

5. The expansion of interventional cardiology so that some children are being treated by paediatric cardiologists as opposed to cardiac surgeons is having an increasing impact on the number of surgical operations performed. The mixture of cardiac surgery and interventional cardiology in designated units is creating contractual problems in that it is difficult to apportion costs between the services.

Options

6. The expansion in the provision of services is now such that serious consideration has to be given to either de-designation of the service or to ways in which the number of designated units might be reduced. The options include:

- (i) De-designate the smaller units;
- (ii) designate only specific surgical operations and de-designate the remainder of the service;
- (iii) de-designate the service;
- (iv) take no action.

7.

- (i) De-designate the smaller units

The possibility of de-designating the smaller units was reviewed in 1990. Attention was addressed to those units identified by the Society of Cardiothoracic Surgeons, namely Bristol, Newcastle, Guy's and Harefield. The staffing problems then identified in Newcastle have been resolved and their activity has increased quite dramatically such that Newcastle no longer appears to be a viable small unit. Position of Bristol is still uncertain and the decision to expand the service in Cardiff to include neonatal and infant cardiac surgical work will put the Bristol Unit at risk. Harefield Hospital came out of the exercise very respectably in terms of having a comparable mortality rate to those other units performing a similar casemix of similar operations. The Harefield position was made more complex by the fact that Harefield received referrals from other supra regionally designated neonatal and infant cardiac surgical units. Of the smaller hospitals reviewed Guy's presented the most difficult case in that they were very much in the lead in interventional cardiological management of some of these infants but their throughput of cardiac surgery was on the low side. The Advisory Group concluded, however, that it would not be possible to simply de-designate the smaller units.