

wish to be involved in future discussions. He reported that the working party had begun a pilot study of costs in Birmingham.

Members agreed that the choice of location of the pilot study was appropriate. Birmingham had a large volume of supra regional services in a comparatively small area and the results could provide a consistent costings base. However, many other issues still needed to be considered.

There was a need for some mechanism to ensure the continuity of supra regional services over the transitional period in which the health service moved towards a contracting system. This could mean that these services would not be required to move towards contracts at the same pace as the rest of the health service. The position could then be reviewed at an appropriate later stage.

The Chairman noted that the White Paper reforms raised large issues for the supra regional services. He felt that the current method of assessing bids for additional funding left a good deal to be desired; the broad-brush approach would need to give way to a system of contracts. The Group needed to know much more about the costs of providing supra regional services, and he suggested a bid against the money allocated for management consultancy in connection with the implementation of the White Paper. Members agreed that the Chairman should convene a small group to consider the best way forward.

When the principles were resolved, there would be a need for reliable accounting data as well as information on outcomes of treatment.

5. Neonatal and Infant Cardiac Surgery: Report from the Society of Cardiothoracic Surgeons SRS (89)17

Dr Halliday said that the Society's report endorsed the supra regional service arrangements; it did not provide guidance on the number of units required, although it supported the need to rationalise provision of this service. The unit at Leeds did not provide information for the survey, and those at Bristol, Newcastle and Guy's Hospital were operating at sub-optimal levels; this had previously been identified in the 1986 report. Harefield and Brompton were not operating as a joint unit. A new unit was to be established in Wales within approximately 18 months; this would further affect the position in Bristol and he planned to visit this and the Newcastle unit to consider their future, as there were already more units than should be designated. The unsatisfactory position of Harefield and Brompton also needed further examination.

The provision of services for infants was more than adequate and members agreed that the number of designated units should be reduced. This could be resolved by de-designating the non-viable units. In the longer term it may be necessary to seek the views of the Medical Royal Colleges as to whether the service would be suitable for regionalisation.

Members agreed that this should be pursued after the units had been visited and that the Society of Cardiothoracic Surgeons should be thanked for their report.

ACTION: Dr Halliday

6. Heart Transplantation SRS(89)18

6.1 New centres

Mr Angilley reported that Ministers had recently announced the designation of two new centres from April 1990. These were St George's