

11. The centres to be considered for de-designation, on the basis of the professions advice, are; Harefield, Guys (based on surgical activity), Bristol, and Newcastle.

12. In general terms, all other factors being equal, there is a strong case for Bristol and Newcastle in terms of geographical spread. The case for Guys and Harefield in addition to G.O.S and the Brompton serving the London area must be open to doubt.

13. It may be difficult if not invidious to attempt to de-designate the centres in question on the basis of surgical expertise. Whether it is entirely fair to do so on the basis of referral pattern is a matter for debate.

14. A factor which will need to be considered with respect to the future of Guys as a centre, is the place of minimally invasive "medical" management of these patients. Is there a case for nurturing this approach to the treatment of these children by supra regional designation ? The expertise in this approach which has been developed within Guys does add to the difficulty of de-designating the centre.

14. **To de-designate the service.** This option recognises the reality of the situation in that there are now eleven centres active in this specialised area of surgery that are working under the umbrella of designation, and as noted above there are other units active in the area that are not so covered. There is also a need to consider the broader issue of advances in the method of treating CHD. This SRS has grown up in the light of cardiac surgery, and this now has to be seen in the light of minimally invasive techniques that avoid surgery. The arrangements to be introduced on 1st April 1991 would ensure the financial support for the units would be forthcoming, and there is no reason to believe the referral pattern will be altered by these arrangements.

16. To recommend that Ministers give notice that they intend to remove designation from the service in April 1992 unless the provider units, in consultation with the medical profession, produce by June 1991 agreed proposals for reducing the number of designated units by at least two.

Action.

17. Members are invited to comment on their favoured option. In addition members views are sought on whether the possibility of designating minimally invasive "medical" management of these patient groups should be pursued with the profession.