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## DESIGNATION ISSUES

SRS (92)9.1

### NEONATAL AND INFANT CARDIAC SURGERY

#### Background

At it's last meeting the Advisory Group reviewed the provision of neonatal and infant cardiac surgery and considered whether, in view of the number of units undertaking this work, the service should continue to be designated. Sir Terence English reported that most recent reports concluded that concentrating this area of work in 6 or 8 centres was most beneficial to patient care.

The Group accepted a suggestion from Sir Terence English to set up a working group to consider the future designation of the service. If that group concluded that the service should continue to be designated but that the number of centres be reduced the group was asked to name the units to be de-designated. As with all Supra Regional Services the intention would be that the designated service would be provided only in the designated centres.

#### The current position.

There are now 10 designated centres. The Advisory Group has also received a bid for designation from Leicester, and an enquiry from Oxford which is also providing other services. In addition, the Welsh Office has agreed to the rapid development of NICS services at the University Hospital of Wales. It is anticipated that the Welsh unit may significantly impact upon referrals to the Bristol unit and perhaps also the Liverpool unit. A situation now exists therefore where there are 13 units providing these services in England and Wales.

At the same time the number of potential patients who would benefit from the designated service is being reduced by:

- a) the increasing use of foetal scanning which allows the possibility of aborting a foetus identified as having a serious heart defect; and
- b) the expansion of interventional cardiology so that some children are being treated by paediatric cardiologists as opposed to cardiac surgeons. (The mixture of cardiac surgery and interventional cardiology in designated units is creating contractual problems in that it is difficult to apportion costs between the services).

Both of these developments serve to strengthen the need to limit the designated centres to the 6-8 unit limit discussed by the Advisory Group in February 1992.