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NEONATAL AND INFANT CARDIAC SURGERY

Thank you for your letter dated 20th December, and for including your draft document SRS (91). As you say, the conclusion reached in this paper is not one that I could support as I remain convinced of the value of SRS designation for neonatal and infant cardiac surgery, despite accepting that there are difficult problems associated with designation.

Before giving you my views on how I think we ought to proceed, I would like to comment first on your document and will do so on the basis of the numbered paragraphs given:

2. I do not believe that Bristol and Newcastle should be considered "essential on geographical grounds".
3. I believe the Advisory Group should accept the possibility of de-designating centres on the basis of either low referral patterns or inadequate staffing. Institutions and their reputation can change quite quickly and SRS designation should not be regarded as fixed and immutable but should rather be dependent on regular review of the activity and quality of output of individual units.
4. I cannot accept that three non-designated units "will be secure in their funding arrangements". Surely this will never be so unless they get the financial security associated with SRS designation, even if they were to get some support from their Region or from charity to start with.