

would be useful to ask him what concrete evidence he has for x. We have looked at the costs on various occasions, and have found serious costing problems, but no evidence of abuse. The BDO study is now investigating the costing methods in detail. (However, all this is irrelevant to the task of rationalising the service - he is using it as a smokescreen.)

DOH ?
THE ROYAL COLLEGE OF SURGEONS OF ENGLAND

35-43 Lincoln's Inn Fields London WC2A 3PN
Telephone 071-405 2474 Cables COLLSURG LONDON WC2
Facsimile 071-831 9438 Telex 936573 RCSENG

Office of the President
Sir Terence English, KBE PRCS
SRP status, since they claim to be doing more infants than some of the designated centres? Alan Angilly
1/9/91

Did you also know that the John Radcliffe is to apply for MED HPS
DATE 24/9/91
DRAFT
BRIEF
POL
DT

19th September 1991

Dr N P Halliday QHP
Senior Principal Medical Officer
Department of Health
Eileen House
80-94 Newington Causeway
London SE1 6YX

Dear Norman,

NEONATAL AND INFANT CARDIAC SURGERY

I am conscious of the fact that I failed to reply to your letter dated July 31st concerning the above. One reason for this delay was that I wanted to think carefully about the implications of your letter.

Having done so, I think it would be helpful if we could discuss the matter in more detail with a view to preparing agreed terms of reference for a working party, if such is to be convened.

My view at this stage is that it would be very difficult to try and relate designation to specific categories of operative procedures, I do, however, think that appropriate resources and staffing, both medical and surgical, are important considerations and this was touched upon in the July 1989 "Interim Report of the Working Party on Neonatal and Infant Supra Regional Cardiac Surgical Units in England and Wales".

I would also want to see the annual audit data from each designated centre that presumably you have received over the last few years and which you allude to in your letter.

It is my view that if Supra Regional designation is to continue, as I firmly believe it should, it should be related to the annual workload of open and closed operations performed on neonates and infants so that the misuse of Supra Regional funds for treating older children is stopped.

Finally, I believe that any such endeavour would have to accept the possibility of some of the smaller or less effective units (or indeed units that fail to produce regular audit data,) being de-designated in order that the good and responsible units could continue to provide a valuable service.

I look forward to discussing the possible ways ahead with you at your convenience.

Yours sincerely

Terence

FROM SRF 10 Vol 7