NHS England's response to the public consultation on the Hyperbaric Oxygen Therapy Service Review

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Equality and Health Inequalities Statement
Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

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1. Introduction

Hyperbaric oxygen treatment (HBOT) involves breathing oxygen at a partial pressure greater than 100 kPa. It is typically administered at a partial pressure substantially higher than 100 kPa and seldom less than 200 kPa. The high partial pressures are achieved by supplying gases to patients inside pressurised treatment chambers. In certain circumstances, divers require prolonged exposure to ambient pressure in excess of 100 kPa but the partial pressure of oxygen is reduced to 50 kPa or less in order to avoid pulmonary toxicity.

Hyperbaric centres are classified depending on the availability of additional medical facilities, suitability for different types of patients and whether they use mono- or multi-place chambers and are categorised from levels 1 to 4. Mono-place chambers are inappropriate for some patients such as those receiving initial treatment for decompression injury. Multi-place chambers are usually fixed facilities, allow an attendant or nurse to care for the patient or to deal with emergencies in the chamber and often have room for more than one patient. Patients in a multi-place chamber typically inhale oxygen or a therapeutic mixture of gases via a hood or a mask. Standard treatment for decompression illness takes five hours but many diving casualties require longer treatment depending on severity of injury and response to treatment. These treatments take place in Category 1 and 2 facilities.

NHS England currently commissions HBOT services from seven independent providers in ten centres nationally. During the process of consultation we were updated by regional commissioning teams and learned that there is no individual contract in place with the unit in Reading, as this formed part of contracted activity with Poole. Most centres developed as need arose geographically and are based on the coasts of England. NHS England also fund emergency treatment within the three units in Scotland, this is done through a contract arrangement with the Scottish Commissioning Board.

The purpose of the consultation was to obtain feedback from stakeholders on the proposal to reduce the number of centres from ten to eight in England, retaining access to coastal services and reducing provision in London and the South by one unit in each region. However, in light of the number of contracts that NHS England holds, the only proposed change is a reduction from two to one centres in London, to manage the number of people who require treatment for decompression illness or gas embolism in that geographical region.

2. The engagement and consultation process

The service review proposals were published and sign-posted on NHS England's website and were open to consultation feedback for a period of 60 days from 15 January 2018 to 16 March 2018. Comments from those who responded to the consultation were shared with the Clinical Advisory Group to allow members to consider the feedback and review the proposals.

The following questions were asked as part of the consultation process:

- 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.

3. Summary findings and NHS England response

This section sets out a summary of key themes arising from the consultation responses.

There were 2371 responses to the consultation. The majority were from the recreational diving community who had received notification from BSAC (British Sub-Aqua Club) and SAA (Sub-Aqua Association) that NHS England was consulting on the proposal to reduce the number of HBOT centres nationally. There was a fairly even distribution of responses from people living across all regions of England.

2341 respondents (98%) indicated that they did have concerns about the reduction in the number of HBOT centres.
Despite the large number of responses, almost all of these responses expressed concern that any reduction in capacity could result in poorer outcomes for divers with suspected DCI, and are summarised by the key themes set out below.

A number of respondents also outlined their concerns about a reduction of HBOT facilities in the Midlands, East of England and the North where travel times can be longer. However, the only proposed change is to address overcapacity in London and reduce the number of centres from two to one. No changes to service provision are being proposed in the other regions of England.

Key themes in feedback	**NHS England Response**
Any reduction in the number of centres will increase travel times for divers with suspected DCI and could lead to loss of life or life changing injuries.	NHS England currently commissions HBOT services from seven providers in ten units across the country at a cost of £8 million each year. Around 300 divers report suspected DCI each year. So on average, each unit sees less than one patient suffering from suspected DCI every week, even though the NHS has to pay for round the clock coverage. Activity within the

	units varies enormously. With the need to provide throughput of patients to maintain skills for the operators and clinical team, as well as ensuring that centres are accessible 24/7, we have mapped travel times and met with the coastguard to review activity information. This will ensure that there is no compromise of access or care by reducing the number of units in England. Eight units would give sufficient national coverage, enabling divers could to access HBOT within two hours of symptom onset.
HBOT isn't just an emergency treatment for DCI (decompression sickness) but has a wide range of clinical applications. Respondents cited that HBOT is also effective in treating a range of conditions including wound management, diabetic foot wounds, burns, radiation injuries, CO poisoning, MS (multiple sclerosis), and smoke inhalation.	The focus of this consultation is the proposal to reduce the number of NHS commissioned centres to address the overprovision of NHS-funded HBOT services in London and. Clinical effectiveness for a number of conditions has been consulted on through our policy consultation process following a series of evidence reviews. Policy dictates what indications HBOT is funded for within the NHS setting based on robust published evidence. HBOT has never been routinely commissioned by the NHS for the treatment of MS.
NHS England should invest in research into the effectiveness of HBOT for other medical conditions, when there is strong anecdotal evidence that it works.	Treatments need to be proven to be both clinically effective and cost effective in order for the NHS to routinely commission them. NHS England supports the use of rigorous scientific enquiry in exploring innovative treatments, but does not directly commission medical research. However we do recognise the importance of obtaining evidence for indications that may be using HBOT as an adjunct treatment. Recent evidence reviews concluded that there is insufficient evidence that other indications benefit from HBOT treatment.
Recent changes to coastguard search and rescue services have made it more difficult to access emergency treatment following an incident, and mean that the cited travel times are inaccurate.	Meetings with HM coastguard have taken place and given that the only substantive change to the new arrangements will be one HBOT facility in the London area instead of two, they are content that this will not impact

	emergency travel times and are satisfied with our proposals.
Emergency treatment for other sports injuries is freely available through A&E, so reducing capacity to treat diving injuries is prejudicial.	NHS England will continue to commission the emergency treatment of DCI, most commonly associated with diving. However it should be noted that most of the treatment that would be required for injuries sustained in sports such as rugby or skiing, for example, would be available in a standard NHS emergency room. Diving is a high risk activity that requires highly specialised equipment that is expensive to maintain at 24/7 coverage. One diver requiring HBOT treatment following suspected DCI costs the NHS £20,000 on average.
Reducing the overall capacity of HBOT services could have a detrimental effect on other crucial services such as police and military diving operations and deep tunnel excavation (caisson workers).	Access to emergency treatment for suspected decompression illness/gas embolism is governed by the relevant NHS England clinical commissioning policy and will be free at the point of delivery as part of NHS provision, as long as the inclusion criteria outlined in the policy are met. There are no plans at present to review this. HBOT providers may have separate contractual arrangements in place to deliver services for commercial organisations or the armed forces.
Shouldn't divers pay for this exceptional treatment through flat fees or by insurance as they do in other countries? HBOT is beyond the scope of routine NHS treatment, and divers are choosing to undertake a high risk activity – why should taxpayers fund this?	Currently emergency treatment for suspected DCI is free at the point of delivery as part of NHS provision, and there are no plans at present to review this.
Reducing the number of centres could mean longer travelling times which could particularly impact on people on lower incomes and those with other long term conditions or disabilities.	HBOT is commissioned as an emergency treatment for DCI and gas embolism. If an emergency transfer is required this can be done in the usual way through emergency services. Patients would not be expected to arrange their own transfer in an emergency.
Reducing the number of centres could impact on the ability of	Given the low numbers of patients seen at each unit, it can be difficult for clinicians to

clinicians to maintain their clinical skills.	practice enough in order to develop their skills. One London unit will therefore treat patients more regularly, enabling clinicians to maintain their skills and continue their professional development, which is an additional benefit.

4. Conclusion

NHS England welcomes the valuable feedback received through this consultation process.
Having carefully considered all comments received, the concerns raised are noted but the view of NHS England is that there will be no detrimental impact to patient care by reducing the number of HBOT units in London. With such a low incidence of emergency HBOT treatment, it is more of a concern that professionals do not have enough clinical practice to keep up levels of professional competency and development.

Currently around 100 patients are treated each year for decompression sickness or gas embolism in the two existing London based units, and one unit can easily manage these demands. Overall patient numbers have been higher as they include elective referrals for other indications, including carbon monoxide poisoning and wound management, but following the policy reviews undertaken by NHS England, HBOT will not be commissioned for these indications from April 2019.