

3.6.6 Other Factors

- (i) It must be emphasised that whilst the proposed re-ordering requirements are sub-divided, the viability of the entire Option depends on the successful completion of the "packaged" (three phase) scheme.
- (ii) The proposed BCH provision is not dependent on the main Cardiac Surgery scheme, i.e. increase to 600 operations in Bristol, so the ferrying of children could be eliminated as soon as the necessary funds are available.
- (iii) Although the proposed Catheterisation Room at the BCH is not expected to carry out catheterisations continuously throughout the week, a full staffing provision has to be made because of the nature of the case load and the need for catheterisation at short notice and, therefore, other appropriate functions will be carried out. It is anticipated that the BRI Rooms will be used fully, although not solely for catheterisations.
- (iv) This arrangement would avoid the current situation where the investigation of many urgent paediatric cases has to be deferred until the end of the routine sessions, (i.e. out of hours with staff being paid at call-out rates).

3.6.7 Conclusion

This Option is the only one that enables the appropriate developments to be made in both Adult and Paediatric fields without compromising the clinical needs in either area.

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