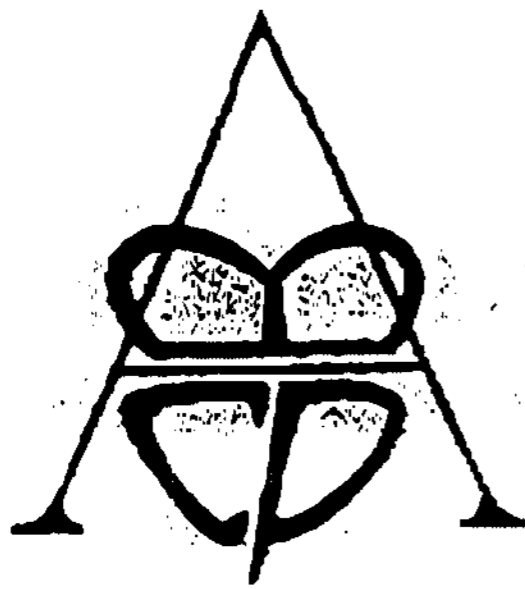


FROM :

PHONE NO. :

Mar. 24 1998 09:32PM P2



BRITISH PAEDIATRIC CARDIAC ASSOCIATION

Ms Charlotte Martin
Solicitor
The Bristol Royal Infirmary Inquiry
2-10 Temple Way
BRISTOL
BS2 0BY

10 January 2000

Dear Ms Martin

**ADDITIONAL SUBMISSION FROM THE BRITISH PAEDIATRIC CARDIAC ASSOCIATION TO
THE BRISTOL ROYAL INFIRMARY INQUIRY**

I write on behalf of the British Paediatric Cardiac Association, which welcomes the invitation to submit a final presentation to the Bristol Royal Infirmary Inquiry.

1. The BPCA - Proposed Regulatory Function

The Association would like to take this opportunity to support the claim, advanced earlier in its submission to the Inquiry in February of 1999, that it assume an identifiable regulatory function in relation to performance in paediatric cardiac surgery and paediatric cardiology.

As defined by its constitution, the Association's main purpose has been to promote the study and care of infants and children with heart disease in the United Kingdom and Republic of Ireland; to promote and distribute study and data pertaining to these problems and their prevention; to help those engaged in this work at the various centres in the United Kingdom and the Republic of Ireland; and to promote communication and cooperation between these workers.

By adopting an identifiable regulatory function in relation to performance, the Association would seek not only to set and maintain standards but also improve equality of access to high standard care.

2. Enforcement of Standards

In its earlier submission, the Association emphasised that it was a non-statutory body and had no regulatory function. It also highlighted the fact, that throughout the 1980's, and indeed currently, there was no body charged with the setting of standards and monitoring of outcomes in paediatric cardiology and paediatric cardiac surgery. Formerly, Royal Colleges have been concerned principally with training. Neither the Department of Health, nor Purchasers/Commissioners for Services, have set clearly defined standards by which centres can be judged. There still exists a vacuum, therefore, in relation to identification and the enforcement of standards.

3. The BPCA as a Multi-Disciplinary Body

Since its inception in 1991, the Association, through its emphasis on the promotion and care of children with heart disease on an interdisciplinary basis, has attempted to create a platform upon which best practice can be built and achieved. The multi-disciplinary representation of all those involved in the care of children with heart disease - cardiologists, surgeons, nurses and technical staff - within one professional body is unique, with no comparable counterpart in Europe or North America.

4. The BPCA and the Setting of Standards

The Association, throughout 1998 and 1999 has made, with others, considerable progress in the setting of standards as indicated by the following:

4.1 The production of guidelines for interventional cardiology.

Interventional Cardiology describes the range of techniques by which cardiac lesions such as blocked valves, narrowed blood vessels and holes in the heart, can be treated without opening the chest. This is essentially a new discipline. It has developed substantially within the last ten years, concomitant with advances in catheters that can deliver devices to close hole in the heart or stretch/dilate narrowed valves and blood vessels. The guidelines which have been produced by the BPCA recognised that it is not possible, at present, to make these evidence-based. They do, however, represent a consensus from the profession of best current practice

in the United Kingdom. They will be submitted to the Annual Meeting of the Association in May of 2000 for approval.

4.2 Services for Adults with Congenital Heart Disease

In conjunction with the British Cardiac Society, a report has been produced identifying the requirements for establishing centres for older adolescents and adults with congenital heart disease. These will also be submitted for ratification at the annual meeting of the British Cardiac Society and the Association in May of 2000.

4.3 Tertiary Services

The Association has produced recommendations for tertiary provision for children with congenital heart disease. It is recognised that there is considerable diversity in the way the service is presently provided by individual units in the United Kingdom. An "ideal" configuration applicable to every unit would be impossible to achieve. Nonetheless, guidelines for purchasers are thought to be valuable in promoting the appropriate development of high quality services. Again, it is planned that these recommendations will be submitted to the Membership at the May 2000 business meeting for their approval.

4.4 British Cardiac Society Peer Review Scheme

With the British Cardiac Society, the British Paediatric Cardiac Association have been reviewing mechanisms by which all cardiac units can be reviewed on a regular basis. The British Cardiac Society has recognised a strength of feeling within the British Paediatric Cardiac Association that those providing diagnoses and treatment should be reviewed as units rather than undergoing separate assessments of cardiology and cardiac surgery. If the concept promoted by the Association is accepted, the review would need to be undertaken by a multi-disciplinary team. This will need the support of other specialist organisations, including the Society of Thoracic and Cardiovascular Surgeons, the College of Anaesthetists and, possibly, the College of Paediatric and Child Health. The British Paediatric Cardiac Association has recognised the significant advantages in accepting the offer of the larger British Cardiac Society for providing organisational support.

4.5 United Kingdom Central Cardiac Audit Database

The British Paediatric Cardiac Association has endorsed previous recommendations that every paediatric cardiac unit in the United Kingdom should submit data to the central cardiac audit data base as from April 2000. This proposal also has the full support of the Society of Thoracic Cardiovascular Surgeons and will be ratified at a general meeting arranged for January 14, 2000.

5.0 Regulatory Function of the Association

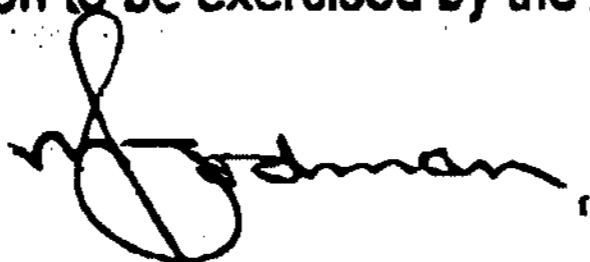
- 5.1 The British Paediatric Cardiac Association proposes that it assumes a regulatory function in relation to performance in paediatric cardiac surgery and paediatric cardiology.
- 5.2 It proposes that the mechanism for this function should be periodic site review for accreditation of centres for paediatric cardiac surgery and paediatric cardiology. These site reviews would be conducted by a multi-disciplinary team, including a cardiac surgeon, paediatric cardiologist, nurse, and a representative of the N.H.S. Executive/Department of Health. The reviews would focus on every aspect of organisation and performance of each centre wishing to be accredited.
- 5.3 Reviews will be conducted at intervals of not less than 5 years.
- 5.4 The Committee responsible for Peer Review will report indirectly via the British Cardiac Society to the General Medical Council, the Chief Medical Officer, the Department of Health, Chief Executives of Trusts and others as thought necessary.
- 5.5 The costs incurred in the periodic reviews will be borne by individual Trusts.

FROM :

PHONE NO. :

Mar. 24 1998 09:33PM P5

- 5.6 If the principle of this regulatory function of the Association is accepted, the proposal will require to be widely disseminated for, at present, there exists no mandate for this function to be exercised by the Association.



M.J. Godman
Past President, British Paediatric Cardiac Association
on behalf of the President and Council Members of the Association