

3.2 Indicators Relating to the Size of Cardiac Surgery Units

In the 1981 SWRHA Report on Open Cardiac Surgery (Mather Report) the initial aim was that provision should be made within the Region for up to 600 open heart operations per annum, which would mean with London operations a total resource of 800 operations for the Authority's residents. 800 operations equate to a rate of 26 per 100,000 population. It was not expected that this would fulfil the total demand from the Region, but that a further review of clinical needs would be carried out when the 600 open heart operations level had been achieved.

The reasons for settling for 600 operations annually as the minimum viable size for a unit in Bristol were that not only did it provide an economic size for which to provide staff and facilities, but it is internationally recognised that the overall mortality rate drops in direct relationship to the number of operations carried out.

When the Bristol Unit achieves 375 operations per annum, just over 100 will be Coronary Artery By-Pass Surgery operations, whereas at 600 almost 300 Coronary Artery By-Pass operations will be done, thereby securing the best survival rate. In increasing the size of the Unit it would be anticipated that there would be a gradual increase in Coronary Artery By-Pass operations and that valve replacements and operations on children with congenital defects would increase marginally.

Based on the Region's residential population, the DHSS has recently suggested that approx. 435 open heart operations per million pop. need to be carried out at the present time made up as follows:

- 300 Coronary Artery By-Pass operations per million population
- 80 Valve replacements per million population
- 45 on Children mostly for congenital defects per million population.

Taking the present population of a little over 3 million, a total of 1350 operations are now estimated to be required, increasing to 1450 by 1994. For further details, please refer to APPENDIX A.

3.3 Waiting Lists

The need for the increase has been further emphasised by the longer waiting lists for Coronary Artery By-Pass operations.

By September, 1983, there were 176 people on the waiting list for cardiac surgery, of whom 32 had been waiting for more than a year. It is anticipated that at any one time 50 - 60 of these would have been children.

The small increase of 100 operations, which will be achieved in 1984/85 will not clear the waiting list of these patients, and even when 600 operations are achieved it is doubtful whether the potential immediate demand will be met.