

[▼ Menu](#)

Hyperbaric oxygen services consultation

Page 1 of 3

Closes 13 Oct 2024

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Hyperbaric oxygen services consultation

Respondents should read the public consultation guidance, the Equalities Health Impact Assessment and the revised service specification before submitting feedback.

Submit one response per person. Duplicate or multiple responses from the same email address will be excluded from the feedback considered.

2. In what capacity are you responding to this consultation?

(Required)

- Hyperbaric Clinician
- Clinician (other)
- Member of the public
- Patient (current or former)
- Member of the diving community
- Current service provider
- Potential service provider
- Professional association (eg British Hyperbaric Association)
- Other -please state

British Sub Aqua Club

3. In what region are you based?

(Required)

- North-east and Yorkshire
- North-west
- Midlands
- East of England
- London
- South-east
- South-west
- Wales
- Scotland
- Northern-Ireland

Other -please state below

Offices are based in North-west England but we are the national governing body for the sport of s

It is proposed that the number of commissioned HBOT centres in England is reduced from eight centres to six centres. The geographical scope of these services ensures that there is no more than 4 hours travelling time (by road) from coastal locations, furthest borders or between neighbouring commissioned HBOT centres and as such meets the recommendations set out in good practice guidelines. Providers are required to ensure that clinical staff complete at least ten treatments per year to maintain clinical competency. With some providers treating comparatively low numbers of patients, each staff member completing the minimum number of treatments required to maintain their clinical competency may be challenging.

4. To what extent do you agree that a reduction in the number of centres from eight to six will meet the aims of supporting clinicians to maintain clinical competency, maintain timely access to treatment and ensure value for money for public funding?

- Strongly opposed
- Somewhat opposed
- Neither oppose nor support
- Somewhat support
- Strongly support

Do you have any comments about reducing the number of NHS funded HBOT providers from eight to six?

During the previous consultation on hyperbaric services in 2018 BSAC responded to oppose the reduction in facilities at that time from 10 to 8 chambers in England and emphasised the gap in the coverage of the North East of England. The current proposal is for a further reduction and a change in the minimum transfer time from 2 hours to 4 hours despite previous advice that the previous HBOT review citing “Divers ideally need to be seen within two hours of the onset of symptoms, for the best possible health outcomes...” We can find no evidence provided to justify an increase in the minimum transfer time and the evidence used represents a Research report (2007) that predates not only the current consultation but also the previous one by several years. We would seek further assurances that

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The revised service specification sets out that providers must be able to treat critically ill patients. The current service specification sets out that not all providers need to be able to treat critically ill patients. The aim of this change is to ensure all providers are operating to the same clinical standards, have the same referral and acceptance criteria, whilst reducing avoidable variation in timely access to appropriate care.

5. To what extent do you agree that the change to the service specification meets this aim?

- Strongly opposed
- Somewhat opposed
- Neither oppose nor support
- Somewhat support
- Strongly support

Do you have any comments about the proposed changes to the service specification which mandates all providers should be able to treat critically ill

patients?

BSAC would support the maintenance of high standards of treatment and medical expertise and recognises the benefits of the NHS approach to a small number of regional centres with specialist treatment. However, the successful treatment of DCI, as identified in the consultation documents, are time dependent and the activity generally takes place in remote areas.

Additionally the frequency of the most serious cases have not been identified and it may be appropriate for an appropriate pre-referral triage process to determine the seriousness of any patient and refer to an appropriate centre, with collocated emergency treatment facilities. Such an appropriate triage system already exists with the BHA Diver Helpline and is further commented on in the next section.

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The revised service specification sets out that transfer to the hyperbaric facility closest to the patient place of presentation is the typical pathway. The aim of this is to ensure timely access to treatment in line with best practice guidelines.

6. To what extent do you agree that the change to the service specification meets this aim?

- Strongly opposed
- Somewhat opposed
- Neither oppose nor support
- Somewhat support
- Strongly support

Do you have any comments about the proposed changes to the service specification which aims to ensure timely access to treatment by setting out patients should be transferred to the closest hyperbaric oxygen therapy facility?

BSAC notes that the BHA Diver helpline is a well established resource, providing 24 hours, 365 day cover with immediate access to a qualified hyperbaric doctor able to provide immediate medical advice and provide direct referral to the nearest, and most appropriate chamber. Whilst any commissioned chamber could offer similar services, we consider that having a single and consistent contact point would provide the most reliable service. The same single emergency contact point is applied in Scotland and both are detailed in BSAC training and our website www.bsac.com/DCI for ease of access for any diver. We believe the same referral numbers are used by the Coastguard and RNLI.

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The revised service specification sets out that all patients should be offered a follow-up review within 2-3 months of completing HBOT and as part of this a standard qualitative outcome tool should be completed. The aims of this are to ensure monitoring of long-term outcomes for patients.

7. To what extent do you agree that the change to the service specification meets this aim?

- Strongly opposed
- Somewhat opposed
- Neither oppose nor support
- Somewhat support
- Strongly support

Do you have any comments about the proposed change to the service specification which sets out all patients should be offered a follow-up review within 2-3 months of completing HBOT, using a standardised qualitative outcome tool?

identification of symptoms in order to clinically evaluate efficacy of any 'time to treatment'. Any advice provided for the return to diving should be quantified and wherever possible 'fitness to dive' medicals facilitated.

BSAC compiles an BSAC Annual Diving Incident report and in many incident reports of DCI we see reports of divers who suffered DCI following a dive within safe parameters being advised that they should consider a test for a Patent Foramen Ovale (PFO). This condition was identified many years ago by Dr Peter Wilmshurst and his research in this area is recognised worldwide. We would expect and welcome inclusion of possible involvement of PFO being included in any qualitative outcome tool. We would also welcome any consideration of formal referral of divers for a suitable PFO check and possible closure to prevent any repeat instances

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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.

BSAC has no financial or other interests in any specialised services other than the desire to maintain and ensure speedy and reliable referral of injured divers to high quality HBOT treatment.

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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?

None

There is a limit of 1500 characters

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