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**Report of the Committee on the Development of Ear, Nose and
Throat, Head and Neck Surgery Services in Cork City and
County**

Adopted by Comhairle na nOspidéal
at its meeting on 23rd June 2000

1. Introduction

- 1.1 The functions of Comhairle na nOspidéal under the Health Act, 1970 set out in Section 41 (1) (b) of the Act include:
- (i) to regulate the number and type of appointments of consultant medical staffs and such other officers or staffs as may be prescribed, in hospitals engaged in the provision of services under this Act;
 - (ii) to specify qualifications for appointments referred to in paragraph (i), subject to any general requirements determined by the Minister;
 - (iii) to advise the Minister or any body established under this Act [e.g. health boards] on matters relating to the organisation and operation of hospital services;
 - (iv) to prepare and publish reports relating to hospital services;
 - (vi) to perform such other cognate functions in relation to hospital services as may be prescribed.
- 1.2 There are three permanent posts of Consultant Ear, Nose and Throat, Head and Neck Surgeon approved by Comhairle na nOspidéal in the Southern Health Board area. Two posts are based at the South Infirmary-Victoria Hospital in Cork City with access to Cork University Hospital. Another post is based at Tralee General Hospital. There is an ENTHNS unit in the Bon Secours Hospital, Cork and an ENTHNS service is also provided in the Bon Secours Hospital, Tralee – both of these hospitals are private hospitals and do not form part of the remit of Comhairle na nOspidéal which is concerned with public hospitals providing services under the Health Acts.
- 1.3 The Comhairle policy in relation to the provision of Ear, Nose and Throat, Head and Neck Surgery* (ENTHNS) services nationally was set out in its discussion document on the Development of Ear, Nose and Throat Services, November 1983¹. In a later study of ENT Services in the Southern Health Board area (November 1990)², Comhairle endorsed the general principles set out in its 1983 report and made specific recommendations in relation to the Southern Health Board area. These reports pointed out that ENTHNS is a regional specialty and that it would not be justifiable to locate an ENTHNS unit at every general hospital. They also recommended the development of a major ENTHNS unit in Cork City and that “in-patient ENT surgery in Mallow Hospital be phased out on the cessation of the activity by the long-term temporary appointee who currently works on a part-time basis”.
- 1.4 The current additional temporary Consultant ENTHNS Surgeon appointment at Mallow Hospital was made without reference to Comhairle na nOspidéal. This Comhairle at its meetings on 17 September 1997 and 23 April 1999, in response to subsequent applications from the Southern Health Board for approval for the

* In 1996, Comhairle na nOspidéal changed the title for consultant posts in this specialty from Ear, Nose and Throat Surgeon to Ear, Nose and Throat, Head and Neck Surgeon.

temporary appointment at Mallow, endorsed the reports of 1983 and 1990 in the interests of providing a high quality and safe service. On each occasion, Comhairle suggested that a third wholetime post based in the regional unit in Cork City with sessions for day surgery and out-patient clinics at Mallow be given serious consideration by all the parties and advised that discussions between the relevant hospital authorities commence immediately. This would be in line with the recommendations of the 1990 report.

- 1.5 There are two private ENTHNS specialists in the Bon Secours Hospital, Cork. One of these has been also employed as an additional temporary part-time (4 sessions per week) Consultant ENTHNS Surgeon by the South Infirmary-Victoria Hospital since November 1988. A recent application from the hospital for Comhairle approval for this temporary post was deferred pending the visit to Cork and Mallow and the outcome of committee's deliberations.
- 1.6 The other private specialist from the Bon Secours Hospital provides an ENTHNS service for private patients at the Mercy Hospital. This appointment has not been regulated by Comhairle na nOspidéal.
- 1.7 In general, Comhairle na nOspidéal is not prepared to approve temporary consultant appointments without a definite end to such appointments being in sight. Moreover, Comhairle considers that long-term non-permanent consultant appointments are undesirable and as a matter of policy will not approve such appointments except in exceptional circumstances.
- 1.8 A letter was received from the Southern Health Board dated 17 December 1999 inviting a committee of Comhairle na nOspidéal to visit Cork and Mallow to discuss the provision of Ear, Nose and Throat, Head and Neck Surgery Services in Cork City and County and to provide advice to the Southern Health Board and the South Infirmary-Victoria Hospital. The following members were appointed to serve on the committee: Dr. Fred Jackson (Chairman), Mr. Thiaga Nadaraja, Dr. Laura Viani and Mr. Tommie Martin (Chief Officer). Mr. Keith Comiskey was Secretary to the committee.
- 1.9 The committee has considered previous reports and recommendations in relation to the provision of ENTHNS services nationally and in the Southern Health Board area. The committee also considered documentation and data provided by the hospitals in Cork. On 2 March 2000, the Comhairle committee visited Mallow General Hospital and had discussions with representatives from the hospital. A meeting was held on 3 March 2000 in the South Infirmary-Victoria Hospital with representatives of Cork University Hospital, Mallow Hospital, the South Infirmary-Victoria Hospital and the Mercy Hospital.

2. Comhairle Discussion Document on the Development of Ear, Nose and Throat Services, 1983

2.1 The general principles for future planning of ENTHNS units were set out in the 1983 Comhairle discussion document on the Development of Ear, Nose and Throat Services:

“Comhairle is firmly of the view that an ENT unit should ideally be an integral part of a general hospital and should be located on the same site. This general principle is advocated in the knowledge that it commands widespread support amongst the consultants practising in otolaryngology both in this country and abroad. The major reasons are:

- (i) The immediate availability of laboratory, radiological, anaesthetic and resuscitative facilities for the management of patients undergoing ENT surgery;
- (ii) Multiple injury accident victims with ENT injuries require ready access to the services of otolaryngologists and other surgeons for proper management;
- (iii) The number of general medical and surgical conditions with ENT involvement which require otolaryngological opinion and management;
- (iv) The need for frequent consultation on patient management and interchange of information on developments in diagnostic and therapeutic practice between ENT surgeons and consultants in other disciplines”

2.2 The Report continues: “Comhairle considers that, in the light of demographic and geographic circumstances in this country, a population catchment of 200,000 is necessary to support a minimum scale ENT unit of about 16 beds, with, where justifiable, its own theatre, staffed by at least two Consultant ENT Surgeons. It follows from this concept of a minimum scale unit that the planning for ENT services must be approached from the viewpoint of a health board as a whole. Outside the major urban centres of Dublin and Cork, the health board catchment areas range from 208,000 to 374,000 and lend themselves readily to the application of the above guidelines. Comhairle recommends that in the future development of ENT services, the aim should be for each health board to develop its own locally-based unit(s) appropriate to the total population of its administrative area.”

2.3 Referring to county and general hospitals, the Report states: “Since the planning of the basic hospital specialties outside the main urban centres in this country is related to the smaller populations at county level, it would not be justifiable to locate an ENT unit at every general hospital. Consequently, because of the distances between hospitals, it will not be possible to have the services of an otolaryngologist readily available at every general hospital. In such cases, adequate arrangements will need to be made to ensure ready access to such services be it the consultant travelling to the patient or vice-versa.”

- 2.4 In the section dealing specifically with the organisation of services in the Southern Health Board area, the Report states:

“Comhairle agrees with the recommendations of the working group [“Requirements and Organisation of Specialist Services in Cork City”, April 1980] that in the interim pending the provision of the proposed “second hospital”, the major ENT unit (about 40 beds) should be developed under the Cork Voluntary Hospitals Board at the Cork Eye, Ear and Throat Hospital with a small number of beds being provided at the Regional Hospital (Wilton) and with joint arrangements for services at consultant level. In the region of 5 to 6 Consultant ENT Surgeons will be required to serve the needs of the total population of the Southern Health Board area and these should all be based at the major unit. As already indicated at paragraph 3.7, it is recommended that the Cork unit should be developed as the third specialised unit in the country specifically to cater for patients with special problems from the Munster area as a whole...Consequent on the recommended development of ENT services in Cork city, inpatient ENT services at Mallow Hospital should be phased out...”

3. Report of the Comhairle Committee on ENT services in the Southern Health Board Area, 1990

3.1 In 1990, Comhairle adopted the Report of its Committee on ENT services in the Southern Health Board Area. Section 4 of that report reiterated the general principles set out in the national report of 1983 and made the following points in relation to the situation in the Southern Health Board area:

- an ENT unit should ideally be an integral part of a general hospital and should be located on the same site
- the general approach to planning of services must be based on a wider population catchment than that which would be more appropriate for the more basic hospital specialties (e.g. general surgery)
- in the light of demographic and geographic circumstances in this country, a population catchment of about 200,000 is necessary to support a minimum scale ENT unit, staffed by at least two Consultant ENT Surgeons
- the planning of ENT services must be approached from the viewpoint of the health board as a whole
- it would not be justifiable to locate an ENT unit at every general hospital
- otolaryngology is, to a large extent, an elective specialty with a relatively small emergency content and adequate arrangements for the consultant to travel to the patient or vice-versa, can function successfully without any danger to the patients
- facilities and staff, over and above those required for a routine service, must be available for specialised activity – units of this type would be staffed by 4-5 wholetime consultants
- Comhairle favours the concept of the development of designated ENT units in which specialised services would be provided – three such units should be adequate to meet requirements (two in Dublin and one in Cork)
- surgical procedures such as tonsillectomy on children should not be undertaken at peripheral centres where ENT resources are limited and there is no immediate consultant cover during the post-operative phase when bleeding is a serious hazard
- all children admitted to hospital should be accommodated in a children's environment separated from accommodation for adults
- there should be close consultation between the ENT Surgeon and the Paediatrician in relation to the medical and other needs of children

3.2 The 1990 report recommended that "the designated regional ENT unit for the Southern Health Board area should be located in Cork Regional Hospital. It is the committee's view that 30 beds, staffed by four consultant ENT Surgeons, would be sufficient in view of the increasing trend towards day surgery... The committee feels that every effort should be made to accommodate such a unit in Cork

Regional Hospital and to provide sufficient theatre time there to facilitate its satisfactory implementation”.

- 3.3 However, the committee at the time formed the impression that the prospects of providing a 30 bed unit from within the existing complement of beds at the Cork Regional Hospital might be slim. The recommendations further state that “...serious consideration should be given to building a new ENT unit on the campus of Cork Regional Hospital.”
- 3.4 As an interim step, the committee recommended that “...the existing resources and facilities in the South Infirmary-Victoria Hospital, the Cork Regional Hospital and the Mercy Hospital be pooled in order to facilitate the provision of an increased and more comprehensive service than currently exists.” Specifically the committee recommended (i) that complex ENT procedures or emergency ENT work should be carried out in Cork Regional Hospital; (ii) elective ENT surgery on adults should take place in the South Infirmary-Victoria Hospital; and (iii) elective ENT surgery on children should take place in the Mercy Hospital. The report recommended that “to facilitate such arrangements, the formal establishment of a joint Department of Otolaryngology should be considered by the three management authorities concerned”.

4. Recommended population and manpower guidelines for ENTHNS Centres

- 4.1 The Comhairle report of 1983 outlined that guidelines published by the British Association of Otolaryngologists in 1978 suggested that the minimum requirements for an ENT service was two consultants serving a population of 300,000. The 1983 Comhairle report, allowing for some regional variations, recommended a national ratio of two consultant ENT Surgeons per 200,000 population.
- 4.2 More recent guidelines from the Royal College of Surgeons in Ireland (1996)³ recommended a ratio of one consultant ENTHNS surgeon per 80,000 population. Otolaryngology is identified as a surgical specialty which should be represented in large acute general hospitals. The RCSI report also recommends that fully equipped ENT units be staffed by at least three consultants ENTHNS surgeons.

5. Recommendations of this Committee

5.1 Location of regional centre

- 5.1.1 The committee concurs with the recommendations in the 1983 and 1990 reports as outlined above. The committee considers that the ideal location for a modern ENTHNS service is on the site of a major general hospital with all of the specialist facilities available to it. However, it appears that the Southern Health Board is not planning to develop a regional ENTHNS service at Cork University Hospital. It also appears that there is no longer any plan for a "second hospital" in Cork city which was a feature of discussions twenty years ago.
- 5.1.2 While the committee considers that it is not ideal that the regional ENTHNS service should be based in the South Infirmary-Victoria Hospital, it acknowledges that, in the short term, there are no alternative proposals. It therefore recommends that, pending the development of the second major general hospital in Cork city or the relocation of the regional ENTHNS unit to Cork University Hospital, ENTHNS services should be developed at the South Infirmary-Victoria Hospital.
- 5.1.3 In recognition of the fact that the South Infirmary-Victoria Hospital does not have the same range of facilities as a major general hospital, the committee recommends that formal agreements be put in place with Cork University Hospital and/or the Mercy Hospital for the provision of such services (such as pathology and paediatrics) to the South Infirmary-Victoria necessary for the provision of ENTHNS services.
- 5.1.4 The committee considers that formal sessional links between the consultant posts at the South Infirmary-Victoria Hospital and Cork University Hospital should be put in place for access to specialised surgery such as plastic, ophthalmic and neurosurgery, and medical input to the care of patients under the care of ENTHNS Surgeons and other facilities available at Cork University Hospital. More complex ENTHNS surgery could be undertaken at Cork University Hospital where there is a need to interact with other surgical colleagues.

5.2 Future Consultant ENTHNS posts

- 5.2.1 Given the population (over 400,000) to be served by the regional ENTHNS unit, a complement of about 4 consultant posts are recommended. Consideration should be given by the South Infirmary-Victoria Hospital and the Southern Health Board to devise proposals for the further development of ENTHNS services in Cork city and county. It appeared from the meeting held on 3 March 2000 that there was a view that the next appointment in ENTHNS based at the South Infirmary-Victoria Hospital should have special expertise in neuro-otology. The committee agrees

with this view and recommends that proposals should be developed as soon as possible for such an appointment. Arrangements should be put in place in Cork University Hospital to facilitate this post. However, there was a lack of agreement locally as to whether specialised paediatric ENTHNS should be performed in the regional centre in Cork. Consideration should be given by the Southern Health Board and the hospitals concerned to the formalisation of the existing protocols for the transfer of children requiring such services to Dublin. Moreover, given the low volume of cases requiring highly specialised and complex surgery, specialised expertise and facilities might be better centralised in a national unit in Dublin.

5.2.2 The distribution of Consultant Ear, Nose and Throat, Head and Neck Surgeon posts in Cork (including the recommendations for new posts) is set out below. In addition to the new posts, the committee recommends that serious consideration be given by the parties to the restructuring of the two existing permanent posts to include formal sessions to Cork University Hospital.

	South Infirmary-Victoria Hospital	Cork University Hospital	Mallow Hospital	Mercy Hospital ⁴
Mr. T. O'Sullivan	9	2 ¹		
Mr. G. O'Leary	11	2 ²		
New post 1	6	1	4 ³	
New post 2	7	3	1 ³	

- Notes:**
- ¹ The post currently held by Mr. T. O'Sullivan was approved with a minimum part-time commitment to Cork Regional Hospital
 - ² The post currently held by Mr. G. O'Leary was approved with access to the facilities at Cork Regional Hospital
 - ³ Sessions to Mallow General Hospital for day surgery, ward consultation and out-patient clinics
 - ⁴ Consideration should be given to the provision of consultative service to the Mercy Hospital through the restructuring of one of the existing consultant posts or through one of the new posts

5.2.3 The hospital authorities in Cork should give consideration to the provision of an ENTHNS consultative service to the Mercy Hospital. This could be provided via the restructuring of one of the two existing approved permanent consultant posts in Cork or through incorporating a commitment to the Mercy Hospital in one of the new posts recommended above.

5.3 Mallow General Hospital

5.3.1 In relation to Mallow, the committee fully agrees with the recommendations of the 1983 and 1990 reports in relation to the provision of ENTHNS services to Mallow. The committee recommends that proposals be developed for a joint permanent post based at the South Infirmary-Victoria Hospital (6 sessions per week) with 5 sessions per week for the Southern Health Board providing sessions to Mallow General Hospital for day surgery, ward consultation and out-patient

clinics and with a link to Cork University Hospital. However, the committee agrees with previous recommendations that in-patient ENTHNS surgery at Mallow should cease. The reasons for such a recommendation have been outlined in the 1983 and 1990 reports (quoted in earlier sections) and in previous correspondence to the Southern Health Board.

- 5.3.2 The committee was informed that a non-permanent ENT service was provided in Mallow since the hospital opened. Dr. O'Meara ceased employment in 1997. The current temporary appointment was made in April 1997 without reference to Comhairle. It is noted that this part-time appointment has a four session commitment to Mallow. The proposal made by representatives of Mallow Hospital to convert this into a permanent half-time post unconnected to the regional unit in Cork is not accepted by the committee. It is contrary to the general principles and recommendations set out in the reports of 1983 and 1990. An isolated half-time appointment would not provide a high quality or continuous service. Moreover, the distances from Mallow and North Cork generally to Cork City are much less than from Letterkenny to Sligo, from North Wexford to Waterford or Dublin, or from Castlebar to Galway. General hospitals in Letterkenny, Wexford or Castlebar do not have ENTHNS units on site. These hospitals, which are bigger than Mallow, also serve significantly larger catchment populations. In line with practice in other health board areas, the specialist services, including in-patient procedures, should be developed at the regional centre and services such as out-patient clinics, ward consultation and appropriate day procedures could be carried in Mallow.
- 5.3.3 Significant changes in medical technology and increased specialisation within the medical profession have occurred in recent years. These trends mean that a sizeable proportion of patients who, hitherto, would have been required to undergo a hospital stay can now, successfully, safely and more efficiently be diagnosed and treated without the necessity of remaining overnight in hospital. Most of the ENTHNS workload currently performed in Mallow can be done on a day basis. The benefits for the patient are that they can be treated locally and can return home earlier. The benefits for the service are threefold:
- (i) it is possible to diagnose and treat a greater number of patients in far fewer hospital beds
 - (ii) there is optimum utilisation of the theatre facilities where day procedures are performed
 - (iii) pressure on scarce facilities (especially theatres) is relieved at the regional centre
- 5.3.4 The committee recommends that appropriate facilities and equipment be provided or existing facilities and equipment upgraded for day procedures at Mallow Hospital, including the provision of dedicated operating sessions.
- 5.3.5 The committee therefore recommends that Comhairle again refuse the application from the Southern Health Board for the current temporary appointment. This

appointment has never been regulated by Comhairle na nOspidéal. The 1983 and 1990 reports recommended that "in-patient ENT surgery in Mallow Hospital be phased out on the cessation of the activity by the long-term temporary appointee who currently works on a part-time basis".

- 5.3.6 Comhairle na nOspidéal is not prepared to approve temporary consultant appointments without a definite end to such appointments being in sight. Moreover, Comhairle considers that long-term non-permanent temporary consultant appointments are undesirable and as a matter of policy will not approve such appointments except in exceptional circumstances. The committee recommends that discussions commence as a matter of urgency to develop proposals in line with the recommendations for two new permanent posts set out in paragraph 5.2.2.

5.4 Non Permanent Appointments at the South Infirmar-y-Victoria Hospital and the Mercy Hospital

- 5.4.1 The committee recommends that Comhairle na nOspidéal write to the South Infirmar-y-Victoria Hospital refusing approval for the current non-permanent ENTHNS appointment.
- 5.4.2 The committee also recommends that Comhairle na nOspidéal write to the Mercy Hospital informing the hospital authority that Comhairle approval for this post has not been sought, reminding the hospital of its obligations under the Comhairle Circular dated 26 November 1998 regarding Non-Permanent Consultant Appointments, and informing the hospital that the current non-permanent ENTHNS appointment should cease.
- 5.4.3 The appropriate hospital authorities in Cork should develop proposals for permanent posts along the lines recommended in this report.

6. Summary of Recommendations

- 1 The location of the regional Ear, Nose and Throat, Head and Neck Surgery (ENTHNS) unit for the Southern Health Board area should ideally be an integral part of a major general hospital and should be located on the same site.
- 2 Pending the relocation of the unit to Cork University Hospital or the development of a second hospital which would include a regional ENTHNS unit, the committee recommends, as an interim arrangement, the development of the regional ENTHNS unit at the South Infirmary-Victoria Hospital.
- 3 Arrangements to support the ENTHNS unit should be put in place between the South Infirmary-Victoria Hospital and other hospitals in Cork for the provision of services and facilities not available at the South Infirmary-Victoria Hospital.
- 4 Formal sessional links between Cork University Hospital and the South Infirmary-Victoria Hospital for Consultant ENTHNS should be strengthened in respect of current and future appointments. Facilities should be made available in Cork University Hospital for the provision of complex ENTHNS surgery.
- 5 Given the population to be served by the regional ENTHNS unit, about 4 consultant posts, inclusive of the two existing approved permanent posts, are recommended. One should have special expertise in neuro-otology. Consideration should be given by the hospital authorities in Cork as to the most appropriate arrangements for children requiring specialised ENTHNS surgery. Consideration should be given to the provision of a consultative service to the Mercy Hospital.
- 6 In-patient ENTHNS services at Mallow should be phased out. The committee recommends that a post based at the South Infirmary-Victoria Hospital should have 5 sessions for services to the Southern Health Board, to provide day surgery, out-patient clinics and ward consultation at Mallow Hospital and a formal link to Cork University Hospital. The committee also recommends that Comhairle again refuse approval for the temporary ENTHNS appointment at Mallow and that proposals for a joint permanent post as recommended should be developed by the South Infirmary-Victoria Hospital and the Southern Health Board.
- 7 Changes in technology and increased specialisation mean that a sizeable proportion of patients can now be diagnosed and treated without remaining overnight in hospital. Most of the ENTHNS workload currently performed in Mallow can be done on a day basis with benefits for patients and the service. Facilities and equipment for day procedures should be developed at Mallow.
- 8 Approval for the current non-permanent appointment at the South Infirmary-Victoria Hospital is refused. The current non-permanent appointment at the Mercy Hospital should cease. The relevant hospital authorities should develop proposals for permanent posts along the lines recommended.

7. Conclusion

The committee is conscious of the fact that it is almost twenty years since the publication by Comhairle na nOspidéal of the Discussion Document on the Development of ENT Services and that it is ten years since the publication of the Comhairle Report of the Committee on ENT services in the Southern Health Board Area. It is disappointed to note that the public ENTHNS services in Cork have not developed substantially in the past twenty years. The committee has no hesitation in supporting the thrust of these reports and concludes that the level of ENTHNS services available for public patients in the Southern Health Board area must be improved as a matter of urgency. The committee urges that its recommendations be acted upon without delay and that proposals along the lines of its recommendations be developed by the health board and the voluntary hospital authorities in Cork to facilitate the development of ENTHNS services in Cork on a par with the rest of the country. A complement of four consultants based in one unit and providing services to other hospitals in Cork city and county is the minimum required. This calls for a doubling of the official complement of two wholetime posts.

8. References

¹ Development of Ear, Nose and Throat Services, Comhairle na nOspidéal, November 1983

² Report of the Committee on ENT Services in the Southern Health Board area, Comhairle na nOspidéal, November 1990

³ Consultant Practice & Surgical Training in the Republic of Ireland, Royal College of Surgeons in Ireland, March 1996