

infant and neonatal cardiac surgery were excluded – i.e. if Wales depended for infant and neonatal cardiac surgery on other centres such as Bristol (as discussed above). The 3rd sentence^{**}, as is implicit in the use of its introductory adverb “Moreover”, makes an additional separate point. It notes the then widely prevalent view – not as the prime or main case for developing a paediatric cardiac service in Wales, but as an additional means of alerting the authorities to the need for full re-evaluation by paediatric cardiologists addressing specifically the situation in Wales, for the conflicting issues seemed not to have been fully appreciated. We recognised that some might consider it as relevant input into any decision, in which case it would imply a need for definitive expert audit.

- Letter from Dr Prosser on behalf of paediatricians at Royal Gwent Hospital. This reflected their long established practice of referral to Bristol in preference to Cardiff. Comparable referral practices were in place in most DGHs in Wales served by visits from paediatric cardiologists in a number of other centres to which referrals were made as available (including Great Ormond Street, Guy’s, Hammersmith and Harefield Hospitals in London, Southampton, Bristol and Birmingham). It seems misleading to have implied that the paediatric cardiac needs of virtually all the DGHs in South and Mid Wales were being met by Bristol.
- Welsh Medical Committee meeting 21 January 1987, to which were invited Mr Roland Williams OBE FRCS (recent Chairman of the Welsh Medical Committee and of the Group responsible for the 1981 Report on Cardiothoracic Services in Wales), Mr Eric Butchart (Consultant Cardiothoracic Surgeon at the University Hospital of Wales), Dr Roger Verrier-Jones (Paediatrician at the University Hospital of Wales) and myself - present for only part of this meeting [pages WO 0001 0277 – 283]. The Minutes relating to proceedings before and after our attendance were not previously known to us and we have not seen the Report of the Joint Working Party of the Royal Colleges apparently distributed to members [WO 0001 0274]. My statement [WO 0001 0279, para 4] that “Bristol seemed to a number of clinicians not to be offering the very best possible service” has been discussed above: it was the widely held view by those in the field at the time and I should have been guilty of withholding potentially relevant information if I had not mentioned this. Para 6 on that page I think cannot have been minuted correctly except that I may have questioned whether the basis for the Joint Royal Colleges’ Working Party recommendations had been updated to take account of, for example, the Wessex data (discussed above) – I was unaware at that time of any recent meeting of that Group (though it emerged on informal enquiry some weeks later that what we understand to have been a sparsely attended meeting of the Group had indeed been called, but specifically to address the question of whether Harefield Hospital could become an additional designated centre). After we had left the meeting, the Minutes [WO 0001 0283] report on a visit by the CMO and colleagues to Bristol, in which resources and plans were noted but no mention made of surgical results or important aspects of infrastructure, such as the 2-site arrangement for open heart surgery. I do not think any of us had thought let alone said “that the quality of the staffing ... at Bristol was inferior”: it was the surgical outcome of the more difficult infant cases that were generally thought not to be as good as those in the other designated centres, and there are many possible reasons for this including particularly the infrastructural arrangements. The arrangement in North Wales (where patients are referred to the designated paediatric cardiac centre in

^{**} It was I am sure understood by all that the “league” referred not to any numerically listed order of merit for there were of course no data on surgical output on which to base any numerical league order – indeed it would be difficult to devise a simplistic numerical measure. We used the word simply as a metaphor, introduced for impact in the circumstances to convey the indication that infant cardiac surgical success rates were lower than in most (or all) of the other designated supraregional centres.