

Reviewing Hyperbaric Oxygen Services: Consultation Guide

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Publications Gateway R	eference: 07577
Document Purpose	Consultations
Document Name	Reviewing Hyperbaric Oxygen Services: Consultation Guide
Author	NHS England Specialised Commissioning
Publication Date	January 2018
Target Audience	Medical Directors, Directors of PH, NHS England Regional Directors, NHS England Directors of Commissioning Operations, Directors of Finance, Allied Health Professionals
Additional Circulation List	
Description	Providers of Hyperbaric Oxygen Therapy Services, Diving Associations
Cross Reference	
Superseded Docs (if applicable)	
Action Required	Consultation
Timing / Deadlines (if applicable)	Consultation closes 5 February 2018
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Document Status

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Version number: 1

First published: January 2018

Prepared by: Market Development Team, Specialised Commissioning

Classification: OFFICIAL

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1 Background

NHS England is responsible for planning and buying a national HBOT service as part of the portfolio of specialised commissioning. HBOT is the delivery of oxygen at a pressure greater than normal (greater than 100 kPa) so that a higher level of oxygen can be dissolved in the patient's blood plasma. This takes place within a treatment chamber which may accommodate one or more patients and attendant staff.

It is the only treatment available for decompression illness, a condition that divers are at risk of developing. Divers with suspected decompression illness need urgent access to HBOT.

It also has some other applications in treating a range of injuries, however there is not conclusive evidence of the efficacy of these applications, and the evidence for these are currently under review through the NHS England policy process.

NHS England believes that this service is currently over provided, at an unnecessary cost to tax payers, and therefore propose to reduce the number of commissioned providers from ten to eight.

2 Reviewing NHS funded HBOT provision

- 1. NHS England currently commissions ten private providers of HBOT services, to provide round the clock capacity.
- 2. The primary indication for HBOT is in treating decompression illness and gas embolism (also known as 'divers sickness' or 'the bends') as a result of diving accidents. An air or gas embolism can happen when a scuba diver surfaces too quickly from any depth. This can cause air to escape into the blood vessels from the lungs (pulmonary barotrauma) or bubbles of nitrogen to form in the blood vessels.
- 3. On average 300 divers each year need to be treated for suspected decompression illness, and HBOT is the only treatment for this potentially fatal condition, therefore it is proposed that we continue to provide adequate coverage across the country for emergencies.
- 4. Divers ideally need to be seen within two hours of the onset of symptoms, for the best possible health outcomes, and therefore the aim is to ensure that wherever someone is in England they could be transported to a facility within two hours, including air ambulance access times.
- 5. HBOT can also have some benefit for other conditions. Currently around 300 people each year access elective HBOT treatment for carbon monoxide (CO) poisoning and for treating wounds such as radiation injuries and diabetic ulcers. However there are differences of opinion on the effectiveness of this treatment, and NHS England has undertaken a clinical review to assess whether there is evidence that this should be routinely commissioned by the NHS.
- 6. If the clinical review does not find evidence that this is an effective treatment for other indications, then amendments to the current policy may be proposed. Any changes to the policy would also be subject to public consultation, and at this stage no other changes to provision are being proposed. This consultation is only concerned with the move from commissioning ten centres to eight centres.
- 7. NHS England does not believe that reducing the number of facilities offering HBOT will impact on the emergency treatment of decompression illness. Detailed analysis has been undertaken to assess access to a hyperbaric chamber within two hours of onset of symptoms.
- 8. In the south of the country there are currently more centres than are required for coverage across the region with two centres in London and a further four

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centres across the south. To ensure patients are within reach of an HBOT centre when required in an emergency, NHS England believes that fewer centres are required in London & the south. Please see Appendix 1 for a more detailed map of current provision.

- 9. The statutory duty to consult with patients and the public relates to any proposed impacts on patients in how or where health services are delivered. NHS England does not believe that this will impact on patients with suspected decompression illness as eight centres would give coverage across the country for emergency access and there is no value in paying for excess capacity.
- 10. For patients who access HBOT facilities for elective wound management, the reduction of centres in the south and London, could impact on their choice of provider and may mean that they need to travel further for treatment. This would affect a very small number of people (approximately 100 per year) and therefore we are consulting on the decision to reduce the number of HBOT centres that contract to provide these services.

3 Consultation questions

In what capacity are you responding to this consultation?

In what region are you based?

Do you have concerns about reducing the number of NHS funded HBOT providers from ten to eight?

Please describe any equality or health inequality impacts which you think we should consider in relation to this change, and what more might be done to avoid, reduce or compensate for the impacts we have identified and any others?

Please describe any other comments or concerns you have about our proposed reduction of NHS funded HBOT centres.

Please declare any financial or other interests in any specialised services. For example, if you are responding on behalf of a voluntary organisation and your organisation received any funding within the last two years (including sponsorship or grants) from companies that manufacture drugs or treatments used in the treatment of specialised services, you must declare this. If you are a commercial supplier to the NHS of specialised services this should also be specified.

4 Appendix 1

The map below shows the extent to which the country is covered by two hours driving time from the current ten HBOT providers. In addition to this, helicopter transport (by air ambulance or search and rescue helicopters) would allow faster access in an emergency.



- Key
- Whipps Cross London
 St Johns Wood London
 Hull, Great Yarmouth &
 Reading
 Plymouth, Chichester &
 Wirral
 Rugby
 Poole