

NOTE OF A MEETING AT BRISTOL HOSPITAL FOR SICK CHILDREN TO REVIEW PROGRESS IN 1991-92 AND TO BEGIN NEGOTIATION OF A CONTRACT FOR NEONATAL AND INFANT CARDIAC SURGERY SERVICES FOR 1992-93.

5 February 1992

Present: DH : Mr S Owen
 Mr G Addicott
 Bristol: Mr Ian Barrington (General Manager)
 Dr Hyam Joffey (Cardiologist)
 Mr I Wishard (Cardiac Surgeon)
 Mr Graham Nix (Finance Director)
 Mr Ewan Cameron (Financial Advisor)
 Ms Kathy Orchard (Director of Surgical Services)

1. Review of 1991-92 contract.

The unit had not submitted any quarterly activity data during 1991-92. Dr Joffey gave a presentation illustrating the unit's results for the current year. Operations were still being performed at the Bristol Royal Infirmary. More patients were being seen at peripheral clinics (called out-reach centres). The three regions which dominate referrals to the unit are SWRHA, Wales and N Wessex). Although echocardiograms were done at peripheral clinics paediatric catheterisations were still performed centrally. This is due to the high level of expertise required. Dr Joffey expected that 43-45 interventional catheterisations would be undertaken in 1991-92. This number is expected to go down. Mr Owen stated the Advisory Group's position on interventional catheterisation. It was an issue which may have to be addressed for 1993-94. Mr Nix wished us to note that the medical supplies for interventional catheterisation work were not included in the cost of the current contract.

Mr Wishard presented the surgical results to date. Both open and closed heart operations had increased from 1990 to 1991. The 30 day mortality for open heart operations was 30% compared to a UK average of 20%. This was mainly due to a number of particularly difficult cases.

Overall, the unit was on target for 1991-92.

Mr Owen asked what threat the new Welsh unit posed to the unit's business. Dr Joffey said that there will be minimal effect in 1992-93 but in 2-3 years the new unit would encroach on Bristol's business. He proposed an agreement with the Welsh unit whereby infants and neonates would be treated at Bristol and over-ones at Bristol. Mr Owen thought that the chances of the Welsh unit agreeing to this were slim and the fundamental problem concerning the total number of units would remain.