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West Sussex NHS
Primary Care Trust

Our Ref: SC/AH/sb

24 February 2009

Councillor David Stephen Butler
Chairman, Health Overview and Scrutiny Panel
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Dear Councillor Butler

Thank you for your letter of 10 February regarding the Hyperbaric Medicine Units. I am currently able to give the following details.

The commissioning of emergency use of hyperbaric medicine units is co-ordinated by the South East Coast Specialised Commissioning Group. The group are aware of the proposed change in site to Royal West Sussex, but have not specifically been involved in the decision to move the unit. West Sussex PCT will want to be assured that planning for the proposed move includes urgent access, including by helicopter, where appropriate, and that a full risk assessment has been completed.

Non-emergency use of hyperbaric oxygen therapy is considered in response to an individual patient request and this is considered via the PCT 'Patient with Individual Needs (PIN) Panel'. I have attached a copy of the section of PCT policy which relates to treatment of this kind. Since 2006 the PCT has received 7 requests and two of these were approved. Three were not approved, one was withdrawn and one had insufficient clinical information provided and, therefore, could not proceed.

As you will be aware, the merger of the Royal West Sussex NHS Trusts and Worthing and Southlands NHS Trust has now been approved and will come into effect from 1 April 2009. However, this approval does not include any service changes. The PCT is working with the merged trust to consider, as a priority, those inpatient services which were part of the Fit for the Future consultation. Any changes to services will still be subject to the usual consultation processes. While the PCT does not see any reason for the merged trust arrangements to impact on the siting of the Hyperbaric Medicine Unit, it would not be possible to give a guarantee to that effect. Were there, in the future, ever to be major changes proposed to the Chichester site, these would, of course, follow the normal processes.

Yours sincerely

Alison Hempstead

PP Sarah Creamer
Director of Strategy

cc Jackie Chamberlain
Sarah Ellett

Enc



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Chairman: Michael Harris Chief Executive: John Wilderspin



There is insufficient evidence for the clinical effectiveness of Hyperbaric Oxygen Therapy (HBOT) for wound healing. Therefore it is not routinely funded by the PCT. In exceptional cases, funding may be approved on an individual basis, via the agreed PCT mechanism.

Evidence

Several potential indications of HBOT have been the subject of Cochrane reviews. Below are the conclusions of those reviews in which relate to wound healing:

Hyperbaric oxygen therapy for chronic wounds (2004) [6] concluded the following:

"In people with foot ulcers due to diabetes, HBOT significantly reduced the risk of major amputation and may improve the chance of healing at 1 year. The application of HBOT to these patients may be justified where HBOT facilities are available, however economic evaluations should be undertaken. In view of the modest number of patients, methodological shortcomings and poor reporting, this result should be interpreted cautiously however, and an appropriately powered trial of high methodological rigour is justified to verify this finding and further define those patients who can be expected to derive most benefit from HBOT.

Regarding the effect of HBOT on chronic wounds associated with other pathologies, any benefit from HBOT will need to be examined in further, rigorous randomised trials. The routine management of such wounds with HBOT is not justified by the evidence in this review".

Hyperbaric oxygen therapy for thermal burns (2004) [7] concluded the following:

"This systematic review has not found sufficient evidence to support or refute the effectiveness of HBOT for the management of thermal burns. Evidence from the two randomised controlled trials is insufficient to provide clear guidelines for practice. Further research is needed to better define the role of HBOT in the treatment of thermal burns".

Hyperbaric oxygen therapy for promoting fracture healing and treating fracture non-union (2005) [14] concluded the following:

"This systematic review failed to locate any relevant clinical evidence to support or refute the effectiveness of HBOT for the management of delayed union or established non-union of bony fractures. Good quality clinical trials are needed to define the role, if any, of HBOT in the treatment of these injuries"

Hyperbaric oxygen therapy for late radiation tissue injury (2005) [8] concluded the following:

"These small trials suggest that for people with LRTI affecting tissues of the head, neck, anus and rectum, HBOT is associated with improved outcome. HBOT also appears to reduce the chance of osteoradionecrosis following tooth extraction in an irradiated field. There was no such evidence of any important clinical effect on neurological tissues. The application of HBOT to selected patients and tissues may be justified. Further research is required to establish the optimum patient selection and timing of any therapy. An economic evaluation should be also be undertaken. There is no useful information from this review regarding the efficacy or effectiveness of HBOT for other tissues".

