Cardiac Surgery

SRS(92)9.1

4.1.1 Members noted the Royal College of Surgeons Working Group report which recommended that the service should continue to be designated and the number of designated units should be reduced from the current 10 to 9; all the existing designated units except Harefield and Guy's should remain designated centres and that the unit at Leicester should be designated.

4.1.2 Dr Halliday reported that since receiving the Royal College of Surgeons report, he had been approached by Sir Terence English who indicated that since submitting the report he now had reservations about the continued designation of the Bristol unit.

4.1.3 The Advisory Group discussed the issue at length but concluded that it was unrealistic to expect to restrict the delivery of the service to those units for which the Royal College of Surgeons report recommended continued designation. To ignore the delivery of the service in non-designated units would be quite contrary to the previously stated views and policy of the Advisory Group.

4.1.3 The Advisory Group concluded, therefore, that the service as a whole should be dedesignated. This would be a fairer decision in terms of medical and surgical rights of patients than to restrict designation to a few surgical units.

4.1.4 One outstanding issue was when the service should be dedesignated. Traditionally the Advisory Group had given the units a years grace. This would imply dedesignation from 1 April 1994. Mr Spry, however, suggested that it may be possible to dedesignate from 1 April 1993 if the regional general managers agreed to the principle of "smooth take off" as set out in the Deputy Chief Executive's proposed letter. Mr Spry agreed to discuss this with his fellow RGMS and to report back to the Advisory Group at the September meeting. The secretariat agreed to provide Mr Spry with a briefing note to help his discussion.

ACTION: Mr Spry/Secretariat