

This data is summarised in Tables 1 and 9 (appended). Bed availability for ITU, High Dependency and General Ward usage is also tabled.

Tables 2, 3 and 4 give a breakdown of Figures for Neonates and Infants as open and closed cardiac operations added together for the 3 years 1989-91, and in the right hand columns a league sequence chart based on work load is tabulated.

Similar data for the older group of children (over 1 year-18 years) is given in the lower halves of these Tables with similar league sequence charts on the right hand side.

Table 5 gives these three league sequence charts for Neonates and Infants for the last 3 years (1989, 90 and 91) for comparative performance.

Table 6 gives similar data for the older children.

Table 7 lists these "3 year totals of performance" for Neonates and Infants with similar data for the older children for comparison.

The lower half of Table 7 outlines the final league positions when surgery carried out on Neonates, Infants and Older Children is added together over the 3 year period for comparison with the work load for Neonates and Infants only.

Table 8 gives a final sequence position for combined open and closed operations under 1 year (Neonates and Infants) for the 3 years 1989, 1990 and 1991 (middle column) with the league sequence for all ages for comparison in the right hand column.

The support of the Units circularised has been most helpful, although not all requested information has been forthcoming in each category.

These data were considered in detail at the second meeting of the Working Party on 8 May at the Royal College of Surgeons in London.

Our findings and recommendations are as follows:

1 The maximum number of Centres that may be designated from the 14 Health Authorities in England is nine: It was never envisaged (from the inception of this scheme in 1983) that it would be possible to limit all Neonatal and Infant Cardiac Surgery within these designated Units, as freedom of clinical practice is and always has been a sine qua non of British surgical practice. This principle has been accepted by the Profession and by the DHSS during the past 10 year period.