

R1038

EASTERN REGIONAL HEALTH AUTHORITY

Údarás Réigiúnda Sláinte an Oirthir

ENT Surgery, 2002

**REVIEW OF CONSULTANT-LEVEL ENT  
SURGERY SERVICES IN THE EASTERN  
REGION**

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*An Update of 1983 Comhairle na nOspideal Report on  
ENT Surgery Services*

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## Chapter 1

### INTRODUCTION AND TERMS OF REFERENCE

#### BACKGROUND

1.1 Otolaryngology or ENT, Head and Neck Surgery is a Surgical Specialty. The specialty is the third largest in the Royal Colleges of Surgeons of Great Britain and Ireland. Surgeons working in this field specialise in treating the following range of diseases:<sup>1</sup> -

- **All conditions of the ear:** Hearing loss, infections, and other conditions
- **Conditions of the nose:** injuries to the nose, deformities of the nose, cosmetic nasal surgery, nasal allergies, nasal blockage, sinus infections and tumours of the nose and sinuses.
- **Conditions of the throat:** Inflammations of the throat, such as tonsillitis, snoring, swallowing disorders, voice disorders, and tumours of the throat and larynx.
- **Head & Neck diseases:** Swellings in the neck, arising in the lymph nodes of the neck, Salivary Glands, developmental disorders, cysts, thyroid disorders and tumours arising in the tissues of the neck.

Existing acute hospital services for people diagnosed in need of inpatient ENT care were put in place in the 1980s<sup>2</sup> at seven designated hospitals: Beaumont Hospital, the Mater Hospital, St. James's Hospital, AMNCH, St. Vincent's University Hospital, Temple Street Children's Hospital, and Our Lady's Hospital for Sick Children. These services, provided under the Health Act (1970)<sup>3</sup>, are free of charge and include access to both inpatient and out-patient treatments as required. Outpatient facilities were also provided in JCM, Naas, St. Michael's and Loughlinstown.

In 1983 the report of the committee on the development of ENT services was published (Comhairle, 1983)<sup>2</sup> In relation to the level of resource provision - particularly beds and consultant manpower - appropriate to the specialty of otolaryngology, Comhairle recommended that the

general approach to planning of services must be based on a wider population catchment. This relates to the scale of the workload derived from a given population and the need to concentrate sufficient workload to justify the provision of a reasonably sized unit in terms of staff, equipment, space and other resources. (Para 3.2:8-9).

In relation to the eastern region, the Comhairle recommended that in the future development of services, there should be a major rationalisation of the existing services. This rationalisation necessitated a substantial reduction in the existing ENT bed stock in the eastern region; the closure of a number of smaller inpatient units and the relocation, in the long-term, of the existing unit at the Royal Victoria Eye and Ear Hospital.

#### **REVIEW COMMITTEE ON THE FUTURE DEVELOPMENT OF ENT SERVICES**

- 1.2 The ENT Review Committee was established by Comhairle na nOspidéal in June 2001 to examine the existing arrangements for the provision of ear, nose and throat (otolaryngology) services in the eastern region and to make recommendations to the Comhairle on the policy that should be adopted in the future development of these services.

#### **TERMS OF REFERENCE**

- 1.3 The following are the committee's terms of reference:
- To review existing arrangements for the provision of consultant-led ENT services nationally.
  - Following consultation with the interests concerned, to make recommendations to Comhairle na n-Ospideal on the future organisation and development of these services nationally
  - The Review will focus on updating the 1983 Comhairle report taking into account recent advances in and increasing demand for otolaryngology services.

The following members were appointed to serve on the committee:-

<b>Dr. S. Ryan</b>	<b>CHAIR</b>
Ms. A. Cody	
Dr. Eibhlin Connelly	Deputy Chief Medical Officer, DOH&C
Prof. Mary Leader	Cons. Histopathologist, Beaumont Hospital
Mr. Pat McLoughlin	Director Planning & Commissioning, ERHA
Mr. Kevin Moran	Cons. General Surgeon, Letterkenny General Hospital, Donegal
Prof. D. Moriarty	
Mr. T. Nadaraja	
Mr. Tommy Martin:	Chief Officer, Comhairle na nOspideal
Ms. Colette Vincent:	Comhairle na nOspideal (Secretary to Committee)

#### **REVIEW OF ENT SERVICES IN THE EASTERN REGION**

1.4 In October 2001, the Eastern Regional Health Authority was requested by the Comhairle to oversee a review of ENT services available to persons in the eastern region. In pursuance of its task the Authority's Sub-Committee on ENT engaged in a wide-ranging information gathering and consultation programme (membership provided in appendix 3). At the request of the Comhairle, each Area Board and relevant voluntary hospital and other interested parties were invited to make a submission, pertaining to the terms of reference and relating to both adults and children.

#### **REVIEW FRAMEWORK**

1.5 The Authority was concerned to ensure that the health services respond efficiently and effectively to the needs of persons requiring ENT care within its functional remit. In this regard, the current review involved:

- Analysis of services currently available, including their delivery;
- Recommendations on how these services could be improved, and

- Recommendations on services that should be provided to persons requiring acute ENT care.

The review involved consulting with frontline staff involved in the delivery of ENT care within the acute hospital sector. All providers of ENT services were invited to submit written evidence. It assessed the structures, processes, and outcomes of current ENT services and developed recommendations, where appropriate, aimed at providing an effective and efficient service to meet evolving needs. Information was collected using a variety of methodologies in the following order: individual written submissions from ENT service providers within the acute hospital sector; Monthly Monitoring Returns (IMR) on ENT activity; Waiting List analyses data for ENT Surgery; and a review of the international (and national) literature on best-practice.

We are grateful to all those who submitted written and oral evidence which enabled us to build up a profile of existing service delivery and constraints necessary to write this report.

The review aimed to provide a regional profile of:

- The current configuration of ENT service provision
- The view of interested parties, as specified by the Comhairle, on current service adequacy and future service needs.

Table 1.1 below outlines those consulted during the review process.

Table 1.1 outlines those consulted for the review.

**Table 1.1: Consultation process for ENT services review: those consulted for review**

Location/group	Personnel consulted
<p><b>Acute Adult Hospitals</b></p> <p>Staff of ENT units in each of the five Dublin Academic Teaching Hospitals:</p> <ul style="list-style-type: none"> <li>• Beaumont Hospital</li> <li>• St. James's Hospital</li> <li>• Mater Hospital</li> <li>• St. Vincent's University Hospital</li> <li>• AMNCH, Tallaght</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant consultants</li> <li>• Chief Executive Officers</li> </ul>
<p><b>Paediatric Hospitals</b></p> <p>Staff of ENT units the two Paediatric Hospitals:</p> <ul style="list-style-type: none"> <li>• Our Lady's Hospital for Sick Children</li> <li>• The Children's Hospital, Temple Street</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant consultants</li> <li>• Chief Executive Officers</li> </ul>
<p><b>Area Health Boards</b></p>	<ul style="list-style-type: none"> <li>• Area Chief Executive Officers</li> </ul>
<p><b>Department Public Health</b></p>	<ul style="list-style-type: none"> <li>• Public Health Specialists</li> </ul>

From these consultations, recommendations were developed to promote a co-ordinated, comprehensive and accountable service ensuring the best achievable service for ENT within the region in the coming years.

The importance of this Review at this crucial time cannot be underestimated. Recent advances in otolaryngology services provide scope for enhanced management with greater efficiencies than has been contemplated to date. For this Review to be effective it is



essential to assess the current situation and look for possible solutions which maximise the potential for a flexible, consumer-friendly and cost-effective otolaryngology environment. The ERHA welcomes the opportunity to represent the views of ENT service providers in the eastern region and to put forward recommendations on improving the service regionally.

This Regional Submission will initially provide an overview of ENT services in the eastern region. It will then address the issues that have been identified by providers that require attention. The ERHA has approached the Review at two main levels:

- A Firstly, a general review of current service provision, how it operates and the appropriateness of the current state of play.

There are two key sections

**1. Baseline**

This will include a discussion on:

- (a) Current staffing levels and skill mix
- (b) The physical resources available
- (c) The output/workload derived from these physical resources, together with a commentary on existing and potential efficiency.

**2. Issues**

An analysis of

- (a) List of ENT procedures (number and type) performed during the past year by inpatient or day surgery as well as an identification of the type of anaesthetic administered (i.e. general/local/regional block);
- (b) Total number of ENT procedures performed in each of the last two years (2000-2001).
- (c) The number of inpatients and average length of stay in each of the last two year (2000-2001)
- (d) The number of theatre sessions for ENT surgery
- (e) The location, number and frequency of out-patient clinics plus the number of attendances (new and return) in each of the last two year (2000-2001)
- (f) Details of the waiting list and waiting times, if any, for both inpatient and outpatient

(g) Access to bed and outpatient facilities

- B Secondly, from a broader perspective, those areas of service provision that could be improved to ensure that ENT services in the eastern region is of a high quality, is efficient and effective and that there is an appropriate level of accountability, including an analysis of necessary developments.

These recommendations come in part from the need to consider developments currently taking place in otolaryngology, both internationally and in Ireland. At the present time, with a combination of ENT developments coupled with changes in the Irish healthcare system (eg substantial increase in day surgery), there are significant opportunities for improvements in ENT service provision in the eastern region.

The ERHA has sought the views of providers of the service within its functional area and would welcome ongoing dialogue with the Review Committee, as proposed changes come under consideration for assessment and implementation.

The figures for facilities and consultant manpower requirements to provide this service are based on a range of published documents which have addressed these problems as well as the recommendations submitted by service providers. There is no intention that any of these proposed developments would compromise the basic ENT staffing of existing ENT departments in which the staff are already considerably stretched.

## Chapter 2

### CONTEXT FOR THE REVIEW

#### INTRODUCTION

- 2.1 This section sets out the context for the ENT Review. It provides information on the population of the eastern region, its health needs, ENT service provision and pressures facing the system.

#### POPULATION SIZE

- 2.2 The first issue to consider in relation to service use is the size of the population being served. Figure 2.1 outlines the distribution of the Irish population across health boards. A more detailed outline of the population remit of each Area Board within the ERHA is presented in Figure 2.2. Projected population increases up to 2011 in the eastern region are shown in Table 2.1.

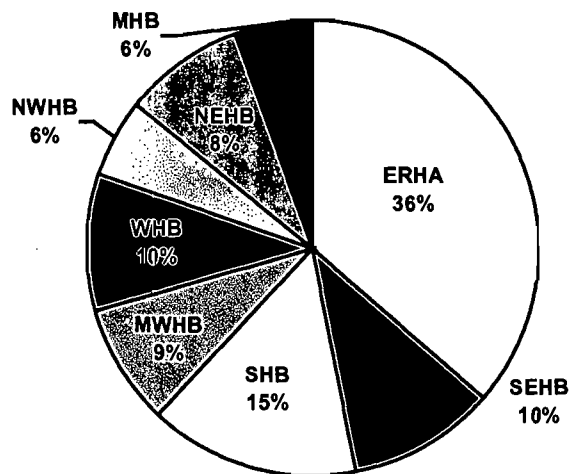
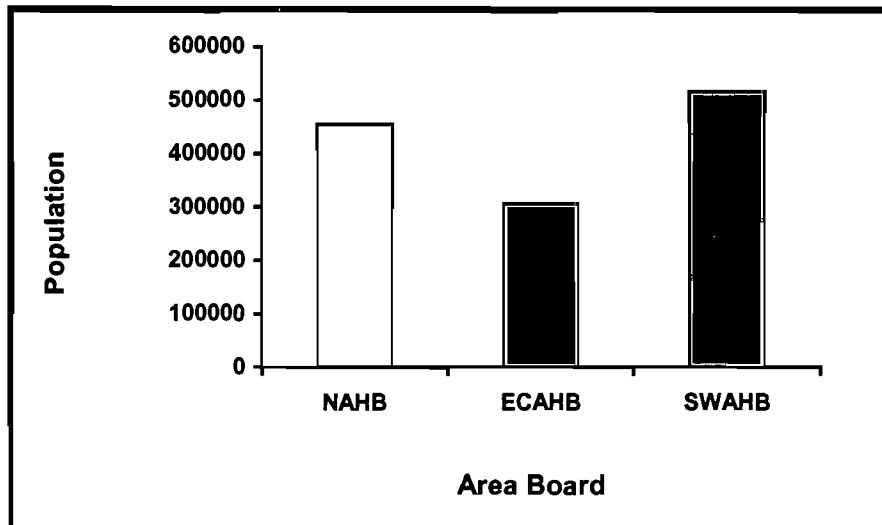


Figure 2.1: Population of each Health Board<sup>4</sup>

The eastern region is further broken down into the following Area Health Boards:

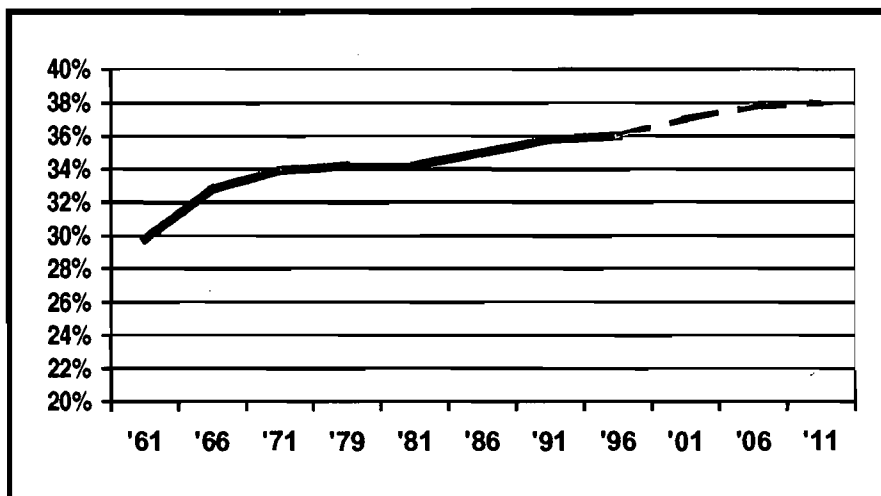


**Figure 2.2: Population Remit of ERHA's Area Health Boards<sup>4</sup>**

There has been a steady increase in the population in Ireland over the past ten years. This has been due to (a) an increase in the average life expectancy, leading to an increase in the elderly population; (b) economic growth has resulted in the reverse of the trend of net emigration to net immigration.

The eastern region has the largest and most densely concentrated population in the country. Figure 3.3a shows the trend in population in the eastern region as a percentage of the national population between 1961 and 1996. Currently just under 36% of Ireland's population is concentrated in the eastern region, compared with less than 30% in 1961. By 2011 it is estimated that this figure will have reached approximately 38%.

Since these trends are expected to continue, any sustained increase in population growth is going to place increasing demands on acute hospital services, including ENT services. This trend is reflected in the number of discharges from adult general, specialist, paediatric and maternity hospitals which totalled 183,669 in 2000, an increase of just under 1% over 1999 figures. Day cases totalled 150,695, an increase of 2.2%; while there were 480,140 visits to Accident and Emergency Departments in the region. This represents almost 40% of the national total<sup>5</sup>.



**Figure 3.3a:**  
Population growth in the Eastern Region as a Percentage of the National Population, 1961-1996<sup>6</sup>

	<b>Eastern Region</b>	<b>Ireland</b>
Population 1981	1.20 million	3.44 million
Population 2011	1.59 million	4.20 million
Percentage Increase	33%	22%

Year	Persons aged 0-14	Yearly population change	% Yearly population change	% population change from base year 1996
1996	859.400			
2001	830.800	-28.600	-3%	
2006	865.200	+34.400	+4%	
2011	931.100	+65.900	+8%	+8%
2016	963.200	+32.100	+3%	
2021	947.500	-15.700	-2%	+10%
2026	904.800	-42.700	-5%	
2031	868.800	-36.000	-4%	+1%

The Council for Children's Hospital Care project an associated increase in the demand for children's ENT services. An associated increase in demand of 8% has been predicted and should be taken into account when planning resource allocation for ENT7.

### HOSPITAL PROVISION

- 2.3 There are nine acute general hospitals in the eastern region, each providing a range of otolaryngology services on either an inpatient or outpatient basis (or both). The Royal Victoria Eye and Ear also provide ENT services on both an outpatient and inpatient basis.

There are significant differences in size of hospitals, the range of ENT services available and the hospital's ability to deal with complex otolaryngology techniques. Table 2.2 gives a breakdown of the type of ENT services available at each of the relevant hospitals.

**Table 2.2:**  
**Type ENT Service at each ERHA acute hospital<sup>8</sup>**

Health Board	In-patient	Out-Patient	Designated ENT beds, 2001
AMNCH	yes	yes	06
Beaumont	yes	yes	25
Colmcille	no	yes	0
Crumlin TSH	yes	yes	No designated specialty beds
Eye & Ear	yes	yes	11
JCM	no	yes	0
Mater	yes	yes	20
OLHSC	yes	yes	No designated specialty beds
St. James's/	yes	yes	19
St. Michael's	no	yes	0
St. Vincent's	yes	yes	07
		<b>Total beds</b>	<b>88</b>

## DEMAND FOR ENT

- 2.4 Hospital activity in the ERHA region has become more efficient, accommodating increased population above national growth, and greater activity with substantially fewer beds in real terms and by national ratios. Practice has significantly altered with reduced length of stay and a high proportion of day cases. However, demand for ENT services is exacerbated by a steady increase in emergency admissions, winter pressures in respiratory conditions, exceptionally high occupancy levels, a steady decline in elective admissions, continued high waiting lists for elective ENT surgery, and a level of inappropriate bed days / length of stay for elderly patients.

Waiting lists analysis suggests that demand for ENT services in the eastern region is high. Table 2.3 shows that the number of people waiting for elective ENT procedures nationally currently stands at about 4,940. The ERHA accounts for approximately 68% (n=3397) of the total ENT waiting list (March 2002).

Cumulatively there are approximately 21,984 people on the waiting list within the ERHA region. Large numbers waiting for procedures within a handful of specialties dominates the list. ENT accounts for 14.2% of the total waiting list within the eastern region. Detailed data on the procedures within specialties is not yet available for all hospitals, but from the data on hand it appears that the specialties which dominate the waiting lists are themselves dominated by common procedures. For example, a significant part of the ENT list (approximately 27%) is children awaiting procedures for grommets, adenoids and tonsils.

**Table 2.3: Waiting Lists by Speciality**

Speciality	Numbers	% of Total	Cum %	National
General Surgery	3988	16.6%	16.6%	
<b>ENT</b>	<b>3397</b>	<b>14.2%</b>	<b>30.8%</b>	<b>4940</b>
Orthopaedics	3094	12.9%	43.7%	
Ophthalmology	2837	11.8%	55.5%	
Plastics	2112	8.8%	64.3%	
Urology	2007	8.4%	72.7%	
Vascular	1620	6.7%	79.4%	
Cardiology	1416	5.9%	85.3%	
Gynaecology	1085	4.5%	89.8%	
Pain Relief	1069	4.4%	94.2%	
Neurosurgery	540	2.3%	96.5%	
Cardiac Surgery	444	1.9%	98.4%	
Maxillofacial	307	1.3%	99.7%	
Cardio-Thoracic	75	0.3%	100%	
<b>Total</b>	<b>23991</b>	<b>100%</b>		

The results are consistent with the findings of the Bed Capacity Review in the ERHA<sup>8</sup>. The waiting list is dominated by the larger general hospitals. The five Dublin Academic Teaching Hospitals (DATs) account for 72.7% of the waiting list in the region. Although one would expect the larger hospitals to have larger waiting lists, there is high variation between the larger hospitals that have similar bed capacity and services.

**Table 2.4: Waiting Lists by Agencies for ENT Surgery, March 2002**

Agency	Numbers	% of Total	Cum %
<b>Beaumont</b>	<b>758</b>	<b>22.3</b>	<b>22.3</b>
Mater	465	13.7	<b>36</b>
St. James's	195	5.7	<b>41.7</b>
St. Vincent's	246	7.2	<b>48.9</b>
Tallaght	425	12.5	<b>61.4</b>
OLHSC	665	19.6	<b>81</b>
Temple Street	386	11.4	<b>92.4</b>
Eye & Ear	257	7.6	<b>100</b>
<b>Total</b>	<b>3397</b>	<b>100%</b>	

Of the big five hospitals there is a difference between St. Vincent's and St. James's which have relatively low waiting lists compared to



Beaumont, the Mater and Tallaght. Being the regional referral centre, one would expect Beaumont to have the largest waiting list. However, there remains some unexplained variation between these hospitals. The data show that the Mater and Tallaght have high numbers waiting for ENT surgery (465 & 425 respectively). This may be reflective of referral patterns to local agencies - a point acknowledged by the ERHA Bed Capacity Review. There seems to be little migration from agencies with high waiting lists in one specialty to hospitals with a smaller waiting list in the same specialty. This may point to a greater tendency for patients to be referred to their 'local' hospital rather than to a hospital that may be able to offer a faster service. For example, Crumlin has an ENT waiting list of 665 but Temple Street only 386).<sup>9</sup>

When identifying solutions to a demand problem, two possibilities are usually considered:

- That existing resources are adequate but not being efficiently used;
- That further resources are needed.

These two possibilities will be considered when examining ENT resources and activity within the acute sector in the ERHA region.

## Chapter 3

### CURRENT ENT SERVICE PROVISION

#### INTRODUCTION

- 3.1 This chapter describes services in the ENT units available in the acute hospital sector in the eastern region. Service activity data was extracted from a number of different sources including individual hospital submissions, Monthly Monitoring Returns and Waiting List analysis figures for ENT surgery. A literature review based on best-practice guidelines was conducted and a comparison made between ENT service provision in the Eastern Region and other Health Boards throughout the country.

#### RESOURCE AVAILABILITY AND UTILISATION

- 3.2 In the previous section we noted that over the next ten years there are likely to be further marked increases in pressure on otolaryngology services in the eastern region as a result of population growth, increasing demand and changing technology.

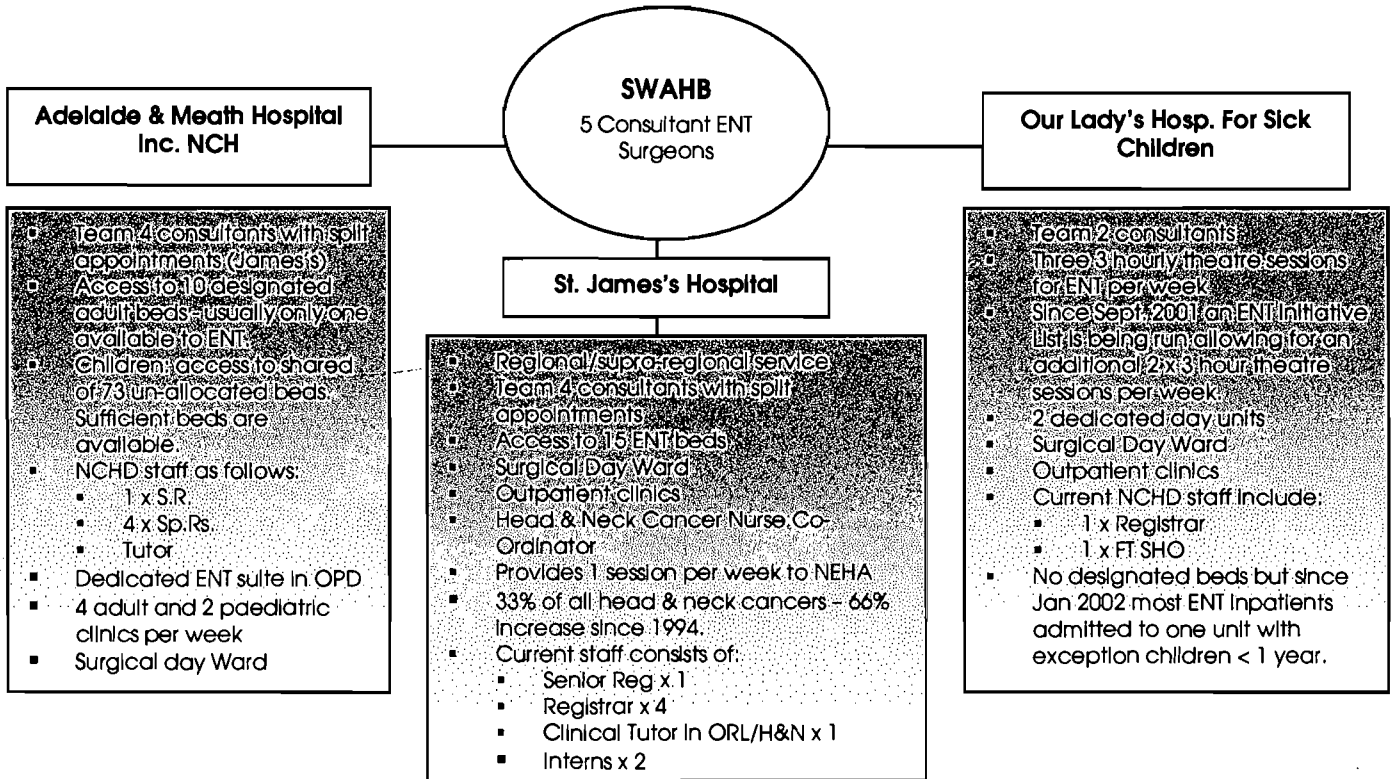
Our consultation exercise showed that there was a common belief among staff that problems of understaffing at both consultant and NCHD levels are directly attributable to such pressures given the very high levels of inpatient, day case and outpatient activity within existing ENT departments. This necessitates a consideration of the appropriateness of current staffing levels and the extent to which these staff are being used efficiently. To assist in this task the following data were examined:

- Existing service provision for ENT services in the eastern region. This is discussed under the following sub-headings:
  - Consultant staffing;
  - otolaryngology services in acute general hospitals;
  - otolaryngology services in Paediatric Hospitals
- Inpatient activity rates for each of the last two years (2000-2001) and average length of stay
- Day case and outpatient activity levels for each of the last two years (2000-2001)

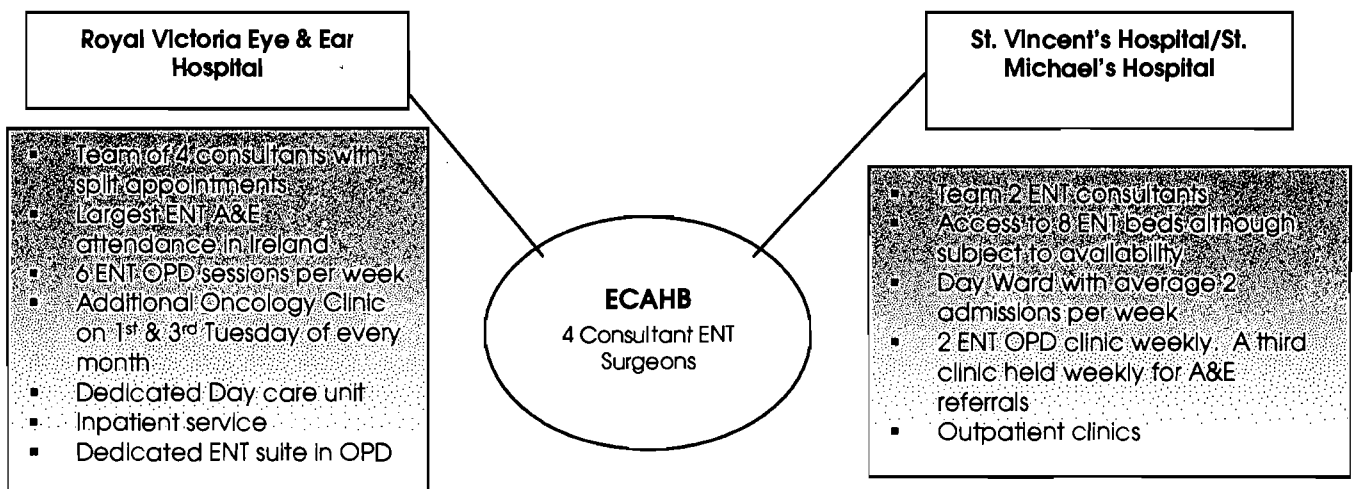
## Configuration of services

3.2.1 The configuration of ENT service provision within each of the ERHA's Area Health Boards are shown in figures 3.1a-3.1c below.

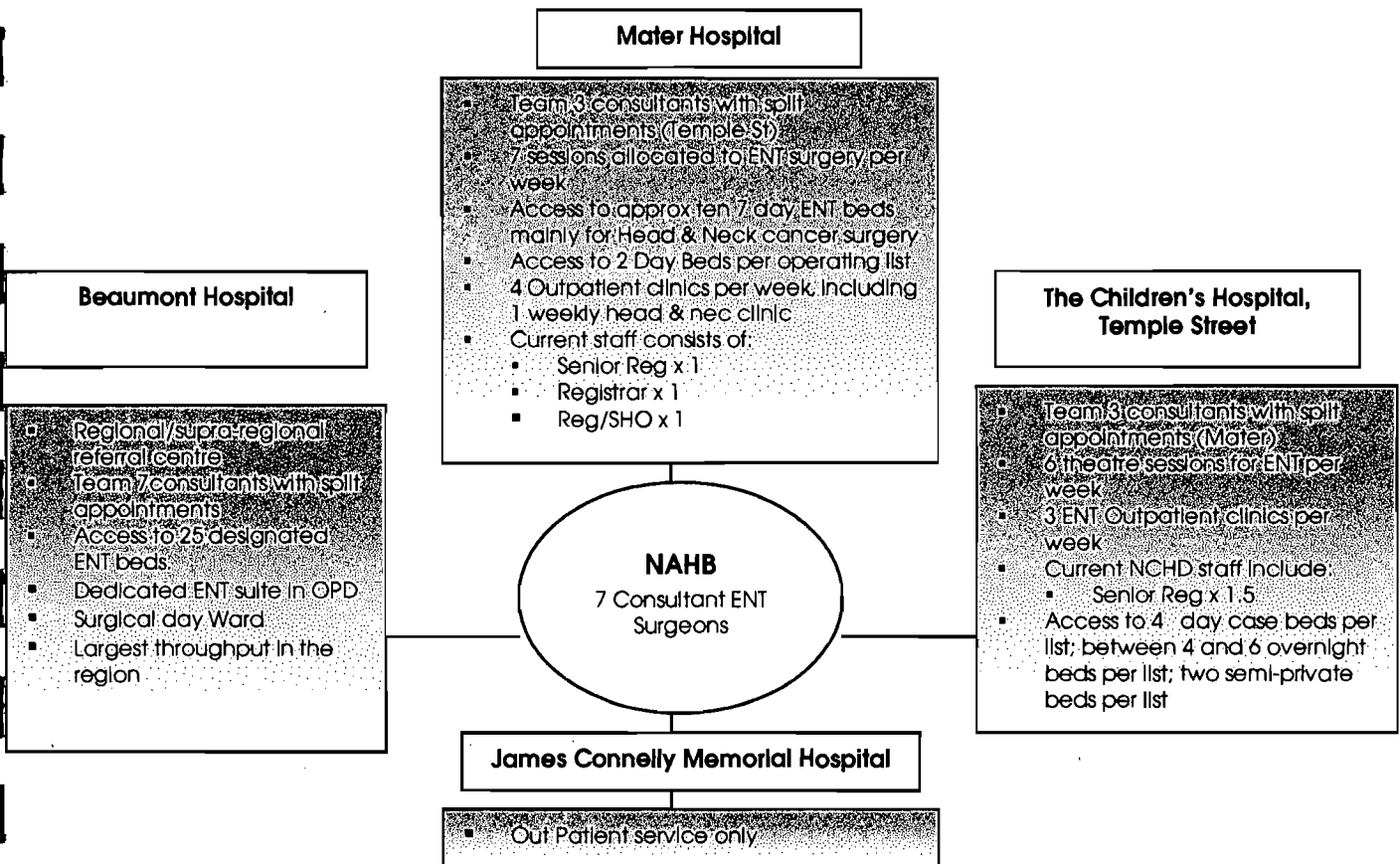
**Figure 3.1a: ENT Service Provision Overview in the SWAHB**



**Figure 3.1b:  
ENT Service Provision Overview in the ECAHB**



**Figure 3.1c:  
ENT Service Provision Overview in the NAHB**



### Consultant staffing

3.2.2 According to the British Association of Otorhinolaryngologists – HNS, the role of the consultant ENT surgeon incorporates the following elements.

- Leaders of the clinical team
- Have full & independent responsibility for the clinical care of their patients
- Advice management on the running of their service
- Specific responsibilities for operating: emergency, elective – day case, inpatients, etc.
- Outpatient consultation: investigation, diagnosis, and treatment; communication with patients, GP, nurses, allied health professionals; administration of outpatient priorities, surgical waiting lists, operating lists.
- Management of the surgical team
- Training: educational supervisor, teacher clinical and operating skills, assessor, etc.

- Audit: personal, unit, inter-disciplinary, regional, etc
- Continuing Professional Development, Research.

3.2.3 There are 9 acute general hospitals in the eastern region, each providing a range of ENT services on an inpatient, outpatient and day case basis. There are 16 permanent posts of Consultant Ear, Nose and Throat Surgeon approved by Comhairle na n-Ospideal in the Eastern Regional Health Authority. The configuration of services within each AHB are as follows:

- **SWAHB:** There are currently five consultant otolaryngologists in the South Western Area Health Board with sessional commitments to St. James's Crumlin and Tallaght hospitals. The Institute of Otolaryngology recommended that an additional four posts with sessional commitments to St. James's, Tallaght and Crumlin hospitals be appointed. It was also noted that consultant otolaryngologists from Beaumont provide a clinical service to Naas General Hospital for which there is an eighteen-month waiting list for out patient services. There is a waiting list of one year for an inpatient appointment at Tallaght and St. James's. For paediatrics there is a 9-month waiting list for out patients at Crumlin.
- **ECAHB:** there are four consultant otolaryngologist posts in the East Coast Area Health Board with sessional commitments to St. Vincent's hospital, the Royal Victoria Eye and Ear hospital, Crumlin hospital and the Midland Health Board. A fourth post is an approved vacant post of a part-time professorship with a sessional commitment between the RVEE, UCD and SVUH. Representatives of the ECAHB recommended that a fifth post with sessional commitments to St. Vincent's, RVEE and St. Michael's hospitals should be appointed. It was noted that there are no plans to provide a service to St. Columcille's Hospital but it was proposed that there would be a clinic and a possibly a day ward at St. Michael's.
- **NAHB:** Representatives from the Institute of Otolaryngology confirmed that there are seven consultant posts in the Northern Area Health Board with sessional commitments to the Mater, Temple St., Beaumont and the RVEE hospitals. A complement of four additional posts was recommended for the Mater, Beaumont and Temple St., hospitals. Members noted that an outreach service

is being provided to the JCM hospital under the remit of Beaumont hospital. For outpatient services there is an eleven-month waiting list, while some patients have been on the waiting list since 1992 for routine surgery at the Mater. In relation to Temple St., there is a waiting list of greater than one year for outpatient services. The waiting list for grommets is quite low as there is an efficient day unit but there is a year-long waiting list for inpatient surgery. It was stated that there is a waiting time of one year for both outpatients and inpatient surgery at the RVEE hospital. (80% of patients attend casualty and are non-surgical cases and are referred back to their GP).

**Breakdown of sessions in ENTHNS in ERHA**

<b>Area Health Board</b>	<b>Hospital</b>	<b>No. sessions</b>	<b>No. consultants involved</b>
<b>SWAHB</b>	St. James's	13	3
	Tallaght	13	2
	Crumlin	12	2
<b>Sub Total</b>		<b>38</b>	
<b>ECAHB</b>	RVEE	24	4
	St. Vincent's	11	2
<b>Sub Total</b>		<b>35</b>	
<b>NAHB</b>	Beaumont	42	7
	Mater	16	3
	Temple St.	14	3
	RCSI	2	2
	NAHB	3	1
<b>Sub Total</b>		<b>77</b>	
<b>Total sessions ERHA</b>		<b>150</b>	<b>16</b>

3.2.4 The Comhairle policy in relation to the provision of ENT services nationally was set out in its discussion document on the Development of Ear, Nose and Throat Services, November 1983. In a later study of ENT services in the Southern Health Board area (Nov 1990), Comhairle endorsed the general principles set out in its 1983 report, identifying Ear, Nose and Throat, Head and Neck Surgery (ENTHNS) as a regional speciality.

3.2.5 The Comhairle report of 1983 outlined that guidelines published by the British Association of Otolaryngologists in 1978 suggested the minimum requirements for an ENT service was two consultants serving a

population of 300,000. The report, allowing for regional variations, recommended a national ratio of 2 Consultant ENT Surgeons per 200,000 population.

- 3.2.6 More recent guidelines from the RSCI (1996) recommended a ratio of one Consultant Ear, Nose and Throat Surgeon per 80,000 population. Otolaryngology is Identified as a surgical specialty that should be represented in large acute general hospitals. The RSCI report also recommends that fully equipped ENT units be staffed by a minimum of three Consultant ENT Surgeons.

Consultant staffing on a regional, area board and national basis are presented in Table 3.2a. Comhairle na n-Ospideal's Register of Permanent Consultant ENT Surgeons with approval date is shown in Table 3.2b.

**Table 3.2a: Consultant Staffing, Otolaryngology, 2001**

Health Board	Population	Cons. Establishment	Population per Cons.	Variance* ERHA
<b>ERHA</b>	<b>1.3m</b>	<b>16</b>	<b>81,000</b>	<b>-1.2%</b>
<b>ECAHB</b>	<b>325,000</b>	<b>4</b>	<b>81,250</b>	<b>-1.5%</b>
<b>NAHB</b>	<b>455,000</b>	<b>7</b>	<b>65,000</b>	<b>+18.7%</b>
<b>SWAHB</b>	<b>515,000</b>	<b>5</b>	<b>103,000</b>	<b>-22.3%</b>
Mid-Western	317,069	3	105,690	
Midland	205,542	2	102,771	
North-Eastern	306,155	0	n/a	
North-Western	210,872	2	105,436	
South-Eastern	391,517	3	130,506	
Southern	546,640	3	182,213	
Western	352,353	3	117,451	
<b>Totals</b>	<b>3,625,148</b>	<b>32</b>	<b>113,285</b>	

\* Based on recommended 1 Consultant ENT Surgeon per 80,000 population

Table 3.2b: Register of Permanent Consultant ENTHNS

Area Health Board	Number Sessions	Name	Date Approved
<b>ECAHB</b>			
<b>POST 1</b>			
RVEE	8.0	Dr. Hugh Burns	Approval date 09/01/84
Midland HB	3.0		
<b>Total</b>	<b>11.0</b>	Category 2	
<b>POST 2</b>			
RVEE	6.0	Dr. Andrew MaGuire	Approval date 29/06/73
OLHSC	5.0		
<b>Total</b>	<b>11.0</b>	Category 2	
<b>POST 3</b>			
RVEE	5.0	Approved Vacant Post	Approval date 24/10/00
St. Vincent's	4.0	Category 2	
UCD	2.0		
<b>Total</b>	<b>11.0</b>		
<b>POST 4</b>			
St. Vincent's	7.0	Dr. David Charles	Approval date 04/07/95
RVEE	4.0	Category 2	
<b>Total</b>	<b>11.0</b>		
<b>NAHB</b>			
<b>POST 1</b>			
Beaumont	9.0	Dr. Rory 7cConn Walsh	Approval date 09/01/98
RSCI	2.0		
<b>Total</b>	<b>11.0</b>	Category 2	
<b>POST 2</b>			
Beaumont	8.0	Dr. Robert Gaffney	Approval date 29/09/94
NAHB	3.0		
<b>Total</b>	<b>11.0</b>	Category 2	
<b>POST 3</b>			
Beaumont	8.0	Dr. Michael Walsh	Approval date 18/12/87
RSCI	3.0	Academic - Full-time	
<b>Total</b>	<b>11.0</b>	Category 2	
<b>POST 4</b>			
Beaumont	11.0	Dr. Laura Viani	Approval date 02/08/90
<b>Total</b>	<b>11.0</b>	Category 1	
<b>POST 5</b>			
Mater	5.0	Dr. Alexander Blayney	Approval date 02/12/85
Temple Street	5.0		
Beaumont	1.0	Category 2	
<b>Total</b>	<b>11.0</b>		
<b>POST 6</b>			
Mater	6.0	Dr. Helena Rowley	Approval date 26/04/01
Temple Street	4.0		
Beaumont	1.0	Category 2	
<b>Total</b>	<b>11.0</b>		



Area Health Board	Number Sessions	Name	Date Approved
<b>SWAHB</b>			
<b>POST 1</b>			
Temple Street	5.0	Dr. Tadgh O'Dwyer	Approval date 10/10/89
Mater	4.0	Category 2	
Beaumont	1.0		
St. Luke's	1.0		
<b>Total</b>	<b>11.0</b>		
<b>POST 2</b>			
St. James's	7.0	Dr. Conrad Timon	Approval date 28/04/92
RVEE	3.0	Category 2	
St. Luke's	1.0		
<b>Total</b>	<b>11.0</b>		
<b>POST 3</b>			
St. James's	7.0	Dr. Aengus Curren	Approval date 22/12/99
Tallaght	4.0	Category 2	
<b>Total</b>	<b>11.0</b>		
<b>POST 4</b>			
Tallaght	10.0	Donald P. McShane	Approval date 27/09/89
St. James's	1.0	Category 2	
<b>Total</b>	<b>11.0</b>		
<b>POST 5</b>			
Crumlin	7.0	Dr. John D. Russell	Approval date 03/05/00
St. Vincent's	4.0	Category 2	
<b>Total</b>	<b>11.0</b>		

Source: Comhairle na n-Ospideal Consulting Staffing

- 3.2.7 Based on the recommended guidelines it is clear that although the total complement of Consultant ENT posts in the ERHA falls within acceptable parameters, there is considerable variation and inequity of service provision within area boards. This points to a need for a reconfiguration of posts between voluntary and area board hospitals, perhaps on a shared or split-sessional basis. These issues are discussed in more detail in Chapter 4.
- 3.2.8 Under current arrangements, issues such as the decreases in the number of non-EU NCHDs coming to work in Ireland and the expected reduction in NCHD working hours in future years will have a very significant impact on the Irish hospital medical staffing system and need to be addressed.

The challenge for Comhairle is not just to propose change in the ENT sector, but rather to create an agreed mechanism whereby the consensus for change within the sector can be harnessed. While different solutions to the hospital consultant ENT staffing problems were

proposed, Comhairle will need to collaborate in building a model for the future consultant ENT staffing of hospitals that integrate appropriate elements of those solutions.

### EUROPEAN COMPARISONS OF NUMBER OF ENT SURGEONS

3.2.9 By examining comparative statistics on the number of ENT surgeons in comparably sized European countries, it is clear that Ireland has a very low number of ENT surgeons per population (see Table 3.5).

**Table 3.5: Number ENT Surgeons per population, Europe & Ireland**

Country	Number of ENT Surgeons	Ratio population: ENT surgeon
Ireland	32	113,285
Norway	300	15,000
Denmark	326	15,644
United Kingdom	400	78,370

Source: UEMS (European Union of Medical Specialists)

Within the European Union the ratio of ENT surgeons per head of the population is approximately one per 20-28,000 people. Within the United Kingdom there is one ENT surgeon for every 78,000 people. The British Association of Otolaryngologists-HNS recommends that there should be at least one ENT surgeon to serve every 80,000 people. At present there are 16 ENT surgeons in the ERHA. Allowing for 1.5 million people in the ERHAS and a further 500,000 (25%) referrals from populations outside ERHA (2 million) there is a deficit of 8 of the 24 consultants which are needed to serve the population adequately.

The following facts need also be considered when allocating manpower resources:

- Approximately 2% of the population are referred to ENT departments every year.
- Currently the UK national average referral rate for ENT is approximately 18.3 per 1,000 per annum with a 14% transference rate.<sup>10</sup>

- This would mean that ENT units throughout the ERHA would expect to see approximately 23,400 people per year in OPD ENT departments.
- Of these 23,400, about 14% (n=3,276) will be transferred to the surgical waiting list.
- To order to meet the demand, which results from a reduction in junior hospital doctor working hours and the needs of training, consultant expansion is needed.

### **ENT SERVICES IN ACUTE ADULT HOSPITALS**

3.3 In 1983 the report of the committee on the development of ENT services was published (Comhairle, 1983). In relation to the level of resource provision - particularly beds and consultant manpower - appropriate to the specialty of otolaryngology, Comhairle recommended that the general approach to planning of services must be based on a wider population catchment. This relates to the scale of the workload derived from a given population and the need to concentrate sufficient workload to justify the provision of a reasonably sized unit in terms of staff, equipment, space and other resources. In light of the demographic and geographic nature of Ireland at that time, the Comhairle recommended that a population catchment of about 200,000 was necessary to support a minimum scale ENT unit of 16 beds with its own theatre, staffed by at least 2 Consultant ENT Surgeons (Para 3.2:8-9).

3.4 In relation to the eastern region, the Comhairle recommended that in the future development of services, there should be a major rationalisation of the existing services. This rationalisation necessitated a substantial reduction in the existing ENT bed stock in the eastern region; the closure of a number of smaller inpatient units and the relocation, in the long-term, of the existing unit at the Royal Victoria Eye and Ear Hospital. The following configuration of services was recommended by the Comhairle in 1983:

**Table 3.6: Comhairle Recommendations for ENT service provision, 1983**

North Dublin		South Dublin	
Location of Unit	Scale of Unit	Location of Unit	Scale of Unit
Beaumont Hospital	35-40 beds	St. James's/ Crumlin	35-40 beds
Mater Hospital	12 beds	St. Vincent's Hospital	22 beds
Temple Street	12 beds	Tallaght Hospital	15-20 beds
Total	59-64 beds	Total	72-82 beds
<b>Actual Bed Stock, 1983</b>	<b>71</b>	<b>Actual Bed Stock, 1983</b>	<b>142</b>
<b>Change Indicated</b>	<b>-7</b>	<b>Change Indicated</b>	<b>-59</b>

These recommendations were made against a backdrop of a reduction in the overall acute hospital bed stock in Ireland. In 1980 there were 7,066 acute beds in publicly funded hospitals in the ERHA region. A steady decline in the number of available acute beds occurred throughout the 1980s with the largest reductions occurring between 1986 and 1988. In 1998 4,884 acute beds were available in the eastern region. The decline between 1980 and 1998 was in the region of 31 percent. In relation to ENT, actual bed numbers within the eastern region declined by 58% percent between 1983 and 2001. Projected bed requirements up to 2011 currently stands at 130 designated ENT beds or an increase of approximately 30 percent (See Section 4).

The following data examines bed allocation for ENT in each of the acute hospitals for the last two year (2000-2001). As can be seen from the figures, the actual bed stock for ENT falls far short of that recommended by the Comhairle in their 1983 report. Between 1983 and 2001 bed allocation for ENT in the eastern region fell from 213 beds in 1983 to 88 beds in 2001. At that time the Comhairle had identified an oversupply of ENT beds in the eastern region and recommended a substantial reduction of 31% from 213 beds to 147 beds. The data examined for 2001 however show a deficit of approximately 10% of the recommended bed stock for ENT. This is in spite of increasing throughput for all providers and substantial increases in the population. Table 3.7 below outlines these concerns in more detail.

**Table 3.7: Bed allocation, ENT 1983-2001**

Hospital	Comhairle recommended bed stock, 1983	Actual bed stock, 2001	Percentage change
AMNCH	15-20	06	-70%
Beaumont	35-40	25	-37.5%
Mater	12	20	+30%
St. James's / OLHSC	35-40	19	-52.5%
St. Vincent's	22	07	-68.2%
Eye & Ear	na	11	na
Temple St.	12	na	na
<b>Total</b>	<b>147</b>	<b>88</b>	<b>-40%</b>
<b>Actual bed stock</b>	<b>213</b>	<b>88</b>	<b>-58.6%</b>
<b>Change indicated</b>	<b>-66</b>	<b>-125</b>	

**Activity Data: ENT Resources and Activity at the Acute Hospitals**

3.5 There were 4,682 public patients discharged by ENT surgeons in the acute hospitals in 2001. The current combined ENT waiting list for surgery is 3397 (See Figure 3.2).

Sixteen surgeons attend the 9 hospitals, with six surgeons attending the three children's hospitals. A total of 32 theatre days are available for ENT in the nine hospitals (See Table 3.8).

**Table 3.8: Theatre Days available for ENT Surgery**

Hospital	Total theatre days, ENT Surgery
AMNCH	2.5
Beaumont	5.0
Mater	2.5
OLHSC	4.0
Eye & Ear	7.0
St. James's	7.0
St. Vincent's / St. Michael's	1.5
Temple Street	2.5
<b>Total</b>	<b>32.0</b>

Table 3.9a shows the discharge activity for all hospitals for 2001. Throughput is high, particularly for the designated specialty centres - Beaumont and the Eye & Ear - with emergency admissions accounting for approximately 28 percent of total throughput. There was high variance among hospitals regarding elective versus emergency

admissions. This ranged from a relatively low ratio of about 3:1 for St. James's to a higher ratio of about 1:3 for St. Vincent's.

**Table 3.9a: Number discharges from acute hospitals, ERHA 2001**

	ERHA Catchment Area				Outside ERHA Area			
	Elective In Patient		Non Elective In Patient		Elective In Patient		Non Elective In Patient	
	Public	Private	Public	Private	Public	Private	Public	Private
Adelaide & Meath Hospital Inc NCH	226	165	182	89	24	16	7	3
Beaumont Hospital	616	248	311	89	149	87	58	19
Mater Misericordiae Hospital	272	41	139	29	147	48	34	12
Our Ladys Hospital For Sick Children	449	156						
Royal Victoria Eye & Ear	799	571	0	0	0	0	0	0
St. James Hospital	206	77	178	60	64	33	44	12
St. Vincents Hospital Elm Park	59	7	228	41	32	4	29	7
Temple Street Childrens Hospital	276	170	79	27	61	54	13	3
<b>Totals</b>	<b>2903</b>	<b>1435</b>	<b>1117</b>	<b>335</b>	<b>477</b>	<b>242</b>	<b>185</b>	<b>56</b>

**Table 3.9b: Total number of ENT Procedures performed, 2000**

Hospital	Total Procedures	ALOS	Bed Days	Day Cases
Mater Hospital	1926	12.1	15488	641
St. James's Hospital	817	6.94	-	199
AMINCH	771	-	-	308
St. Vincent's University Hospital	263	5.64	-	103
Royal Victoria Eye & Ear	2924	3.2	-	1487
Temple Street	2031	4.53	5316	865
Crumlin	1333	2.24	-	863
<b>Total</b>	<b>10,065</b>			<b>4466</b>

Note: Does not include Beaumont

The top 15 ENT procedures carried out on both adults and children are shown in tables 3.9c and 3.9d.

It is also worth noting that the ERHA provided just over 70% (3438 bed days) of health board activity that provided ENT services for NEHB residents in 2000. This totalled 1116 procedures with approximately 358 day cases. The NEHB itself provided 27.5% of ENT services for residents of the board.<sup>11</sup>

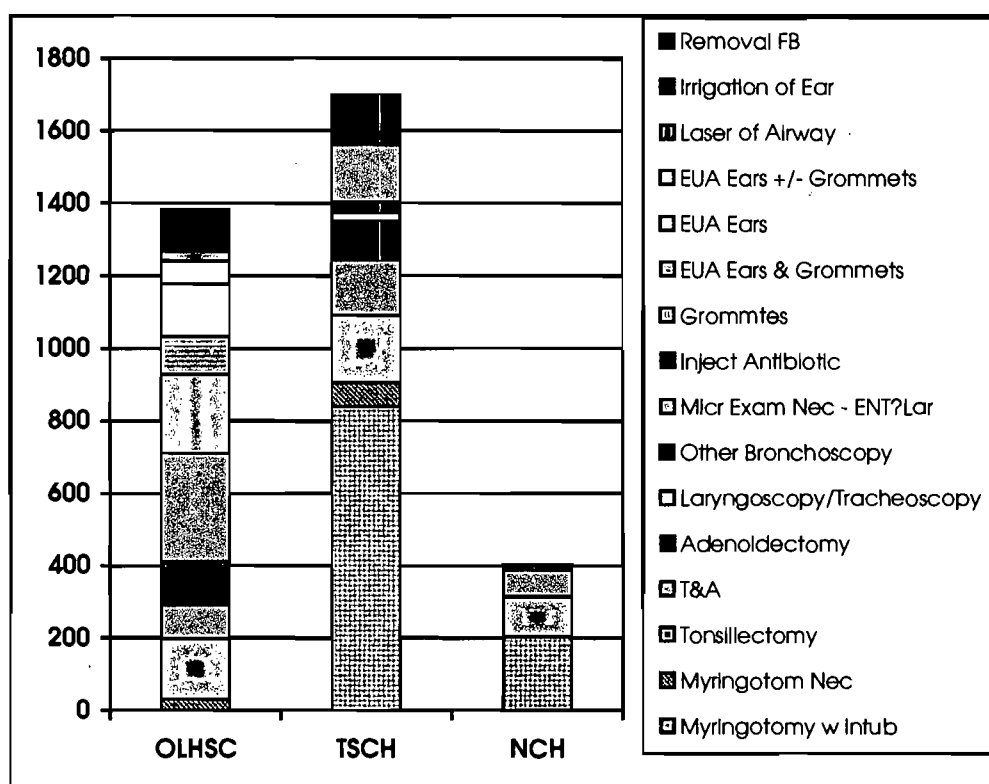
Table 3.9c: Top 15 Paediatric ENT Procedures, 2001

Code	Procedures	Agency				Total	Cum Total
		Mater	James's	Vincents	AMNCH		
282	TONSILLECTOMY	141	113	44	51	349	349
2039	ME & IE DXTIC	265			15	280	629
3142	LARYNGOSCOPY/TRACHEOSCPY	113	122	17		252	881
2188	SEPTOPLASTY NEC	42	70	26	27	165	1046
2101	ANT NAS PACK FOR EPISTX	48	67			115	1161
2171	CLSD REDUCTION NASAL FX	42	58			100	1261
2911	PHARYNGOSCOPY	90	5	4		99	1360
2129	NASAL DXTIC PX NEC	89			2	91	1451
4223	ESOPHAGOSCOPY	76		15		91	1542
3143	CLSD (ENDO) BX LARYNX	66	26			92	1634
2219	NASAL SINUS DXTIC PX NEC	17	76		1	94	1728
311	TEMPORARY TRACHEOSTOMY	33	44	4		81	1809
2001	MYRINGOTOMY W INTUBATION	13	37	1	24	75	1884
9375	OTHER SPEECH THERAPY	72				72	1956
3149	OTHER TRACHEA DXTIC PX	70				70	2026
	<b>Total</b>	<b>1036</b>	<b>618</b>	<b>111</b>	<b>69</b>	<b>2026</b>	

Table 3.9d: Top 15 Paediatric ENT Procedures, 2001

Code	Procedures	Agency				Cum Total
		OLHSC	TSCH	NCH	Total	
2001	MYRINGOTOMY W INTUBATION	-	840	203	1043	1043
282	TONSILLECTOMY	168	186	110	464	1507
9039	MICRO EXAM NEC - ENT/LAR	301	160	-	461	1968
283	T&A	93	152	76	321	2289
	GROMMETS	216	-	-	216	2505
286	ADENOIDECTOMY	94	105	12	211	2716
	EUA EARS	146	-	2	148	2864
9802, 9811, 9812, 9815	REMOVAL FB	113	34	-	147	3011
	EUA EARS + GROMMETS	104	-	-	104	3115
2009	MYRINGOTOMY NEC	31	66	-	97	3212
9921	INJECT ANTIBIOTIC	-	68	-	68	3280
	EUA EARS + / - GROMMETS	63	-	-	63	3343
3323	OTHER BRONCHOSCOPY	18	28	-	46	3389
	IRRIGATION OF EAR	-	34	-	34	3423
3142	LARYNGOSCOPY/TRACHEOSCPY	7	25	-	32	3455
	<b>Total</b>	<b>1354</b>	<b>1698</b>	<b>403</b>	<b>3455</b>	

Fig 3.2: Top 15 Paediatric ENT Procedures, 2001



The day cases as a percentage of total ENT activity is given in Table 3.10. St. James's and the Mater Hospitals have a lower percentage of day cases at 29.7 and 35.8% respectively, while the other hospitals' day cases represent approximately 42% of their total activity. This has obvious implications for the throughput of these hospitals. It should be noted that the same procedures are performed as day cases in all hospitals and furthermore that the average length of stay for various procedures are much higher for St. James's and the Mater than any other hospital, as shown in Table 3.10 below.

Table 3.10: Day cases as % total ENT activity, ERHA 2001

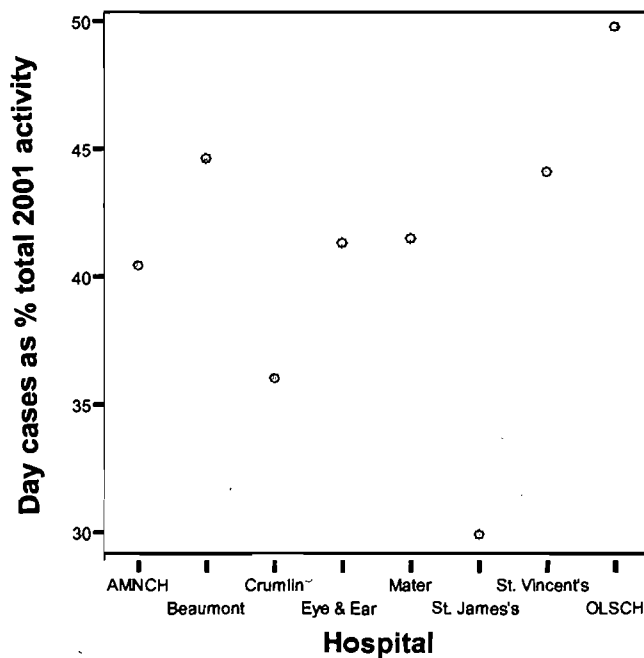
Agency	Day cases for 2001	Inpatients for 2001	Total for 2001	Day cases as % total 2001 activity
AMNCH	479	712	1,191	40.2
Beaumont	1,260	1,577	2,837	44.4
Mater	404	722	1,126	35.8
OLHSC	423	605	1,028	41.1
Eye & Ear	966	1,370	2,336	41.3
St. James's	286	674	960	29.7
St. Vincent'	319	407	726	43.9
Temple Street	674	683	1,357	49.6
<b>Total</b>	<b>4,811</b>	<b>6,750</b>	<b>11,561</b>	<b>41.6</b>



Day case rates should have an impact on waiting lists. Increasing the number of day cases should reduce the pressure on inpatient beds. However, over the region we have high variability in the rates of day cases seen as a percentage of overall clinical activity. Within ENT surgery Temple Street would appear to have a very high day case rate of just under 50% compared to St. James's with a rate of 29.7%.

Beaumont, St. Vincent's and Temple Street have high rates of day care; while St. James's, the Mater and Tallaght have lower rates of day care.

**Figure 3.3: Day cases as % total ENT activity, 2001**



### Occupancy levels and Length of Stay

3.6 The large general hospitals also tend to have high occupancy levels. All five have average occupancy levels of between 90-95%. There is particular cause for concern at these rates. The UK Department of Health recommended an optimum occupancy rate of approximately 85% for acute hospitals. Occupancy rates above this were associated with a lack of available resources to maintain services and deal with periodic high demand pressures. The pressures on these hospitals from the both the ERHA region and from the country at large (with regard to national specialties) are creating a situation of high waiting lists for a

small number of specialties and high occupancy rates. When such pressures occur it is the elective procedures on the waiting lists that suffer.

Length of stay in hospital has decreased systematically over the past twenty years, both overall and for most conditions. Most hospitals are clustered around the 3-5 day ALOS, with St. James's having a considerably higher ALOS at over 7 days. The higher ALOS in some hospitals may be reflective of case complexity and/or the increasing likelihood of getting bogged down with elderly bed blockers.

**Table 3.11: Average Length of Stay, 2001**

Agency	ERHA Catchment Area	Outside ERHA Catchment Area
Adelaide & Meath Hospital Inc NCH	3.3	3.4
Beaumont Hospital	3.9	5.2
Mater Misericordiae Hospital	5.1	8.9
Our Ladys Hospital For Sick Children	3.3	
Royal Victoria Eye & Ear	3.5	
St. James Hospital	7.4	12.4
St. Vincents Hospital Elm Park	4.0	
Temple Street Childrens Hospital	2.8	3.2

In the figures presented above there is evidence of a major hospital dominating the rest, with high activity and waiting lists. In some hospitals this is associated with reasonable to good ALOS. The desirability of such a concentration of resources for a major specialty in one agency may be a point for discussion. If any one of these dominating agencies were to be operationally compromised (eg such as an industrial dispute) the effects on regional activity and waiting lists for that particular specialty would be profound. There are ALOS issues that need to be addressed - perhaps with reference to case complexity or to the operational efficiency within the agencies.

### **Waiting List Analysis**

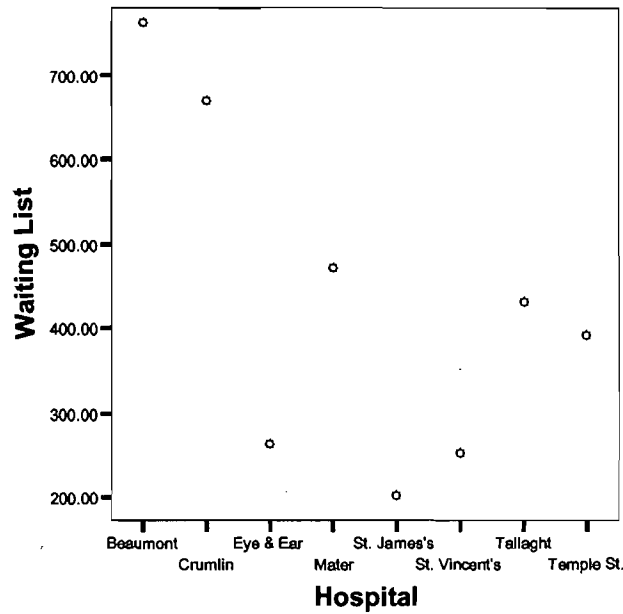
3.7 The acute hospital system is placed under continuous pressure from a range of demands for its services. Under the Waiting List Initiative, the progressive increase in the utilisation of day care instead of in-patient facilities was strongly recommended. The values of day care over

inpatient treatments, where possible, is well established. Day cases tend to be less expensive and free up resources for other purposes, including the treatment of additional patients who have been on a waiting list.

Much elective day activity is hampered by pressures that arise elsewhere in the hospital, particularly from medical admissions and A & E cases. The experience of hospitals with separate day surgery units is that they can be more successfully protected from other hospital pressures provided that a clear policy regarding their use is established. Where hospitals make it clear that day units must close at the end of a normal working day and will not be available for other purposes, the elective treatments provided in them can be more easily protected.

Waiting lists have occupied much of the Authority's time and effort. Some of the longest waiting lists are in ENT surgery waiting lists. Although active attempts have been made to address this through allocation of funds for short-term Waiting List Initiatives, this has only concerned itself with temporary improvements. Long-term sustainable efforts need to be geared towards referral patterns. The data suggest that the number of patients referred for ENT surgery in the eastern region currently exceeds the present capacity, which is inevitably reflected in the waiting list figures. One way to attempt to redress this issue and its consequences is to review consultant manpower requirements (See Section 3.2 above).

**Fig 3.4: Waiting list analysis**



Regarding the inputs required to clear the waiting list alone, and taking the average figure of 4.6 ENT cases per theatre session, it would take 738 theatre sessions or 184 weeks (based on an average of 4 theatre sessions per week per hospital, (See Table 3.12) of theatre activity using 2001 throughput figures for all 16 surgeons to clear the combined waiting list of acute hospitals (See Table 3.12).

Based on the current combined allocation of 32 theatre days for ENT per week, it would take one surgeon 23 weeks of theatre activity to clear the combined waiting lists alone. *Equation 3.1* below explains the rationale behind this figure.

**Equation 3.1: Inputs required to totally clear WL alone (One surgeon)<sup>12</sup>**

$$\begin{aligned}
 & \frac{\text{Number on Waiting List}}{\text{Current theatre sessions} \times \text{average throughput per session}} \\
 & = \frac{3397}{32 \times 4.6} = \frac{3397}{147} = 23
 \end{aligned}$$

**Table 3.12: Inputs required to totally clear waiting lists alone**

Agency	Total number on ENT Waiting List	Number operating sessions required to clear total WL alone, using average throughputs (4.6 cases per theatre session)	Number weeks to clear WL, using average of 4 theatre sessions per week.
OLHSC	665	145	36
TCH	386	84	21
AMNCH	425	92	23
Beaumont	758	165	41
Mater	465	101	25
SVUH	246	53	13
SJH	195	42	11
E & E	257	56	14
<b>Total</b>	<b>3397</b>	<b>738</b>	<b>184</b>

### **Paediatric ENT Services<sup>12</sup>**

3.8 Six ENT surgeons attend the 3 children's hospitals, with a total number of 31 sessions per week (less than 3 full-time posts) across the three hospitals. On average 44% of the current ENT surgeons' time is spent in theatre.

In 2001 2914 patients were admitted to the three hospitals for ENT procedures (Table 3.13). The day cases as a percentage of total ENT activity is also given in Table 3.13. The National Children's Hospitals has a lower percentage of day cases at 37%, while the other two hospitals' day cases represent 41%-49% of their total activity. The regional rate of day cases to overall activity in the children's hospitals combined is approximately 44%. This has obvious implications for the National Children's Hospital's throughput. It should be noted that the same procedures are performed as day cases in the three hospitals and furthermore that the average length of stay for various procedures are similar across the hospitals.

**Table 3.13: 2001 Paediatric ENT Activity**

Activity	OLHSC	TCH	NCH	Total
Inpatients, 2001	605	683	321	<b>1609</b>
Day cases, 2001	423	674	191	<b>1288</b>
Total, 2001	1028	1357	512	<b>2897</b>
Day cases as % of total 2001 activity	41%	49.6%	37.3%	44.4%
<b>Current WL as of 2002</b>	<b>665</b>	<b>386</b>	<b>183*</b>	<b>1234</b>

\*Preliminary figures only

### CHILDREN'S ENT AT THE NON-CHILDREN'S HOSPITALS<sup>13</sup>

3.9 A further 998 children were treated in the other non-children's Dublin hospitals that provide ENT services to children. This represents 25.5% of all children's ENT activity for 2001 (See Table 3.14).

**Table 3.14: Other hospital's data for children's ENT services**

Agency	Inpatient Discharges	Day Cases	Total	Day Cases as % total 2001 activity	% of all children's ENT activity for 2001
AMNCH	321	191	512	37.3%	13.1%
Beaumont	383	78	461	16.9%	11.8%
Mater	07	03	10	30.0%	0.25%
SJH	10	05	15	33.3%	0.38%
<b>Total</b>	<b>721</b>	<b>277</b>	<b>998</b>	<b>27.7%</b>	<b>25.5%</b>

### POPULATION PROJECTIONS FOR THE ERHA, 0-14 AGE GROUP, 1996-2011

3.10 National data and data for the eastern region project a population growth of 8% and 8.8% respectively in the 0-14 age group from 1996-2011. Based on these projections, a recent report compiled by the Council for Children's Hospital Care recommend that an increase in demand of 8% can be predicted for paediatric ENT services and should be taken into account when planning resource allocation for ENT. The upcoming census may demonstrate a higher level of increase given inward immigration to the Dublin area.

A number of observations can be made from data relating to paediatric ENT services in the Eastern Region. These are outlined below:

- The Children's Hospital, Temple Street had the highest number of admissions (n=1,357) in 2001. Despite this, it does not have the longest waiting list (See Table 2.3, 2.4).
- The Children's Hospital has less theatre days dedicated to ENT surgery (2.5 days compared to Our Lady's Hospital for Sick Children with 4) (See Table 3.8).
- As previously pointed out by the Council for Children's Hospital Care, it has not been the policy of the children's hospitals to distribute high waiting lists for ENT among the three children's hospitals. Nor has it been practice to allocate theatre time within each hospital on the basis of waiting lists.

### **3.11 FACTORS INFLUENCING THROUGHPUT FOR PAEDIATRIC ENT<sup>12</sup>**

The Council identified the following factors as being important in affecting patient throughput at the three children's hospitals:

#### **(a) The Children's Hospital, Temple Street:**

The existence of a dedicated ENT Sister who works closely with the consultants and co-ordinates the services was identified as the single most important factor positively affecting throughput at The Children's Hospital. There is good working relationship between staff in the wards and theatre. Both anaesthesia induction and recovery are efficiently managed.

#### **(b) The National Children's Hospital:**

The factors that negatively affect ENT theatre throughput at the National Children's Hospital were identified as staff shortages (through sickness, changeover times and break times); lack of recovery space; and difficult anaesthetic inductions.

#### **(c) Our Lady's Hospital for Sick Children, Crumlin**

The factors that influence throughput at Our Lady's Hospital were identified as the following: emergency admissions that affect bed availability, a factor that is seasonal; cancellations due to acute respiratory infections prior to admission; staff shortages; ward and theatre closures; anaesthetic meetings on morning of list; complexity of cases - length of procedures; location of wards in relation to theatre; lack of a specific ENT ward for structured admissions of ENT cases; ENT sessional allocation within theatre

schedule; utilisation of resources within sessional allocation - having one theatre and two surgeons.

Two core conclusions were drawn from the analysis of the data examined by the Council. These are as follows:

- **There is an additional resource requirement for ENT at the children's hospitals to address the current waiting list and waiting time problems.**
- **There are issues to be addressed within the three children's hospitals in relation to variations in throughput, organisation and allocation of theatre time, and the distribution of waiting lists in relation to capacity.**



## Chapter 4

### Outpatient Activity Data

#### Introduction

**4.1** This section reviews and analyses the location, number and frequency of out-patient clinics for ENT plus the number of attendances (new and return) for 2000 and 2001.

#### Recommended Minimum Requirements for an ENT Outpatient Clinic

**4.2** The British Association of Otorhinolaryngologists – HNS recommend the following minimum requirements for an ENT Outpatient Clinic:

- Light source with mirror.
- Good quality autoscope with assorted speculae.
- Complete set of examination utensils in sufficient numbers to avoid delays in clinic e.g. 10-20 nasal speculae, 10-20 metal tongue depressors and 10-20 assorted mirrors.
- At least one rigid Hopkin's rod telescope.
- A microscope along with equipment for suction and other aural toilet e.g. crocodile forceps, hand ring probes.

1.

#### Location, Number & Frequency of Out-Patient Clinics for ENT

**4.3** A total of 39,751 patients attended outpatient ENT clinics across the region in 2000. In the clinics a broad range of ENT conditions are seen and assessed. The service remains very busy and waiting lists for routine new appointments are long. After several years of rapid growth in numbers of attendees, numbers have changed little in the past years as the limits of the current staffing have been reached.

**Table 4.1: Location, Number & Frequency of OPD Clinics for ENT**

Agency	Number Consultants	Hours/Days worked	Number patients, 2000	Ratio New to Return Patients, 2000
AMNCH	1.5	1 day a week. Every Monday/Wednesday ½ time works between Tallaght and the NEHB	2983	1:2
Beaumont	4		7239	1:3.6
Mater	1.5 (Inc a Locum) Getting another Con - not appointed yet.	Tuesday afternoon Wednesday morning Monday morning	5284	1:1.4
SJH	3 (.5 due to retire in Nov) 1 emergency Con for cover	Consultants there for clinic at some stage every day. D McShane covers in event of emergency	4973	1:1.3
Crumlin	1		4533	1:2
St. Vincent's	1 another post approved but person not in post yet.		2670	1:1½
Temple Street	1.5		3866	1:3.6
Eye and Ear	2.5	2 sessions - Mon and Fri afternoon Wed am - 2 specialist clinics a month Tuesday am Friday am	8203	1:3
<b>Total</b>	<b>16</b>		<b>39,751</b>	

**Table 2.3e: Number of attendances for each hospital, 2000-2001 (Excluding Eye & Ear)**

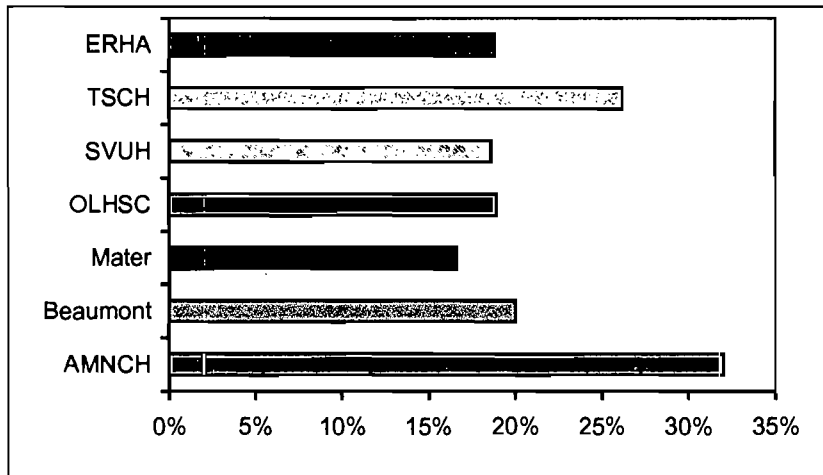
Hospital	2000	2001	Ratio new to return (averages)	% change in activity, 2000-2001
	Number attendances	Number attendances		
AMNCH	2983	4802*	1:2	+37.8%
St. Vincent's Hospital	2670	3006	1:1.5	+11%
St. James's Hospital	4973	4599	1:1.3	-8.1%
Beaumont Hospital	7239	9763	1:3.6	+25.8%
Mater Hospital	5284	5628	1:1.4	+6.1%
OLH, Crumlin	4533	4813	1:2	+5.8%
Temple Street	3866	3815*	1:3.6	-1.3%
<b>Total</b>	<b>31,548</b>	<b>36,426</b>	<b>1:1.6</b>	<b>+13.4%</b>

\*Data supplied covers 9 months in real terms - 3 months missing data have been averaged and added to 8 month profile.

**Please note:** Figures for 2001 unavailable for the Eye & Ear. Total OPD attendances in 2000 was 8203.

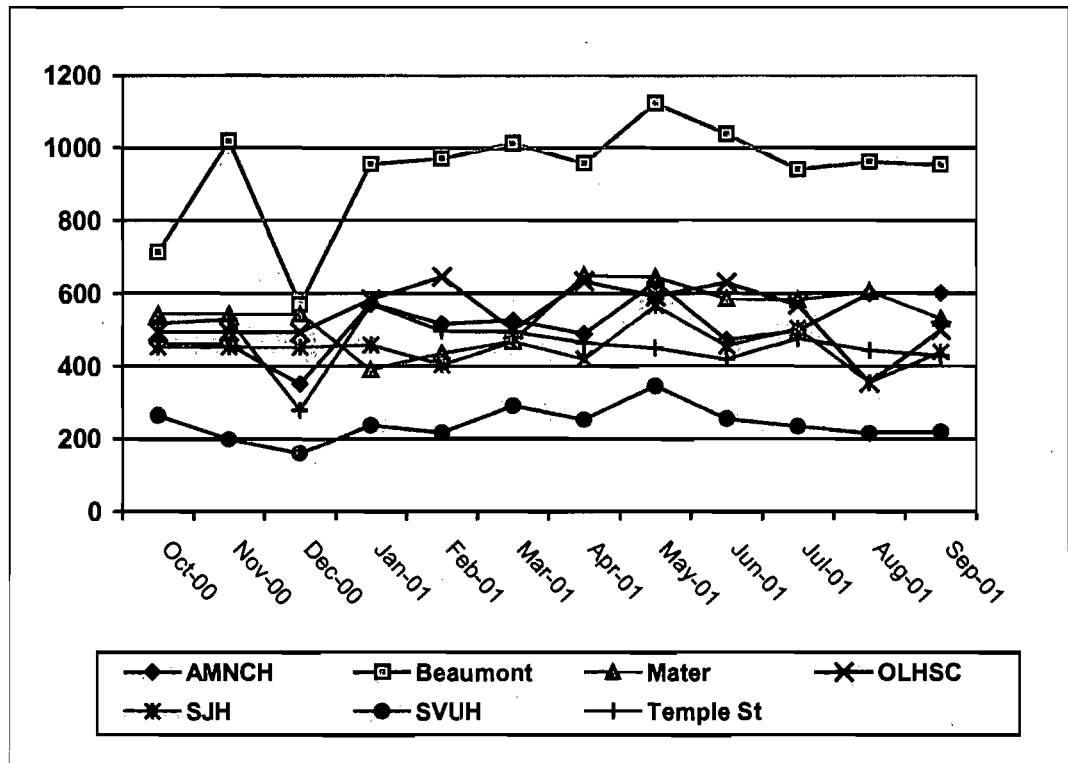
The data show that between 2000 and 2001, the total number of patients seen in outpatient clinics has grown by approximately 13%. Tallaght and Beaumont have seen the greatest increases at 39% and 26% respectively. Tallaght also accounts for the highest proportion of DNA cases (32%) as a percentage of overall out-patient activity, compared to a rate of just under 19% across the region (See Figure 4.1).

**Figure 4.1: % DNA of Total OPD attendances**



Monthly OPD activity data are available for acute hospitals since October 2000. Fig 4.2 plots all OPD attendances within the specialty of otolaryngology for each hospital from October 2000-Sept 2001.

Fig 4.2: OPD Monthly Activity Data: Oct 2000 - Sept 2001



As shown in Fig 4.2, activity is high in all hospitals with Beaumont showing the largest throughput both aggregately and on a monthly basis. This is in line with Beaumont's role as a regional referral centre for ENT and has already been discussed in relation to inpatient throughput and ALOS.

## Chapter 5

### Summary and Conclusions

#### Introduction

5.1 Significant changes in hospital activity, bed supply and demand have occurred in the ERHA region in the last 20 years.

These changes are closely linked to:

- Demographics
- Changes in bed use, medical practice and technology
- Bed closures

#### Demographics

5.2 The ERHA population is 36% of the total population of Ireland. It has increased by approximately 8.5% between 1981 and 1996, representing 55.4% of national growth since 1981. By 2011 it is estimated that the ERHA population will be 38% of the national total.

#### Bed Supply

5.3 There has been a reduction of 31% in acute hospital beds in the eastern region since 1980. Between 1983 and 2001 bed allocation for ENT in the Eastern Region fell by 58% from 213 beds in 1983 to 88 beds in 2001. At that time the Comhairle had identified an over-supply of ENT beds in the Eastern Region and had recommended a substantial reduction in total ENT bed stock from 213 beds to 147 beds, a reduction of 31%. The data examined for 2001 however show a deficit of approximately 10% of the recommended bed stock for ENT. This is in spite of increasing throughput for all providers and significant increases in the population (See Table 3.7).

#### Hospital Activity

5.4 There were 4,682 public patients discharged by ENT surgeons in the acute hospitals in 2001. The current combined ENT waiting list is 3397 (See Figure 3.1).

Sixteen surgeons attend the 9 hospitals, with six surgeons attending the three paediatric hospitals. A total of 32 theatre days are available for ENT in the region (See Table 3.8).

### **Inpatient Activity**

5.4.1 Throughput is high, particularly for the designated specialty centres – Beaumont and the Eye and Ear – with emergency admissions accounting for approximately 28 percent of total throughput. There was high variance among hospitals regarding elective versus emergency admissions. This ranged from a relatively low ratio of about 3:1 for St. James's to a high ratio of about 1:3 for St. Vincent's.

### **Day Case activity**

5.4.2 Day cases as a percentage of total ENT activity is approximately 41-42%. St. James's and the Mater have a lower percentage of day cases at 29% and 35% respectively, while the other hospitals' day cases represent about 42% of their total ENT activity. This has obvious implications for the throughput of these hospitals. It should be noted that the same procedures are performed as day cases in all hospitals and furthermore that the average length of stay for various procedures are much higher for St. James's and the Mater than any other hospital (may be reflective of casemix/complexity. (See Table 3.10).

### **Outpatient activity**

5.4.3 The data show that between 2000 and 2001, the total number of patients seen in outpatient clinics has grown by approximately 13%. Tallaght and Beaumont have seen the greatest increases at 39% and 26% respectively. Tallaght also accounts for the highest proportion of DNA cases (32%) as a percentage of overall out-patient activity, compared to a rate of just under 19% across the region (See Figure 4.1).

### **Obstacles**

5.5 The continuing level of demand primarily for elective cases reflects the sharp decline in elective admissions, the increase in emergency admissions, and the high occupancy levels in the larger acute hospitals.

### **Theatre Use**

5.5.1 The waiting list level and elective admissions are adversely affected by "down" theatre time, which is approximately 22% in recent ERHA surveys, or the equivalent of one week per month.

The region has 97 surgical theatres. If all theatres were utilised on the basis of 5 full-days per week, the region has potentially 485 days per

week. Currently the region uses approximately 380 (78%) of the total potential capacity, contributing to the waiting lists for all surgical specialties. ENT is 14% of the waiting list, and has 18% loss of theatre time.

In relation to St. James's, for instance, the access to theatre time has been adversely affected by a consistent lack of available beds within the hospital. On average the ENT consultants have 25 patients per month cancelled due to lack of available beds for main theatres and 6 patients per month from the Surgical Day Ward. This is clearly a major issue impacting on the waiting lists and times.

There is also a lack of theatre availability for the number of ENT consultant staff employed. This impact is that on Tuesdays there are effectively 3 consultants planned for theatre with only two theatres allocated to ENT (See St. James's submission, Appendix 1).

### **Waiting Lists**

5.5.2 There are 3397 people on the ENT waiting list in the ERHA region. Detailed data on the procedures within the specialty is not yet available, but from the data on hand it appears that the ENT waiting list is dominated by children waiting for procedures on grommets, adenoids and tonsils (approximately 27%).

Of the big five hospitals there seems to be a difference between St. Vincent's and St. James's which have relatively low waiting lists to Beaumont, the Mater and Tallaght. Being the regional referral centre, one would expect Beaumont to have the largest waiting list. However, there remains some unexplained variation between these hospitals. The data show that the Mater and Tallaght have high numbers waiting for ENT surgery (465 & 425 respectively) which may be reflective of referral patterns to local agencies. There seems to be little migration from agencies with high waiting lists in one specialty to hospitals with a smaller waiting list in the same specialty. This may point to a greater tendency for patients to be referred to their 'local' hospital rather than to a hospital that may be able to offer a faster service. For example, Crumlin has an ENT waiting list of 665 but Temple Street only 386).

There are a number of tentative conclusions that can be drawn from this analysis:

- Hospitals with large services in one specialty can attract disproportionately large waiting lists
- There seems to be little migration from agencies with high waiting lists in one specialty to hospitals with a small waiting list in the same specialty
- There may be a geographical tendency for patients to be referred to their local hospital rather than to a hospital which could offer a faster service (eg Crumlin has an ENT waiting list of 665 but Temple Street only 386).

### **Conclusions and Recommendations**

5.6 Two main observations can be drawn from the analysis of the data presented in this report:

- (1) That there is an additional resource requirement for ENT within both adult and paediatric hospitals to address the current waiting list and waiting time problems.
- (2) There are issues to be examined and addressed within the acute hospitals in relation to variations in throughput, organisation and allocation of theatre time, and the distribution of waiting lists in relation to capacity.

Recommendations must be informed by the data presented in this report and the following core observations:

- The Department of Health and Children and the ERHA recommend that the maximum waiting time for children's ENT is 6 months and for adult ENT 12 months (by end 2002).
- The ratio of ENT surgeons to population is low for Ireland in comparison with the UK and other European countries.
- Population growth of 8% nationally and regionally is projected from 1996 to 2011 in the 0-14 age group.
- Currently just under 36% of Ireland's population is concentrated in the eastern region. By 2011 it is estimated that this figure will have reached approximately 38%.
- The nature of ENT surgery is becoming more complex.
- The demand for ENT surgery continues to increase. Within the children's hospitals grommets and tonsillectomy are among the highest volume surgical procedures (Council for Children's Hospital Care, 2001).



## Recommendations

5.7 Recommendations are as follows:

- (1) **Additional consultant sessions are required to address the current waiting list and waiting times.** To accomplish this the following figures need to be examined.

### **TOTAL CONSULTANTS: 16/17**

*Ideally should be 1 to every 80,000 according to the British Association of Otolaryngologists*

**ALLOWING FOR 1.5 MILLION IN E. REGION  
= 19 CONSULTANTS - Deficit of approximately 2**

**ALLOWING FOR 1.5 MILLION IN E. REGION AND FURTHER 500,000 (25%)\*  
REFERRALS FROM POPULATION OUTSIDE ERHA = 2,000,000  
= 25 Consultants - Deficit of 8**

*\*Note: % of referrals outside ERHA to be confirmed.*

The Council for Children's Hospital Care estimate a requirement for an additional 14.4 consultant sessions across the three children's hospitals. The Council suggested the following configuration:

- A joint appointment between the National Children's Hospital and Our Lady's Hospital (with adult sessions at Tallaght also);
- A joint appointment between The Children's Hospital and an adult hospital on the north-side of Dublin (a joint post with Beaumont is already being pursued by The Children's Hospital which would address the waiting list of both these hospitals).
- St. James's Hospital is currently awaiting the appointment of 4<sup>th</sup> consultant between St. James's hospital and AMNCH providing a 4/7 sessional commitment between the two hospitals. They are also awaiting Comhairle na n-Ospideal approval for replacement of Mr. O'Loughran's consultant position on his retirement. A Locum consultant appointment has been made as an interim measure (January 2002).
- The ERHA agrees with St. James's that this revised post should be changed to reflect the planned developments for a local ENT service within the North-Eastern Health Board thus negating the need for a St. James's consultant to attend Dundalk for outpatient clinics. St. James's Hospital ENT service would continue to have strong links with this service in respect of

providing tertiary care and for research, teaching and auditing purposes.

- There are plans for the establishment of a joint ENT consultant appointment between Crumlin Hospital providing 8 sessions and St. James's Hospital providing 3 sessions.

(2) While the resource issue is being addressed a number of important operational issues should be addressed. These are in line with those recommendations made by the Council for Children's Hospital Care but can be applied to all acute hospitals providing ENT services. These measures are as follows:

- **The difference in throughput between the hospitals** need to be examined and where necessary a plan to improve current throughput should be developed by each hospital
- **Redistribution among the hospitals** of patients joining the ENT waiting list should be considered. Evidence of localisation of waiting list referral can be seen in this specialty. It is significant, for example, that Temple Street have much lower numbers waiting for ENT surgery than Crumlin. One must conclude that the distribution of the regional waiting list across the region is not sufficiently correlated with the availability of capacity.
- **The establishment of an ENT nurse specialist** at each site is recommended. This was found to positively influence throughput at the Children's Hospital, Temple Street (See Para 3.11).

(3) The Report on the **Assessment and Projection of Bed Capacity in the ERHA** estimate a requirement for 130 dedicated ENT beds in the region. It is therefore recommended that the current ENT bed stock be increased by 42 beds or an increase of 32% over current capacity.

(4) **Day case rates should have an impact on waiting lists.** Increasing the number of day cases should reduce the pressure on inpatient beds. The provision of additional day case facilities and the re-scheduling of current main operating theatre sessions should release additional theatre sessions for new consultants and provide additional ENT day surgery sessions. It is recognised that the reallocation of theatre time is a contentious issue. It is therefore

recommended that hospital management teams and the ERHA would best drive this.

The ERHA would agree that emphasis be put on Day Surgery, and that appropriate facilities should be provided to achieve this aim. Examination of service figures confirms that much of the work is done on a day basis. However, we feel that it is equally important to stress the role of the Five-Day Ward, which would provide a service enabling significant numbers on the waiting list to be treated.

- (5) Consideration should also be given to the following: the implications for future demand given national policy that each Health Board should be self-sufficient in secondary care provision; the resource allocation implications if the inflow continues. The data available shows that approximately 25% of the total ENT in-patients for 2000 were from outside the region.
- (6) Possible routes of funding include the Treatment Purchase Fund and the National Cancer Strategy in the case of St. James's Hospital.

**Individual Hospital Submission, including future plans in terms of staffing & resources can be found in Appendix 1.**

## References

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- <sup>1</sup> British Association of Otorhinolaryngologists Head & Neck Surgeons
- <sup>2</sup> Comhairle na n-Ospideal: The Development of Ear, Nose and Throat Services, November 1983
- <sup>3</sup> Health Act, 1970
- <sup>4</sup> Consultant Manpower Requirements for Plastic Surgery Services, IAPS, Feb 2000 (Adapted from Census, 1994).
- <sup>5</sup> ERHA Annual Report, 2000: 69
- <sup>6</sup> Health Information Unit
- <sup>7</sup> Council for Children's Hospital Care Sub-Committee on ENT Surgery, Feb 2001
- <sup>8</sup> Compiled from Individual Hospital Submissions to the Review Committee
- <sup>9</sup> Eastern Regional Health Authority: Bed Capacity Review, 2000
- <sup>10</sup> BAO-HNS: Clinical Governance, London
- <sup>11</sup> ENT Services in the NEHB, April 2002 (Submission to Comhairle).
- <sup>12</sup> Adapted for the region from the Council for Children's Hospital Care Sub-Committee on ENT Surgery, Feb 2001
- <sup>13</sup> Based on Submission from the Council for Children's Hospital Care Sub-Committee on ENT Surgery, Feb 2001

# Comhairle na nOspidéal

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AKK  
17 OCT 2001  
RECEIVED  
ERHA

Mr. Donal O'Shea  
Regional Chief Executive  
Eastern Regional Health Authority  
Canal House  
Canal Road  
Dublin 6

Chief Executive Office  
ERHA  
15 OCT 2001

ERHA  
02 OCT 2001  
10<sup>th</sup> October 2001

DPC  
For Senior  
Comms  
meets  
B i

DPC  
Pl deal + HMs.  
cc to DME + D  
+ DMR  
15/10

Dear Mr. O'Shea

Comhairle na nOspidéal, at its meeting on the 15<sup>th</sup> June, 2001 established a committee to review otolaryngology (ENT Surgery) services.

The following are the committee's terms of reference:

*"To examine the existing arrangements for the provision of consultant-level otolaryngology services nationally and following consultation with the interests concerned, to make recommendations to Comhairle na nOspidéal on the future organisation and development of otolaryngology services. The review will focus on updating the 1983 Comhairle Report taking into account recent advances in and increasing demand for otolaryngology services".*

The membership of the committee is as follows:-

- Dr. S. Ryan (Chair)
- Ms. A. Cody
- Dr. E. Connolly
- Prof. M. Leader
- Mr. P. McLoughlin
- Mr. K. Moran
- Prof. D. Moriarty
- Mr. T. Nadaraja
- Mr. T. Martin (Chief Officer)
- Ms. C. Vincent (Secretary to Committee)

Each health board and relevant voluntary hospital and other interested parties are being invited to make a submission, pertaining to the terms of reference, which relate to both adults and children. The submission should reach the committee on or before 30<sup>th</sup> November, 2001.

The committee has identified a number of questions relating to workload, staffing, facilities and other relevant issues which should be addressed in the aforementioned submission. They are as follows:-

- (a) list of ENT procedures (number and type) performed during the past year. Please indicate whether in-patient or day surgery; identify type of anaesthetic administered i.e. general or local or regional block;
- (b) total number of ENT procedures performed in each of the last three years;
- (c) the number of in-patients and average duration of stay in each of the last three years;
- (d) the number of theatre sessions for ENT surgery;
- (e) the location, number and frequency of out-patient clinics plus the number of attendances (new and return) in each of the last three years;
- (f) details of the waiting list and waiting times, if any, for both in-patient and out-patient;
- (g) access to beds and outpatient facilities;
- (h) number and grades of NCHDs in ENT surgery and whether the posts are recognised for training;
- (i) future plans in terms of staffing and resources;
- (j) sub-specialty interests of current consultants and level of activity in each;

If you have any enquiries or require any further information, please do not hesitate to contact me.

Yours sincerely

*for*  
Colette Vincent

Secretary to Committee



# Mater Misericordiae Hospital

Sisters of Mercy

Eccles Street, Dublin 7, Ireland.

in association with

**UNIVERSITY COLLEGE DUBLIN**

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NOT FOR PRESCRIPTION PURPOSES

## DIVISION OF SURGERY

12<sup>th</sup> December 2001

Ref:AC/pmb

**Ms Audrey Doyle**  
**Eastern Regional Health Authority**  
**Mill Lane**  
**Palmerstown**  
**Dublin 20**

Dear Ms Doyle,

Please find enclosed a copy of the submission to Comhairle na nOspideal regarding the Review of ENT Services for the Mater Misericordiae Hospital.

Apologies for the delay in receiving this.

Yours sincerely,

*Pauline Mc Bennett*  
pp **Austin Cush,**  
**Business Manager, Division of Surgery**

Enc

**SUBMISSION TO  
COMHAIRLE NA NOSPIDEAL**

**REVIEW OF ENT SERVICES**



## Index

- a) List of ENT procedures (number and type) performed during the past year. Please indicate whether in -patient or day surgery; identify type of anaesthetic administered i.e. general or local or regional block;
- b) Total number of ENT procedures performed in each of the last three years;
- c) The number of in-patients and average duration of stay in each of the last three years;
- d) The number of theatre sessions for ENT Surgery.
- e) The location, number and frequency of out-patient clinics plus the number of attendances (new and return) in each of the last three years;
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- g) Access to beds and outpatient facilities;
- h) Number and grades of NCHDs in ENT Surgery and whether the posts are recognised for training;
- i) Future plans in terms of staffing and resources;
- j) Sub-specialty interests of current consultants and level of activity in each;

ENT All Procedures 2000

CODE	PROCEDURE	TOTAL	PERCENT	AVE LOS	BED DAYS	DAY CASES	AVE AGE	Type
2039	ME & IE DXTIC PX NEC	265	17.0	2.5	70	237	44.9	
282	TONSILLECTOMY	141	9.1	2.8	388	0	22.3	GA
3142	LARYNGOSCOPY/TRACHEOSCPY	113	7.3	6.4	657	11	48.7	GA
2911	PHARYNGOSCOPY	90	5.8	6.8	397	32	52.2	GA
2129	NASAL DXTIC PX NEC	89	5.7	0.0	0	89	46.0	GA
4223	ESOPHAGOSCOPY NEC	76	4.9	6.6	496	1	54.2	GA
9375	OTHER SPEECH THERAPY	72	4.6	16.1	1157	0	59.3	
3149	OTHER TRACHEA DXTIC PX	70	4.5	0.0	0	70	50.4	GA/LA
3143	CLSD (ENDO) BX LARYNX	66	4.2	10.6	697	0	58.7	GA
2101	ANT NAS PACK FOR EPISTX	48	3.1	4.5	210	1	61.8	LA/GA
2188	SEPTOPLASTY NEC	42	2.7	2.7	115	0	35.2	GA
2171	CLSD REDUCTION NASAL FX	42	2.7	1.0	1	41	26.8	GA
2199	NASAL OPERATIONS NEC	39	2.5	3.0	6	37	44.3	GA
311	TEMPORARY TRACHEOSTOMY	33	2.1	38.5	1270	0	58.7	GA
4041	UNILAT RAD NECK DISSECT	33	2.1	26.5	874	0	59.1	GA
3009	EXC/DESTR LARYNX LES NEC	24	1.5	4.8	106	2	43.9	GA
280	TONSIL/PERITONSILLAR I&D	24	1.5	3.3	79	0	27.6	GA
9652	IRRIGATION OF EAR	21	1.3	2.0	2	20	51.2	GA
9339	PHYSICAL THERAPY NEC	21	1.3	21.2	445	0	59.3	
2749	EXCISION OF MOUTH NEC	20	1.3	34.4	619	2	59.3	GA/LA
4311	PERC (ENDO) GASTROSTOMY	18	1.2	38.6	694	0	58.4	LA/GA
2131	INTRANASAL LES DESTR/EXC	18	1.2	3.3	59	0	48.9	GA
2219	NASAL SINUS DXTIC PX NEC	17	1.1	4.9	68	3	45.4	GA/LA
2121	RHINOSCOPY	17	1.1	3.0	9	14	46.8	LA/GA
2103	CAUT TO CNTRL EPISTAXIS	16	1.0	7.0	49	9	46.5	GA
194	MYRINGOPLASTY	16	1.0	3.2	48	1	33.8	GA
9399	OTHER RESP PROCEDURES	15	1.0	21.2	318	0	64.6	GA/LA
4011	LYMPHATIC STRUCT BIOPSY	15	1.0	12.5	125	5	45.5	GA
251	EXC/DESTR TONGUE LES	15	1.0	5.0	60	3	48.4	GA
2001	MYRINGOTOMY W INTUBATION	13	0.8	2.0	16	5	46.3	GA
2501	CLSD (NEEDLE) BX TONGUE	13	0.8	17.1	171	3	52.1	LA
2049	MASTOIDECTOMY NEC	12	0.8	5.7	63	1	34.3	GA
2724	MOUTH STRUCT BX NOS	12	0.8	19.2	192	2	61.8	GA/LA
9903	WHOLE BLOOD TRANSFUS NEC	11	0.7	13.4	147	0	57.9	
863	OTH LOC EXC/DESTR SKIN	11	0.7	6.0	42	4	57.6	LA/GA
2122	NASAL BIOPSY	10	0.6	6.8	54	2	60.3	GA/LA
252	PARTIAL GLOSSECTOMY	10	0.6	38.2	382	0	59.1	GA
2632	COMPLETE SIALOADENECTOMY	10	0.6	7.3	73	0	40.0	GA
310	INJECTION OF LARYNX	10	0.6	1.4	13	1	43.6	GA
2184	REVISION RHINOPLASTY	9	0.6	2.6	23	0	27.8	GA
2109	EPISTAXIS CONTROL NEC	8	0.5	7.3	58	0	54.9	GA
7631	PARTIAL MANDIBULECTOMY	7	0.4	37.4	262	0	62.3	GA
2211	CLSD (ENDO) NAS SINUS BX	7	0.4	6.3	44	0	54.6	GA/LA
2757	PEDICLE ATTACH TO MOUTH	7	0.4	58.7	411	0	60.6	GA
2161	DIATH/CRYOSURG TURBINECT	6	0.4	1.7	5	3	32.0	GA
3323	OTHER BRONCHOSCOPY	6	0.4	18.5	111	0	53.0	LA/GA
2100	CONTROL OF EPISTAXIS NOS	6	0.4	0.0	0	6	29.0	GA
2731	LOC EXC BONY PALATE LES	6	0.4	3.0	3	5	42.2	GA
9671	CONT MECH VENT-<96 HOURS	5	0.3	13.6	68	0	63.8	GA
2095	ELECTMG HEARING DEV IMPL	5	0.3	2.0	10	0	47.0	GA
287	HEMOR CONTROL POST T&A	5	0.3	5.8	29	0	28.8	GA
2051	EXC MIDDLE EAR LESION	5	0.3	5.3	16	2	36.0	GA
2009	MYRINGOTOMY NEC	5	0.3	2.7	8	2	34.0	GA
9802	RMVL INTRALUM ESOPH FB	5	0.3	2.4	12	0	58.2	GA
1829	DESTR EXT EAR LES NEC	5	0.3	1.0	1	4	61.4	GA
304	RADICAL LARYNGECTOMY	5	0.3	50.8	254	0	55.4	GA
3198	OTH LARYNGEAL OPERATION	5	0.3	6.4	32	0	56.6	GA
4413	GASTROSCOPY NEC	5	0.3	13.8	69	0	56.2	LA
064	COMPLETE THYROIDECTOMY	4	0.3	27.3	109	0	64.0	GA
2319	SURG TOOTH EXTRACT NEC	4	0.3	24.5	98	0	54.0	GA
4131	BONE MARROW BIOPSY	4	0.3	11.5	46	0	68.8	LA

ENT All Procedures 2000

CODE	PROCEDURE	TOTAL	PERCENT	AVE LOS	BED-DAYS	DAY CASES	AVE AGE	TYPE
864	RAD EXCISION SKIN LESION	4	0.3	0.0	0	4	69.8	GA/LA
4021	EXC DEEP CERVICAL NODE	4	0.3	5.0	20	0	42.8	GA
3722	LEFT HEART CARDIAC CATH	4	0.3	44.8	179	0	71.0	LA
303	COMPLETE LARYNGECTOMY	4	0.3	52.5	210	0	53.8	GA
2912	PHARYNGEAL BIOPSY	4	0.3	9.0	36	0	51.0	GA
2106	ECA LIG FOR EPISTAXIS	4	0.3	4.3	17	0	48.3	GA
062	UNILAT THYROID LOBECTOMY	4	0.3	8.5	34	0	44.5	GA
4224	CLSD (ENDO) ESOPH BX	4	0.3	5.8	23	0	52.8	GA/LA
4292	ESOPHAGEAL DILATION	4	0.3	12.0	48	0	58.5	GA
8674	ATTACH PEDICLE GRAFT NEC	4	0.3	39.3	157	0	52.0	GA
0639	PART THYROIDECTOMY NEC	4	0.3	31.5	126	0	45.5	GA
2132	NASAL LES DEST/EXC NEC	4	0.3	6.0	6	3	56.0	GA
4042	BILAT RAD NECK DISSECT	4	0.3	30.8	123	0	60.5	GA
8663	FTHICK SKIN GRAFT NEC	4	0.3	49.8	199	0	49.0	GA
8609	SKIN/SUBCU INCISION NEC	4	0.3	34.0	136	0	52.0	LA/GA
3882	OCCL HEAD/NECK VESS NEC	3	0.2	11.7	35	0	54.3	GA
8601	ASPIRATION SKIN & SUBCU	3	0.2	0.0	0	3	51.3	LA/GA
7641	TOT MANDIBULECT/RECONST	3	0.2	34.0	102	0	59.7	GA
9737	RMVL TRACHEOSTOMY TUBE	3	0.2	14.3	43	0	65.3	LA
9813	RMVL INTRALUM PHAR FB	3	0.2	2.0	6	0	53.3	GA
2732	WIDE EXC BONY PALATE LES	3	0.2	30.0	90	0	49.0	GA
8669	FREE SKIN GRAFT NEC	3	0.2	39.7	119	0	54.7	GA
211	INCISION OF NOSE	3	0.2	3.7	11	0	23.0	GA/LA
2892	EXC TONSIL & ADENOID LES	3	0.2	9.0	27	0	57.7	GA
290	PHARYNGOTOMY	2	0.1	6.0	12	0	32.0	GA
2743	EXC OF LIP LES/TISS NEC	2	0.1	22.0	22	1	48.0	GA/LA
0601	THYROID FIELD ASPIRATION	2	0.1	24.0	48	0	34.5	LA/GA
3491	THORACENTESIS	2	0.1	19.5	39	0	62.5	LA/GA
2032	MIDDLE & INNER EAR BX	2	0.1	15.0	15	1	44.0	GA
2079	INC/EXC/DESTR IE NEC	2	0.1	2.0	2	1	19.0	GA
1831	RAD EXC EXT EAR LESION	2	0.1	12.0	12	1	60.0	GA/LA
8853	LT HEART ANGIOCARDIOGRAM	2	0.1	6.0	12	0	77.0	LA
8856	COR ARTERIOGRAM-2 CATH	2	0.1	6.0	12	0	77.0	LA
1919	STAPEDECTOMY NEC	2	0.1	5.5	11	0	44.0	GA
1809	EXTERNAL EAR INC NEC	2	0.1	0.0	0	2	21.0	GA/LA
2591	LINGUAL FRENOTOMY	2	0.1	2.0	2	1	17.0	GA
2212	OPEN NASAL SINUS BIOPSY	2	0.1	3.0	6	0	18.0	GA
9814	RMVL INTRALUM LARYNX FB	2	0.1	2.5	5	0	43.0	GA
2431	GUM LES/TISS EXCISION	2	0.1	17.5	35	0	75.0	GA/LA
2939	EXC/DESTR PHAR LES NEC	2	0.1	25.0	50	0	63.5	GA/LA
4029	SMP EXC LYMPHATIC NEC	2	0.1	2.5	5	0	38.0	GA/LA
2200	SINUS ASP & LAVAGE NOS	2	0.1	9.0	18	0	51.0	GA/LA
6029	TU PROSTATECTOMY NEC	2	0.1	13.5	27	0	62.0	GA
2104	ETHMOIDAL ART LIG-EPISTX	2	0.1	10.0	20	0	55.5	GA
2102	POST NAS PACK FOR EPISTX	2	0.1	7.5	15	0	47.0	GA/LA
8622	EXC DEBRIDE WND/INFECT	2	0.1	30.5	61	0	58.0	GA
2721	BONY PALATE BIOPSY	2	0.1	8.0	16	0	66.5	GA
7749	BONE BIOPSY NEC	2	0.1	17.5	35	0	60.5	GA
5732	CYSTOSCOPY NEC	2	0.1	9.5	19	0	64.5	GA/LA
2631	PARTIAL SIALOADENECTOMY	2	0.1	12.5	25	0	66.0	GA
301	HEMILARYNGECTOMY	2	0.1	62.0	124	0	53.5	GA
244	EXC OF DENTAL LES OF JAW	2	0.1	17.0	34	0	69.5	GA/LA
2612	OPN SALIVARY GLAND BX	2	0.1	10.0	20	0	64.5	GA
3327	ENDO LUNG BX (CLOSED)	2	0.1	21.5	43	0	66.0	GA/LA
2187	RHINOPLASTY NEC	2	0.1	2.0	4	0	34.5	GA
3172	CLOSURE OF TRACHEOSTOMY	2	0.1	4.0	8	0	66.0	LA/GA
8399	CONN TISS OP NEC	1	0.1	0.0	0	1	65.0	LA/GA
1609	ORBITOTOMY NEC	1	0.1	12.0	12	0	55.0	GA
9383	OCCUPATIONAL THERAPY	1	0.1	20.0	20	0	76.0	
9653	IRRIG NASAL PASSAGES	1	0.1	3.0	3	0	32.0	LA/GA
283	T&A	1	0.1	2.0	2	0	14.0	GA

ENT All Procedures 2000

CODE	PROCEDURE	TOTAL	PERCENT	AVE LOS	BED DAYS	DAY CASES	AVE AGE	Type
286	ADENOIDECTOMY	1	0.1	2.0	2	0	15.0	GA
2042	RADICAL MASTOIDECTOMY	1	0.1	4.0	4	0	49.0	GA
196	TYMpanoplasty REVISION	1	0.1	2.0	2	0	41.0	GA
9801	RMVL INTRALUM MOUTH FB	1	0.1	1.0	1	0	22.0	GA
2594	OTHER GLOSSOTOMY	1	0.1	1.0	1	0	50.0	GA
2953	CLOSE PHAR FISTULA NEC	1	0.1	114.0	114	0	63.0	GA
762	DESTR FACIAL BONE LES	1	0.1	6.0	6	0	73.0	GA
8321	SOFT TISSUE BIOPSY	1	0.1	0.0	0	1	75.0	GA/LA
8672	PEDICLE GRAFT ADV	1	0.1	12.0	12	0	70.0	GA
0689	OTHER PARATHYROIDECTOMY	1	0.1	9.0	9	0	57.0	GA
2753	CLOSURE OF MOUTH FISTULA	1	0.1	8.0	8	0	41.0	GA
8866	CONTRAST PHLEBOGRAM-LEG	1	0.1	4.0	4	0	30.0	LA
2742	WIDE EXCISION OF LIP LES	1	0.1	0.0	0	1	71.0	GA/LA
2811	TONSIL & ADENOID BIOPSY	1	0.1	2.0	2	0	36.0	GA
270	DRAIN FACE & MOUTH FLOOR	1	0.1	6.0	6	0	37.0	GA
7719	BONE INC W/O DIV NEC	1	0.1	30.0	30	0	60.0	GA
2260	SINUSECTOMY NOS	1	0.1	3.0	3	0	37.0	GA
7691	BONE GRAFT TO FACE BONE	1	0.1	129.0	129	0	61.0	GA
9605	RESP TRACT INTUB NEC	1	0.1	1.0	1	0	61.0	GA/LA
2959	PHARYNGEAL REPAIR NEC	1	0.1	65.0	65	0	62.0	GA
2769	OTHER PLASTIC REP PALATE	1	0.1	12.0	12	0	51.0	GA
7849	OTHER BONE REPAIR NEC	1	0.1	20.0	20	0	50.0	GA
2933	PHARYNGECTOMY (PARTIAL)	1	0.1	36.0	36	0	62.0	GA
3199	OTHER TRACHEAL OPS	1	0.1	7.0	7	0	62.0	GA
236	PROSTHETIC DENTAL IMPL	1	0.1	5.0	5	0	60.0	GA/LA
3404	INSERT INTERCOSTAL CATH	1	0.1	33.0	33	0	56.0	GA
7769	LOC EXC BONE LESION NEC	1	0.1	8.0	8	0	58.0	GA/LA
3601	1 PTCA/ATHERECT W/O TL	1	0.1	85.0	85	0	57.0	LA/GA
7646	FACIAL BONE RECONST NEC	1	0.1	37.0	37	0	44.0	GA
1659	ORBITAL EXENTERATION NEC	1	0.1	37.0	37	0	44.0	GA
7609	FACIAL BONE INCISION NEC	1	0.1	23.0	23	0	66.0	GA
9751	RMVL GASTROSTOMY TUBE	1	0.1	10.0	10	0	54.0	LA
4525	CLSD (ENDO) LG INTEST BX	1	0.1	38.0	38	0	69.0	LA/GA
3992	VEIN INJECT-SCLEROS AGNT	1	0.1	0.0	0	1	37.0	LA
0479	OTHER NEUROPLASTY	1	0.1	27.0	27	0	55.0	LA/GA
0852	BLEPHARORRHAPHY	1	0.1	27.0	27	0	55.0	LA/GA
7664	MAND ORTHOGNATHIC OP NEC	1	0.1	23.0	23	0	62.0	GA
247	APPL ORTHODONT APPLIANCE	1	0.1	27.0	27	0	77.0	LA/GA
8611	SKIN & SUBCU BIOPSY	1	0.1	21.0	21	0	81.0	LA/GA
8605	INC W RMVL FB SKIN/SUBCU	1	0.1	8.0	8	0	40.0	LA/GA
5012	OPEN BIOPSY OF LIVER	1	0.1	49.0	49	0	65.0	GA
2630	SIALOADENECTOMY NOS	1	0.1	5.0	5	0	55.0	GA
3022	VOCAL CORDECTOMY	1	0.1	7.0	7	0	68.0	GA
6732	CERV LES CAUTERIZATION	1	0.1	0.0	0	1	53.0	GA/LA
2991	PHARYNGEAL DILATION	1	0.1	2.0	2	0	63.0	GA
2191	LYSIS OF NASAL ADHESIONS	1	0.1	2.0	2	0	44.0	GA
199	MIDDLE EAR REPAIR NEC	1	0.1	10.0	10	0	27.0	GA
2185	AUGMENTATION RHINOPLASTY	1	0.1	3.0	3	0	39.0	GA
7869	RMVL IMPL DEV SITE NEC	1	0.1	1.0	1	0	39.0	GA
2629	SALIVARY LES EXC NEC	1	0.1	0.0	0	1	33.0	GA
3162	LARYNGEAL FISTULA CLOSE	1	0.1	48.0	48	0	49.0	GA
3161	SUTURE OF LARYNGEAL LAC	1	0.1	36.0	36	0	49.0	GA
8196	OTHER REPAIR OF JOINT	1	0.1	6.0	6	0	32.0	GA
8604	OTHER SKIN & SUBCU I&D	1	0.1	6.0	6	0	32.0	GA/LA
3173	TRACH FISTULA CLOSE NEC	1	0.1	42.0	42	0	61.0	GA
9962	HEART COUNTERSHOCK NEC	1	0.1	4.0	4	0	61.0	GA
2763	REV CLEFT PALATE REPAIR	1	0.1	1.0	1	0	23.0	GA
9929	INJECT/INFUSE NEC	1	0.1	1.0	1	0	26.0	LA/GA
		1926	123.6	12.1	15488	641	47.6	

**TOTAL NUMBER OF ENT PROCEDURES IN EACH OF THE LAST  
THREE YEARS**

Mater Misericordiae Hospital

Part b - Total number of ENT Procedures performed in each of the last three years

Part	Year	Type	Total Inpat and Daycase	AVE LOS	BED DAYS	Day Cases	AVE AGE	Inpat
B	2000	Total Number of Procedures	1926	12.1	15488	641	47.6	1285
	1999	Total Number of Procedures	1781	13.6	16396	575	47.1	1206
	1998	Total Number of Procedures	1713	13.1	14822	585	45.4	1128

Source: HIPE

**THE NUMBER OF IN-PATIENTS AND AVERAGE DURATION OF  
STAY IN EACH OF THE LAST THREE YEARS**

Mater Misericordiae Hospital

Part c - The number of Inpatients and average duration of stay in each of the last three years

Part	Year Type	Total Inpat and Daycase	AVE LOS	BED DAYS	Day Cases	AVE AGE	Inpat
C	2000 Total number of Episodes	1558	6.6	6259	615	43.5	943
	1999 Total number of Episodes	1465	7.8	7005	563	43.7	902
	1998 Total number of Episodes	1453	7.5	6657	563	41.2	890

Source: HIPE



## THE NUMBER OF THEATRE SESSIONS FOR ENT SURGERY

Currently there are 7 sessions allocated to ENT Surgery, namely all day Monday, Tuesday, Thursday and Friday afternoon. Friday morning is also available to us provided that nursing and anaesthetic cover can be provided. The satisfactory utilization of Friday as an operating day naturally will depend to a certain extent on the provision of a 6 day ward so that the patients operated on Friday can stay overnight on Friday night and be discharged on Saturday.

**THE LOCATION, NUMBER OF FREQUENCY OF OUT-PATIENT  
CLINICS PLUS THE NUMBER OF ATTENDANCES (NEW AND  
RETURN) IN EACH OF THE LAST THREE YEARS**

Part e

Mater Misericordiae Hospital

ENT - the location, number and frequency of outpatient clinics plus the number of attendances (new and return) in each of the last three years

<b>Outpatient Attendances</b>			
<b>ENT</b>	<b>New</b>	<b>Return</b>	<b>Total</b>
1998	2284	3747	6031
1999	2298	3330	5628
2000	2173	3111	5284

<b>ENT Clinics</b>						
<b>1998 1999 2000</b>				<b>No of</b>	<b>No of</b>	<b>No of</b>
<b>Consultant</b>	<b>Name of Clinic</b>	<b>Day of Week</b>	<b>Frequency</b>	<b>Clinics</b>	<b>Clinics</b>	<b>Clinics</b>
				<b>1998</b>	<b>1999</b>	<b>2000</b>
Mr Blaney	General	Wednesday	Weekly	49	49	49
Mr O'Dwyer	Head and Neck		Weekly	12	12	12
	General	Thursday	Weekly	36	36	36
Locum Consultant (El Sheriffe)	General	Monday and Friday	Weekly	100	100	100
<b>Total</b>				<b>197</b>	<b>197</b>	<b>197</b>

Ms Rowley to commence 1st February 2002

**DETAILS OF THE WAITING LIST AND WAITING TIMES, IF ANY, FOR  
BOTH IN-PATIENT AND OUT-PATIENT**

Part f

**Mater Misericordiae Hospital - ENT**

**Details of the waiting list and waiting times, if any, for both Inpatient and Outpatients**

***Outpatient Waiting Times***

Our out-patient waiting times in E.N.T. as at 31st October 2001 are as follows -

Mr. A. Blayney	Next available appointment	14/05/2003
Mr. T. O'Dwyer	Next available appointment (Mr O'Dwyer only sees cancer patients)	20/12/2001
Mr. El Sherif	Next available appointment	03/02/2003

Mater Misericordiae Hospital - ENT  
 Details of the waiting list and waiting times, if any, for both inpatient and Outpatients

Monthly In-patient Report BIA-WL01A

Eastern Regional Health Authority Catchment Area

Provider:	MATER	Mo 10	Yea 1		Month:	Year:
Provider Number:						

Code	Specialty	Consultant	0 - 3 Months		3 - 6 Months		6 - 12 Months		12 - 24 months		24-36 Months		36 - 48 Months		48+ Months			
			Public		Private		Public		Private		Public		Private		Public		Private	
			C	A OP	C	A OP	C	A OP	C	A OP	C	A OP	C	A OP	C	A OP	C	A OP
0000	Otolaryngology (ENT)	Mr. Blayney	12	0	9	0	11	0	16	0	11	0	10	0	13	0		
		Mr. I. ElSherif	26	0	6	0	14	0	56	0	42	0	22	0	20	0		
		Mr. T. O'Dwyer	26	0	3	0	14	0	33	0	35	0	24	0	39	0		

Monthly Day Case Waiting List Report BIA-WL01A

Eastern Regional Health Authority Catchment Area

Provider:	MATER	Mo 10	Yea ###		Month:	10	Year:	01
Provider Number:								

Code	Specialty	Consultant	0 - 3 Months		3 - 6 Months		6 - 12 Months		12 - 24 months		24-36 Months		36 - 48 Months		48+ Months			
			Public		Private		Public		Private		Public		Private		Public		Private	
			C	A OP	C	A OP	C	A OP	C	A OP	C	A OP	C	A OP	C	A OP	C	A OP
0000	Otolaryngology (ENT)	Mr. A. Blayney	12	0	1	0	0	0	0	0	0	0	0	0	0	0		
		Mr. I. ElSherif	0	0	1	0	0	0	0	0	0	0	0	0	0	0		
		Mr. T. O'Dwyer	5	0	1	0	0	0	0	0	2	0	1	0	0	0		

## **ACCESS TO BEDS AND OUTPATIENT FACILITIES**

Access to beds, currently access to 2 day beds per operating list (St Peter's Ward) 3-4 5-day beds on St Camillus' Ward for Tuesday and Thursday lists and approximately 10 7-day beds on St Joseph's Ward mainly for Head and Neck cancer surgery.

Out patient Clinics take place in the ENT Outpatient Department on Monday morning, Wednesday morning and Thursday afternoon. At other times this outpatient clinic is used by other specialties. There is a facility for a fourth ENT Outpatient Clinic on Friday morning which will be availed of starting on February 1<sup>st</sup> 2002.

**NUMBER OF GRADES OF NCHDS IN ENT SURGERY AND WHETHER  
THE POSTS ARE RECOGNISED FOR TRAINING**

All posts between the Mater Hospital and the Children's Hospital, Temple Street are recognised for training, the participants being part of the post graduate surgical training scheme in Otolaryngology/Head and Neck Surgery. Currently we have one senior SPR (Senior Registrar) one whole time SPR (Registrar) and one SPR (Registrar/SHO) who is shared with the Children's Hospital for emergency cases and specific surgical procedures.

In total therefore 3 NCHDs partly shared with Temple Street and taking part in the North City Emergency Night Time Rota.



## **FUTURE PLANS IN TERMS OF STAFFING AND RESOURCES**

We are currently processing an application for the establishment of a fourth Consultant ENT posts shared between the Children's Hospital, Temple Street (6 sessions) and the Mater Hospital (5 sessions). The breakdown of this post mirrors the proposed facilities which will be available in terms of theatre time, Outpatient Clinics etc.

The ERHA has also approved in conjunction with Temple Street the employment of a fulltime waiting list ENT Consultant in an attempt to utilize any spare capacity in either institute to deal with patients on waiting list. It is hoped that Mr Ibrahim El Sherif will take on this post when he has completed his current position as Locum Consultant ENT Surgeon in place with Mr John Russell who has transferred to Crumlin and St Vincent's Hospital.

**SUB SPECIALTY INTERESTS OF CURRENT CONSULTANTS AND  
LEVEL OF ACTIVITY IN EACH**

Mr A. W. Blayney – Interests: General Otorhinolaryngology with a specific interest in deafness, diseases of the ear and ear surgery. The Mater Hospital provided the National service currently for the fitting of bone anchored hearing aids. 5 Sessions

Mr T. O'Dwyer – Interests: Head and Neck Cancer Surgery. Currently if not the busiest one of the two Head and Neck cancer units in the country with major resections on a weekly basis. Surgery of benign conditions of the Head and Neck including parotid and thyroid surgery. 5 Sessions

Ms Helena Rowley, (starting date 1<sup>st</sup> February 2002) - Interests: Surgery of benign conditions of the Head and Neck, cancer surgery of the Head & Neck, Rhinology and general Otolaryngology. 6 Sessions

also 1 Locum post.

ENT Submission

The Children's Hospital

Temple Street

**RE: COMHAIRLE NA NOSPIDEAL –  
COMMITTEE TO REVIEW  
OTOLARYNGOLOGY (ENT SURGERY) SERVICES.**

- a) See Appendix A.
- b) See Appendix A.
- c) See Appendix B.
- d) *Number of Theatre sessions for ENT Surgery:* Currently there are six sessions available for ENT Surgery per week. On every second Friday morning, there is also one extra ENT session, therefore the number of sessions available alternate between six and seven per week.
- e) The ENT Out-Patient Clinic is located in the Out-Patient Department. Whilst this is shared with other specialities within the hospital, it primarily was allocated to ENT a number of years ago. There are three ENT Out-Patient Clinics held per week, namely on Monday morning, Tuesday morning and Thursday morning. These are Consultant led clinics. Each Consultant attached to Temple Street is performing one Out-Patient Clinic.

With the approval for a Locum ENT (Waiting List Consultant) namely Mr. I. Elsherif, as of the 1<sup>st</sup> April to the 31<sup>st</sup> December, there will be one extra, i.e., fourth ENT Out-Patient Clinic held per week, namely on a Friday afternoon.

It is worth noting that each month, Mr. A.W. Blayney also takes part in the combined Cleft Palate Clinic on a Friday afternoon in St. Frances Clinic.

ENT Clinics	1999	2000	2001
New Attendances	800	848	911
Return Attendances	3,203	3,050	3,048

Combined Cleft Palate Clinic	1999	2000	2001
	N/A	N/A	198

- f) *Details of waiting list and waiting times for in-patients and out-patients.*

<i>New OPD Appointments:</i>	<i>250 patients:- 18 months waiting time</i>
<i>Return OPD Appointments</i>	<i>Patients seen as required approx.: 1-2 months</i>
<i>In-Patient ENT Admissions:</i>	<i>350 patients:- 4 months – 2 years</i>
<i>Day Case ENT Admissions:</i>	<i>40 patients:- 4-8 weeks</i>

j) *Sub speciality interests of current Consultants and level of activity in each.*

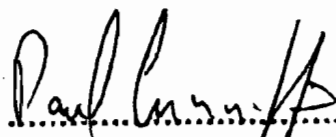
Mr. A. W. Blayney, General Paediatric Otolaryngology with a specific interest in hearing loss, diseases of the ear and ear surgery. A monthly combined Cleft Palate Clinic is also performed in conjunction with the Consultant Plastic Surgeon, Speech Therapists, Audiologists and specialist nursing staff.

Mr. T. O'Dwyer, General Otolaryngology with a specific interest in conditions of the head and neck, surgical oncology and airway surgery.

Ms. Helena Rowley has been appointed with a specific interest in airway surgery, having completed a paediatric fellowship in The Children's Hospital in Boston with a view to specifically addressing the airway service and providing, in co-operation with a recently appointed Respiratory Paediatric Physician, a comprehensive airway service in terms of investigation and treatment. Ms. Rowley's other interest is in benign surgical conditions of the neck and specialised Paediatric Otolaryngology.

**Associated Services or Interests**

**Audiology:** Close co-operation between the ENT Service and the Department of Audiology has resulted in the establishment of the best paediatric test facilities in the country with three sound proof rooms, one of which is used for electrophysiological testing, staffed by a Chief Audiologist, two Senior Audiologists and a part-time Audiologist and receiving a significant number of referrals both from the obstetric hospitals in Dublin but also from various parts of the country. It is highly likely that the recommendations of the ERHA Committee on Audiology will suggest that The Children's Hospital be one of the two premier paediatric and neonatal screening assessment units for the city of Dublin. Currently The Children's Hospital has the facilities for bone anchored hearing aid surgery, a service which is envisaged to develop further over the forthcoming years. We would be delighted to discuss any aspects of this report with you should you so wish or require further information.

  
.....  
**MR. PAUL CUNIFFE**  
**CHIEF EXECUTIVE**

.....  
**MR. ALEXANDER BLAYNEY,**  
**CONSULTANT ENT SURGEON.**

**23<sup>rd</sup>. APRIL 2002.**

73	TRACHEAL RECONSTRUCTION	2	0.125	33.000	66	0	0.000
198	OTH LARYNGEAL OPERATION	3	0.187	17.000	51	0	0.667
199	OTHER TRACHEAL OPS	1	0.062	20.000	20	0	1.000
333	OTHER BRONCHOSCOPY	106	6.608	15.094	1449	10	3.000
404	INSERT INTERCOSTAL CATH	1	0.062	19.000	19	0	9.000
511	OPN AORTIC VALVULOPLASTY	1	0.062	24.000	24	0	0.000
833	VENOUS CATHETER NEC	16	0.998	15.417	185	4	3.438
899	VENOUS PUNCTURE NEC	1	0.062	3.000	3	0	10.000
011	LYMPHATIC STRUCT BIOPSY	1	0.062	1.000	1	0	11.000
09	SMP EXC LYMPHATIC NEC	2	0.125	35.000	70	0	5.500
1040	RAD NECK DISSECTION NOS	1	0.062	4.000	4	0	12.000
1223	ESOPHAGOSCOPY NEC	5	0.312	1.200	6	0	3.400
19	GASTROSTOMY NEC	1	0.062	74.000	74	0	0.000
13	SM BOWEL ENDOSCOPY NEC	1	0.062	1.000	1	0	9.000
4516	EGD WITH CLOSED BIOPSY	1	0.062	45.000	45	0	0.000
500	UNILAT IH REPAIR NOS	1	0.062	147.000	147	0	0.000
759	LOC EXC BONE LESION NEC	1	0.062	2.000	2	0	11.000
8309	SOFT TISSUE INCISION NEC	1	0.062	7.000	7	0	12.000
8339	EXC LES SOFT TISSUE NEC	1	0.062	4.000	4	0	12.000
898	SOFT TISSUE INJECT NEC	1	0.062	10.000	10	0	12.000
8524	EXC ECTOPIC BREAST TISS	1	0.062	3.000	3	0	14.000
8604	OTHER SKIN & SUBCU I&D	2	0.125	19.000	38	0	0.000
83	OTH LOC EXC/DESTR SKIN	2	0.125	3.500	7	0	7.000
859	SKIN SUTURE NEC	2	0.125	38.500	77	0	2.500
8689	SKIN REP & RECONST NEC	1	0.062	8.000	8	0	5.000
703	CAT SCAN HEAD	3	0.187	27.667	83	0	3.667
761	BARIUM SWALLOW	4	0.249	22.000	88	0	4.750
8871	DXTIC US-HEAD/NECK	3	0.187	6.000	18	0	4.667
875	DXTIC ULTRASOUND-URINARY	1	0.062	7.000	7	0	0.000
876	DXTIC ULTRASOUND-ABD	2	0.125	78.500	157	0	0.000
8939	NONOPERATIVE EXAMS NEC	1	0.062	2.000	2	0	0.000
9039	MICRO EXAM NEC-ENT/LAR	211	13.155	2.323	144	149	8.052
059	MICRO EXAM NEC-BLOOD	7	0.436	2.800	14	2	6.286
9089	MICRO EXAM NEC-UPPER GI	1	0.062	1.000	1	0	0.000
9201	THY SCAN/ISOTOPE STUDY	1	0.062	2.000	2	0	10.000
9329	FORCE CORRECT DEFORM NEC	1	0.062	1.000	1	0	8.000
9334	DIATHERMY	1	0.062	0.000	0	1	8.000
9339	PHYSICAL THERAPY NEC	1	0.062	36.000	36	0	1.000
9352	NECK SUPPORT APPLICATION	1	0.062	0.000	0	1	5.000
9390	CPAP	1	0.062	147.000	147	0	0.000
9601	INSERT NP AIRWAY	1	0.062	96.000	96	0	0.000
9604	INSERT ENDOTRACHEAL TUBE	2	0.125	337.500	675	0	0.000
9652	IRRIGATION OF EAR	33	2.057	1.200	6	28	7.727
966	ENTERAL NUTRITION	1	0.062	2.000	2	0	5.000
9670	CONT MECH VENT-TIME NOS	1	0.062	648.000	648	0	0.000
9712	REPL LOWER LIMB CAST	1	0.062	1.000	1	0	8.000
9723	REPL TRACH TUBE	5	0.312	16.200	81	0	2.400
9732	REMOVAL NASAL PACKING	1	0.062	0.000	0	1	15.000
9789	RMVL OTH THER DEV	3	0.187	14.000	14	2	6.333
9802	RMVL INTRALUM ESOPH FB	4	0.249	1.000	4	0	1.750
9811	RMVL INTRALUM EAR FB	15	0.935	1.333	4	12	6.200
9812	RMVL INTRALUM NOSE FB	12	0.748	1.000	5	7	3.250
9813	RMVL INTRALUM PHAR FB	1	0.062	2.000	2	0	6.000
9815	RMVL INTRALUM TRACH FB	1	0.062	1.000	1	0	1.000
9921	INJECT ANTIBIOTIC	68	4.239	6.191	421	0	7.132
9922	INJECT ANTI-INFECT NEC	27	1.683	4.296	116	0	7.333
8923	INJECT STEROID	2	0.125	1.000	2	0	5.500

2121	132.215	7.564	9538	860	5.552
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16	ADENOIDECTOMY	161	10.489	1.532	167	52	5.056
287	HEMOR CONTROL POST T&A	4	0.261	1.750	7	0	5.250
92	EXC BRANCHIAL CLEFT CYST	2	0.130	2.500	5	0	5.500
939	EXC/DESTR PHAR LES NEC	1	0.065	0.000	0	1	5.000
294	PLASTIC OP ON PHARYNX	1	0.065	3.000	3	0	8.000
952	CLOSE BRANC CLFT FISTULA	1	0.065	3.000	3	0	9.000
991	PHARYNGEAL DILATION	2	0.130	1.000	1	1	3.500
3009	EXC/DESTR LARYNX LES NEC	31	2.020	3.400	102	1	6.774
311	TEMPORARY TRACHEOSTOMY	2	0.130	54.000	108	0	0.000
141	TRACHEOSCOPY THRU STOMA	1	0.065	24.000	24	0	0.000
142	LARYNGOSCOPY/TRACHEOSCPY	88	5.733	7.772	614	9	4.386
3143	CLSD (ENDO) BX LARYNX	4	0.261	8.500	34	0	0.000
15	LOC EXC/DESTR LARYNX LES	2	0.130	14.500	29	0	1.500
3162	LARYNGEAL FISTULA CLOSE	1	0.065	68.000	68	0	1.000
3169	OTHER LARYNGEAL REPAIR	6	0.391	16.500	99	0	2.667
3171	SUTURE OF TRACHEAL LAC	3	0.195	22.000	66	0	5.333
3172	CLOSURE OF TRACHEOSTOMY	1	0.065	8.000	8	0	2.000
3174	REVISION OF TRACHEOSTOMY	1	0.065	3.000	3	0	14.000
3179	OTHER TRACHEAL REPAIR	1	0.065	55.000	55	0	0.000
3321	BRONCHOSCOPY THRU STOMA	1	0.065	2.000	2	0	1.000
3323	OTHER BRONCHOSCOPY	84	5.472	6.885	537	6	3.929
3404	INSERT INTERCOSTAL CATH	1	0.065	30.000	30	0	1.000
3893	VENOUS CATHETER NEC	13	0.847	6.917	83	1	2.077
4021	EXC DEEP CERVICAL NODE	3	0.195	3.000	3	2	7.667
4029	SMP EXC LYMPHATIC NEC	1	0.065	52.000	52	0	0.000
4131	BONE MARROW BIOPSY	1	0.065	3.000	3	0	1.000
4223	ESOPHAGOSCOPY NEC	6	0.391	1.833	11	0	1.500
4311	PERC (ENDO) GASTROSTOMY	1	0.065	175.000	175	0	0.000
4466	CREAT EG SPHINCT COMPET	1	0.065	175.000	175	0	0.000
5349	UMB HERNIA REPAIR NEC	1	0.065	1.000	1	0	4.000
640	CIRCUMCISION	2	0.130	3.000	3	1	5.000
7860	RMVL IMPL DEV SITE NOS	1	0.065	0.000	0	1	11.000
7902	CLSD RED FX RADIUS/ULNA	1	0.065	1.000	1	0	4.000
7939	ORIF BONE NEC X FACIAL	1	0.065	4.000	4	0	10.000
8601	ASPIRATION SKIN & SUBCU	1	0.065	1.000	1	0	2.000
8604	OTHER SKIN & SUBCU I&D	5	0.326	24.400	122	0	1.200
8605	INC W RMVL FB SKIN/SUBCU	1	0.065	8.000	8	0	8.000
864	RAD EXCISION SKIN LESION	1	0.065	52.000	52	0	0.000
8659	SKIN SUTURE NEC	1	0.085	1.000	1	0	8.000
8675	REV PEDICLE/FLAP GRAFT	1	0.065	0.000	0	1	12.000
8703	CAT SCAN HEAD	1	0.065	2.000	2	0	0.000
8761	BARIUM SWALLOW	2	0.130	11.500	23	0	0.000
8762	UPPER GI SERIES	2	0.130	36.000	72	0	0.500
8871	DXTIC US-HEAD/NECK	1	0.065	17.000	17	0	0.000
9039	MICRO EXAM NEC-ENT/LAR	259	16.873	1.902	116	198	7.089
9059	MICRO EXAM NEC-BLOOD	3	0.195	1.000	2	1	8.000
9318	PT BREATHING EXERCISE	2	0.130	6.000	12	0	10.000
9334	DIATHERMY	1	0.065	0.000	0	1	9.000
9339	PHYSICAL THERAPY NEC	1	0.065	9.000	9	0	2.000
9390	CPAP	1	0.065	17.000	17	0	0.000
9611	PACK EXT AUDITORY CANAL	4	0.261	2.500	5	2	11.750
9652	IRRIGATION OF EAR	20	1.303	2.000	8	16	8.600
9672	CONT MECH VENT->95 HOURS	3	0.195	94.333	283	0	0.000
9702	REPL GASTROSTOMY TUBE	1	0.065	3.000	3	0	3.000
9723	REPL TRACH TUBE	3	0.195	9.000	27	0	9.333
9738	RMVL HEAD/NECK SUTURES	1	0.065	4.000	4	0	1.000
9789	RMVL OTH THER DEV	3	0.195	8.000	8	2	3.333
9802	RMVL INTRALUM ESOPH FB	8	0.521	1.250	10	0	1.750
9811	RMVL INTRALUM EAR FB	24	1.564	1.000	7	17	5.000
9812	RMVL INTRALUM NOSE FB	13	0.847	1.000	6	7	2.462
9815	RMVL INTRALUM TRACH FB	1	0.065	4.000	4	0	1.000
9820	REMOVAL FB NOS	1	0.065	1.000	1	0	11.000

# NT Procedures 2001 from HIPE

CODE	PROCEDURE	TOTAL	PERCENT	AVE LOS	BED DAYS	DAY CASES	AVE AGE
107	PERIPH/CRAN NERV EXC NEC	1	0.064	6.000	6	0	11.000
1631	EXCISION THYROID LESION	2	0.128	3.000	6	0	3.000
167	THYROGLOSSAL DUCT EXC	1	0.064	3.000	3	0	2.000
143	NASOLACRIMAL DUCT PROBE	1	0.064	2.000	2	0	3.000
1279	GLAUCOMA PROCEDURE NEC	1	0.064	2.000	2	0	4.000
153	TEMP DETACH >1 EXOC MUSC	1	0.064	1.000	1	0	6.000
109	EXTERNAL EAR INC NEC	2	0.128	2.500	5	0	8.500
1829	DESTR EXT EAR LES NEC	1	0.064	0.000	0	1	12.000
186	EXT AUDIT CANAL RECONST	1	0.064	2.000	2	0	12.000
179	PLASTIC REP EXT EAR NEC	4	0.256	1.750	7	0	8.500
184	MYRINGOPLASTY	18	1.154	2.889	52	0	9.500
1952	TYPE II TYMPANOPLASTY	1	0.064	3.000	3	0	15.000
1001	MYRINGOTOMY W INTUBATION	840	53.846	1.821	275	689	3.998
1009	MYRINGOTOMY NEC	66	4.231	2.154	28	53	5.485
201	TYMPANOSTOMY TUBE RMVL	11	0.705	2.000	2	10	5.273
2039	ME & IE DXTIC PX NEC	2	0.128	0.000	0	2	6.000
2042	RADICAL MASTOIDECTOMY	3	0.192	3.667	11	0	10.333
2049	MASTOIDECTOMY NEC	10	0.641	3.333	30	1	8.600
2051	EXC MIDDLE EAR LESION	2	0.128	0.000	0	2	10.500
2103	CAUT TO CNTRL EPISTAXIS	28	1.795	1.333	4	25	5.036
211	INCISION OF NOSE	1	0.064	4.000	4	0	5.000
2121	RHINOSCOPY	4	0.256	1.000	1	3	2.750
2129	NASAL DXTIC PX NEC	2	0.128	2.000	4	0	4.000
2131	INTRANASAL LES DESTR/EXC	2	0.128	2.000	2	1	13.000
2161	DIATH/CRYOSURG TURBINECT	15	0.962	1.800	9	10	7.733
2171	CLSD REDUCTION NASAL FX	22	1.410	1.000	1	21	9.773
2188	SEPTOPLASTY NEC	7	0.449	2.200	11	2	11.714
2200	SINUS ASP & LAVAGE NOS	6	0.385	2.000	4	4	7.167
2211	CLSD (ENDO) NAS SINUS BX	2	0.128	4.000	4	1	4.500
2219	NASAL SINUS DXTIC PX NEC	13	0.833	1.167	7	7	6.892
2431	GUM LES/TISS EXCISION	1	0.064	0.000	0	1	7.000
2591	LINGUAL FRENOTOMY	13	0.833	0.000	0	13	3.000
2630	SIALOADENECTOMY NOS	1	0.064	5.000	5	0	17.000
2631	PARTIAL SIALOADENECTOMY	1	0.064	5.000	5	0	11.000
2699	SALIVARY GLAND OPS NEC	7	0.449	3.000	21	0	10.000
2749	EXCISION OF MOUTH NEC	1	0.064	0.000	0	1	13.000
2791	LABIAL FRENOTOMY	1	0.064	0.000	0	1	0.000
282	TONSILLECTOMY	186	11.923	1.801	326	5	7.817
283	T&A	252	16.154	2.163	530	7	5.079
286	ADENOIDECTOMY	105	6.731	1.456	99	37	5.038
287	HEMOR CONTROL POST T&A	4	0.256	2.500	10	0	6.750
2911	PHARYNGOSCOPY	1	0.064	7.000	7	0	13.000
292	EXC BRANCHIAL CLEFT CYST	1	0.064	3.000	3	0	2.000
2991	PHARYNGEAL DILATION	7	0.449	1.000	5	2	1.571
3009	EXC/DESTR LARYNX LES NEC	15	0.962	1.929	27	1	9.133
3142	LARYNGOSCOPY/TRACHEOSCPY	25	1.603	2.667	56	4	6.880
3323	OTHER BRONCHOSCOPY	28	1.795	2.680	67	3	6.286
3409	OTHER PLEURAL INCISION	1	0.064	6.000	6	0	1.000
3893	VENOUS CATHETER NEC	2	0.128	7.000	7	1	10.000
4011	LYMPHATIC STRUCT BIOPSY	6	0.385	1.667	5	3	4.833
4029	SMP EXC LYMPHATIC NEC	5	0.321	4.000	16	1	9.400
4223	ESOPHAGOSCOPY NEC	7	0.449	1.857	13	0	4.286
4311	PERC (ENDO) GASTROSTOMY	1	0.064	42.000	42	0	1.000
4824	CLSD (ENDO) RECTAL BX	1	0.064	2.000	2	0	4.000
640	CIRCUMCISION	1	0.064	0.000	0	1	3.000
7769	LOC EXC BONE LESION NEC	1	0.064	4.000	4	0	14.000
7902	CLSD RED FX RADIUS/ULNA	1	0.064	2.000	2	0	7.000
8191	ARTHROCENTESIS	1	0.064	6.000	6	0	10.000



**TABLE No. of Admissions and Average LOS 1999**

BRACKET	TOTAL	PERCENT	AVERAGE LOS	BED DAYS	DAY CASES	AVERAGE
0 Day	766	47.756	1.000	22	744	5.493
01 Day	231	14.401	1.000	231	0	6.870
02 Days	311	19.389	2.000	622	0	5.270
03 Days	155	9.663	3.000	465	0	6.497
04 Days	40	2.494	4.000	160	0	7.100
05 Days	23	1.434	5.000	115	0	5.565
06 Days	12	0.748	6.000	72	0	7.167
07 Days	13	0.810	7.000	91	0	6.538
08 Days	8	0.499	8.000	64	0	5.750
09 Days	6	0.374	9.000	54	0	1.167
10 Days	5	0.312	10.000	50	0	6.400
11 Days	1	0.062	11.000	11	0	1.000
12 Days	1	0.062	12.000	12	0	0.000
14 Days	3	0.187	14.000	42	0	7.000
15 Days	1	0.062	15.000	15	0	0.000
16 Days	1	0.062	16.000	16	0	9.000
17 Days	1	0.062	17.000	17	0	8.000
19 Days	4	0.249	19.000	76	0	5.000
20 Days	1	0.062	20.000	20	0	1.000
21 Days	3	0.187	21.000	63	0	3.333
22 to 28	3	0.187	25.667	77	0	0.000
29 to 35	4	0.249	31.500	126	0	0.000
36 to 42	2	0.125	36.500	73	0	0.500
43 to 49	1	0.062	45.000	45	0	0.000
57 to 63	2	0.125	60.500	121	0	0.500
64 to 100	4	0.249	78.500	314	0	0.000
Plus 100	2	0.125	397.500	795	0	0.000
<b>1604</b>	<b>99.997</b>	<b>4.383</b>	<b>3769</b>	<b>744</b>	<b>5.781</b>	

### ENT No. of Admissions and Average LOS 2001

BRACKET	TOTAL	PERCENT	AVE LOS	BED DAYS	DAY CASES	AVE AGE
0 Day	815	52.244	1.000	23	792	5.709
01 Day	248	15.897	1.000	248	0	6.319
02 Days	324	20.769	2.000	648	0	6.198
03 Days	104	6.667	3.000	312	0	7.231
04 Days	32	2.051	4.000	128	0	5.844
05 Days	12	0.769	5.000	60	0	7.583
06 Days	12	0.769	6.000	72	0	5.500
07 Days	4	0.256	7.000	28	0	10.000
08 Days	3	0.192	8.000	24	0	4.000
10 Days	1	0.064	10.000	10	0	12.000
12 Days	1	0.064	12.000	12	0	2.000
13 Days	1	0.064	13.000	13	0	0.000
14 Days	1	0.064	14.000	14	0	0.000
36 to 42	1	0.064	42.000	42	0	1.000
Plus 100	1	0.064	184.000	184	0	0.000

1560	99.998	2.367	1818	792	6.032
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5cm

8 December 2001

Ms Audrey Doyle  
Research Officer  
Planning and Commissioning  
Mill Lane  
Palmerstown  
Dublin 20

RE: Comhairle na nOspideal: Review of ENT Surgery Services

Dear Ms Doyle,

I refer to your letter of 8<sup>th</sup> November seeking information on our current level of ENT services and our views on the future development of same.

The current position relating to workload staffing and facilities is as follows:

- a) List of ENT procedures.
- b) Number of procedures performed in each of the last 3 years.
- c) Number of inpatients and average length of stays.
- d) Number of theatre sessions for ENT surgery.

The answer to all of the above questions is nil, as ENT surgery is not currently undertaken in James Connolly Memorial Hospital. All our patients have their procedures undertaken in Beaumont Hospital.

- e) Outpatient services  
There are three outpatient clinics held each month in the Outpatient's Department in James Connolly Memorial Hospital.
- f) Outpatient waiting list and waiting times.  
There are currently 300 patients on the outpatient waiting list and the waiting time is up to 2 years.

Cont'd

- g) Access to beds  
Not relevant in James Connolly Memorial Hospital
- h) NCHD Posts.  
There are no NCHD posts in James Connolly Memorial Hospital

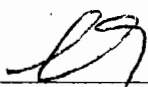
- i) Future Plans  
Based on outpatient activity alone there is clearly a need for a second Consultant ENT Surgeon in James Connolly Memorial Hospital. This post should be linked with Beaumont Hospital similar to our existing post.

There is also merit in making arrangements for the recommencement of ENT surgical services at James Connolly Memorial Hospital. Currently even the most minor cases are referred to Beaumont Hospital. This arrangement would also ensure that capacity becomes available at Beaumont to treat the more complex ENT cases. James Connolly Memorial Hospital will have additional theatre capacity in 2003 which, given the resources would enable us to undertake appropriate ENT surgery particularly in our day surgery facilities. A development of this nature would be in line with the principles and objectives of the new National Health Strategy whereby patients would have easier access to services and are treated at the appropriate level of care. We would be happy to discuss this proposal with you in more detail.

- j) Our current Consultant Mr Robert Gaffney does not have a sub speciality interest primarily because he is required to provide an overall ENT service to our patients on a single handed basis.

I trust the above information is helpful to you.

Yours sincerely,



Tom Gorey  
Hospital Manager

cc. Ms Laverne McGuinness, Acting Assistant Chief Executive  
Northern Area Health Board  
Mr Robert Gaffney, ENT Consultant

# ST JAMES'S HOSPITAL

## REVIEW OF ENT SURGERY SERVICES

Submission to Comhairle na nOspideal

November 2001

### 1. Background and Introduction

The Department of Otolaryngology /Head & Neck Surgery is a common department between St James's hospital and the Adelaide & Meath Hospital, Tallaght. There is currently a team of 4 consultants with split appointments with approval for the appointment of a 5<sup>th</sup> consultant to reflect the current workload and in response to the overall development of otolaryngology services.

Non-consultant staff are shared between the two hospitals.

Head & Neck Surgery is provided from St James's Hospital as an assigned regional specialty and a local otolaryngology service to the local catchment population is also provided.

The aim of the Department has been to develop the service to appropriately reflect the volume and case mix of work between the two hospitals and to address pressures of long outpatient waiting times and to ensure teaching, research and the development of special interests can continue to be pursued.

To this effect it has been recognised that the consultant base requirement be increased to 5 Otolaryngology / Head & Neck Consultants each having a sub-specialty such as head & neck surgery, rhinology/sleep pathology of otology/skull base. A 4<sup>th</sup> consultant, Mr Aongus Curran was appointed in January 2001 and the 5<sup>th</sup> consultant post is awaited.

The ENT service is a regional/supra regional service and is concerned with the treatment of disease, injuries and deformities by manual and operative methods.

The service utilises the following facilities at St James's Hospital

- **St John's Ward** – Access to 15 ENT beds
- **Surgical Day ward**
- **Hospital 7, Unit 3 (a 5-day facility)**
- **Outpatient clinics** - The ENT Outpatient clinics registered 2096 new and 2808 return patients in 2000.
- **Head & Neck Cancer Nurse Coordinator**

The Otolaryngology Department is a common department between St James's Hospital and the Adelaide & Meath Hospital, Tallaght and the strategy for future development of the Department has been based on continuing and enhancing this working relationship.

In addition Mr O'Loughran currently provides one session a week to the North Eastern Health Board providing an outpatient service at Dundalk Hospital. Following discussions with the North Eastern Health Board it is proposed to change this service in light of ENT developments in the NE Health Board, by St James's consultant staff not providing an outpatient service to Dundalk but to continue to have a linked service for tertiary referrals and for research, teaching and audit.

## 2. Subspecialty Interests of Current Consultants

Consultant Name	Qualifications	Sub-specialty Interests
MR F O'LOUGHRAN	MB FRCSI	OTOLOGY
PROF C. TIMON	MB MD FRCSORL FRCSI	HEAD & NECK FESS
MR A CURRAN	MB MD FRCSORL	HEAD & NECK
MR. S DATE	MB MS DLO FRCS	GENERAL

## 3. ENT Procedures Undertaken in the Last Three Years

Appendix 1 provides the detailed information on the type and number of procedures undertaken for the years 1998 to 2000 as both inpatients and day cases

St James's hospital, as a leading Head & Neck Cancer Treatment/tertiary referral Centre, has a workload representing 33% of all national head & neck cancer cases. The hospital has seen a 66% increase in the number of patients treated for cancer since 1994. In 2000 there were 127 newly diagnosed head and neck cancers.

Appendix 2 provides a detailed activity audit report on head & neck cancers treated at St James's hospital.

### *Summary of ENT Procedures Undertaken In 1999 to 2000*

Year	Inpatient Procedures	Day Case Procedures
1998	509	248
1999	636	251
2000	618	199

Source: HIPE

### *Summary of ENT Length of Stay*

The table below provides a summary of the number of ENT patients admitted as an inpatient in the years 1998 to 2000 and the average length of stay for each year.

Year	Total ENT inpatients *	Average Length of Stay
1998	836	6.45
1999	912	6.22
2000	902	6.94

Source: HIPE

\* This refers to the total number of patients discharged and does not equate with the number of procedures undertaken.

#### 4. Theatre Sessions for ENT Surgery

Location	Consultant	Day of Theatre Session(s)	Frequency
Theatre	Prof Timon	Monday am Thursday All day	Weekly Weekly
Day Surgical Ward	Prof Timon	Thursday All day	Weekly
Theatre	Mr F O'Loughran	Tuesday All day	Weekly
Day Surgical Ward	Mr F O'Loughran	Tuesday am	Weekly
Theatre	Mr A Curran	Monday pm Tuesday All day	Weekly
Day Surgical Ward	Mr A Curran	Tuesday am	Weekly
Theatre	Mr S Date	Tuesday All day	Weekly

The access to theatre time has been severely affected by the consistent lack of available beds within the hospital. On average the ENT consultants have 25 patients a month cancelled due to lack of available beds for main theatres and 6 patients a month from the Surgical Day Ward. This is clearly a major issue impacting on the waiting lists and times.

There is a lack of theatre availability for the number of ENT consultant staff employed. This impact of this is that on Tuesdays there are effectively 3 consultants planned for theatre with only 2 theatres allocated to ENT.

This availability problem is expected to be resolved with the Phase IH development at St. James's Hospital which is planned for opening in Spring 2003. The provision of additional day case facilities and the re-scheduling of current main operating theatre sessions is expected to release additional theatre sessions for new Consultants and provide at least 2 additional ENT day surgery sessions.

### 5. ENT Outpatient Clinics

Location	Consultant	Day of Clinic	Frequency
Main Outpatient department suite 4	Prof Timon	Friday pm	Weekly
Main Outpatient department suite 4	Mr F O'Loughran	Tuesday pm Friday am	Weekly Weekly
Main Outpatient department suite 4	Mr A Curran	Thursday am	Weekly
Main Outpatient department suite 4	Mr S Date	Monday pm	Weekly

### Total Outpatient Attendances 1998 - 2000

YEAR	NEW	REVIEW	TOTAL
1998	1531	3343	4874
1999	1584	3015	4599
2000	2163	2810	4973

### 6. Waiting List and Waiting times for Inpatient and Outpatients

#### Inpatient waiting List as at 31 October 2001

Days waiting	30 days	60 days	90 days	180 days	365 days	>365 days
ENT	26	30	15	72	45	1

#### Outpatient Waiting List as at 1 November 2001

Days Waiting	30 days	60 days	90 days	180 days
ENT	117	54	32	36



## 7. Number and Grades of NCHDs in ENT Surgery

<u>Current Staff</u>	<u>Staff numbers</u>
Senior Registrar	1
Registrar	4
Clinical Tutor in ORL/Head & Neck	1
Interns	2

These posts are recognised training posts.

## 8. Future Plans in Terms of staffing and Resources

- Awaiting appointment of 4<sup>th</sup> consultant between St James's hospital and Adelaide & Meath Hospital providing a 4/7 sessional commitment between the two hospitals.
- Awaiting Comhairle na nOspideal approval for replacement of Mr O'Loughran's consultant position on his retirement. A Locum consultant appointment has been made as an interim measure and Mr Brendan Conlon will be taking up his new position in January 2002. This revised post would be changed to reflect the planned developments for a local ENT service within the NE Health Board thus negating the need for a St James's consultant to attend Dundalk for outpatient clinics. St James's Hospital ENT service would continue to have strong links with this service in respect of providing tertiary care and for research, teaching and audit purposes.
- As part of the replacement consultant submission the hospital is looking for the following additional staff complement.

1.0 wte	Audiological Scientist/Senior Audiologist
1.0 wte	Grade V Clinical Data Manager
0.5 wte	Grade IV Clerical Officer
1.00 wte	Senior Grade Speech & Language Therapist
0.5wte	Entry Level Speech & Language Therapist
0.6 wte	Senior Clinical Nutritionist
0.25wte	Medical Social Work

- As a pre-requisite to the appointment of a consultant surgeon with a special interest in Otology St James's hospital is looking for the development and enhancement of it's Audiology department including the replacement of much of it's equipment, the development of vestibular testing and adaptations to accommodation.

- There are plans for the establishment of a 5<sup>th</sup> ENT consultant which would be a joint appointment with Crumlin Hospital providing 8 sessions at Crumlin and 3 sessions at St James's Hospital.
- At present the Head & Neck throughput of cancer cases in St. James's Hospital is one of the biggest in the country. Future improvements would include, better access to beds, possibly ring-fencing in St. John's for cancer cases would be advisable to prevent any delay in diagnosis and treatment. Occasional surgical treatment is delayed because of the unavailability of high dependency beds and we would envisage having step down/high dependency beds specifically for head and neck cancer patients in St. John's ward.

As far as staffing is concerned, Speciality Nurses are a definite must for these cases. We would also envisage a Clinical Fellow in Head & Neck surgery, possibly shared between other Head & Neck centres together with a research Head & Neck fellow. There is also a particular need for a Data Base Manager because of the large number of cancer cases coming through to access how the treatment outcomes are being affected by therapy and there is a definite need for a tracheostomy, +/- percutaneous gastrostomy nurse because of the higher number of tracheotomies and PEGs performed per year.

As far as other medical staff are concerned, another Consultant specialising in Head & Neck pathology is warranted due to the high number of cases going through St. James's Hospital and the time consuming aspect of accessing these, particularly the neck dissections. As far as Radiology is concerned, there is a need for a Consultant Radiologist who sub-specialises in Head and Neck cancer.

**R Downes**  
**29 November 2001**

## ENT Services Review

## Inpatient Procedures 1998 to 2000

CODE	ALL ENT INPATIENT PROCEDURES 1998	TOTAL
0601	THYROID FIELD ASPIRATION	1
0609	INCIS THYROID FIELD NEC	1
0613	PARATHYROID BIOPSY	1
062	UNILAT THYROID LOBECTOMY	4
0639	PART THYROIDECTOMY NEC	17
064	COMPLETE THYROIDECTOMY	4
0651	PART SUBSTERN THYROIDECT	1
0652	TOT SUBSTERN THYROIDECT	1
067	THYROGLOSS DUCT EXCISION	1
0689	OTHER PARATHYROIDECTOMY	1
1809	EXTERNAL EAR INCIS NEC	1
185	CORRECTION PROMINENT EAR	1
1879	PLASTIC REP EXT EAR NEC	1
189	OTHER EXT EAR OPERATIONS	3
194	MYRINGOPLASTY	7
2001	MYRINGOTOMY W INTUBATION	16
2023	MIDDLE EAR INCISION	2
2049	MASTOIDECTOMY NEC	5
2059	MIDDLE EAR EXCISION NEC	1
2101	ANT NASAL PACK FOR EPIST	43
211	INCISION OF NOSE	4
2121	RHINOSCOPY	1
2122	NASAL BIOPSY	3
2129	NASAL DX PROC NEC	1
2131	INTRANAS LES DESTRUCTION	9
215	SUBMUC NASAL SEPT RESECT	1
2161	DIATHER/CRYO TURBINECTOM	2
2171	CLOS REDUCTION NASAL FX	1
2184	REVISION RHINOPLASTY	1
2185	AUGMENTATION RHINOPLASTY	2
2187	RHINOPLASTY NEC	2
2188	SEPTOPLASTY NEC	43
2199	NASAL OPERATION NEC	1
2200	SINUS ASPIRAT/LAVAGE NOS	4
2219	NASAL SINUS DX PROC NEC	29
2239	EXT MAXILLARY ANTROT NEC	1
2412	ALVEOLUS BIOPSY	1
242	GINGIVOPLASTY	1
2501	NEEDLE BIOPSY OF TONGUE	1
251	DESTRUCTION TONGUE LES	1
252	PARTIAL GLOSSECTOMY	5
2621	SALIVARY CYST MARSUPIAL	1
2630	SIALOADENECTOMY NOS	20
2631	PARTIAL SIALOADENECTOMY	2
2632	COMPLETE SIALOADENECTOMY	1
270	DRAIN FACE & MOUTH FLOOR	1
2724	MOUTH BIOPSY NOS	1
2759	MOUTH REPAIR NEC	1
280	PERITONSILLAR I & D	9
2811	TONSIL ADENOID BIOPSY	1

282	TONSILLECTOMY	147
283	TONSILLECTOMY/ADENOIDEC	11
286	ADENOIDECTOMY	11
2911	PHARYNGOSCOPY	3
2912	PHARYNGEAL BIOPSY	1
2933	PHARYNGECTOMY (PARTIAL)	1
2939	DESTRUCT NEC PHARYNX LES	1
3009	DESTRUCT LARYNX LES NEC	7
301	HEMILARYNGECTOMY	1
3029	OTHER PART LARYNGECTOMY	5
303	COMPLETE LARYNGECTOMY	3
304	RADICAL LARYNGECTOMY	1
311	TEMPORARY TRACHEOSTOMY	8
3129	OTHER PERM TRACHEOSTOMY	1
3142	LARYNGOSCOPY/TRACHEOSCOPY	51
3144	CLOSED TRACHEAL BIOPSY	1
3174	REVISION OF TRACHEOSTOMY	1
3193	REPLACE TRAC/LARYNX STENT	1
4011	LYMPHATIC STRUCT BIOPSY	3
4029	SIMP EXC LYMPH STRUC NEC	1
4040	RAD NECK DISSECTION NOS	14
4042	BILAT RAD NECK DISSECT	2
9723	REPLACE TRACH TUBE	2
9732	REMOVE NASAL PACKING	1
9737	REMOVE TRACHEOSTOMY TUBE	1
9801	REMOV INTRALUM MOUTH FB	3
9802	REMOV INTRALUM ESOPH FB	1
	TOTAL	563

CODE	ALL ENT INPATIENT PROCEDURES 1999	TOTAL
0601	THYROID FIELD ASPIRATION	1
0609	INC THYROID FIELD NEC	1
0611	CLSD (PERC) THYROID BX	1
0639	PART THYROIDECTOMY NEC	26
0689	OTHER PARATHYROIDECTOMY	1
1812	EXTERNAL EAR BIOPSY	1
189	OTHER EXT EAR OPERATIONS	6
194	MYRINGOPLASTY	8
1952	TYPE II TYMPANOPLASTY	1
2001	MYRINGOTOMY W INTUBATION	23
2009	MYRINGOTOMY NEC	1
2023	MIDDLE EAR INCISION	1
2049	MASTOIDECTOMY NEC	9
2101	ANT NAS PACK FOR EPISTX	56
2122	NASAL BIOPSY	3
2131	INTRANASAL LES DESTR/EXC	15
2171	CLSD REDUCTION NASAL FX	9
2184	REVISION RHINOPLASTY	7
2187	RHINOPLASTY NEC	1
2188	SEPTOPLASTY NEC	55
2201	SINUS PUNCT. FOR LAVAGE	1
2211	CLSD (ENDO) NAS SINUS BX	1
2219	NASAL SINUS DXTIC PX NEC	54
2251	ETHMOIDOTOMY	1
2501	CLSD (NEEDLE) BX TONGUE	5
251	EXC/DESTR TONGUE LES	1
252	PARTIAL GLOSSECTOMY	3
253	COMPLETE GLOSSECTOMY	1
2592	LINGUAL FRENECTOMY	1
2630	SIALOADENECTOMY NOS	15
2724	MOUTH STRUCT BX NOS	1
2749	EXCISION OF MOUTH NEC	4
280	TONSIL/PERITONSILLAR I&D	5
282	TONSILLECTOMY	146
283	T&A	8
284	EXCISION OF TONSIL TAG	1
286	ADENOIDECTOMY	6
2892	EXC TONSIL & ADENOID LES	1
290	PHARYNGOTOMY	1
2911	PHARYNGOSCOPY	6
2912	PHARYNGEAL BIOPSY	2
2933	PHARYNGECTOMY (PARTIAL)	2
2939	EXC/DESTR PHAR LES NEC	2
294	PLASTIC OP ON PHARYNX	2
2959	PHARYNGEAL REPAIR NEC	2
2991	PHARYNGEAL DILATION	1
3022	VOCAL CORDECTOMY	1
3029	OTHER PART LARYNGECTOMY	1
303	COMPLETE LARYNGECTOMY	1
304	RADICAL LARYNGECTOMY	1
311	TEMPORARY TRACHEOSTOMY	28
3129	OTHER PERM TRACHEOSTOMY	1

313	INC LARYNX/TRACHEA NEC	1
3142	LARYNGOSCOPY/TRACHEOSCPY	83
3143	CLSD (ENDO) BX LARYNX	25
3198	OTH LARYNGEAL OPERATION	2
4011	LYMPHATIC STRUCT BIOPSY	7
4029	SMP EXC LYMPHATIC NEC	1
4040	RAD NECK DISSECTION NOS	7
4041	UNILAT RAD NECK DISSECT	7
4042	BILAT RAD NECK DISSECT	9
4064	LIG THORACIC DUCT	1
7644	TOT FACE OSTECT/RECONST	1
9801	RMVL INTRALUM MOUTH FB	1
9802	RMVL INTRALUM ESOPH FB	2
9812	RMVL INTRALUM NOSE FB	1
9814	RMVL INTRALUM LARYNX FB	1
	TOTAL	681

CODE	ALL ENT PROCEDURES 2000	TOTAL
062	UNILAT THYROID LOBECTOMY	5
0631	EXCISION THYROID LESION	1
0639	PART THYROIDECTOMY NEC	21
0651	PART SUBSTERN THYROIDECT	2
0652	TOT SUBSTERN THYROIDECT	2
067	THYROGLOSSAL DUCT EXC	1
0920	EXC LACRIMAL GLAND NOS	1
1819	EXT EAR DXTIC PX NEC	1
1871	CONSTRUCTION EAR AURICLE	1
189	OTHER EXT EAR OPERATIONS	20
194	MYRINGOPLASTY	10
2001	MYRINGOTOMY W INTUBATION	9
2023	MIDDLE EAR INCISION	1
2032	MIDDLE & INNER EAR BX	1
2049	MASTOIDECTOMY NEC	3
2092	MASTOIDECTOMY REVISION	2
2099	ME & IE EAR OPS NEC	1
2100	CONTROL OF EPISTAXIS NOS	1
2101	ANT NAS PACK FOR EPISTX	67
2102	POST NAS PACK FOR EPISTX	1
2103	CAUT TO CNTRL EPISTAXIS	1
2106	ECA LIG FOR EPISTAXIS	1
211	INCISION OF NOSE	1
2121	RHINOSCOPY	1
2122	NASAL BIOPSY	10
2130	NASAL LES EXC/DESTR NOS	1
2131	INTRANASAL LES DESTR/EXC	8
2171	CLSD REDUCTION NASAL FX	13
2184	REVISION RHINOPLASTY	5
2187	RHINOPLASTY NEC	1
2188	SEPTOPLASTY NEC	61
2189	NASAL REPAIR NEC	1
2199	NASAL OPERATIONS NEC	1
2219	NASAL SINUS DXTIC PX NEC	34
2260	SINUSECTOMY NOS	2
229	OTHER NASAL SINUS OPS	4
2501	CLSD (NEEDLE) BX TONGUE	3
251	EXC/DESTR TONGUE LES	3
252	PARTIAL GLOSSECTOMY	4
253	COMPLETE GLOSSECTOMY	2
2591	LINGUAL FRENOTOMY	1
260	INC SALIVARY GLAND/DUCT	1
2630	SIALOADENECTOMY NOS	21
2631	PARTIAL SIALOADENECTOMY	2
2632	COMPLETE SIALOADENECTOMY	1
2699	SALIVARY GLAND OPS NEC	1
270	DRAIN FACE & MOUTH FLOOR	1
2724	MOUTH STRUCT BX NOS	2
2743	EXC OF LIP LES/TISS NEC	1
2749	EXCISION OF MOUTH NEC	4
2799	ORAL CAVITY OPS NEC	1
280	TONSIL/PERITONSILLAR I&D	21
2811	TONSIL & ADENOID BIOPSY	2
282	TONSILLECTOMY	113

283	T&A	7
2911	PHARYNGOSCOPY	5
2931	CRICOPHARYNGEAL MYOTOMY	1
2932	PHAR DIVERTICULECTOMY	1
2933	PHARYNGECTOMY (PARTIAL)	2
2939	EXC/DESTR PHAR LES NEC	1
3009	EXC/DESTR LARYNX LES NEC	8
3022	VOCAL CORDECTOMY	2
3029	OTHER PART LARYNGECTOMY	2
303	COMPLETE LARYNGECTOMY	6
304	RADICAL LARYNGECTOMY	2
311	TEMPORARY TRACHEOSTOMY	43
3129	OTHER PERM TRACHEOSTOMY	4
3142	LARYNGOSCOPY/TRACHEOSCPY	100
3143	CLSD (ENDO) BX LARYNX	22
3164	LARYNGEAL FX REPAIR	1
3198	OTH LARYNGEAL OPERATION	2
3209	LOC DESTR BRONCH LES NEC	1
3882	OCCL HEAD/NECK VESS NEC	2
4011	LYMPHATIC STRUCT BIOPSY	3
4029	SMP EXC LYMPHATIC NEC	4
4040	RAD NECK DISSECTION NOS	30
4041	UNILAT RAD NECK DISSECT	1
4042	BILAT RAD NECK DISSECT	3
409	LYMPHATIC STRUCT OPS NEC	1
9737	RMVL TRACHEOSTOMY TUBE	1
9801	RMVL INTRALUM MOUTH FB	1
9802	RMVL INTRALUM ESOPH FB	4
9815	RMVL INTRALUM TRACH FB	1
9820	REMOVAL FB NOS	2
		743



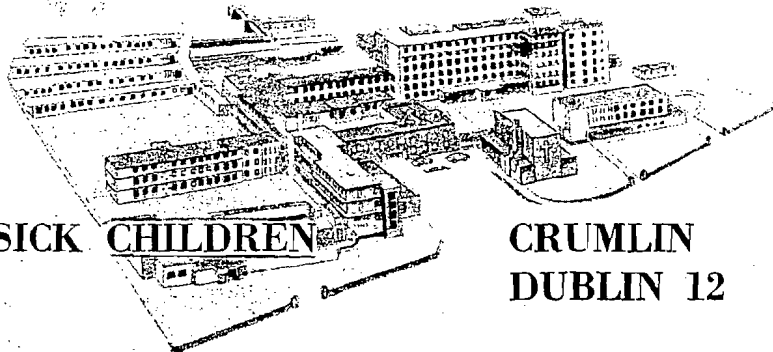
## ENT Services Review

## Day Case Procedures 1998 to 2000

CODE	ENT DAYCASE PROCEDURES 1998	TOTAL
0609	INCIS THYROID FIELD NEC	1
0639	PART THYROIDECTOMY NEC	1
1829	DESTRUCT EXT EAR LES NEC	1
189	OTHER EXT EAR OPERATIONS	27
2001	MYRINGOTOMY W INTUBATION	43
2009	MYRINGOTOMY NEC	6
201	TYMPANOSTOMY TUBE REMOVE	1
2023	MIDDLE EAR INCISION	1
2039	MID/IN EAR DX PROC NEC	1
2049	MASTOIDECTOMY NEC	1
2099	MID-INNER EAR OPS NEC	1
2103	CAUTERY TO STOP EPISTAX	3
2121	RHINOSCOPY	1
2122	NASAL BIOPSY	1
2131	INTRANAS LES DESTRUCTION	1
2132	NASAL LES DESTRUCT NEC	1
215	SUBMUC NASAL SEPT RESECT	2
2161	DIATHER/CRYO TURBINECTOM	2
2171	CLOS REDUCTION NASAL FX	41
2188	SEPTOPLASTY NEC	7
2199	NASAL OPERATION NEC	1
2200	SINUS ASPIRAT/LAVAGE NOS	4
2201	SINUS PUNCT FOR LAVAGE	4
2211	CLOSED NASAL SINUS BIOPS	1
2219	NASAL SINUS DX PROC NEC	41
2250	SINUSOTOMY NOS	1
2251	ETHMOIDOTOMY	2
2501	NEEDLE BIOPSY OF TONGUE	3
251	DESTRUCTION TONGUE LES	5
260	INCIS SALIVARY GLND/DUCT	1
2629	SALIV LESION EXCIS NEC	1
2724	MOUTH BIOPSY NOS	1
2743	EXCISION OF LIP LES NEC	3
2749	EXCISION OF MOUTH NEC	2
282	TONSILLECTOMY	1
286	ADENOIDECTOMY	1
2892	EXCIS TONSIL/ADENOID LES	1
2911	PHARYNGOSCOPY	1
3009	DESTRUCT LARYNX LES NEC	1
3142	LARYNGOSCOPY/TRACHEOSCOPI	26
3143	CLOSED LARYNGEAL BIOPSY	12
		256

CODE	ENT DAYCASE PROCEDURES 1999	TOTAL
0601	THYROID FIELD ASPIRATION	8
1809	EXTERNAL EAR INC NEC	2
1812	EXTERNAL EAR BIOPSY	1
1839	EXC EXTERNAL EAR NEC	1
189	OTHER EXT EAR OPERATIONS	23
194	MYRINGOPLASTY	1
2001	MYRINGOTOMY W INTUBATION	34
2009	MYRINGOTOMY NEC	3
2032	MIDDLE & INNER EAR BX	1
2099	ME & IE EAR OPS NEC	3
2103	CAUT TO CNTRL EPISTAXIS	5
2122	NASAL BIOPSY	3
2132	NASAL LES DESTR/EXC NEC	3
215	SUBMUC NAS SEPTUM RESECT	1
2171	CLSD REDUCTION NASAL FX	42
2188	SEPTOPLASTY NEC	4
2199	NASAL OPERATIONS NEC	1
2200	SINUS ASP & LAVAGE NOS	1
2201	SINUS PUNCT FOR LAVAGE	3
2211	CLSD (ENDO) NAS SINUS BX	2
2219	NASAL SINUS DXTIC PX NEC	54
2250	SINUSOTOMY NOS	1
2501	CLSD (NEEDLE) BX TONGUE	2
252	PARTIAL GLOSSECTOMY	1
2591	LINGUAL FRENOTOMY	1
2724	MOUTH STRUCT BX NOS	1
2749	EXCISION OF MOUTH NEC	1
2892	EXC TONSIL & ADENOID LES	1
2911	PHARYNGOSCOPY	4
2912	PHARYNGEAL BIOPSY	2
3009	EXC/DESTR LARYNX LES NEC	1
3022	VOCAL CORDECTOMY	1
3142	LARYNGOSCOPY/TRACHEOSCPY	36
3143	CLSD (ENDO) BX LARYNX	10
4019	LYMPHATIC DXTIC PX NEC	1
	TOTAL	259

CODE	ENT DAYCASE PROCEDURES 2000	TOTAL
0601	THYROID FIELD ASPIRATION	6
0772	PITUITARY GLAND INCISION	1
1812	EXTERNAL EAR BIOPSY	1
1879	PLASTIC REP EXT EAR NEC	3
189	OTHER EXT EAR OPERATIONS	18
2001	MYRINGOTOMY W INTUBATION	28
201	TYMPANOSTOMY TUBE RMVL	1
2103	CAUT TO CNTRL EPISTAXIS	1
2122	NASAL BIOPSY	4
2130	NASAL LES EXC/DESTR NOS	1
2131	INTRANASAL LES DESTR/EXC	2
2161	DIATH/CRYOSURG TURBINECT	2
2171	CLSD REDUCTION NASAL FX	45
2188	SEPTOPLASTY NEC	9
2200	SINUS ASP & LAVAGE NOS	6
2219	NASAL SINUS DXTIC PX NEC	42
2250	SINUSOTOMY NOS	1
2501	CLSD (NEEDLE) BX TONGUE	1
2591	LINGUAL FRENOTOMY	1
2724	MOUTH STRUCT BX NOS	2
2743	EXC OF LIP LES/TISS NEC	1
2749	EXCISION OF MOUTH NEC	1
2911	PHARYNGOSCOPY	1
2912	PHARYNGEAL BIOPSY	1
311	TEMPORARY TRACHEOSTOMY	1
3142	LARYNGOSCOPY/TRACHEOSCPY	22
3143	CLSD (ENDO) BX LARYNX	4
4011	LYMPHATIC STRUCT BIOPSY	2
	TOTAL	208



**OUR LADY'S HOSPITAL FOR SICK CHILDREN**

**CRUMLIN  
DUBLIN 12**

TELEPHONE 409 6100 FAX 455 6873

REF.

MMcQ/NJ/G/GenMan/ENT/Vincent ENTSubmission

23<sup>rd</sup> April, 2002.

Ms. Colette Vincent,  
Secretary to Committee,  
Comhairle na nOspideal,  
Corrigan House,  
Fenian Street,  
Dublin 2.

BY FAX: 6761432 Att: Ciara Mellett.

RE:- ENT Submission : Review of Otolaryngology Services

Dear Ms. Vincent,

Please find enclosed Otolaryngology Submission on behalf of Our Lady's Hospital for Sick Children.

In relation to question (j), please note that Mr. John Russell, Consultant Otolaryngologist will make a presentation in PowerPoint format to this item.

Yours sincerely,

*Maira McQuaid*

Maira McQuaid,  
GENERAL MANAGER.

c.c. Ms. Audrey Doyle, Research Officer, Planning & Commissioning,  
Eastern Regional Health Authority, Mill Lane, Palmerstown, D.20.

## Review of ENT Services provided at Our Lady's Hospital

<i>ENT PROCEDURES (Jan – Dec 2001)</i>	<i>NUMBER</i>	<i>Type of Anaesthetic Administered</i>
Insertion of Vacryl Mesh	1	General
Grommets	216	"
EUA of Trachea	1	"
EUA of PNS	2	"
EUA of Nose	10	"
EUA of Ears and Grommets	104	"
EUA of Ears	146	"
EUA of Ear	16	"
EUA of Adenoids	5	"
EUA of Ears +/- Grommets	63	"
Drainage of Septal Haematoma	1	"
Drainage of Abscess	3	"
Dental Extraction	12	"
Cleft Repair	2	"
Broncho-Alveolar	1	"
Bleeding Tonsil	1	"
Biopsy	7	"
B.A.W.O	8	"
Armstrong Tubes Insertion	1	"
Tonsillectomy & Adenoidectomy	93	"
Adenoidectomy	94	"
<b><i>ENT TERTIARY REFERRALS (Jan – Dec 2001)</i></b>	<b><i>NUMBER</i></b>	<b><i>Type of Anaesthetic Administered</i></b>
Tracheostomy	7	General
Rhabdomyosarcoma	4	"
Re-Routing Submandibular Ducts	3	"
Parotidectomy	1	"
Micro-laryngoscopies & Bronchoscopies	168	"
Micro-laryngoscopy	133	"
Mastoidectomy	11	"
Major Head/Neck Oncology	5	"
Laser of Airway	27	"
Laryngeal Reconstruction	7	"
F.E.S.S. (Functional Endoscopic Sinus Surg)	4	"
EUA of Sinuses	2	"
EUA of Airway	18	"
Change of Tracheostomy Tube	5	"
Closure of Tractostomy	2	"
Chondrosarcoma	1	"
Choanal Atresia	2	"
Bronchoscopy	18	"
Aryepiglottoplasty (Airway Surgery)	6	"

# Review of ENT Services provided at Our Lady's Hospital

Tuesday pm	Registrar *Mr. Elsherif	Emergency Clinic Admissions Clinic 2pm
Thursday am	Mr. J. Russell	ENT & Airways
Friday pm	Registrar	ENT Emergency Clinic

\*From September 2001 ~ An ENT Waiting List Initiative was run which allowed for an additional ENT Admissions Clinic to be run on Tuesday afternoons.  
Please note also that Mr. J. Russell only joined the hospital in the latter half of 2001.

### Number of new and Return Attendances in each of the last 3 years

Year	New	Return	Total
1999	1538	3264	4802
2000	1538	2995	4533
2001	1557	4136	5,693

f) ⇨ Details of the waiting list and waiting times, if any, for both In-patient and Outpatient

### Inpatient Waiting List as at 31<sup>st</sup> December 2001

Adults	0 - 3		3 - 6		6 - 12		> 12	
	Public	Private	Public	Private	Public	Private	Public	Private
BAWO	0	0	0	0	0	1	0	0
EUA of Ear			1					
EUA of ears ETC					1			
Excision +/- Biopsy					1			
Grommets					1		1	
MLB (Micro. Laryngo Bronchoscopy	1		1					
Myringoplasty							1	
Other /ENT					1	1		
Tonsillectomy & Adenoidectomy							1	

# Review of ENT Services provided at Our Lady's Hospital

Adults	0-3		3-6		6-12		<12	
	Public	Private	Public	Private	Public	Private	Public	Private
Release - Tongue Tie Release	0	0	0	0	0	0	1	0
Removal of Grommets	0	0	0	0	1	0	2	0
Removal of sutures (RDS)	1	0	0	0	0	0	0	0
Repair	0	1	0	0	0	0	0	0
Scan - CT	1	0	0	0	0	0	0	0
Septoplasty	0	0	0	0	0	0	4	0
Tonsillectomy	8	4	9	10	25	6	46	1
Tonsillectomy +/- Adenoids	3	2	6	0	4	0	20	0
Tonsillectomy & Adenoidectomy	16	3	9	2	21	3	57	1
Tonsillectomy & Adenoidectomy & EUA of Ears	2	0	0	0	0	1	4	0
Tonsillectomy & EUA of ears	1	0	2	0	1	0	2	0
Tonsillectomy & Grommets	0	0	0	0	1	0	0	0
Tonsillectomy & Micro Ears	0	0	0	0	0	0	1	0
Tonsillectomy +/- Adenoidectomy	0	0	0	0	0	0	1	0
Tonsillectomy, Adenoidectomy & Grommets	2	0	2	1	1	0	5	0
Tonsillectomy, Adenoidectomy & Micro Ears	1	1	2	0	1	0	2	2
Tonsillectomy Etc	14	2	0	0	8	0	38	0
Tonsillectomy, Adenoidectomy +/- Grommets	0	0	1	0	0	0	0	0
Tonsillectomy, Adenoidectomy +/- EUA of Ears	1	0	1	0	2	0	5	0
Transposition of submandibular duct	0	0	1	1	0	0	2	0
Turbينات	0	0	0	0	0	0	1	0
Tympanoplasty	0	0	0	0	1	0	3	0
<b>Overall Totals</b>	<b>122</b>	<b>29</b>	<b>68</b>	<b>20</b>	<b>131</b>	<b>29</b>	<b>285</b>	<b>9</b>

# Review of ENT Services provided at Our Lady's Hospital

- ◆ Consultant ENT Surgeon (7 OLH/4 SJH)
- ◆ Consultant ENT Surgeon (6OLH/5 AMNCH)
- ◆ ENT Theatre Sister (CNM2)
- ◆ ENT Nurse Specialist (OPD CNM1)
- ◆ Speech & Language Therapist
- ◆ Audiologist – Chief
- ◆ Audiologist – Basic Grade
- ◆ 1½ time ENT Secretary
- ◆ 1 time Audiology Secretary

## *Equipment*

An ENT surgical microscope is required at a cost of €37,588.06 exl. VAT is necessary to ensure the continued development of a service of excellence to ENT patients.

## *Physical*

For the progression and development of the ENT and audiologist services to continue in 2002, additional physical facilities will need to be developed.

## *(j) Sub-specialty interests of current and level of activity in each;*

Please refer to PowerPoint Presentation by Mr. John Russell.



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# Head & Neck Cancer Activity Audit

## St. James Hospital

March 1999 to October 2001

(2.5 years)

---

October 2001

Presented by

Ms. Margaret Codd Head & Neck Cancer Nurse Co-ordinator

Ms. Eileen Nolan Cancer Register Project Officer

2B(17)

## 1.0 Executive Summary

Almost three patients per week are diagnosed with head & Neck cancer in St. James's Hospital. Overall, the number of patients has increased by 66% since 1994. Head & Neck cancer now represents over 8% of St. James's cancer workload and 33% of the National Head & Neck Cancer Workload (Ref: National Cancer Registry).

St. James's Hospital is a National Tertiary Referral Centre for Head & Neck Cancer. There were 127 newly diagnosed head and neck cancer Patients treated in 2000. So far this year there have been 110 Head & Neck cancer patients diagnosed and treated in St. James's Hospital.

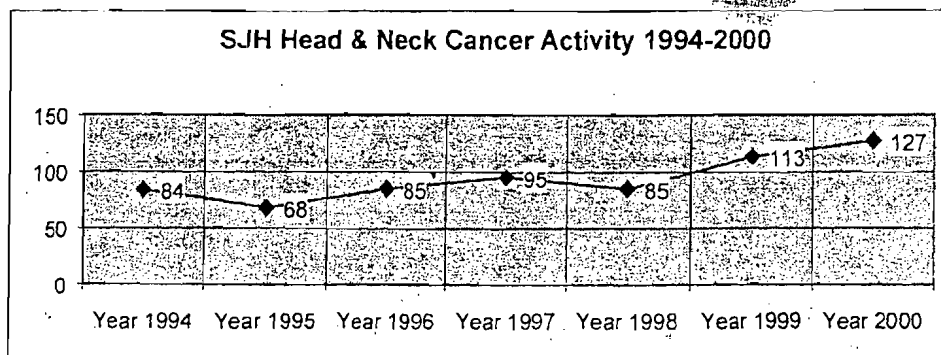
It is interesting to note that there have been a total of 351 Head & Neck Cancer Patients treated and diagnosed here in St. James's Hospital over the two and half year period from March 1999 to October 2001. According to the British Association of Surgical Oncology (BASO) Clinical guidelines, a minimum of a 100 new cancer patients are recommended for providing multi-disciplinary, specialised cancer care. St. James's Hospital has the patient population to support development of specialised cancer services in many areas.

The top cancers treated in the SW Region for the years 1994 to 1997 are shown in table 1.

Cancer Sites	*SW Region	*ERHA	*% ERHA Cancer
1. Lung	973	2427	40%
2. Breast	825	2319	36%
3. Colorectal	786	2284	34%
4. Prostrate	453	1341	34%
5. Lymphoma	242	663	37%
6. Stomach	230	691	33%
7. Bladder	221	681	32%
8. Oesophagus	165*	412	40%
9. Melanoma	164	554	30%
10. Ovary	162	386	42%
11. Brain	139	366	38%
12. Leukaemia	127	351	36%
13. Kidney	124	366	34%
14. Pancreas	123	365	34%
15. Uterus	96	269	36%
16. Cervix	93	265	35%
17. Larynx	73	159	46%
18. Multiple Myeloma	64	196	33%
19. Bone	62	167	37%
20. Testis	42	125	34%

Table 1. ERHA Cancer Workload 1994 to 1997 (National Cancer Registry)

\*Please note the above figures have been **compiled using the patients address**, only those with an address within the ERHA were counted. This would not reflect the number of Tertiary Referrals into the ERHA region Hospitals (ERHA Statistics Office) and therefore **under estimates the true cancer workload** within the SW Region of the ERHA.



The number of patients treated in SJH for H&N cancer has increased by 66% since 1994. More than 90% of patients are treated by Otolaryngologists, Head & Neck Surgeons.

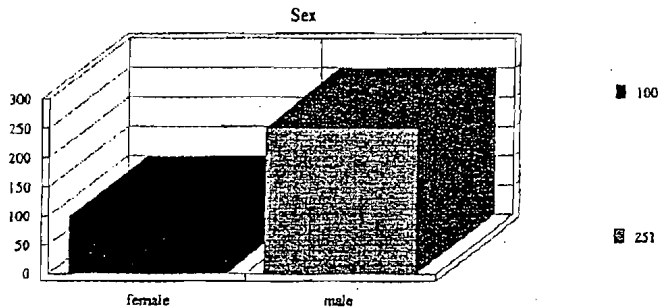
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## 2.0 Head & Neck Cancer Audit - St. James's Hospital

Section two of this report looks globally at the 351 Head & Neck cancer patients diagnosed here in St. James's Hospital for the period **March 1999 to October 2001**. Section 3 provides a more detailed analysis for the 110 patients treated in 2001.

### 2.1 Gender Breakdown

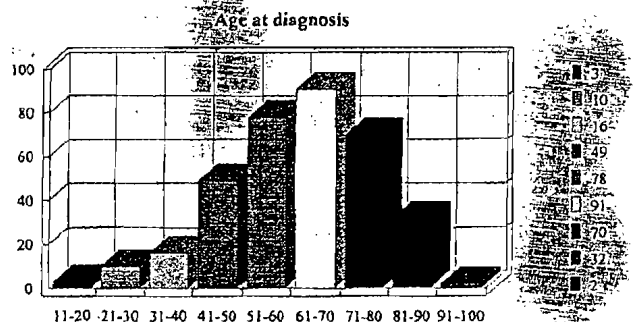
There were 251 (71.1%) male patients and 100(28.5%) female patients registered with head and neck cancer. This warrants more research to determine why 7 out of 10 Head & Neck Cancer Patients are men.



### 2.2 Age Analysis

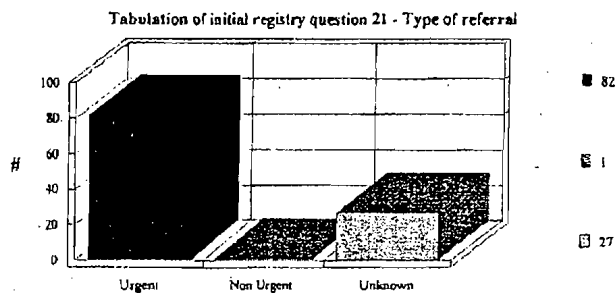
25.9% of patients were between the ages of 61-70. 77.7% of patients with head and neck cancer over the age of 51.

Age Group	No.	Percent
11-20	3	0.9%
21-30	10	2.8%
31-40	16	4.6%
41-50	49	14.0%
51-60	78	22.2%
61-70	91	25.9%
71-80	70	19.9%
81-90	32	9.1%
91-100	2	0.6%



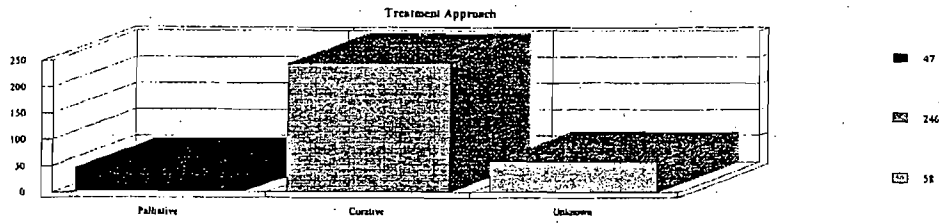
### 2.3 Type of Referral

The nature of referrals to the head and neck service has only been collected since January 2001. Of those recorded, it is seen that 74.5% of referrals are urgent in nature.



## 2.5 Treatment Approach

A curative was the most common treatment approach recorded with 70.1 % of patients recorded as being treated curatively. 13.4% were treated palliatively and 16.5 % of patients did not have a treatment approach recorded. This is an area that could be improved upon.

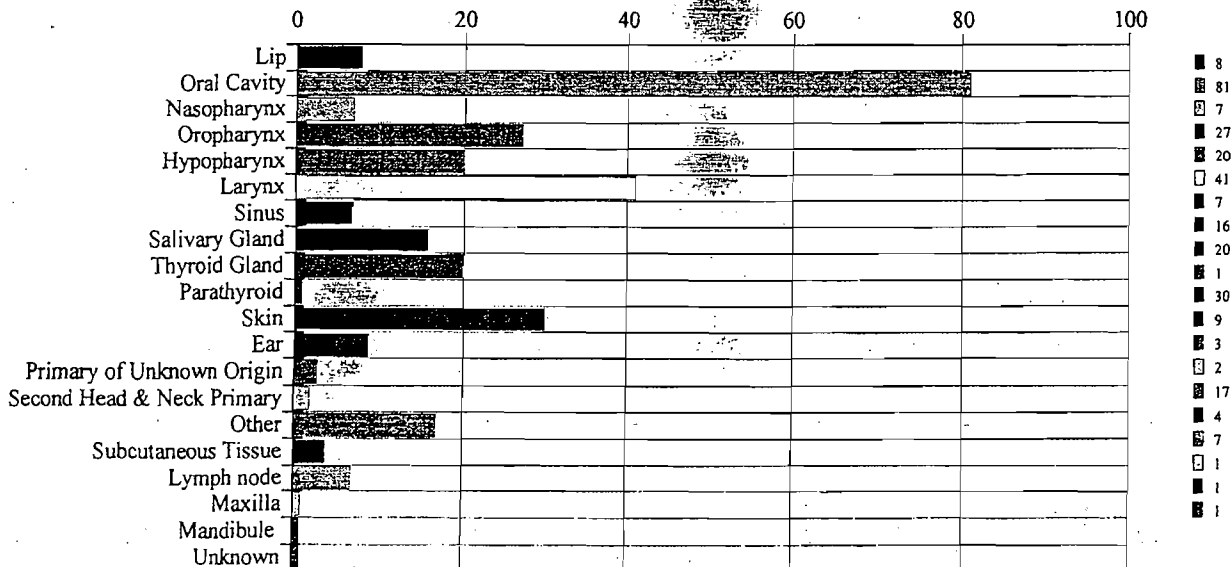


## Tumour Site

The most common tumour site was oral cavity accounting for over 26.7% of all head & Neck Tumour sites.

Tumour Site	No.	%
Lip	8	2.6
Oral Cavity	81	26.7
Nasopharynx	7	2.3
Oropharynx	27	8.9
Hypopharynx	20	6.6
Larynx	41	13.5
Sinus	7	2.3
Salivary Gland	16	5.3
Thyroid Gland	20	6.6
Parathyroid	1	0.3
Skin	30	9.9
Ear	9	3.0
Primary of Unknown Origin	3	1.0
2 <sup>nd</sup> Head & Neck Primary	2	0.7
Other	17	5.6
Subcutaneous Tissue	4	1.3
Lymph node	7	2.3
Maxilla	1	0.3
Mandibule	1	0.3
Unknown	1	0.3

## Tumour site



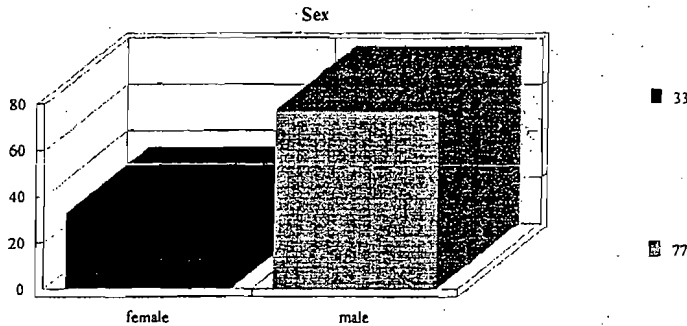
28(23)

## Section 3: St. James's Head & Neck Cancer Patients 2001

This section looks at the 110 head and Neck Cancer patients registered this year to date.

### 3.1 Gender analysis

70%(77) were male and 30%(33) were female

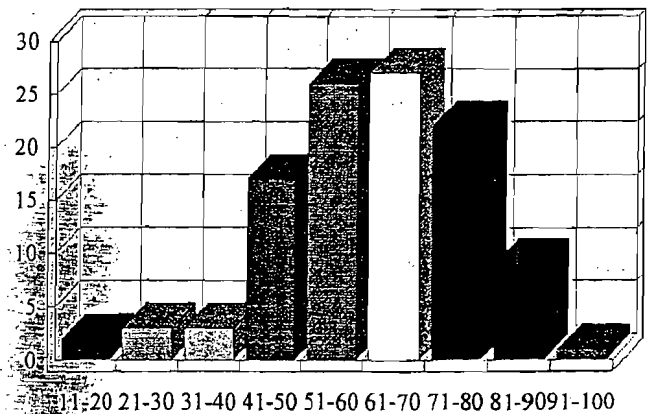


### 3.2 Age at diagnosis

77.2% of patients are over the age of 51. Other details are outlined below.

Age Group	No.	%
11-20	2	1.8
21-30	3	2.7
31-40	3	2.7
41-50	17	15.5
51-60	26	23.6
61-70	27	24.5
71-80	22	20
81-90	9	8.2
91-100	1	0.9

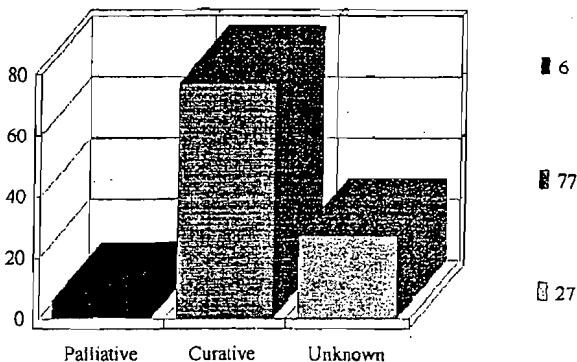
Age at diagnosis



### 3.3 Treatment Options

70% of patients were treated curatively and 5.5 % were treated palliatively, while 24.5% of patients did not have a treatment approach recorded. 56.4% of this group of cancer patients were treated by surgery, with 33.4% receiving Radiotherapy. Other details are shown below. However there are a lot of gaps in the information, and this needs to be addressed.

Treatment Approach



Treatment Option

Treatment Option	No.	%
Surgery	62	56.4
Primary Radiotherapy	13	11.8
Radiotherapy Pre -Operatively	4	3.6
Radiotherapy Post -Operatively	20	18.2
Chemotherapy adjuvant	1	0.9
Palliative Care	3	2.7
Pre Operative Pain Consult	1	0.9
Psychiatric consult	1	0.9
Chemotherapy	7	6.4
Unknown	30	27.3

2B(25)

### 3.6 Family history of Cancer

24 patients (21.8%) were recorded as having a family history of Cancer, two of which were with a history of Head & Neck Cancer.

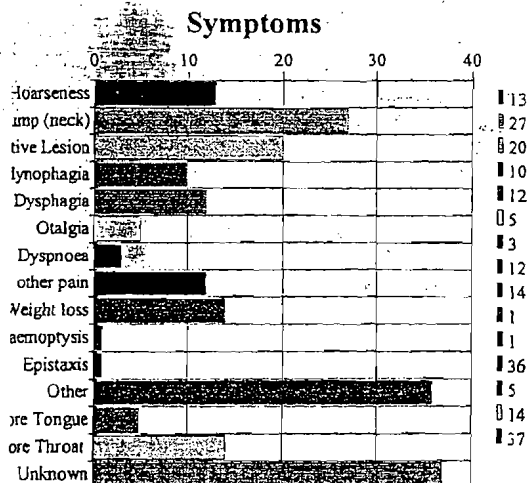
Maternal Cancer Type	No.	%
Mother Lung	3	2.7
Mother Head & Neck	1	0.9
Mother Other cancer	2	1.8
Father Other cancer	2	1.8
Brother Prostrate	1	0.9
Brother Lung	1	0.9
Brother Head & Neck	1	0.9
Uncle Head & Neck	1	0.9
Sister Breast	4	3.6
Sister Other cancer	1	0.9
Mother Gastric	1	0.9
Sister Gastric	2	1.8
Brother stomach	2	1.8
Unknown	94	85.5

Paternal Cancer Type	No.	%
Father Lung	2	1.8
Father Colorectal	1	0.9
Father Head & Neck	1	0.9
Father Luekaemia	1	0.9
Father Other cancer	1	0.9
Uncle Head & Neck	1	0.9
Grandfather Other cancer	1	0.9
Unknown	102	92.7

### 3.7 Symptoms

The most common symptom's recorded were: neck lump (24.5%), ulcerative lesion (18.2%), weight loss (12.7%) and sore throat (12.7%). It was interesting to note that weight loss is a common symptom for head & neck cancer.

Symptom	No.	%
Hoarseness	13	11.8
Lump (neck)	27	24.5
Ulcerative Lesion	20	18.2
Odynophagia	10	9.1
Dysphagia	12	10.9
Otalgia	5	4.5
Dyspnoea	3	2.7
other pain	12	10.9
Weight loss	14	12.7
Haemoptysis	1	0.9
Epistaxis	1	0.9
Other	36	32.7
Sore Tongue	5	4.5
Sore Throat	14	12.7
Unknown	37	33.6



### 3.8 Duration of symptoms

It is recommended that any patient who complains of persistent head and neck symptoms for more than four weeks be referred for specialist otolaryngologist / head and neck surgeon assessment. (UK White Paper (1998)- Consensus document of the British Association of Otorhinolaryngologists/ Head & Neck Surgeons)

Only 11.8 % of patients were seen within one month of having symptoms. This is very worrying as the patients are not presenting early enough. This is caused by lack of patient awareness, lack of awareness among primary care physicians, and deficiencies in the mechanism of referral. This needs some discussion and planning in the future to change this pattern.

Duration	No.	%
1 month	13	11.8
2 month	13	11.8
3 month	11	10
4 months	5	4.5

5 months	3	2.7
6 months	4	3.6
7 months	1	0.9
8 months	3	2.7
9 months	2	1.8

10 months	7	6.4
11 months	1	0.9
12 months	1	0.9
Unknown	46	41.8

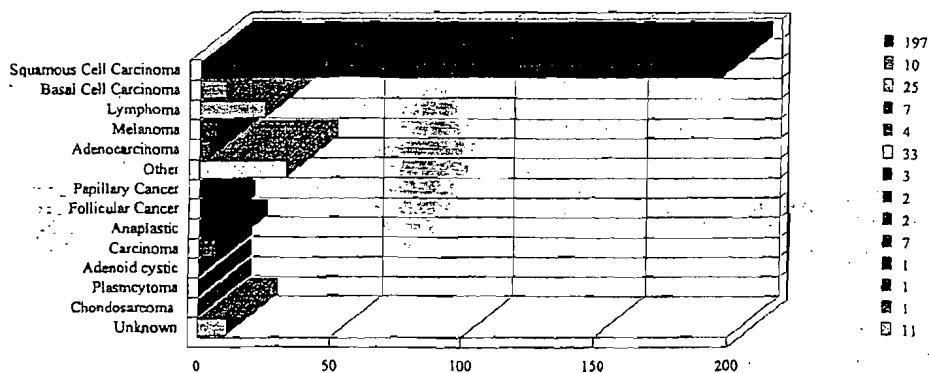
2B(27)

Tumour site	No.	%
Lip	3	3.3
Oral Cavity	18	19.6
Nasopharynx	2	2.2
Oropharynx	14	15.2
Hypopharynx	6	6.5
Larynx	12	13
Sinus	4	4.3
Salivary Gland	6	6.5
Thyroid Gland	7	7.6
Skin	6	6.5
Ear	2	2.2
Primary of Unknown Origin	2	2.2
Other	9	9.8
Unknown	1	1.1

### 2.11 Morphology

The most common morphology was Squamous Cell Carcinoma (83.3%). Other morphology types are outlined below. In some patient registrations the morphology was not recorded and this are represented as unknown, however this will be addressed when there is head & neck data manager in place.

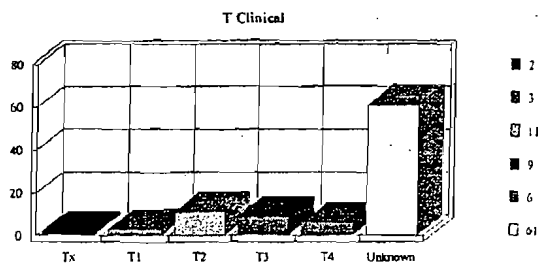
Morphology



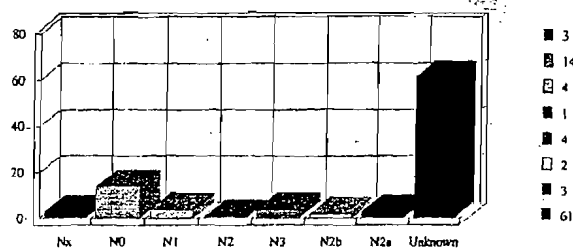
### 3.12 TNM Staging

Where available TNM Staging was recorded. This is an area, which could be improved. Often the TNM Stage is not recorded in the chart. If a permanent member of team was responsible for keeping the database up to date more accurate information should be available.

#### T Stage Clinical



#### N Clinical



#### M Stage Clinical

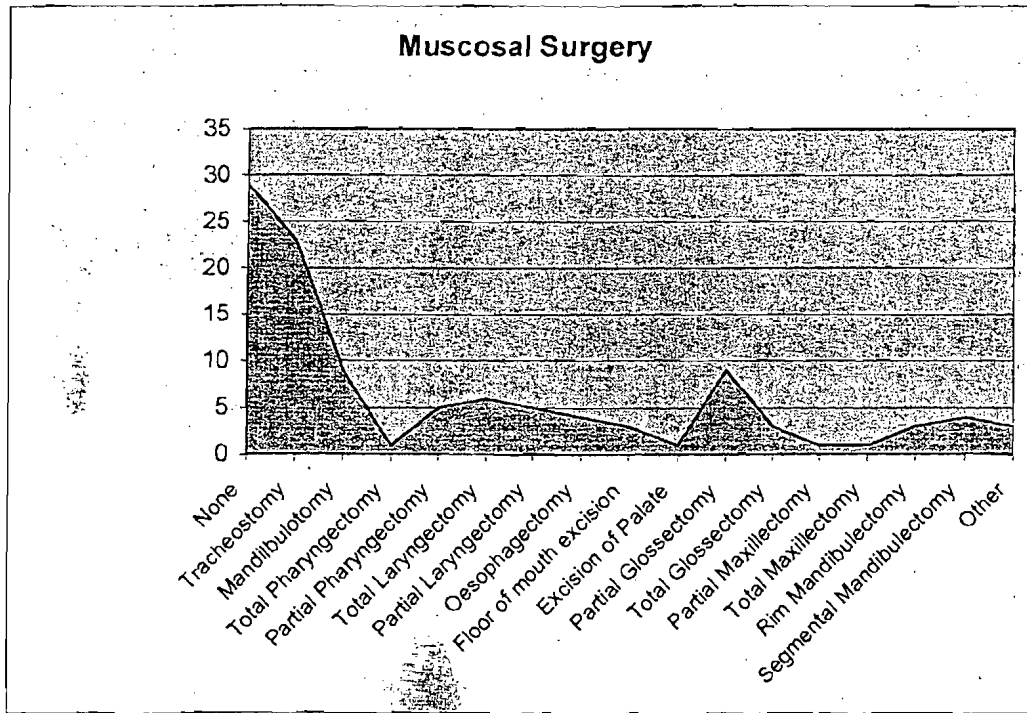
2B(29)

Operation types are shown below.

**Mucosal Surgery type**

The most common mucosal surgery type was tracheostomy (37.1%). Other types are outlined below.

Surgery Type	No.	%
None	29	46.8
Tracheostomy	23	37.1
Mandibulotomy	9	14.5
Total Pharyngectomy	1	1.6
Partial Pharyngectomy	5	8.1
Total Laryngectomy	6	9.7
Partial Laryngectomy	5	8.1
Oesophagectomy	4	6.5
Floor of mouth excision	3	4.8
Excision of Palate	1	1.6
Partial Glossectomy	9	14.5
Total Glossectomy	3	4.8
Partial Maxillectomy	1	1.6
Total Maxillectomy	1	1.6
Rim Mandibulectomy	3	4.8
Segmental Mandibulectomy	4	6.5
Other	3	4.8



**Skin Surgery Type**

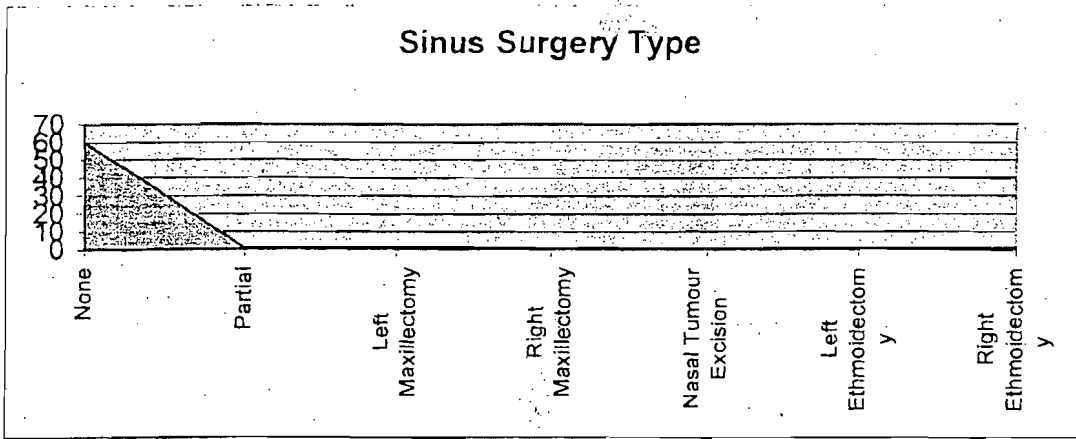
Excision of skin of face was the most common skin surgery type accounting for 11.3%.

Surgery	No.	%
None	51	82.3
Nose Excision	2	3.2
Ear Excision	1	1.6
Lip Excision	1	1.6
Eyelid Excision	1	1.6
Skin of Face	7	11.3
Partial	6	9.7
Lower	1	1.6
Other	2	3.2

2B(31)

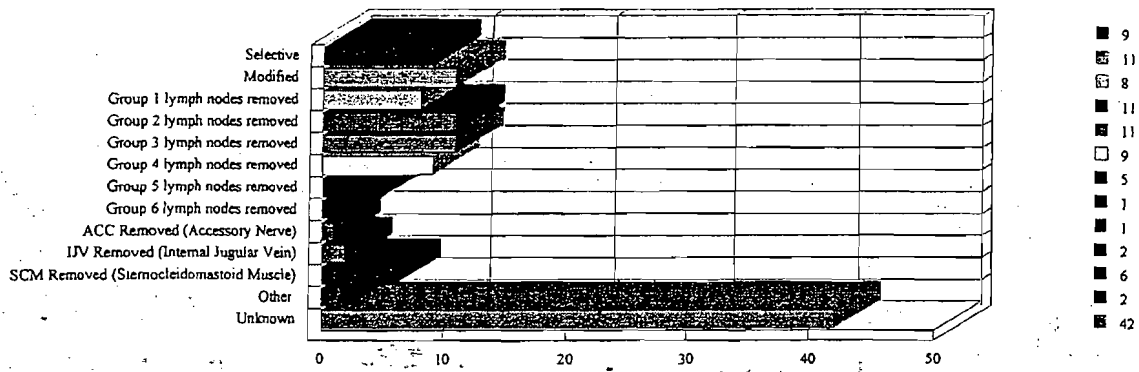


### Sinus Surgery Type



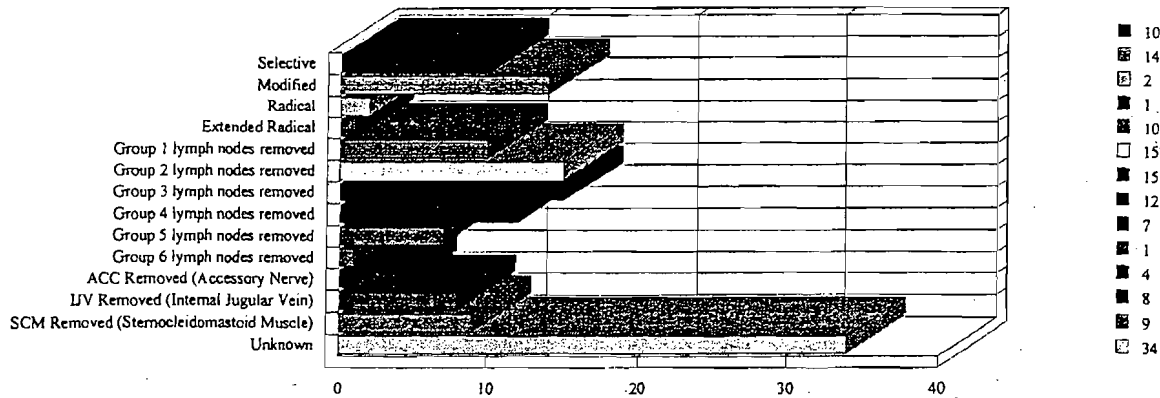
Right neck dissection details are shown below.

### Right Neck Dissection



Left neck dissection details are shown below.

### Left Neck dissection



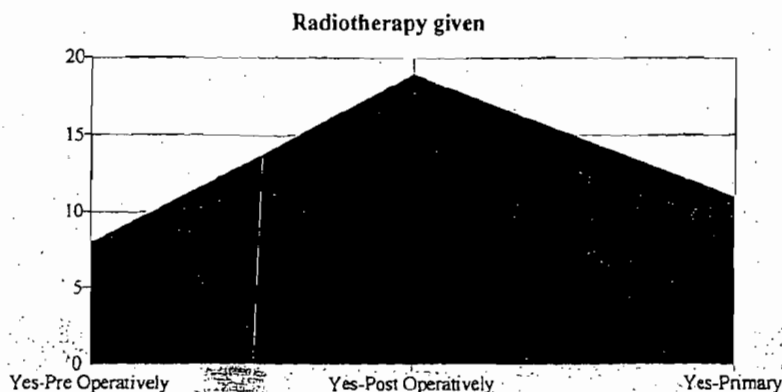
Only 17 patients had a blood loss recorded, but this is not a true reflection since the question was left unanswered in many cases.

Blood Loss (mls)	No.	%
1-500	3	4.8
501-1000	5	8.1
1001-1500	2	3.2
1501-2000	3	4.8
2001-2500	3	4.8
3001-3500	1	1.6
Unknown	45	72.6

### 3.12 Radiotherapy Treatment

33.4% of the 110 head & neck new Cancer patients seen this year in St. James's have been treated with radiotherapy. Other Radiotherapy details are outlined below.

Radiotherapy Timing	No.	Percent
Yes-Pre Operatively	8	21.1
Yes-Post Operatively	19	50
Yes-Primary	11	28.9



### 3.13 Chemotherapy Regimens

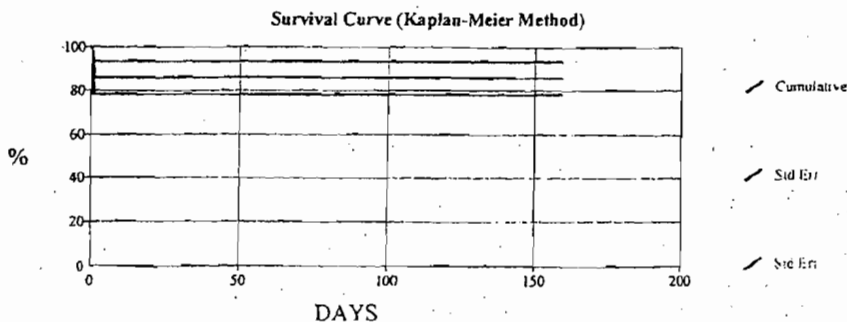
Three patients were treated with chemotherapy. CHOP REGIMEN (cyclophosphamide-vincristine-doxorubicin-prednisolone) was the only Chemotherapy regimen recorded. The chemotherapy team have started to record their chemotherapy administration details onto PATS, and this should improve the quality of the data.

### 3.14 Survival Curve

In the group of 110 patients, there is an 85.71% survival rate after 159 days. The Kaplan-Meier method was used.

Interval end	Entered	Died	Lost	Withdrawn	Hazard %	Cum survival %	Std error
0 days	110	3	45	44	14.29	85.71	7.64
159 days	18	0	5	13	0	85.71	7.64
Total Years	3						

This is useful information and can be used to compare patient outcomes here at St. James's against other national and international standards.



28(35)

## 4.0 Conclusion

In Section 2 all 351 head and neck cancer patients were reviewed. In this group 70% were male and 30% were female, and 77.2% of patients are over the age of 51. 70% of patients were treated curatively and 5.5% were treated palliatively, while 24.5% of patients did not have a treatment approach recorded. 56.4% of this group of cancer patients were treated by surgery, with 33.4% receiving Radiotherapy. However there are a lot of gaps in the information, and this needs to be addressed.

In Section 3 the 110 head and neck cancer patients treated and diagnosed in 2001 were reviewed. There is more complete data here, mainly thanks to the efforts of the head and neck cancer nurse co-ordinator. **The employment of a Head & Neck Cancer data manager should be discussed promptly.**

Over 52.7% of Head & Neck cancer patients were recorded as having a history of smoking where it was recorded. This is useful information and the 30% of a patients whose smoking history is unrecorded should ideally be completed. 38.8% of patients were recorded as having a history of alcohol intake. This needs to be addressed for the future. 24 patients (21.8%) were recorded as having a family history of Cancer, two of which were with a history of Head & Neck Cancer.

The most common symptom's recorded were lump on Neck (24.5%), Ulcerative Lesion (18.2%) weight loss (12.7%) and sore throat (12.7%). It was interesting to note that weight loss is also a common symptom for head & Neck Cancer.

Only 11.8% of patients were seen within one month of having symptoms. This is very worrying, as the patients are not presenting earlier enough. This is caused by lack of patient awareness and lack of awareness among primary care physicians. This needs some discussion and planning in the future to change this pattern. The most common method of diagnosis was by Clinical Exam (98.2%), Biopsy(64.5%), CT Scan (63.6%), Chest X-Ray(63.6%), Laryngoscopy (43.6%), Oesphagoscopy 39.1%) and Bronchoscopy (38.2%). 44.5% of patients are recorded as having a panendoscopy.

The most common site was the oral cavity (19.6%), Oropharynx (15.2%) and Thyroid Gland (7.6%) The most common morphology was Squamous Cell Carcinoma (83.3%). Where available TNM Staging was recorded. This is an area, which could be improved. Often the TNM Stage is not recorded in the chart. If a permanent member of team was responsible for keeping Database up to date, more accurate information should be available.

62 (56%) of the patients in this group are recorded as having had surgery. Professor Timon has performed 34.5% of operations, Mr. Curran 18.2%. The most common mucosal surgery type was tracheostomy 37.1%. Excision of skin of face was the most common skin surgery type accounting for 11.3%. 77.4% of patients were recorded as having no sinus surgery. Blood loss at operation where recorded reveals that the minimum answer was 150mls and one patient was recorded as having 3-200ml blood loss.

33.4% of the 110 head & neck new Cancer patients seen this year in St. James's have been treated with radiotherapy. Three patients was treated with chemotherapy. The chemotherapy team have started to record their chemotherapy administration details onto PATS, and this should improve the quality of the data.

There is an 85.71% survival rate after 159 days using the kaplain meier method in the 110 patients registered for 2001. For the two and half year period from march 1999 to date the survival rate was 38.1%. This is useful information and can be used to compare patient outcomes here at St. James's against other national and international standards.

71.8%(79) of the 110 patients were recorded as being referred to Cancer Nurse Co-ordinator. All cancer patients should ideally be referred to the cancer nurse co-ordinator, this is an area which needs to be addressed.

### Some Suggestions

- Record TNM Staging at multidisciplinary Conference
- Appoint a data manager for Head & Neck Cancer, to ensure a complete accurate information
- Perform monthly audits and discuss at multi-disciplinary meetings.

28(37)

## Appendix 2

### European Cancer Statistics

EUCAN is a unique source of the most up-to-date information on cancer incidence, mortality, prevalence and survival in the European Union and its member states.

The EUCAN database has been prepared using incidence and survival data provided by cancer registries in the European Union, and mortality data provided by World Health Organisation Databank.

This database will be regularly updated to incorporate the most up-to-date incidence and mortality data available.

Eucan website is <http://www-dep.iarc.fr/resour/software/eucansof.htm>

#### European Union Cancer Statistics 1996 : Both Sexes (15 to 75 age)

Cancer Site	Cases	1 Year Prevalence	5 Year Prevalence
Oral cavity and pharynx	55638	45023	179210
Oesophagus	24778	10928	32263
Stomach	74965	36905	128897
Colon/Rectum	213103	163088	632864
Liver	28369	7742	21838
Pancreas	38349	9645	26258
Larynx	25061	23018	98629
Lung	191348	80075	246507
Melanoma of skin	33886	31679	142660
Breast	209548	200267	887396
Cervix uteri	24519	21248	91812
Corpus uteri	39840	36748	160539
Ovary etc.	32489	22210	82059
Prostate	134865	118432	458780
Testis	12160	10456	52283
Bladder	83376	72135	296370
Kidney etc.	43137	32016	127875
Brain, nervous system	26444	11024	36479
Thyroid	14131	11657	52858
Non-Hodgkin lymphoma	49897	37218	147789
Hodgkin's disease	9813	7757	34832
Multiple myeloma	18130	13643	48524
Leukaemia	36616	23645	88937
All sites but skin	1541987	1088814	4299015

1996 European Union Cancer Statistic for Both Males and Females

## Appendix 4 Eastern Regional Health Authority Cancer Statistics (ERHA)

St. James's' Hospital lies in the newly formed South Western Area Health board. It is the largest health board in the ERHA and has a population of 517,592 (EHB Health Information Unit). This is set to increase. There are also a high number of Deprived areas, according to SAHRU (Small Areas Health Research Unit) the South Western Area is home to 47% of the region's most deprived people. Deprived areas include Tallaght, Merchants Quay, Usher's Quay, Cherry Orchard and Ballyfermot.

Deprivation has an impact on health, as there are associated higher levels of smoking, unhealthy lifestyle practices, and a lack of education and awareness about health and in particular cancer. Fear and lack of awareness of Symptoms and Signs of Cancer can often lead to patients presenting with very advanced disease and the associated poorer prognosis and outcome.

### Hospitals within the SW region include;

- St. James's Hospital
- Adelaide Meath National Children's Hospital
- Coombe Women's hospital
- Crumlin children Hospital
- Naas General Hospital
- Peamount Hospital

### Population Distribution of ERHA

Area Health Board		
Northern	454,088	35%
South Western	515,568	40%
East Coast	324,308	25%
Total	1,293,964	(100%)

### SW Regional Cancer Workload

The information below has been provided by the Statistics office in the ERHA.

**Table 1. Cancer incidence in ERHA Area Health Boards, 1994 to 1997 numbers, percentages, age-standardised rates and cumulative risks by sex and age \***

ALL AGES		EAST COAST	NORTHERN	SOUTH-WESTERN	ERHA**
Number	Male	2066	2958	2978	8066
	Female	2318	3007	2933	8331
	Total	4384	5965	5911	16397
Cumulative Risk 0-74 (%)	Male	27.4	30.0	29.3	29.2
	Female	23.5	24.2	22.9	23.7
	Total	25.0	26.7	25.7	26.0
Cumulative Risk 0-64 (%)	Male	11.4	12.9	12.6	12.4
	Female	13.8	13.9	13.3	13.7
	Total	12.7	13.4	12.9	13.1

\*\* Includes 137 cases of all ages where the area health board of residence was not known.

2B(41)

This notepaper must not be used  
for prescriptions or for invoicing  
purposes



**THE ADELAIDE & MEATH  
HOSPITAL, DUBLIN**

INCORPORATING  
THE NATIONAL CHILDREN'S HOSPITAL

TALLAGHT, DUBLIN 24.

TELEPHONE +353 1 414 2845

FACSIMILE +353 1 414 2896

**OFFICE OF THE CHIEF EXECUTIVE OFFICER**

16<sup>th</sup> April 2002

Ms Audrey Doyle  
Research Officer  
Planning and Commissioning  
Eastern Regional Health Authority  
Mill Lane  
Palmerstown  
Dublin 20

**Re: Comhairle na nOspideal: Review of ENT Services**

Dear Ms Doyle,

I refer to your letter of February 11<sup>th</sup> and I apologise for the delay in responding. I enclose a copy of an outline report, which was prepared by Michael Pegum, Medical Director of the Hospital.

Kind regards.

Yours sincerely,

**MICHAEL LYONS  
CHIEF EXECUTIVE OFFICER**

Encl. 1

A.M.H.D.I.N.C.H. submission on E.N.T. Surgery to  
Comhairle na nOspidéal

- a) List of ENT procedures (number and type) performed during the past year, whether Inpatient or day surgery, identify type of anaesthetic administered i.e. general or local or regional block:

(i) ENT Procedures as defined within the HIPE System

Year 01/01/01-  
30/09/01 (9  
months)

Adult ENT PROCEDURE	TOTAL	DAY CASES
Open bx thyroid gland	1	0
Preauricular sinus exc.	1	1
Exc external ear nec	1	1
Plastic rep ext ear nec	1	0
Myringoplasty	4	2
Tympanoplasty revision	2	0
Myringotomy w intubation	24	21
ME & IE dxtic px nec	15	13
Mastoidectomy nec	4	0
Exc middle ear lesion	2	2
Submuc nas septum resect	2	0
Diath/cryosurg turbinect	6	5
Revision rhinoplasty	8	0
Rhinoplasty nec	1	0
Septoplasty nec	27	1
Nasal operations nec	2	2
Open nasal sinus biopsy	1	0
Frontal sinusectomy	1	0
Sinusectomy nos	1	1
Ethmoidectomy	3	0
Open biopsy of tongue	2	1
Exc/destr tongue les	5	5
Bx uvula & soft palate	1	0
Loc exc bony palate les	1	0
Exc of lip les/tiss nec	2	2
Excision of mouth nec	3	2
Excision of uvula	1	1
Repair of uvula	1	0
Tonsil/peritonsillar i&d	9	0
Tonsillectomy	51	1
Excision of tonsil tag	1	0
Haemor control post t&a	4	0
Pharyngotomy	1	0
Exc/destr larynx les nec	7	1
Other perm tracheostomy	1	0
Open larynx or trach bx	1	0
Lymphatic struct biopsy	2	1
Smp exc lymphatic nec	1	1
Exc debride wnd/infect	1	1
<b>TOTAL ADULT CASES</b>	<b>202</b>	<b>65</b>

**Paediatric ENT**

Preauricular sinus exc	1	1
Correction prominent ear	2	0
Plastic rep ext ear nec	4	1
Myringoplasty	5	1
Myringotomy w intubation	203	152
Middle & inner ear bx	2	0
ME & IE dxtic px nec	7	7
Mastoidectomy nec	3	1
Exc middle ear lesion	2	2
Epistaxis control nec	8	6
Diath/cryosurg turbinect	3	2
Sinusotomy nos	1	0
Tonsil/peritonsillar i&d	3	0
Tonsil adenoid dxtic px	1	0
Tonsillectomy	110	0
T&A	76	0
Adenoidectomy	12	1
Hemor control post t&a	2	0
Exc branchial cleft cyst	1	0
Exc/destr larynx les nec	1	1
Soft tissue biopsy	1	1

**TOTAL PAEDIATRIC CASES** 448 176

**TOTALS (ADULT + CHILDREN)** 650 241

Please note there are also 40 still uncoded cases within this time frame

**(ii) Type of anaesthetic**

Not separately recorded.

Estimates:	Adults:	GA	98%
	Children:	GA	100%

**b) Total number of ENT procedures performed in each of the last 3 years:**

2001 (Jan - Sep)	650
2000	771
1999	681

**c) The number of Inpatients and average duration of stay in each of the last 3 years:**

2001 (Jan - Sep)	407
2000	550
1999	489

Average duration of stay not available

**d) The number of theatre sessions for ENT surgery:**

Eight per week.



- e) **The location, number and frequency of Outpatient clinics plus the number of attendances (new and return) in each of the last three years:**

**Location:** dedicated ENT suite in the Outpatient Department;

**Number of clinics:** 6

Mr. D. McShane -	1 Adult and 1 Paediatric
Mr. F.O'Loughran	1 Adult
Mr. Date (Locum)-	1 Adult and 1 Paediatric
Mr. A.Curran -	1 Adult

**Frequency:** each clinic weekly.

Attendances	Year	New	Return	Total
	2001 (Jan - Oct)	1422	2580	4002
	2000	1007	1976	2983
	1999	1251	2300	3551

- f) **Details of the waiting list and waiting times, if any, for both in-patient and out-patients:**

**In-patient cases**

Adults	2 years
Children	10 - 12 months

**Out-patient Cases**

Adults	18 months
Children	9 - 12 months

- g) **Access to beds and out-patient facilities:**

**Adults:** 10 designated beds. However, due to overflow from other departments with A. & E. cases, usually only one bed is available for waiting-list ENT cases.

**Children:** Access to share of 73 un-allocated beds. Sufficient beds are available.

- (h) **Number and grades of NCHDs in ENT surgery and whether the posts are recognised for training:**

The NCHDs are shared between A.M.H.D.I.N.C.H. and St. James's:

1 S.R.	2 sessions
4 Sp.Rs.	18 sessions
Tutor	5 sessions

The Registrar posts are recognised for training, the Tutor post is not.

- i) **Future plans in terms of staffing and resources**

**A. Future plans for Tallaght :**

**Staff:**

Extra post in adult ENT surgery:	Sessions:	AMDHINCH 7
		St. James's 4

Extra post in paediatric ENT surgery:	Sessions:	AMHDINCH 5
		OLHSC 6

1 extra Otologist Specialist Registrar

1 paediatric ENT nurse specialist

2/3 extra clerical and nursing staff in OPD

Audit, secretarial and IT staff.

**Other resources:**

1 extra theatre session for Adults

1 extra theatre session for Paediatrics

3 Anaesthetic sessions.

**Further plans:**

An ENT service for the physically and mentally handicapped.

j) **sub-specialty interests of current consultants and level of activity in each:**

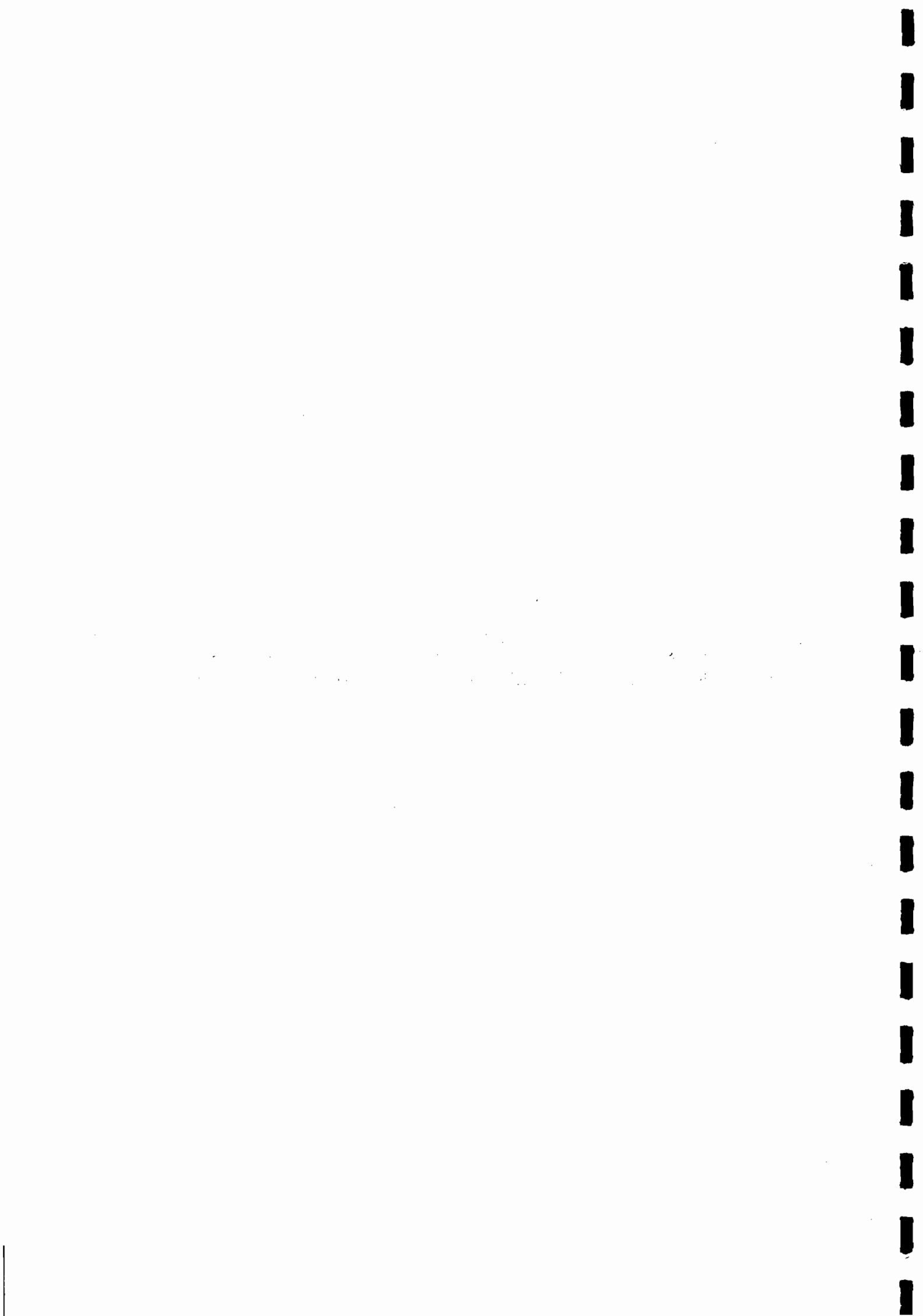
**Mr. A. Curran:** oncology  
4 sessions AMHDINCH

**Mr. D. McShane:** rhinology  
9 sessions AMHDINCH

23 Sessions

**Mr. F. O'Loughran:** otology  
3 sessions AMHDINCH  
(Mr. O'Loughran has just retired)

**Mr. S. Date (locum):** otology  
7 sessions AMHDINCH



22 October 2001

Mr Michael Pegum  
Medical Director  
AMINCH

Re: Comhairle na nOspidéal – Committee on Otolaryngology Services (ENT Surgery)

Dear Mr Pegum,

Please find enclosed copy of correspondence from Comhairle na nOspidéal which is establishing a Committee to review Otolaryngology Services.

I would be obliged if you might chair a committee here to prepare the Hospital's submission.

The Hospital submission will be required by 22<sup>nd</sup> November 2001 in order to be forwarded to the Board of Management for its November meeting.

I nominate the following to the Committee:

Mr Don McShane  
Dr Mervyn Taylor  
Dr Maria Donnelly  
Ms Maureen D'Arcy  
Mr Des Rogan

I look forward to receiving your report.

Yours sincerely,

**MICHAEL LYONS**  
**CHIEF EXECUTIVE OFFICER**

c.c. Mr Don McShane, Dr Mervyn Taylor, Dr Maria Donnelly,  
Ms Maureen D'Arcy, Mr Des Rogan, Management Team,  
ENT Consultants, AMINCH



# ST. VINCENT'S UNIVERSITY HOSPITAL

Elm Park, Dublin 4

Telephone +353 1 269 4533 ~ Fax +353 1 269 6018



6<sup>th</sup> December 2001.

Ms. Colette Vincent,  
Secretary to Committee (ENT Services),  
Comhairle na nOspideal,  
Corrigan House,  
Fenian Street,  
Dublin 2.

Dear Ms. Vincent,

I refer to your letter dated 10<sup>th</sup> October 2001 requesting information relating to ENT workload, staffing and facilities at St. Vincent's University Hospital which is detailed in the attached documents.

If I can be of any further assistance, please do not hesitate to contact my office.

With kind regards.

Yours sincerely,

Nicholas C. Jermyn  
Group Chief Executive

c.c. Mr. David Charles, Consultant ENT Surgeon  
Mr. John Russell, Consultant ENT Surgeon  
Mr. Michael Lyons, Chief Executive, East Coast Area Board  
Ms. Audrey Doyle, Research Officer, Planning & Commissioning, ERHA

# ST. VINCENT'S UNIVERSITY HOSPITAL

## E.N.T. ACTIVITY

263	St. Michaels Hospital	Breakdown
<u>266</u>	St. Vincent's University Hospital	Inc.
529	TOTAL	

3. 1999 234  
 2000 338 & Extras St. Michaels Hospital - Late 2000  
 2001 266 + 263 = 529

Admissions 1999 = 495  
 2000 = 512  
 2001 = 670

See Enclosure.

1½ days Total 1 Day - Mr. David Charles  
 ½ Day - Mr. John Russell

OPD Sessions - 2 per week - Tuesday & Thursday  
 A&E Clinic - Friday afternoon - Registrar (500 patients per year)

OPD ATTENDANCES { 2883 - 1999  
 3007 - 2000  
 2676 - 2001

F. Waiting List effectively cleared  
 Elective Admissions now within 6 - 8 weeks

OPD Appointments Mr. David Charles - 4 Weeks New Mr. John Russell - 8 Weeks New  
 Mr. David Charles - 15 Weeks Review Mr. John Russell - 3 Weeks Review

G. In-Patient 6 Beds - St. Agnes 7 Day  
 4 Beds - St. Catherines 5 Day  
 St. Michaels 5 Day  
 St. Marks Day Care

H.  
1 Specialty Registrar  
1 Senior House Officer  
½ Intern

- I.
- Professor University College Dublin / St. Vincent's University Hospital / Royal Victoria Eye & Ear Hospital  
*Approved for Advertisement this month.*
  - Application with Department of Health – Financial Clearance  
St. Michaels Hospital 4 / Royal Victoria Eye & Ear Hospital 7  
*Already 4 Sessions St. Michaels Hospital Funded*
  - Will effectively be a fourth St. Vincent's University Hospital Consultant Appointment.
  - New Dedicated Ambulatory Care Area with Audiology/Speech and 3 Examination Rooms and Minor Op Room  
*Approved – Construction Underway*

J.  
Mr. John Russell      Airway Surgery  
Mr. David Charles      Otology

# ST. VINCENT'S UNIVERSITY HOSPITAL

## ENT SURGERY

YEAR	GROUP 2	GROUP 3	GROUP 4	GROUP 5	TOTAL
1999	179	53	1	1	234
2000	246	88	2	2	338
2001 1.1.01 - 31.10.01	167	81	12	6	266

### 2001 SURGERY - BREAKDOWN BY CODE

CODE NO.	TOTAL	CODE NO.	TOTAL	CODE NO.	TOTAL
ENT204	9	ENT206	10	ENT207	4
ENT209	8	ENT210	17	ENT211	2
ENT212	2	ENT213	18	ENT214	17
ENT216	1	ENT217	6	ENT218	27
ENT219	1	ENT220	37	ENT222	6
ENT223	2				
ENT301	2	ENT305	5	ENT307	1
ENT310	6	ENT313	3	ENT314	1
ENT316	8	ENT318	32	ENT319	1
ENT320	1	ENT321	1	ENT322	1
ENT323	19				
ENT401	3	ENT402	9		
ENT501	5	ENT502	1		



(c)

## E.N.T. SURGERY

Year	No. of Admissions (incl. Day Care)	No. of Admissions (excl. Day Care)	Avg. Duration of Stay (Days)
1998	495	430	4.8
1999	512	439	4.4
2000	670	439	3.4

## CATEGORY CODING

Code	Procedure
ENT201	Adenoidectomy
ENT202	Antrum Washout /Bilateral Antrum Washout
ENT203	Bronchoscopy
ENT204	EUA of Ears
ENT205	Exploration of:
ENT206	FESS Procedure
ENT207	Grommets Insertion
ENT208	Infected Cholesteatoma Exc.
ENT209	Laryngoscopy
ENT210	Microlaryngoscopy
ENT211	Micro Ear
ENT212	Myringotomy
ENT213	Nasal Polypectomy
ENT214	Oesophagoscopy
ENT215	Pharyngoscopy
ENT216	Re-Alignment Fractured Nasal Bone
ENT217	Sub-Mucosal Diathermy
ENT218	Tonsillectomy
ENT219	Turbinectomy
ENT220	Miscellaneous ENT - Group 2
ENT221	Excision of a Nasal Polyp
ENT222	Re-Alignment of Fractured Nasal Bones Open
ENT223	EUA Ears/Insertion of Grommets
ENT301	Antrostomy
ENT302	Atticoanotomy
ENT303	Bone Graft
ENT304	Caldwell Luc
ENT305	Ethmoidectomy
ENT306	Hypo - Pharyngoscopy
ENT307	Mastoidectomy
ENT308	Maxillectomy
ENT309	Meatoplasty
ENT310	Myringoplasty
ENT311	Myotomy
ENT312	Otoplasty
ENT313	Pan-Endoscopy
ENT314	Revision of:
ENT315	Rhinotomy
ENT316	Rhinoplasty
ENT317	Septal Implant
ENT318	Septoplasty
ENT319	Stapedectomy
ENT320	Sub-Mucosal Resection

ENT321	Tympanoplasty
ENT322	Tympanotomy
ENT323	Miscellaneous ENT - Group 3
ENT401	Block Dissection of Neck
ENT402	Miscellaneous ENT - Group 4
ENT501	Laryngectomy
ENT502	Miscellaneous ENT - Group 5

263 ENT patients Done in St. Michael's Hospital  
Page 1  
2001.

263

**St. Michael's Hospital Admissions - 2001.**

**JANUARY**

Date	Name	Age	Procedure	MRN	Consultant	Year
02/01/01		14	E&C naesus eyeid GA	496453	Mr.S.Carroll	
			(R) Faxiectomy	440610	Mr.S.Carroll	
			(R) Faxiectomy	493349	Mr.S.Carroll	
03/01/01		48	S.M.R.	428592	El Hakeem	1997
			Tonsillectomy	447636	El Hakeem	
			Septoplasty	486672	El Hakeem	
		28	Septoplasty	340764	El Hakeem	
08/01/01			Tonsillectomy	481841	Mr.D.Charles	
			Septoplasty	468740	Mr.D.Charles	
			Septoplasty	210892	Mr.D.Charles	
09/01/01			(L) dupytrens	307420	Mr.S.Carroll	
			(L) dupytrens	375407	Mr.S.Carroll	
10/01/01		49	Polypectomy	267631	Mr.D.Charles	
			Septoplasty	481443	Mr.D.Charles	
		18	Tonsillectomy	476334	Mr.D.Charles	
15/01/01		73	Redo BCC (L) taple skin graft	445700	Mr.S.Carroll	
			(R) dupytrens faxiectomy	408496	Mr.S.Carroll	
		16	Tonsillectomy	498543	Mr. ElSherif	2000
		37	Rhinoplasty	497133	Mr. ElSherif	1998
		22	Tonsillectomy	483438	Mr. ElSherif	1999
		23	Tonsillectomy	476799	Mr. ElSherif	1999
		69	Diabetes Control	351412	Mc Kenna	2000
16/01/01			Turp	487947	Mr.D.Mulvin	
			Cystoscopy +- Urethotomy	103556	Mr.D.Mulvin	
			Hydrocoele	499962	Mr.D.Quinlan	
			Cystoscopy	453243	Mr.D.Quinlan	
			Turp	212653	Mr.D.Quinlan	
17/01/01		24	Tonsillectomy	500959	Mr.ElHakeem	2000
		22	Tonsillectomy	453224	Mr.ElHakeem	1997
		32	Septoplasty	487569	Mr.D.Charles	2000
		16	Tonsillectomy	489251	Mr.ElHakeem	2000
		17	Tonsillectomy	463821	Mr.ElHakeem	1998
19/01/01		31	Laparoscopy	469692	Dr.P.Lenehan	1998
		35	Laparoscopy	48227	Dr.P.Lenehan	1999
		23	Laparoscopy	476962	Dr.P.Lenehan	2000
		32	Anarsupialisation	348827	Dr.P.Lenehan	2000
22/01/01		20	Bilateral Otoplasty	498552	Mr.S.Carroll	2000
		19	Bilateral Otoplasty	500960	Mr.S.Carroll	2000
		15	E&C Ganglion (L) wrist	491163	Mr.S.Carroll	2000
		15	Tonsillectomy	500100	Mr. ElSherif	
		21	Turbinectomy/Septoplasty	475746	Mr. ElSherif	
		21	Division Nasal Adhesions	425802	Mr. ElSherif	
		40	Septoplasty + SMD	471865	Mr. ElSherif	

Date	Name	Age	Procedure	MRN	Consultant	Year
29/01/01			Tonsillectomy	434472	Mr. ElSherif	
			Tonsillectomy	453304	Mr. ElSherif	
			Tonsillectomy	488391	Mr. ElSherif	
			Tonsillectomy	393871	Mr. ElSherif	
30/01/01		16	Circumcision	499783	Mr.D.Quinlan	
		38	Hydrocoelectomy	501537	Mr.D.Quinlan	
			Cysto / Turp	295533	Mr.D.Mulvin	
31/01/01		27	Tonsillectomy	477758	Mr.ElHakeem	1999
		19	Tonsillectomy	412058	Mr.ElHakeem	1999
			Tonsillectomy	488783	Mr.ElHakeem	
			Tonsillectomy	457223	Mr.ElHakeem	
			Septoplasty	450647	Mr.ElHakeem	
<b>FEBRUARY</b>						
05/02/01		56	Transposition r ulner nerve	480024	M. O'Donnell	2000
		69	(R) carpal tunnel release	415539	Mr.S.Carroll	
		23	Tonsillectomy	490321	Mr. ElSherif	2000
		14	Tonsillectomy	495476	Mr. ElSherif	2000
		24	Septorhinoplasty	377868	Mr. ElSherif	2001
		13	Tonsillectomy	492024	Mr. ElSherif	2000
		19	Tonsillectomy	461075	Mr. ElSherif	1998
		17	Tonsillectomy	490800	Mr. ElSherif	2000
06/02/01		52	Diabetes Control	403687	McKenna	2001
07/02/01		36	Tonsillectomy	500961	Mr.D.Charles	1999
		19	Tonsillectomy	466922	Mr.D.Charles	1999
		22	Septorhinoplasty	479265	Mr. ElSherif	2000
		21	Bilateral Tubinectomy	421329	Mr.D.Charles	2001
12/02/01		30	Diabetes Control	391066	McKenna	2001
			Septoplasty	493002	Mr.D.Charles	
			Tonsillectomy	474382	Mr.D.Charles	
			Tonsillectomy	502086	Mr.D.Charles	
			SMD	311292	Mr.D.Charles	
			Tonsillectomy	458829	Mr.D.Charles	
13/02/01			Circumcision	371448	Mr.D.Quinlan	
			Turbt	363965	Mr.D.Mulvin	
			Cystoscopy	493982	Mr.D.Mulvin	
			Check Cysto	76656	Mr.D.Mulvin	
14/02/01		19	Tonsillectomy	493313	Mr.D.Charles	2000
		33	Septoplasty	492009	Mr.D.Charles	2000
		17	Tonsillectomy & De-wax ears	502351	Mr. Dennis	1998
		20	Tonsillectomy	491045	Mr.D.Charles	2000
		19	Septoplasty	462023	Mr. ElSherif	2000
16/02/01		36	Laparoscopy	500097	Dr.P.Lenahan	
		27	Laparoscopy	468394	Dr.P.Lenahan	
		45	D&C & EUA	313996	Dr.P.Lenahan	
		52	D&C	270157	Dr.P.Lenahan	
		20	Laparoscopy +- Diathermy	499785	Dr.P.Lenahan	
		21	Laparoscopy + Luna	4999786	Dr.P.Lenahan	

Date	Name	Age	Procedure	MRN	Consultant	Year	
19/02/01			2nd Stage debulking of lip	484561	Mr.S.Carroll		
		35	Bilateral Otoplasty	496203	Mr.S.Carroll		
			2nd stage removal of naevis	497125	Mr.S.Carroll		
		25	Tonsillectomy	490286	Mr. ElSherif		
			Tonsillectomy	498573	Mr. ElSherif		
			Tonsillectomy	489313	Mr. ElSherif		
			Tonsillectomy	496421	Mr. ElSherif		
21/02/01		43	Septoplasty & SMD	454425	Mr.ElHakeem		
		23	Tonsillectomy	408965	Mr.ElHakeem		
		22	Tonsillectomy	483290	Mr.ElHakeem		
		40	Septoplasty	492769	Mr.D.Charles	2000	
26/02/01		33	2nd Stage Excision Tattoo	411567	Mr.S.Carroll		
			2nd Stage Excision Hydra	421371	Mr.S.Carroll		
		20	Tonsillectomy	469640	Mr.D.Charles		
			Tonsillectomy	493323	Mr. ElSherif		
		22	Tonsillectomy	482073	Mr. ElSherif		
		21	Tonsillectomy	463640	Mr.D.Charles		
27/02/01			B.T.C.	487588	D.Quinlan		
		74	Cysto & Prostate Biopsy,	501802	D.Quinlan		
			bladder mapping & hydrocolec	481970	D.Quinlan		
28/02/01			Tonsillectomy	490388	Mr.ElHakeem		
			Septoplasty	502352	Mr.ElHakeem		
		23	Tonsillectomy	491887	Mr. ElSherif		
			<b>MARCH</b>				
05/03/01			Dupetrens	409687	Mr.S.Carroll		
07/03/01		20	Tonsillectomy	483283	Mr. ElSherif		
		34	Nasal Polypectomy	456274	Mr.D.Charles		
		28	Tonsillectomy	494047	Mr.D.Charles		
		23	Tonsillectomy	461809	Mr.D.Charles		
12/03/01			Tonsillectomy	491783	Mr. ElSherif		
			Tonsillectomy	369887	Mr.D.Charles		
			Septoplasty	489273	Mr. ElSherif		
			Septorhinoplasty	488442	Mr.D.Charles		
			Tonsillectomy	481840	Mr. ElSherif		
			rt leg EC & SSG	458404	Mr. O'Reilly		
			BCC (L) nasal labiel fold	501702	M.O'Donnell		
13/03/01			E&C + Spermatocoele	392790	Mr.D.Quinlan		
			Check Cysto BTC	340574	Mr.D.Quinlan		
			Cystoscopy & EUA	502833	Mr.D.Mulvin		
			Cystoscopy		Mr.D.Mulvin		
			BTC	478564	Mr.D.Mulvin		
16/03/01			Laparoscopy & D&C	492557	Dr.P.Lenehan		
		55	EUA & D&C	455562	Dr.P.Lenehan		
		55	EUA & D&C	379968	Dr.P.Lenehan		
		32	Laparoscopy & Luna	499788	Dr.P.Lenehan		
		21	Laparoscopy & Diathermy	413727	Dr.P.Lenehan		

Date	Name	Age	Procedure	MRN	Consultant	Year
16/03/01		21	Laparoscopy	475218	Dr.P.Lenehan	
26/03/01			Tonsillectomy	485231		
			Tonsillectomy	490164	Mr.D.Charles	
			Septoplasty	418910	Mr.D.Charles	
			Tonsillectomy	496075	Mr.D.Charles	
			Tonsillectomy	495193	Mr.D.Charles	
			Reconstruction (L) Ear	371833	Mr.S.Carroll	1996
			BCC (L) shin, E&C & Graft	407145	Mr.S.Carroll	2000
27/03/01	F	22	Circumcision	481692	Mr.D.Mulvin	
	V	79	BTC / Mapping	108834	Mr.D.Mulvin	
	F		Circumcision	502889	Mr.D.Quinlan	
28/03/01		29	Tonsillectomy	343348	Mr.D.Charles	
		27	Tonsillectomy	498637	Mr.D.Charles	
		20	Tonsillectomy	498624	Mr. ElSherif	
		25	Tonsillectomy	500357	Mr. ElSherif	
		57	Septoplasty	435749	Mr. ElSherif	
<b>APRIL</b>						
02/04/01		22	Tonsillectomy	469716	Mr.D.Charles	
		31	Tonsillectomy	471847	Mr.D.Charles	
		25	Tonsillectomy	485880	Mr.D.Charles	
		48	Septoplasty	493955	Mr. ElSherif	
		17	Tonsillectomy	473985		
		31	Recon (L) Ear, 2nd Stage.	371833	Mr.S.Carroll	
04/04/01		27	Tonsillectomy	492945	Mr.D.Charles	2000
		24	Tonsillectomy	413483	Mr.D.Charles	2000
		31	Tonsillectomy	483029	Mr.D.Charles	1999
		33	Nasal Polypectomy	491743	Mr.D.Charles	2000
09/04/01		15	Bilateral Otoplasty	501830	Mr.S.Carroll	
		31	3rd Stage Recon (L) Ear	371833	Mr.S.Carroll	
		19	Tonsillectomy	486017	Mr.D.Charles	
		38	Pharyngoplasty	439821	Mr.D.Charles	
		20	Tonsillectomy	500916	Mr.D.Charles	
		22	Tonsillectomy	503656	Mr. ElSherif	
		16	Tonsillectomy	497242	Mr.D.Charles	
		73	Cystoscopy	466595	Mr.D.Mulvin	
		26	Hydrocoele repair	364092	Mr.D.Quinlan	2001
		36	Cystoscopy	359189	Mr.D.Quinlan	2001
		53	BTC	429598	Mr.D.Mulvin	
			Cystoscopy	504163	Mr.D.Mulvin	
		46	Cystoscopy		Mr.D.Quinlan	
11/04/01		26	Tonsillectomy	503655	Mr. ElSherif	
		14	Tonsillectomy	495041	Mr.ElHakeem	
		13	Tonsillectomy	485698	Mr.ElHakeem	
		24	Tonsillectomy	485651	Mr.ElHakeem	
		21	Septoplasty	497418	Mr.ElHakeem	
		52	Nasal Polypectomy	367847	Mr.D.Charles	
		35	Septoplasty	425190	Mr.D.Charles	
		36	Tonsillectomy	477136	Mr.D.Charles	

Date	Name	Age	Procedure	MRN	Consultant	Year
17/04/01			Diabetes control	485185	M.McKenna	
18/04/01		18	Tonsillectomy	481080	Mr.EIHakeem	
		16	Tonsillectomy	496225	Mr.EIHakeem	
		22	Tonsillectomy	454261	Mr.EIHakeem	
		17	Tonsillectomy	493325	J. Russell	
23/04/01		25	Scrotal Cysts + Calcinomas	455859	Mr.S.Carroll	
		31	3rd Stage Recon (L) Ear	371833	Mr.S.Carroll	
		19	Debride & flap r ischial pr sore	493416	Mr.S.Carroll	
		39	SMR	503250	Mr. ElSherif	
		26	Tonsillectomy	477703	Mr. ElSherif	
		20	Tonsillectomy	481102	Mr. ElSherif	
		20	Tonsillectomy	479838	Mr. ElSherif	
		24	Septoplasty	498546	Mr. ElSherif	
24/04/01		29	Cystoscopy	504385	Mr.D.Quinlan	
			Circumcision	504942	Mr.D.Quinlan	
		26	(L) Hydroelectomy	500439	Mr.D.Mulvin	
25/04/01		36	Tonsillectomy	459940	Mr.EIHakeem	
			Pharyngoplasty	502934	Mr.EIHakeem	
			Septoplasty	499139	Mr.EIHakeem	
			Tonsillectomy	494340	Mr.EIHakeem	
			Septoplasty	500939	Mr. ElSherif	
			Tonsillectomy	503951	Mr. ElSherif	
30/04/01		92	E&C, SSG & BCC (L) Leg.	501701	Mr.S.Carroll	
		31	E&C Split Skin Graft	502087	Mr.S.Carroll	
		18	Tonsillectomy	501668	Mr. ElSherif	
		17	Tonsillectomy	494253	Mr. ElSherif	
		32	Tonsillectomy	500469	Mr. ElSherif	
		17	Tonsillectomy	494072		
<b>MAY</b>						
02/05/01		25	Septoplasty	404032	Mr.D.Charles	
		16	Tonsillectomy	461762		
		22	Tonsillectomy	476529	J. Russell	
		15	Tonsillectomy	504724	Mr.D.Charles	
		20	Tonsillectomy	504587	J. Russell	
		33	SMD	503678	Mr. ElSherif	
		22	Tonsillectomy	495744	J.Russell	
		24	Tonsillectomy	504694	Mr. ElSherif	
		26	Tonsillectomy	473928	Mr. ElSherif	
08/05/01		31	4th Stage Ear Recon	371833	Mr.S.Carroll	
		69	BTC	487588	Mr.D.Mulvin	
			removal of Epidydmid cyst	421739	Mr.D.Mulvin	
09/05/01		24	Septoplasty	473135	Mr.EIHakeem	
		20	Tonsillectomy	502619	Mr.D.Charles	
		18	Tonsillectomy	502620	Mr.D.Charles	
		23	Tonsillectomy	436575	Mr.D.Charles	
		29	Tonsillectomy	502725	Mr.D.Charles	
		20	Tonsillectomy	504696	Mr. ElSherif	



Date	Name	Age	Procedure	MRN	Consultant	Year	
09/05/01		39	Septoplasty	504695	Mr. ElSherif		
		27	Tonsillectomy	502721	Mr.D.Charles		
		52	Septoplasty	401190	J.Russell		
11/05/01		32	Laparoscopy	499744	Dr.P.Lenehan		
		52	D&C	384438	Dr.P.Lenehan		
		45	Laparoscopy	405902	Dr.P.Lenehan		
		55	D&C	316608	Dr.P.Lenehan		
		54	EUA & D&C	188795	Dr.P.Lenehan		
		19	Laparoscopy	496034	Dr.P.Lenehan		
14/05/01		20	Tonsillectomy	475459	Mr.D.Charles		
			Pharyngoplasty		Mr. ElSherif		
			Tonsillectomy	503599	Mr. ElSherif		
			Tonsillectomy	481593	Mr. ElSherif		
16/05/01			Ethmoidectomy	363427	Mr.D.Charles		
		19	Tonsillectomy	502134	Mr.D.Charles		
			Tonsillectomy	505499	Mr.D.Charles		
		61	Septoplasty	350141	Mr.D.Charles		
18/05/01		39	Laparoscopy + D&C	461997	Dr.P.Lenehan		
		41	Laparoscopy +/- Luna	410174	Dr.P.Lenehan		
		22	Laparoscopy	504374	Dr.P.Lenehan		
		50	EUA + D&C	503819	Dr.P.Lenehan		
		60	EUA + D&C	447373	Dr.P.Lenehan		
		20	Laparoscopy	396120	Dr.P.Lenehan		
22/05/01		81	Cystoscopy	492980	D.Quinlan		
		26	Circumcision	496484	D.Quinlan		
		26	Circumcision	504151	D.Quinlan		
		63	Protatic BX	505386	D.Quinlan		
		73	Cysto + Mapping	308445	Mr.D.Mulvin		
		21	Circumcision	505578	Mr.D.Mulvin		
23/05/01		20	Tonsillectomy	442504	Mr.D.Charles	2000	
		17	Tonsillectomy	505303	Mr.D.Charles	2001	
		21	Tonsillectomy	448201	J. Rusell	1997	
			Tonsillectomy smh/svh	455540		1997	
28/05/01			Tonsillectomy	490438	Mr.D.Charles		
			Tonsillectomy	462318			
			Septoplasty	501849			
		31	Septoplasty	503434	Mr.D.Charles		
30/05/01	an	23	Tonsillectomy	499474			
		22	SMD	506146			
		JUNE					
05/06/01		72	BTC	340574	Mr.D.Mulvin		
		71	BTC	478564	Mr.D.Mulvin		
			Rigid Cystoscopy	505804	Mr.D.Mulvin		
			Rigid Cystoscopy	505396	Mr.D.Mulvin		
		34	Exc sebacious Cyst scrotum	506293	Mr.D.Mulvin		

Date	Name	Age	Procedure	MRN	Consultant	Year
06/06/01			Tonsillectomy	488546	Mr.D.Charles	
			Tonsillectomy	455809	Mr.D.Charles	
			Tonsillectomy	501905		
			Tonsillectomy	428338		
			SMR & rivation of Septoplasty	165066		
11/06/01		62	(R) Dupytrens	492000	Mr.S.Carroll	
		52	exc & ssg ulcer lesion finger	438633	Mr.S.Carroll	
		52	exc & ftsg bcc inner eye con	458586	Mr.S.Carroll	
		29	Tonsillectomy	462261	Mr. ElSherif	
			Septoplasty	499968		
		25	Tonsillectomy	506580	J.Russell	
		26	Tonsillectomy	506389	J.Russell	
12/06/01		62		480508		2001
13/06/01			SMR smh/svh	373491	J. Russell	1992
		34	Tonsillectomy	436097	J. Russell	2001
		26	Tonsillectomy smh/svh	467671	J. Russell	2001
15/06/01		44	D&C	323896	P. Dr.P.Lenehan	
		40	D&C	338756	P. Dr.P.Lenehan	
		55	EUA & D&C	506642	P. Dr.P.Lenehan	
		31	Cervical Diathermy	423051	P. Dr.P.Lenehan	
		56	D&C	464312	P. Dr.P.Lenehan	
		25	Laparoscopy	497240	P. Dr.P.Lenehan	
18/06/01		71	exc +/- graft lentigo maligna	477616		
			Tonsillectomy	480122		
		22	Tonsillectomy smh/svh	371281	J. Russell	1995
		28	Tonsillectomy	374232	Mr.D.Charles	
		23	Tonsillectomy	505591	J. Russell	
20/06/01		20	Tonsillectomy	496558	Mr. ElSherif	2000
		26	Tonsillectomy	473699	Mr.D.Charles	
		20	Tonsillectomy	505301	Mr.D.Charles	
		22	Septoplasty	492889	Mr. ElSherif	2000
		28	Septoplasty	460934	J. Russell	2001
25/06/01		58	E&C SCC Lt ear	501579	Mr.S.Carroll	
		60	BCC Rt side nose, E&C	238752	Mr.S.Carroll	
		47	Rt CTR	447686	Mr.S.Carroll	
		43	Nasal Polypectomy	447647	J. Russell	1997
		19	Tonsillectomy	462053	J. Russell	
		58	Septoplasty	413104	Mr.D.Charles	
		15	Tonsillectomy	506975	J. Russell	
27/06/01		16	Tonsillectomy	506207	J. Russell	
		34	Septoplasty (old smh/svh)	238165	J. Russell	
		30	Open reduction septoplasty	447268	Mr.D.Charles	
		28	Septoplasty	438315	Mr.D.Charles	
		18	Septoplasty	506068	Mr.D.Charles	

Date	Name	Age	Procedure	MRN	Consultant	Year
JULY						
02/07/01			Septoplasty	497129	Mr. D.Charles	
		20	Tonsillectomy	451183	Mr. J.Russell	
		16	Tonsillectomy	506949	Mr. J.Russell	
		22	Tonsillectomy	502395	Mr. D.Charles	
03/07/01		67	Circumcision	338369	Mr. D.Quinlan	
			B.T.C.	108834	Mr. D. Mulvin	
		65	Circumcision + Cystoscopy	506381	Mr. D. Mulvin	
		54	Circumcision	507333	Mr. D.Quinlan	
		70	Cystoscopy + Prostate B+	374908	Mr. D. Mulvin	
04/07/01	E	32	Tonsillectomy	294592	Mr. J.Russell	
	F	16	Tonsillectomy	475625	Mr. J.Russell	
		37	Pharyngoplasty	478844	Mr. D. Charles	2000
		36	Tonsillectomy old smh/svh	431811	Mr. J.Russell	
		20	Tonsillectomy old smh/svh	455250	Mr. J.Russell	
09/07/01		16	Tonsillectomy	496424	Mr. J.Russell	
		27	Septoplasty	453606	Mr. J.Russell	
		18	Tonsillectomy	446633	Mr. D.Charles	
		19	Tonsillectomy	506619	Mr. D.Charles	
11/07/01		18	Tonsillectomy	487372	Mr. D.Charles	
		28	Septoplasty	481307	Mr. D.Charles	
		17	Tonsillectomy	480729	Mr. J.Russell	
16/07/01		21	Assess for conrol, insulin	460331	Dr. MMcKenna	2001
		22	Tonsillectomy old smh/svh	371281	Mr. J Russell	1995
		20	Tonsillectomy	496558	Mr. D. Charles	2000
17/07/01		21	Exc Virla Wart + Cystoscopy	482414	Mr. D. Mulvin	2001
		35	Circumcision	439254	Mr. D. Mulvin	2001
23/07/01		23	Tonsillectomy	505591	Mr. J. Russell	2001
		16	Tonsillectomy	507092	Mr. D. Charles	
		18	Tonsillectomy	507120	Mr. J. Russell	
		31	Tonsillectomy	494978	Mr. J. Russell	
30/07/01		21	SMD	416948	Mr. J.Russell	1995
		22	Tonsillectomy	507329	Mr. D.Charles	
		19	Tonsillectomy	506955	Mr. J.Russell	
		58	Septoplasty	507482	Mr. D.Charles	
		17	Tonsillectomy	498249	Mr. D.Charles	
		17	Tonsillectomy	508534	Mr. D.Charles	
31/07/01		61	Cystoscopy + ovendistensio	508478	Mr. D. Mulvin	2001
		72	Circumcision	421739	Mr. D. Mulvin	2001
		29	Circumcision + frenuoplasty	402822	Mr. D. Mulvin	
		60	Cystoscopy	376793	Mr. D. Mulvin	
AUGUST						
08/08/01		27	Tonsillectomy	455809	Mr. D. Charles	1999
		17	Tonsillectomy	508444	Mr. D. Charles	

Date	Name	Age	Procedure	MRN	Consultant	Year
14/08/01		26	Circumcision	507968	Mr. D. Quinlan	
		24	Circumcision + Cysto	475861	Mr. D. Mulvin	
		73	B.T.C.	308445	Mr. D. Mulvin	
15/08/01		41	Pharyngoplasty	361462	Mr. D. Charles	
		18	Tonsillectomy	492400	Mr. D. Charles	
		23	Tonsillectomy	470097	Mr. D. Charles	2000
		13	Tonsillectomy	508687	Mr. D. Charles	2001
		33	Tonsillectomy	509154	Mr. J. Russell	2001
17/08/01		41	D&C	447184	Dr. P. Lenehan	
		50	D&C	409349	Dr. P. Lenehan	
		31	Laparoscopy + Dye	481478	Dr. P. Lenehan	2001
		48	D&C	432759	Dr. P. Lenehan	
		56	D&C	54385	Dr. P. Lenehan	
20/08/01		17	Tonsillectomy	508671	Mr. D. Chalres	2001
		16	Tonsillectomy	508625	Mr. J. Russell	2001
		21	Tonsillectomy	508691	Mr. D. Chalres	2001
		24	Lt submandibular duel shoe??	491180	Mr. D. Chalres	
22/08/01		64	SMR	113088	Mr. J. Russell	
		27	Tonsillectomy + histology	509106	Mr. J. Russell	
		27	Tonsillectomy	430747	Mr. J. Russell	
		19	Tonsillectomy	509178	Mr. D. Charles	
27/08/01		32	Tonsillectomy	437267	Mr. J. Russell	1998
		24	Revision Septoplasty/SMD	399849	Mr. D. Charles	
28/08/01		69	Cysto + Biopsy	487588	Mr. D. Mulvin	
			Circumcision/cysto	437106		
		72	Cysto	478564	Mr. D. Mulvin	
		73	BTC	340574	Mr. D. Mulvin	
			BTC	482051	Mr. D. Quinlan	
29/08/01		51	Septoplasty/polypectomy	448447	Mr. D. Charles	2001
		25	Septoplasty	476792	Mr. D. Charles	1999
<b>SEPTEMBER</b>						
03/09/01		43	Hydroglaeoma, investigate	507775	Dr. M. McKenna	2001
		18	3rd stage removal Naevus lip	497125	Mr. S. Carroll	
		21	2nd stage Bilateral otoplasty	498552	Mr. S. Carroll	
		20	Tonsillectomy	503985	Mr. D. Charles	2001
		29	Tonsillectomy	411542	Mr. J. Russell	1996
		26	Tonsillectomy	446020	Mr. D. Charles	2001
10/09/01			EXC + grafting tatoos r arm	411567	Mr. S. Carroll	2001
			Bilateral leg wounds, debridmer	481770	Mr. S. Carroll	2001
			Diabetic control	411495	Prof. McKenna	2001
11/09/01		60	Cysto	152386	Mr. Mulvin	
17/09/01		36	Redo Bilateral Otoplasty	484561	Mr. S. Carroll	2000
		37	Debridemat rt thigh	256921	Mr. S. Carroll	2001
			Tonsillectomy	509664		

Date	Name	Age	Procedure	MRN	Consultant	Year
19/09/01		40	Pharyngoplasty	484835	Mr. J Russell	2000
			Septoplasty	397486	Mr. J Russell	
		21	Tonsillectomy	506913	Mr. D. Charles	
24/09/01		37	Debridement rt thigh, 2nd stage	256921	Mr. S. Carroll	
		19	Tonsillectomy	509715	Mr. D. Charles	
		20	Septoplasty	504432	Mr. J. Russell	
		16	Tonsillectomy	496492	Mr. D. Charles	
25/09/01		65	Hydrocoelectomy	509272	Mr. D. Quinlan	
		67	BTC	507151	Mr. D. Quinlan	
		21	Cysto - Ca	466122	Mr. D. Mulvin	
		21	Circumcision	508356	Mr. D. Mulvin	
<b>OCTOBER</b>						
01/10/01		18	Neck Scar	428520	Mr. T. O'Reilly	
		79	BCC Nose, Exc +/- FTSG	349311	Mr. T. O'Reilly	
08/10/01		22	Revision Septoplasty	497418	Mr. D. Charles	2001
09/10/01			Excision of plaque via scrotum	509529	Mr. D. Quinlan	2001
		25	Circumcision	510560	Mr. D. Quinlan	
		70	Cysto + Prostate Bx	509314	Mr. D. Quinlan	
		67	Cysto	507866	Mr. D. Quinlan	
		57	Cysto + Prostate Bx	344921	Mr. D. Mulvin	
		54	BTC	429598	Mr. D. Mulvin	
		42	Cystoscopy (ga)	331555	Mr. D. Mulvin	
		63	Bladder mapping.	498200	Mr. D. Mulvin	
10/10/01		20	Septoplasty + sinus drainage.	510321	Mr. D. Charles	2001
		23	Tonsillectomy	474021	Mr. J. Russell	
15/10/01		24	Tonsillectomy	510191	Mr. D. Charles	
		22	Tonsillectomy old smh/svh	431778	Mr. J. Russell	1996
17/10/01		18	Tonsillectomy	510322	Mr. D. Charles	
22/10/01		17	Injection under LA -face + neck	502201	Ms. O'Donnell	
		16	Rhinoplasty	479614	Ms. O'Donnell	
23/10/01		44	Repair of hydroele cyst	504394	Mr. D. Quinlan	
		48	Cysto (r LA) + stress test	470913	Mr. D. Quinlan	
		64	Cysto + diathermy urethra	264845	Mr. D. Mulvin	
		55	Cysto + prostate biopsy	510692	Mr. D. Mulvin	
		21	Cystoscopy	482414	Mr. D. Mulvin	
		66	TURP	510555	Mr. D. Mulvin	
24/10/01		21	Tonsillectomy	452540	Mr. D. Charles	
		17	Tonsillectomy	510226	Mr. D. Charles	
		18	Removal of tonsil remnant	458028	Mr. J. Russell	
31/10/01		16	Tonsillectomy	511236	Mr. D. Charles	
<b>NOVEMBER</b>						
05/11/01				497125	Mr. T. O'Reilly	2001
				510776	Ms. O'Donnell	2001
				509431	Ms. O'Donnell	2001



(a)

		ref:MrJermyn/ENTProcCodes				
ENT Surgery Procedures January to December 2000						
Code	Procedure	Total No. Procedures	Total Inpatients	Anaesthetic Used	Total Day Care	Anaesthetic Used
ENT201	Adenoidectomy					
ENT202	Antrum/Bilateral Antrum Washout	1			1	General
ENT203	Bronchoscopy					
ENT204	EUA of Ears/Nose	25	5	4 Gen + 1 LA	20	19 Gen + 1 LA
ENT205	Exploration of:					
ENT206	FESS Procedure	2	1	General	1	General
ENT207	Grommets Insertion	5	2	General	3	General
ENT208	Infected Cholesteatoma Exc.					
ENT209	Laryngoscopy	17	6	General	11	General
ENT210	Microaryngoscopy	13	4	General	9	General
ENT211	Micro Ear	4			4	2 Gen + 1 LA
ENT212	Myringotomy	1			1	General
ENT213	Nasal Polypectomy	10	6	General	4	General
ENT214	Oesophagoscopy	14	13	General	1	General
ENT215	Pharyngoscopy	4	3	General	1	General
ENT216	Re-Alignment Fractured Nasal Bone					
ENT217	Sub-Mucosal Diathermy	7			7	General
ENT218	Tonsillectomy	44	44	General		
ENT219	Turbinectomy					
ENT220	Miscellaneous ENT - Group 2	44				
	Tracheostomy		4	General		
	Excision Lesion		3	General	7	6 Gen + 1 LA
	Ligation Oesophageal Pouch		1	General		
	Blopsy Lesion		1	General	4	General
	Excision Cyst		1	General	3	2 Gen + 1 LA
	Removal Foreign Body		3	General		
	T Tube Insertion/Removal				2	1 Gen + 1 LA
	Septal Button				1	LA
	Removal Nasal Packing		2	General		
	Nasal Packing		1	General		
	Incision & Drainage Abscess		2	General		
	Incision & Drainage Haematoma		2	General		
	Oesophageal Dilatation		1	General		
	Removal Submandibular Calculus		1	General		
	Excision Submandibular Gland		2	General		
	Stapes Mobilization		1	General		
	Repair Tongue Tie				1	General
	Blopsy Oro-Pharyngeal				1	General
ENT221	Excision of a Nasal Polyp	1	1	General		
ENT222	Re-Alignment Fractured Nasal Bone	6			6	General
ENT223	EUA Ears/Insertion of Grommets	4			4	General
ENT301	Antrostomy	1	1	General		
ENT302	Atticoanotomy					
ENT303	Bone Graft					
ENT304	Cauldwell Luc					
ENT305	Ethmoidectomy	2	2	General		
ENT306	Hypo - Pharyngoscopy					
ENT307	Mastoidectomy	3	3	General		
ENT308	Maxillectomy					
ENT309	Meatoplasty					
ENT310	Myringoplasty	1	1	General		
ENT311	Myotomy					

		ref: Mr Jermyn/ENTProcCodes				
<b>ENT Surgery Procedures</b>						
<b>January to December 2000</b>						
<b>Code</b>	<b>Procedure</b>	<b>Total No. Procedures</b>	<b>Total Inpatients</b>	<b>Anaesthetic Used</b>	<b>Total Day Care</b>	<b>Anaesthetic Used</b>
ENT312	Otoplasty					
ENT313	Pan-Endoscopy	2	2	General		
ENT314	Oesophagoscopy	1	1	General		
ENT315	Rhinotomy					
ENT316	Rhinoplasty/Septorhinoplasty	3	1	General	2	General
ENT317	Septal Implant					
ENT318	Septoplasty	26	21	General	5	General
ENT319	Stapedectomy					
ENT320	Sub-Mucosal Resection	2	2	General		
ENT321	Tympanoplasty	1			1	General
ENT322	Tympanotomy					
ENT323	Miscellaneous ENT - Group 3	15				
	Resuturing Bleeding Tonsil Bed		1	General		
	Diathermy Bleed Post Tonsillectomy		3	General		
	Pharyngoplasty		2	General	3	General
	Control Bleeding & Stomach Washout		1	General		
	Repair Septal Perforation		1	General		
	Explor & Evacu Parotidectomy Site		1	General		
	Removal Clot Post Tonsillectomy		1	General		
	Repair Deviated Nasal Septum		1	General		
	EUA & Ligation Bleeding Tonsil Bed		1	General		
ENT401	Block Dissection of Neck					
ENT402	Miscellaneous ENT - Group 4	2				
	Parotidectomy		2	General		
ENT501	Laryngectomy	2	2	General		
ENT502	Miscellaneous ENT - Group 5					
	<b>TOTAL ENT PROCEDURES</b>	<b>263</b>				



(b) Total number of ENT procedures performed in the last three years:-

Year	Inpatient Procedures	Day Care Procedures	Total
2000	160	103	263
1999	163	69	232
1998	192	67	259

(d) Total number of ENT Theatre Sessions for 2000:

98

(c) Number of ENT Inpatients and average duration of stay for the last three years:-

2000 Total Inpatients	Average LOS	1999 Total Inpatients	Average LOS	1998 Total Inpatients	Average LOS
16	1.000	11	1.000	11	1.000
92	1.000	74	1.000	76	1.000
130	2.000	122	2.000	133	2.000
91	3.000	101	3.000	108	3.000
38	4.000	43	4.000	42	4.000
14	5.000	24	5.000	16	5.000
14	6.000	14	6.000	6	6.000
8	7.000	12	7.000	8	7.000
5	8.000	11	8.000	6	8.000
5	9.000	3	9.000	3	9.000
4	10.000	3	10.000	1	10.000
4	11.000	5	11.000	3	11.000
3	12.000	1	12.000	1	12.000
2	13.000	2	13.000	1	15.000
1	14.000	1	21.000	1	17.000
3	15.000	4	23.500	2	18.000
2	16.000	1	37.000	1	20.000
1	19.000	1	43.000	1	21.000
1	45.000			2	23.000
1	1088.000	<b>433</b>	<b>3.522</b>	2	30.500
				1	42.000
<b>435</b>	<b>5.694</b>			1	55.000
				1	57.000
				2	69.500
				1	112.000
				<b>430</b>	<b>4.112</b>

(e)

E.N.T.

OPD 3 sessions a week

Year	No. of sessions	New	Return	Total
1998	137	968	1915	2883
1999	136	1101	1905	3006
2000	138	903	1767	2670

(f)

In-Patient Waiting List

199

Out-Patient Waiting List

No. of patients    New    225  
                          Return    344  
Waiting Weeks            6

(g) Access to beds and Outpatient Facilities:

BEDS

Seven Day Beds- St. Agnes's Ward - 8 ENT beds although these are subject to availability. The demands from Accident and Emergency and full occupancy of other wards may necessitate use of these beds for other admissions.

Five Day Beds - St. Catherine's Ward - average of 2 admissions per week.

Day Ward - St. Mark's Ward - average of 2 admissions per week.

OUTPATIENT FACILITIES

Each of the two ENT Consultants have a weekly Outpatient Clinic. There are Audiology services available during these clinics.

A third ENT clinic is held weekly for Accident & Emergency Department referrals.

issues

16 cons - 17 needed ie 1.80000  
assess % nonERHA.  
ROC' - cons MHB & NEHB.  
to ↓ referrals for minor cases.

88 beds - need 130  
need ↑ rationalisation  
get minor surgery to  
smaller hosps.

Pop  
142m

Plus regional specialities  
eg Cancer - St James  
Cochler - Beaumont.

NAHB: → B → Jcm - ? notes Role.  
complex minor

ed. → ? Role of etc  
? Role St Vinc.  
take minor surgery ? St Michaels

sw: Joint Unit ST & Talcott → link to Dental hosp  
OHC → children.  
no children to be done in adult hosps.

too many hosps doing ENT in region  
ideally one major - complex  
and minor.

need 25 more cons nationally

svt doing v. little

link to Aquinas med.

min ↑ resources

but re shape where delivered from

↑ day cases.  
↑ NE/M/SE.  
children.  
3 sites  
— !