

### Conclusions

13. There is a strong case on epidemiological, clinical, and economic grounds for the continued designation, but the past failure in practice to bring about rationalisation are set out above. Members are invited to consider the offer of the Royal College of Surgeons to convene a working party with appropriate representatives from the interested bodies to address this issue. Sir Terence has suggested that the terms of reference might be "To review the existing designated centres, as well as Oxford and Leicester, with a view to reducing the total number of designated English centres to a maximum of seven". Members are also asked to consider whether reducing the numbers of designated centres (as opposed to the number actually providing the service) centres to 7 would by itself be sufficient to meet the supra regional criteria for continued designation.

Ref.2-NEO.SRS

What are we trying to achieve by designation?

Designation and the funding that would go with this would be likely to concentrate  $\pm 10\%$  of the activity in 5-7 major centres.

This would be a better solution than dedesignating the whole service, because a small amount of activity was going on in non-designated centres.

This, in any case, would be likely to decline in the face of continued non-designation.

(Make Moydi do his work at the Brampton) 73