

at this should take effect from April 1992; an announcement this year would enable regions to make the necessary contractual arrangements. The Chairman noted the value of providing the regions with a year's advance notice.

3.3. Heart and heart/lung transplants in non-designated units: Mr Taylor enquired about the outcome of the action noted in paragraph 10.2 of the minutes. The Chairman said that a bland response had come from Yorkshire RHA, while none had so far been received from North East Thames RHA. Members agreed that the Secretariat should pursue the matter with these regions.

ACTION: SECRETARIAT

4. Designation issues

a. Neonatal and infant cardiac surgery SRS(90)15

Dr Halliday reported on the outcome of his visit to Harefield Hospital, and his meeting with Professor Tynan at Guy's Hospital. He had been impressed by the service provided at Harefield Hospital whose workload included patients referred from other designated units. Following the visit to Guy's, Professor Tynan had sent him a paper which the Secretariat had circulated to members as an attachment to paper SRS(90)15. Professor Tynan argued that the whole service should be dedesignated. Members then discussed whether the overall service, or just some units, should be dedesignated. If the latter option was being considered the argument in favour of allowing the unit at Bristol to continue to operate would be its geographical location.

Members agreed that the service should ideally be concentrated in no more than 6 or 7 centres, and that proliferation occurred to the detriment of patients. While it was clear that the service was heading towards dedesignation, members were unwilling to recommend that this should occur in 1991/92, mainly to avoid complicating matters further during a period of major change. The Group agreed, therefore, that its recommendations should include a general reference to its view that the service should ultimately be provided as a regional specialty.

ACTION: SECRETARIAT

b. Specialised liver services - complex hepatobiliary surgery Oral

Dr Halliday reminded members of earlier difficulties in obtaining data from the unit in Birmingham. Following a visit to that unit, the surgeon, Mr Buick had eventually provided information on his clinical workload. This was tabled. Dr Halliday noted that the number of Kasai operations, which were a good indication of paediatric hepatobiliary surgery, was barely sufficient to justify supra regional designation. Nevertheless the unit had potential to continue all aspects of liver services, including transplantation. The Advisory Group was asked to consider if it was now appropriate to put the unit on notice that funding for its complex hepatobiliary surgery might be withdrawn.

Members agreed that wherever there was a lack of provision of required data the unit should be warned that its funding might be withdrawn. They discussed the dedesignation option, but considered that the impact on patients would be detrimental. It was decided, therefore, that the unit should be put on notice and the position reviewed over the next year.

ACTION: DR HALLIDAY