

similar service might become established in the following year in Newcastle, and result in a bid for designation; they accepted that the service might need to be reconsidered in future years; meanwhile, designation was not appropriate.

## 8. ANY OTHER BUSINESS

### 8.1 Neonatal and infant cardiac surgery

Dr Halliday reported on the need for units to participate in the National Confidential Enquiry in Peri-Operative Deaths. The returns were lower than anticipated and it was evident that two designated units had not been providing the required information. This had since been clarified with one unit, but the other was refusing to co-operate. Members agreed that a tough line was necessary and the unit should be informed that it must participate in a national enquiry in order that its funds should not be affected.

ACTION: DR HALLIDAY

### 8.2 Endoprosthetic services for primary bone tumors.

Dr Halliday reported that, following an unexpected rise in activity in recent years, the Secretariat had met with representatives of both units to define the clinical content of the service. The clinicians involved believed that the increase in activity was due to a shift in diagnostic awareness rather than an increase in the incidence rate. Both units now felt that designation should be extended to include all primary bone tumors. Dr Halliday had therefore requested advice from the Royal Colleges and hoped that this would be available for the Advisory Group's next meeting.

ACTION: DR HALLIDAY

## 9. DATES OF MEETINGS IN 1990.

The next meeting of the Advisory Group would be held on Thursday, 26 July 1990. Members decided to reschedule the September meeting for 11.00am on Wednesday, 3 October 1990. The Secretariat would notify all members of this change.

ACTION: SECRETARIAT