

- 2.2 The report has come to the Strategic Planning Working Party at this stage even though the project team continues its work and will eventually submit a final report based on the increase of up to 600 cases in total. However because the increase in 100 cases could amply be accommodated without major disruption at the Bristol Royal Infirmary it is felt that this should be given early consideration by the Regional Health Authority and Districts.

3. THE CASE OF NEED

- 3.1 Those members who were at the Strategic Planning Working Party and Regional Health Authority last year will recall the very real problems of waiting lists and patients who are unable to obtain the appropriate surgery in this Region. In fact it transpired that the South Western Region had the lowest rate of cardiac surgery for its resident population of any of the 14 English Regions. The physicians and surgeons associated with that specialty are still extremely concerned about those referrals which come to them which would be amenable to treatment by surgery but who are unable to get it. Thus the need for enhancement of this service is as great as it was when it was first brought to our attention over two years ago. The cardiac surgeons and physicians in Bristol have met recently with the new Chairman of the Regional Health Authority to acquaint him with their anxieties and the current problems.

4. THE PATTERN OF REFERRAL AND TREATMENT

- 4.1 The case before the Working Party demonstrates the practicality of increasing by 100 cases the number of open cardiac surgery operations carried out at Bristol on behalf of this Region. The existing waiting lists of patients are currently such that the additional surgical capacity could already be committed without any expectation of an increased referral rate of patients to the physicians in Bristol. On the other hand it has to be borne in mind that having once increased by 100 cases per year this would be a continuing increase in capacity and that the new referrals of patients, which have in any case been increasing over recent years, would still not meet the overall demand.
- 4.2 The need for referral and for surgery must inevitably rest on the clinical assessment of the urgency of the individual patient's case. Thus whether a patient is given surgery in Bristol or referred on to other centres, such as London, will rest with the clinicians assessing the case. Because many patients are already referred to Bristol who cannot be given surgery there the cardiological assessment and radiology required is already being undertaken for more cases than would be accounted for by the increase of 100 operations. Therefore the referral pattern for surgery either in London or Bristol will have to be observed as a consequence of the increase in 100 operations to ensure that the benefits for the residents of South Western Region are achieved and not merely transferred by patients who would currently be going to London being dealt with in Bristol.
- 4.3 It is suggested that in order to ensure that the enhancement of service is real that a regular review should be undertaken not only of the patients being operated upon in Bristol, who are residents of the South Western Region, but also of those who are being referred outside the Region to other centres. At the present time it is not easy to identify these on a regular basis since some of the hospitals in London are outside the normal Hospital Activity Analysis data systems