

Department of Oral & Maxillofacial Surgery
Bristol Dental Hospital
Lower Maudlin Street
Bristol BS1 2LY
Switchboard 0117 923 0000
Fax 0117 342 4503
<http://www.uhbristol.nhs.uk/dental>

P.G. GUEST MBChB BDS FDS RCS FRCS
S.J. THOMAS MB BCh BDS PhD FDS FRCS

Secretary: DEBBIE BOULT
0117 342 4392
Apts: 0117 342 3259

C.W. HUGHES BDS, FDSRCS, MBChB, FRCS(OMFS) Secretary: NIKKI GOODWAY
0117 342 4392

Our Ref: CWH/KS
Typed: 13th October 2010

David Tappin
Director of Strategic Development
NHS Bristol

Dear David

~~I am writing to give supporting information for the proposed centralisation of ENT/OMFS/Head and Neck at University Hospitals Bristol.~~

Within OMFS for the Bristol/Bath region we are a small specialty with 7 Consultants covering a large geographical area with diverse needs covering: facial trauma, treatment of serious orofacial infection, facial deformity, head and neck cancer, oral surgery, cleft surgery etc. We support a centralised service.

There is no doubt that the failure of centralisation on a number of occasions in the past has seriously harmed development of a patient focused service for the region.

At all times during the last 20+ years there has been no doubt that a service which is centralised in its management, strategic planning and delivery would benefit patients, clinicians and the wider healthcare community. From an evidence base this is supported most importantly by common sense (for example using wisdom drawn from any aspect of the commercial sector consolidating its expertise and resource) but is also evidenced by extrapolating published results which apply to other cancer sites and non cancer related surgical experience; such as upper gastrointestinal surgery, gynaecological cancer and vascular surgery (ref 1.2.3.4).

Many of the clinicians who have a stake in the new service have worked in units nationally and internationally. It is clear that given adequate resource and central support 'world class' services will always aim to achieve a critical mass of expertise, resource and research capability at a central site.

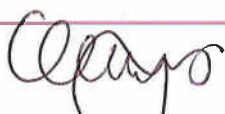
The obstacle to this in Bristol has always been achieving consensus opinion when the service was looked at as 'a whole' (meaning that satisfaction of the requirements of every facet of a very diverse service is difficult and that the needs of one group within it may be compromised for some and advantaged for others by a centralisation service). This fact has been taken into account at all stages of the review of the Head and Neck Cancer/ ENT/OMFS review and clinicians have appreciated the transparency and inclusive nature of the process.



We have now achieved a position where consensus is reached. From an Oral and Maxillofacial Surgical viewpoint we all agree that a centralised service will benefit patients, clinicians and the wider health community at all levels of healthcare delivery.

1. The relationship between hospital volume and post-operative mortality rates for upper gastrointestinal cancer resections:Scotland 1982-2003.
Skipworth RJE et al. European Journal of Surgery 2009.
2. Centralisation of oesophagogastric cancer services: can specialist units deliver?
Forshaw MJ et al. Ann of Royal College of Surgeons of England 2006.
3. Centralisation of esophageal cancer surgery: does it improve clinical outcome?
Wouters MWJM et al. Annals of Surgical Oncology. 2009.
4. Meta-Analysis and Systematic Review of the Relationship between Hospital Volume and Outcome following Carotid Endarterectomy.
Holt PJE et al. European Journal of Endovascular Surgery. 2007.

With kind regards




Mr Ceri Hughes
Lead Clinician for Head & Neck

Our Ref: PAT/LD/

Department of Otolaryngology
Southmead Hospital
Westbury-on-Trym
Bristol BS10 5NB
(Switchboard: 0117 950 5050)
Direct Line: Tel. 0117 323 6221

Fax. 0117 323 5850
Secretary: lynsey.dorney@nbt.nhs.uk

Date: 29th September 2010


Ruth Hallet
Project Manager
Bristol PCT

Dear Ruth

At present Bristol is served with regard to its ENT needs by two departments located in the two trusts providing healthcare in the city. The departments work closely together but are geographically separated and have shown a strong desire to come together for at least 20 years. Clinicians see significant advantages such as increased specialisation and more efficient use of workforce and equipment. At the heart of such a reconfiguration is a desire to improve facilities and services for patients. The two departments have built up regional and national reputations for their service but could be stronger working together.

We recognise that we are dismantling a service that works well and has satisfied peer review to implement a new service model. There are clinical and service delivery risks involved with such a reconfiguration. However it is the consensus view of Clinicians that it is desirable to reconfigure services as there are potential benefits and efficiencies that will arise as a result of this reconfiguration, provided sufficient support with regard to process planning and capacity are put in place. Centralisation of the ENT surgical services will allow the appropriate development of the service in the future to benefit patients.

There is no clinical evidence base to confirm such a movement of services but if one examines other service providers throughout the UK and Europe it is self evident that larger institutions benefit their patients by having better access to new technology, specialist rather than generalist services and development of services arising out of research advances.

Yours sincerely


Paul Tierney MA FRCS (ORL-HNS)
Consultant ENT Surgeon

Mr Geoffrey Pye BSc MSc DM FRCS FRCS(Ed)
Medical Director

geoffpye@nhs.net

4 November 2010

South Plaza
Marlborough Street
Bristol, BS1 3NX

Tel: 0117 976 6600
Fax: 0117 976 6601
Minicom: 0117 900 2675

David Tappin
Director of Strategic Development
NHS Bristol
South Plaza
Marlborough Street
Bristol BS1 3NX

Dear David

Local Reconfiguration of Services for Head & Neck Cancer

ASWCS has long supported the review of clinical pathways for Head & Neck cancer on the basis of the clinical evidence of improved outcomes for centralised integrated surgical and oncological services. Evidence of clinical benefit was looked at in great detail in the preparation by NICE of the *Improving Outcomes Guidance* document. This forms the basis of the reconfiguration process.

In addition to the recommendations of the IOG, local clinicians have for many years been looking forward to developing a single site, integrated service that would provide the comprehensive care those patients with this disease require.

The nature of Head & Neck cancer is such that a truly multidisciplinary approach is required and offering this in a single centre of care will really enhance patient's experience of the process of diagnosis and treatment, both surgical and oncological, as well as ensuring optimum outcomes.

Yours sincerely