

CARDIAC SURGERY

Notes of a Meeting between Officers of the South Western Regional Health Authority and Bristol & Weston Health Authority - 30th January, 1986

Present:- Dr. M.R.F. Reynolds) S.W.R.H.A.
 Dr. M.A. Pitman)
 Mr. J. Foreman)
 Mr. D.G. Webster)
 Dr. I. Baker) Bristol & Weston Health Authority
 Mr. G. Nix)

INTRODUCTION

1. The agenda for the meeting was:-
 - 1.1. Matters arising from the notes of the meeting on 15th October, 1985.
 - 1.2. To finalise views on the influence which can practically be exercised over workload.
 - 1.3. To consider the role of the Private Sector.

DISCUSSION2. Matters Arising

2.1. From paragraph 8.1.:-

- The first principle that each D.H.A. has an equitable proportion of the global resource refers to all resources including cases treated outside of the Region (principally in London).

2.2. From paragraph 8.2.:-

(a) R.H.A. will look at the use of all resources and also will look at the balance of use. However, cardiologists must advise on this issue since clinical decision, and therefore referral patterns, could set the pattern of care if no quota mechanism is arrived at. For example, do the visits by the consultant from the Brompton Hospital to Cornwall directly influence the pattern. The pattern of care was illustrated by a number of tables (see 'A' attached) that demonstrated that more than half of operations on the Region's residents take place outside the Region.

(b) Since at the present level of 450 operations a year, and probably up to the proposed 600, there is little room for manoeuvre since most are urgent cases, then if provision is made for more than 600 cases the situation will become more flexible and the position of under users and over users can be examined. Even if the increased throughput still consisted of predominantly urgent cases, increased facilities may enable fairer distribution of urgent cases. Authorities and clinicians continue to need to be kept informed as to how they are performing in these 'statistics'.