

PLYMOUTH HEALTH AUTHORITYCARDIAC SURGERYFINANCIAL COMMENTARY

11.

CURRENT FINANCIAL ARRANGEMENTS

11.1 Before examining the costs of the options for developing a cardiac surgery service it is pertinent to consider the current financial arrangements. At present the cost of treatment for patients from the southern part of the Region who go either to Bristol or London are recharged to the host district by means of the RAWP cross boundary flow mechanism. The intra Regional recharge to Bristol is based on an estimated cost per case of £4,357 (at 1984/5 prices). There is however, an inconsistency in the way the recharge to the London hospitals is calculated. As the statistics do not record cardiac surgery as a separate specialty, the recharge is based either on the cost per case of thoracic or general surgery. This results in a much lower than expected recharge.

11.2 In determining the cost of a Plymouth based development it is relevant to consider off-setting some of the proposed costs by the amount of recharge currently transferred to Bristol and London. This could be of the order of £0.6m for the Districts in Devon and Cornwall. There are two important points of principal here; namely, it is likely that the D.H.S.S. and the Region would require Plymouth to concentrate its efforts on increasing South Western patient throughput in absolute terms and not to transfer patients from London - at least in the short term; and in view of the present recharging arrangements it is "cost effective" to maintain existing London throughput. This situation could, of course, change in the near future. In view of these factors no off-setting credit has been allowed.

OPTIONS

11.3 The relative costs of establishing a sub regional specialty for cardiac surgery are shown at appendix . Whilst experience of other health authorities as well as local estimates have been taken into account in preparing the estimates of cost, they should at this stage be treated as preliminary rather than definitive.

11.4 Cardiac surgery is a service which is likely to evolve and as such it is difficult to cost all the options at their various stages of evolution. At this stage three options have been costed viz.

- (i) 250 cases per annum in existing accommodation at Derriford Hospital (with one theatre)
- (ii) 600 cases per annum in existing accommodation at Derriford Hospital (with twin theatres)
- (iii) 600 cases per annum in a separate Unit at Derriford Hospital