

5 and 6)

CLOSED HEART SURGERY UNDER 1 YEAR

Mortality is not related to the total numbers of operations performed, but is below 5% in half of the centres (as available) and is over 10% in one centre only (Figure 4).

CONCLUSIONS:

1. Supra Regional Funding has brought benefits, particularly in staffing levels, in some of the designated units. Centralisation of cases (particularly in the rarer complex diagnostic groups) has occurred and, during this time, results have improved in this age range.
2. The concept of a "Supra Regional Centre" for Neonatal and Infant Cardiac Surgery has been somewhat nebulous in the past, and a clearer definition of staff establishment and facilities is suggested in this report. The objective is to provide Professional Specialist Management of these young children through each 24 hours and throughout the year.

The Working Party recommend that where such staffing levels are not available at present (Medical/Surgical, Nursing and Heart Lung Perfusionists), attention should be drawn to this situation and remedial action should be taken by the Local Health Authority. We would support the appointment of a second surgeon with Paediatric experience in Leeds and regret that they have not submitted their figures to strengthen our findings in this report.

7
21 Should not be funded
when not provided!