

3.4 OPTION 2

Replace old equipment in the 2 existing Rooms at BRI with modern replacements.

3.4.1 Proposal

To re-equip both Catheterisation Rooms (Rooms 13 and 14) at the BRI on a phased basis, i.e. Biplane Cineangiograph Unit for adults/paediatrics during 1985/86 and a Single Plane Cineangiograph Unit for adults in 1986/87. (N.B. Latter Unit to be funded from Regional Scientific Officers Budget.)

3.4.2 Current Throughput

880 Cardiac Investigations (660 Adult and 220 Child) and 220 Screenings for Pacemakers p.a.

3.4.3 Future Flexibility

This level of provision, i.e. 1,095 Cardiac Investigations (770 Adult and 325 Child) and 200 Screenings for Pacemakers p.a. would not provide the capacity for the full number of investigations needed, i.e. 1,450.

3.4.4 Favourable Factors

Only two new Cineangiograph Units would need to be purchased in the short term which would mean an approximate saving of £340,000.

3.4.5 Unfavourable Factors

- (i) Although the continuance of 2 rooms, side by side, would allow a service to be provided in the event of a breakdown or during planned maintenance etc., this would severely curtail throughput.
- (ii) Experience indicates that Room 13 may need to be closed for up to 6 months while conversion works are carried out. During this period no backup facility would be available for adults and children.
- (iii) Paediatric cases would continue to be transported from BCH to BRI and back for their catheter investigations.
- (iv) The re-equipping of the 2 rooms at the BRI alone would not provide a full service to support 600 open heart operations in Bristol.
- (v) Increased staffing costs of £ 156,000 p.a.
- Refer to APPENDIX B.

3.4.6 Conclusion

This Option does not provide a full investigational level to service the projected surgical work load. Also it would still leave the problem of transporting critically ill infants between the BCH and BRI unresolved. The Option has, therefore, been rejected on clinical grounds.