

NOTES OF THE PAEDIATRIC/CARDIAC ANAESTHESIA MEETINGHELD 11TH JANUARY 1995CATHETER LAB, BCH

Present: Cardiologists : Joffe, Hayes, Martin
 Surgeons : Dhasmana, Wisheart
 Anaesthetists : Masey, Monk, Bolsin and Pryn (left midway)

1. The Mortality Figures for the Switch Programme were considered for non-neonatal surgery. Neonatal mortality had previously been discussed and the programme stopped, awaiting the arrival of a new surgeon. The non-neonatal figures were agreed upon using data supplied by the surgeons and obtained by Drs Underwood and Pryn. The mortality for the over 1 and the under 1, non-neonatal children were subdivided, these figures are attached to this letter. All members agreed that these figures were the most accurate that could be obtained.
2. The significance of these figures was discussed regarding the quality of service and the risk to the children of surgery performed in Bristol when compared to figures obtained from the cardiac registry for 1990-92 plus data obtained from a 1992 American paper. Under discussion it was decided that the outcomes of Bristol were within the expected range of mortalities but not in line with the best reports from centres such as Melbourne, Great Ormond Street, Birmingham or Boston. These figures did not support the withdrawal or stopping of the present non-neonatal programme, the question was asked distinctly by CRM and all members with the exception of SP (absent) agreed that the programme should continue.
3. Discussion on the political position of the Trust ensued, revealing that SNB had contacted the Department of Health to inform them of the over 1 year old switch case planned for 12th January. General and specific discussion on the risks of performing surgery with a fatal outcome was discussed and the option of delaying for a week or until the arrival of the new surgeon was proposed strongly by SNB as much could be lost by the death of the child (CRM and JDW having had frank discussion on this point earlier in the afternoon with CRM believing that the risks exceeded the possible benefit).

SNB was pressed for an explanation of the reasons behind informing the Department of Health prior to the meeting to discuss whether the programme should proceed the next day. The working relationship between himself, Peter Doyle and the Department of Health funding for his audit programme was so intertwined that SNB felt unable not to tell Peter Doyle of the forthcoming event. Discussion on the setting up of an internal versus external assessment of the paediatric programme also ensued and SNB was criticised for suggesting that Professor Angellini rather than Mr Parker should investigate, CRM supported SNB's view that the internalisation of this report had been a reasonable response at the time of SNB being asked for his opinion.