

of the total cost. Some members believed that this was against the spirit of the NHS reforms, although it kept control of the volume of work. The Secretariat agreed to take further advice on this issue.

4.4.2 London Postgraduate SHAs: Members agreed to leave the SHAs within the supra regional service arrangements and to separate the SRS funding from the SHAs' main allocations. Paragraph 6(ii) of the paper described these arrangements. Members also held the general view that SHAs should not receive funds for the provision of supra regional services for which they were not designated.

4.4.3 Patients treated under reciprocal health agreements: Members agreed to the continuing inclusion of overseas patients, referred under international agreements, in the activity and expenditure figures. The designated unit would then recover 80 per cent of costs under the supra regional arrangements and the remaining 20 per cent by billing the home district (which in this case would be a central fund held by the Department).

5. Designation issues

5.1 Neonatal and infant cardiac surgery SRS(90)6

Dr Halliday explained that he had visited a number of units in order to consider their viability. The paper reported on his findings.

The Chairman invited Mr English to give members the views of the Royal College on this service. Mr English considered that this service should remain designated but with no more than 9 units. It would be helpful to have surgical data from each unit.

He said of each unit

a. Harefield/Brompton: Evidence suggested that this was not functioning as a joint unit. He proposed dedesignation of Harefield.

b. Guy's: The surgical side was questionable in terms of volume but there was a strong medical team. The unit was treating complex problems and developing intra uterine intervention. It was suggested that Guy's be told that their service was under review.

c. Bristol: He recognised that this unit should retain designation but recommended they should be pressed to increase the workload. Mr McGlinn told members that the Welsh Office had no plans to support a neonatal and infant cardiac surgery unit and would continue to look to Bristol to provide a service for Wales.

d. Newcastle: Designation should remain to allow the numbers to increase. Members noted that 2 surgeons had left this unit.

e. Other units: There was not a great deal of activity outside the designated units and members agreed that the bid from Leicester be rejected.