

Section Five

POST REVIEW - COMMENTS FROM EXPERT REVIEW TEAM CO-ORDINATORS

5.1 At the end of the review exercise, each of the co-ordinators of the six teams of expert reviewers was asked for a short note of overall impressions on the pattern of adequacy of care. As these impressions are those of clinicians who have studied Bristol clinical notes in considerable depth, they may be of assistance to the Inquiry. The expert teams, though different, identified very similar issues for comment. This may be thought to strengthen the weight that may be placed on their impressions.

Pre-operative assessment issues

5.2 The reviewers noted significant delays from primary referral to appropriate investigation. There were delays before cardiac catheterisations were planned, especially for patients who had previously had operations. It was not clear whether this was clinical policy or related to lack of resources.

5.3 There were delays between the time of the cardiac catheterisation and an operation. Some of the outpatient letters indicated that the waiting list was "tight". It was again not clear whether the delays related to the waiting list and to resources or whether some were actually clinical policy.

5.4 In general, investigations appeared to be adequate, providing the correct diagnosis but many were considered to be incomplete in not providing all of the details that might have been ideal for a surgeon to know. This raised the questions, such as whether the lines of communication between surgeons and cardiologists were adequate, and whether there was sufficient dialogue between specialists on clinical problems?

5.5 It was difficult to determine who took medical or nursing responsibility for directing the management of patients on the ITU and particularly as applied to the management of paediatric patients.

Pre-operative and Operative issues

5.6 There were some situations which should have been considered as urgent, in which an operation was significantly delayed; on occasion the patient was even discharged from hospital while waiting for a very urgent operation. It appeared that these problems were probably related to the availability of resources.

5.7 Cardiopulmonary bypass procedures were done at BRI which was remote from the Paediatric Cardiology expertise.

5.8 There were relatively long cross-clamp and circulatory arrest times. Such times would be unusual in the current era but not necessarily so in the past.

5.9 Some of the teams made positive comments about good outcomes in difficult cases.