

ATLANTIC
OCEAN

Paediatric ENT in the United Kingdom

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Background

Sir Patrick Drummond Street's Hospital and 1123
Hotel Dieu in Paris, 17th Century



Background: National Health Service

- Created 1948 as part of post war “welfare state”
- Paid for by taxation
- “Free at point of delivery”
- “Care from cradle to grave”

Background: National Health Service

- No answer to limitless demand
 - Originally thought demand would fall as people became fitter!
 - Early exclusion of teeth and glasses
 - Since then various attempts at resource allocation
 - Who decides how to divide available funds?
 - Purchaser/provider
 - » commercial atmosphere rather than co-operation
 - General practitioners (fund-holding practices)
 - Recently ventilation tubes not funded in some areas
 - lack of evidence base to support the benefit

Background: National Health Service

No answer to limitless demand

BUT

UK 7% GNP vs USA 14% GNP

Prime Minister Blair - promise to increase spending

Background: National Health Service

Central control of service should provide more safeguards for effective and efficient care

Cleft Palate service is first service to be examined

- Decision to centralise surgery to a limited number of centres
- Opposition from some making it difficult to implement

Background: General Medical Council

- G.M.C.
 - created 1858
 - self regulation
 - largely medical members on committees
- Huge loss of public confidence
 - Bristol Cardiac Surgery Enquiry
 - Dr. Harold Shipman
 - Organ retention scandal



Background: Royal College of Surgeons

- Originated as Company of Barber Surgeons in 1540 under Henry VIII
- Separate ENT exam since 1974
- Paediatric section in ENT exam since 1998

Background: Royal College of Surgeons

- Responsible for Training and will be involved in revalidation/recertification
 - Particularly important after Bristol
- Trying to be responsible/proactive
 - Bovine spongiform encephalopathy (BSE)
 - Prions not killed by usual sterilisation techniques
 - Disposable equipment for tonsillectomy

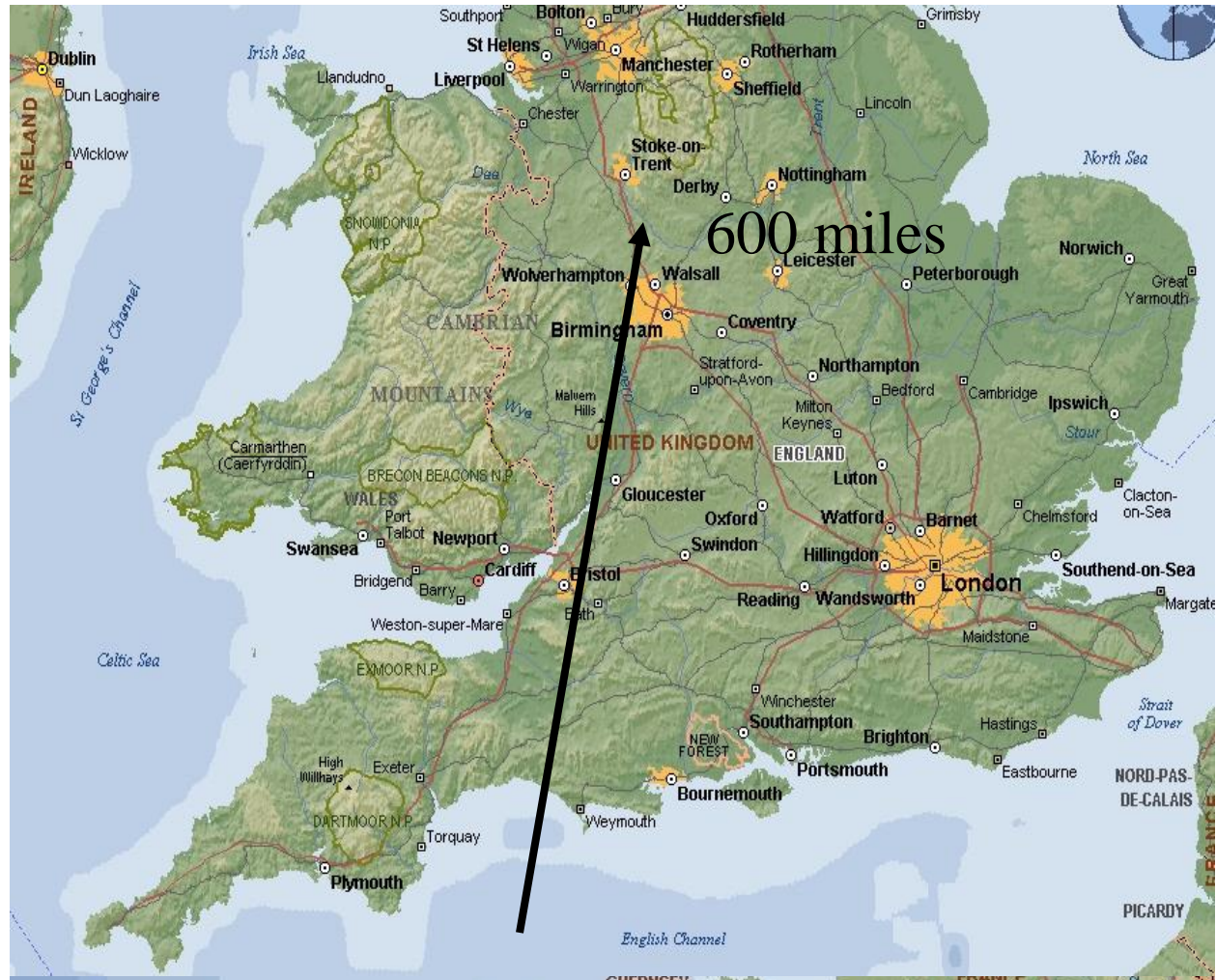
Background: BAPO

- Established 1991
- Annual meetings
- £10 / year including meeting
- Scholarship fund
- Protocols
- Political debate on prioritisation of resources

Background: Founding Father

- John Evans
 - Laryngotracheal reconstruction
 - Long lasting partnership with Robin Cotton
 - Fellowship program
 - International ambassador for pediatric ENT

United Kingdom, Population 60 Million



UK cities in order of population

London	8 M	Southampton	.2 M
Manchester	2M	Aberdeen	.2 M
Birmingham	1M	Newcastle on Tyne	.2 M
Glasgow	.6M	Portsmouth	.2 M
Liverpool	.4M	Norwich	.2M
Sheffield	.4M	Swansea	.2 M
Leeds	.4M	Dundee	.15 M
Bristol	.4M	Oxford	.1M
Edinburgh	.4M		
Belfast	.3M		
Cardiff	.3 M		
Plymouth	.25M		

Rio de Janeiro

14 M

Paediatric ENT specialists by city

City	Population	3° Level	2° Level
London	8 M	4	5
Manchester	2M	1	2
Birmingham	1M	1	2
Glasgow	.6M	-	1
Liverpool	.4M	1	-
Sheffield	.4M	1	-
Leeds	.4M	-	-
Bristol	.4M	1	1
Edinburgh	.4M	-	-
Belfast	.3M	1	1
Cardiff	.3 M	-	-
Plymouth	.25M	-	1
Total	56M	10	16

Current UK Establishment

Secondary level

- Secondary level Paediatric Otolaryngologists
 - for England
 - 56 M \approx 16
 - (1 per 4 M)
 - Compared with USA
 - 300 M \approx 250
 - (1 per 1 M)
- 15 UK cities with Paediatric ENT
- ?100 + cities in USA

Current UK Establishment

Tertiary Level

- Tertiary level paediatric otolaryngologists
 - for England 56 M \approx 10
 - (1 per 5 M)
 - for USA 250 M \approx 50-100
 - (1 per 5 M)
- Tertiary centres
 - for England 56 M \approx 5
 - (1 per 10 M)
 - for USA 250 M \approx 25
 - (1 per 10 M)

A Tale of Two Cities

- London
 - Teaching Hospitals and the Hospital for Sick Children, Great Ormond Street
- Plymouth
 - Population 250,000
 - 200 miles from London

London Paediatric Otolaryngologists in General Hospitals



Provision of services in London

- Attempt by Government to reduce the number of hospitals
 - many merged
 - loss of some ENT departments
 - eg King's with big neonatal unit but no on site ENT!
- Duplication of resources within London
- No real plan!

Hospital for Sick Children, Great Ormond Street

- 4 paediatric ENT surgeons with no adult commitment
 - supraspecialisation
- 350 beds
- Comprehensive service with co-operation from adult surgeons
- Where rare disease is common
- “End of the road”



South West England

- Few major cities
- Many remote areas
- Difficult transportation
- Model for provision of services
 - Hub and Spoke



South West England



2 main centres in South West

- Bristol
 - 2 paediatric ENT
 - Annual Estimates
 - 80 scope
 - 2-3 LTR
 - 4-6 choanal atresia
 - 70 Cholesteatoma <10
 - No Cochlear Implants
- Plymouth
 - 1 paediatric ENT
 - Annual Estimates
 - 150 scope
 - 6 LTR
 - 5 Choanal atresia
 - 60 Cholesteatoma
 - 5-6 Cochlear Implants

Each centre refers 2-3 cases to
Great Ormond Street Hospital/year

UK centres for Paediatric ENT



UK Training

- Matching supply to demand
 - 9 UK trainees with fellowship in last 10 years
 - ? Expanding speciality
 - Future needs
- Scope of training
 - Operative experience
 - 1 or 2 year fellowship
 - Paediatric examination / experience

Future challenges for UK Paediatric Otolaryngology

- Need to lead on issues such as:
 - Common Paediatric ENT problems
 - Protocols
 - Evidence base
 - Improving outcome of specialist work
 - Centralisation
 - Subspecialisation

Discussion in wonderful surroundings



EuroOxairS 2002 For
Rio de Janeiro
Paediatric
Otolaryngology

