



Portsmouth

CITY COUNCIL

Health Overview & Scrutiny Panel

REVIEW OF THE CLOSURE OF THE HYPERBARIC MEDICINE UNITS: ROYAL HOSPITAL HASLAR, GOSPORT, AND QUEEN ALEXANDRA HOSPITAL, PORTSMOUTH.

Date published: 10.06.2009

Under the terms of the Council's Constitution, reports prepared by a Scrutiny Panel should be considered formally by the Cabinet or the relevant Cabinet Member within a period of eight weeks, as required by Rule 11(a) of the Policy & Review Procedure Rules.

Preface

On 16 September 2008, the Health Overview & Scrutiny Panel identified this topic as a high priority for review. At its meeting on 1 December 2008, it agreed the project brief and began the Hyperbaric Medicine Unit scrutiny review.

The main aim of this review was to understand the reasons for the closure of two local hyperbaric medicine units, and to review the options available to the local area for a new Hyperbaric Medicine Unit operated by QinetiQ.

The review started in December 2008 and was completed in April 2009. The Panel received evidence from a number of sources, which it used to draw up a series of recommendations to submit to the Cabinet, QinetiQ, Local Health Trusts and the Care Quality Commission.

I would like to convey, on behalf of the Panel, my sincere thanks to all those who contributed to making this review a success.



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Councillor David Stephen Butler
Chairman – Health Overview & Scrutiny Panel

Date: 10.06.09

1. Purpose

The purpose of this report is to present the Cabinet, QinetiQ, and Local NHS Trust partners with the recommendations of the Health Overview & Scrutiny Panel following its review of the closure of the local area's two Hyperbaric Medicine Units.

2. Background

2.1 At its meeting on 1 December 2008, the Health Overview & Scrutiny Panel agreed the following objectives for a scrutiny review of the closure of the Hyperbaric Medicine Units:

- a. To hear the applications of the Hyperbaric Medicine Unit, both for decompression and medical uses.
- b. To understand the reasons for the closure of the two Hyperbaric Medicine Units currently situated at Royal Hospital Haslar and Queen Alexandra Hospital.
- c. To look at the issues surrounding the extra travel time needed to reach other Hyperbaric Medicine Units following the closure of the Units situated in the Portsmouth and Gosport areas.
- d. To hear evidence of the impact of the closure of the Units on local Maritime, Naval and Rescue organisations.
- e. To review the options available to the local area for a new Hyperbaric Medicine Unit operated by QinetiQ.

2.2 At its meeting on 4 March 2009, the Health Overview & Scrutiny Panel agreed to expand the objectives of the scrutiny review of the closure of the Hyperbaric Medicine Units to include the following points:

- f. To receive a summary of the other Hyperbaric Medicine Units operating in the Southern Region.
- g. To look at diving activity in the Southern Region.
- h. To investigate plans to relocate the Hyperbaric Medicine Unit to St Richards Hospital, Chichester.

2.2 The review was allocated to Health Overview & Scrutiny Panel, which comprised of:

Councillor David Stephen Butler (Chairman)
Margaret Foster
Jacqui Hancock
David Horne
Lee Mason
Eleanor Scott (from 05.02.09)
April Windebank (up to 04.02.09)

Standing Deputies were Councillors Cheryl Buggy, David Fuller, Lee Hunt and Linda Symes.

The Cooptees comprised of:

Councillor Gwen Blackett (Havant BC)
Dorothy Denston (E Hants DC)
Peter Edgar (Gosport BC)
Keith Evans (Fareham BC)
Vicky Weston (Winchester CC)
Dennis Wright (Hampshire CC)

- 2.3 At the time of the publication of this report the Panel had met formally to discuss the Hyperbaric Medicine Unit review on 4 occasions between 1st December 2008 and 15th April 2009.
- 2.4 A glossary is attached as appendix 1, together with a list of acronyms. A list of meetings held by the Panel and details of the written evidence received are attached as appendix 2. The minutes of the Panel's meetings are published on the Council's website and copies of all the documentation reviewed by the Panel are available from Democratic & Community Engagement Service on request.
- 3. To Hear the Applications of the Hyperbaric Medicine Unit, both for Decompression and Medical Uses**
- 3.1 The Hyperbaric Medicine Units (HMUs) situated at Royal Hospital Haslar, Gosport, and Queen Alexandra Hospital, Portsmouth, are primarily used for emergency patients requiring treatment for Decompression Illness (DCI) and Air/Gas Embolisms.
- 3.2 DCI and Air/Gas Embolisms are not always fatal. If the patient experiences air bubbles in the joints it is rarely fatal, but can be extremely painful. However, if these bubbles start to move into the blood stream and reach major arteries/organs, this can cause serious damage and, in some cases, death.
- 3.3 It is only for the above conditions that Portsmouth City Teaching Primary Care Trust (hereafter referred to as the PCT) will retrospectively fund emergency patients for treatment at the HMU.
- 3.4 However, there are also currently 11 other conditions, known as 'indications', which are generally accepted as treatable by Hyperbaric oxygen therapies, which are listed by the Undersea & Hyperbaric Medical Society (UHMS):
- Carbon Monoxide Poisoning
 - Clostridal Myositis and Myonecrosis (Gas Gangrene)
 - Crush Injury, Compartment Syndrome, and other Acute Traumatic Ischemias
 - Enhancement of Healing in Selected Problem Wounds
 - Exceptional Blood Loss (Anaemia)
 - Intracranial Abscess
 - Necrotizing Soft Tissue Infections
 - Osteomyelitis (Refractory)

- Delayed Radiation Injury (Soft Tissue and Bony Necrosis)
- Skin Grafts and Flaps (Compromised)
- Thermal Burns

- 3.5 If an elective patient wishes to be treated for any of the above conditions, either by referral from their General Practitioner (GP) or Hospital Consultant, they must undergo assessment via the PCT's 'Procedures and Treatments Not Normally Purchased Policy'. Since Portsmouth City Teaching Primary Care Trust came into being April 2001, 23 patients have applied for elective funding, and of these, 18 have been approved. This amounts to roughly 2 patients per year.
- 3.6 West Sussex has a similar scheme for elective patients requesting Hyperbaric Medicine treatment to Portsmouth, whereby patients must present a case to a 'Patient with Individual Needs' (PIN) Panel. Of the seven who have applied since 2006, West Sussex PCT has approved 2, 3 have not been approved, 1 was withdrawn and 1 had insufficient clinical information.
- 3.7 The Hyperbaric Medicine Units are run by the private company QinetiQ, and are in existence primarily to provide a service to the Ministry of Defence (MoD) with whom they have a long-term contract. The MoD requires this service in order to support the Royal Navy Defense Diving School (DDS), to train the MoD's Medical Officers in diving medicine, and to provide medical assistance to both the Navy's and MoD's training and operations.
- 3.8 QinetiQ do admit, however, that without treating both emergency and elective patients on an ongoing basis, it would not be able to maintain staff skill, currency and competence. Therefore it is partially dependent on patients from outside the Portsmouth area to ensure the future of the Unit, due to both financial (funding from PCT's) and educational (keeping skills current) reasons.
- 3.9 There are four categories of Hyperbaric Medicine Unit:
- Category One – can receive patients in any diagnostic category and must have critical care facilities.
 - Category Two – can receive patients in any diagnostic category but does not possess critical care facilities.
 - Category Three – can receive emergency referrals of divers. Capable of providing elective treatment. Does not require a Duty Doctor at all times.
 - Category Four – can receive elective and emergency referrals of any diagnostic category. Does not require a Duty Doctor (Monoplace Chambers).
- 3.10 The British Sub-Aqua Club (BSAC) collect data on incidents that require the use of HMUs for Decompression Illness. A summary of these incidents and their occurrence on the South Coast can be found in Chapter 8.
- 3.11 Access to emergency Hyperbaric Medicine use in Portsmouth/Hampshire is commissioned by the South Central Specialised Commissioning Group, and

in West Sussex by the Specialised Commissioning Group for South East, who are both aware of the proposal to move the HMU to St Richard's Hospital (SRH).

4. To Understand the Reasons for the Closure of the Two Hyperbaric Medicine Units Currently Situated at Royal Hospital Haslar and Queen Alexandra Hospital

4.1 In 1998 the Ministry of Defence announced the closure of Royal Hospital Haslar (RHH), with 2001 given as the year the hospital would close permanently. This reason given for the closure by the MoD related to their wish to centralise their services to Birmingham.

4.2 As a result of this announcement Portsmouth Hospitals Trust, together with QinetiQ, worked on plans for the RHH Hyperbaric Medicine Unit (HMU) to be relocated to Queen Alexandra Hospital (QAH).

4.3 As a temporary measure, a smaller Hyperbaric chamber was transferred from Aberdeen to QAH in 2000. This Unit was housed in a temporary building, which is due to be removed to make way for the construction of the new Hospital in April 2009.

4.4 The current lease on the HMU at QAH expires at the end of March, but has been extended until the end of April. The Unit will close after this time. The reason for closure of the Unit is due to the building containing the Unit currently situated at QAH being temporary, and the need for it to be demolished to make way for plans for the new Hospital.

4.5 The temporary Unit transferred to QAH is smaller in size than the HMU at RHH. For this reason, it was decided that the temporary QAH Unit would not be permanently sited, but rather the larger Chamber from Haslar moved when the Hospital closed.

4.6 The closure of Royal Hospital Haslar has been delayed for 8 years, with the definite closure for all services based on site given as June 2009. During this 8 year period, QinetiQ withdrew from the redesign of QAH twice. This means that the Unit at RHH will no longer move to QAH. Further details of this are given in paragraphs 7.3 – 7.10.

5. To Look at the Issues Surrounding the Extra Travel Time needed to Reach Other Hyperbaric Medicine Units Following the Closure of the Units situated in the Portsmouth and Gosport Areas

5.1 The temporary Hyperbaric Medicine Unit (HMU) situated at Queen Alexandra Hospital, Portsmouth, closed at the end of April 2009.

5.2 When this Unit closed in April 2009, the HMU at Royal Hospital Haslar, Gosport, downgraded to a Category 2 Chamber, as it no longer has critical care facilities to send patients to in the immediate local area.

5.3 The HMU situated at Haslar will close in June 2009, which coincides with the move of Portsmouth Hospitals Trust (PHT) health services to Queen

Alexandra Hospital & St Mary's Hospital, Portsmouth, and Gosport War Memorial Hospital.

- 5.4 QinetiQ and Western Sussex Hospitals (WSH) NHS Trust are working together in order to transfer a smaller temporary HMU to St Richard's Hospital in line with the closure of RHH, so that a continuity of service can be maintained.
- 5.5 WSH is confident that they will meet the closure of the Haslar site time line for moving a temporary chamber into the St Richard's Hospital site.
- 5.6 If the temporary Unit is moved in time for a transfer of service from RHH to St Richard's Hospital, emergency or elective civilian patients will not be able to use it. This is because the service has to be registered to the new Health, Social and Mental Health Care regulator, the Care Quality Commission (CQC). The registration of the Unit will be QinetiQ's responsibility, but WSH will support them in any steps they may need to take. QinetiQ has informed Members that registration to the CQC typically takes four months, and therefore the Unit will be open to civilian patients in December 2009. This will mean civilian patients will have to be transferred elsewhere for a five month period (closure of Haslar in July 2009 / registration of new Unit in December 2009).
- 5.7 Therefore emergency patients will be relayed during this time to either The Diver Clinic, Poole or Whipp's Cross Hospital, London. These are 54 (Poole) and 95 (London) miles away from the temporary Unit situated at Queen Alexandra Hospital, Portsmouth.
- 5.8 The maximum extra flying time needed to reach Poole Hyperbaric Chamber is eight minutes (from the far east of the region), and the maximum extra flying time to Whipp's Cross is not likely to be much longer.
- 5.9 The flying time to SRH, rather than QAH, will take an extra ten minutes flying time at the most, but is likely to decrease air travel time for HM Coastguard generally.
- 5.10 Evidence given by HM Coastguard suggests that the time difference between Portsmouth / Gosport and the HMUs in Poole and London is not significant enough to make a difference in outcome to a patient suffering from DCI / Air Embolism when traveling by helicopter.
- 5.11 South Central Ambulance Service have taken two patients to HMU's in Cosham and Gosport since 2007, and therefore are not likely to be involved in the transportation of patients to either Poole or London.

6. To Hear Evidence of the Impact of the Closure of the Units on Local Maritime, Naval and Rescue Organisations

- 6.1 It would appear that HM Solent Coastguard were first alerted to the fact that the chamber located at Queen Alexandra Hospital, Portsmouth, was closing, by the Scrutiny Officer supporting the Panel.

- 6.2 QinetiQ underwent an engagement process with the MoD and Royal Navy, and kept PHT informed of its proposals to close and move their larger Hyperbaric Medicine Unit. QinetiQ has stressed throughout the review that its main client is the MoD and not the NHS
- 6.3 Following this information, HM Solent and Portland Coastguard has drawn together contingency plans to deal with any gap in service between the Units closing at RHH and QAH, and the opening of the moved Unit to St Richard's Hospital (SRH), Chichester.
- 6.4 This contingency plan involves the increased use of Poole Hyperbaric Chamber, Dorset, and Whipp's Cross Hyperbaric Chamber, London. If either or these Chambers were to reach full capacity, a Chamber situated in Plymouth could be used.
- 6.5 Poole Hyperbaric Chamber will be taking on extra staff for the period of time the South Central Chambers are out of commission.
- 6.6 The maximum extra flying time for HM Coastguard to reach Poole Hyperbaric Chamber is eight minutes (from the far east of the region), and the maximum flying time to Whipp's Cross is not likely to be much longer. The Panel, however, has expressed concern over the air traffic situation in London, and the time this is likely to add to a patient's travel time to a Hyperbaric Chamber.
- 6.7 HM Coastguard have alerted South West Ambulance Service (SWAS) as to its contingency plans, SWAS have indicated they can be called upon to transport casualties. Ambulances are not the preferred transport option, due to the crucial timeframes involved in DCI and Air/Gas Embolism emergencies.
- 6.8 The MoD has stipulated that any new or moved HMU must be within an hours drive of the Royal Navy's Defence Diving School (DDS), situated on Horsea Island, Portsmouth. The proposed move to St Richard's Hospital, Chichester, falls within this requirement, and therefore the Royal Navy is satisfied with this move.
- 6.9 The move to St Richard's Hospital will work within Sussex Police's favour as it will be more central for them, as they carry out dives anywhere between Kent and Hampshire.
- 6.10 However, the fact that the temporary Unit at SRH will not take non-military patients may have an effect on Police diving, as particularly deep or hazardous dives will have to be rigorously risk assessed to ensure Police divers are not at risk. Sussex Police therefore will continue to assess all dives.
- 6.11 The move to SRH will be in HM Solent Coastguards favour, as it is more central to the region. The only disadvantage to this move will affect those incidents occurring to the far west of the region, as this will involve more distance.
- 6.12 The flying time to SRH, rather than QAH, will take an extra ten minutes flying time at the most (from mid-channel incidents), but is likely to decrease air travel time overall.

6.13 SRH has two landing sites – one situated next to the Accident & Emergency Department (A&E Dept), the other in a nearby College field (which will require a two-minute transfer time to the A&E Dept). There have been some concerns raised by Sussex Police about the suitability of the A&E Dept helicopter landing site, as it relies on a westerly wind for safe landing. If such concerns were to be realised, the helicopter would need to land at the College field site, and the patient transferred via ambulance to the HMU.

7. To Review the Options Available to the Local Area for a New Hyperbaric Medicine Unit Operated by QinetiQ

7.1 A HMU cannot remain at Royal Hospital Haslar, as the Ministry of Defence is closing the Hospital in July 2009. Its future purpose is currently unknown.

7.2 The Ministry of Defence stipulated to QinetiQ that the new location for the HMU must be within an hours driving distance of the Defence Diving School, Portsmouth.

7.3 Portsmouth Hospitals Trust (PHT) have been approached twice (2001/2 and 2006/7) by QinetiQ to provide a permanent HMU on its Queen Alexandra Hospital site.

7.4 In 2001/2002, Portsmouth Hospitals Trust were able to find a suitable ground floor location for the Hyperbaric Medicine Unit, and included the Unit building into their draft Private Finance Initiative plans.

7.5 QinetiQ requested to withdraw from the PFI and the Queen Alexandra site plans in 2002, citing that the Ministry of Defence, who contracts QinetiQ to provide Hyperbaric Medicine facilities to the Royal Navy, had not yet secured funding for the continuation of this contract.

7.6 In December 2005, the financial close of the Private Finance Initiative plans were agreed between PHT and Carillion, the firm responsible for the building of the new Hospital.

7.7 QinetiQ requested to be included within the PFI and Queen Alexandra Hospital plans again in 2006/07. They were given a third floor placement, as the original site requested in 2001/02 had been designated to another service.

7.8 Although the RHH Unit is transportable, Portsmouth Hospitals Trust had been unable to find another location for it other than on the 3rd floor of the new Hospital, which is where it was placed in the 2006/07 plans. This move would have required additional finance, as the Unit is very heavy and the floors would have to be reinforced. The Unit would also have to be removed every 10 years to be water tested and this will mean that the area it is situated in would have needed removable walls.

7.9 QinetiQ asked to be removed from the PFI plans again in June 2007, citing the same reasons regarding finance as stated in 7.4.

7.10 Funding for Hyperbaric Medicine was obtained by the MoD in mid-2008.

- 7.11 It has emerged through this review that there are no longer plans to site a permanent HMU at Queen Alexandra Hospital.
- 7.12 QinetiQ have not considered a Monoplace (Category 4) hyperbaric chamber, which was suggested informally by Portsmouth Hospitals Trust for Queen Alexandra Hospital, as they are contracted only to provide a Category 1 facility. There was some early discussion around providing an additional small mobile chamber alongside the main Category 1 chamber at QAH, but this idea is not now relevant, with the move to St Richard's Hospital.
- 7.13 QinetiQ approached Royal West Sussex Hospitals NHS Trust (now Western Sussex Hospitals NHS Trust) over 2 years ago to situate a Hyperbaric Medicine Unit in St Richard's Hospital.
- 7.14 Information regarding this move can be found under Chapter 10.
- 7.15 Portsmouth Hospitals Trust will not be looking to find a new provider for a Hyperbaric Medicine Unit at Queen Alexandra Hospital, as they do not have a contractual obligation to Portsmouth Primary Care Trust (PCT) to provide a Hyperbaric oxygen therapy service.

8 To receive a summary of the other Hyperbaric Medicine Units operating in the Southern Region.

- 8.1 A map of all registered British Hyperbaric Association chambers in the UK were presented to the Panel. This map showed the location and category types of each chamber.
- 8.2 The categories of HMU chambers can be found in paragraph 3.9.
- 8.3 The closest HMU facilities to Portsmouth and Gosport in the Southern region are Poole, London (Whipp's Cross) and Plymouth. All three Units are Category 1 chambers, with helicopter landing sites and supporting clinical facilities.
- 8.4 The Poole Hyperbaric Chamber (which is the most likely to be used in the interim period that the South Central region does not have a facility for civilian patients) has two separate chambers. One is a 6-man twin chamber, which can take four and two patients respectively. The second of which is a smaller Chamber, which is two-man. Therefore Poole can take eight patients at any one time.
- 8.5 HM Coastguard has informed the Panel that Poole Hyperbaric Medicine Unit has reached capacity twice within the last five years, but that HM Coastguard have contingency plans should this happen again

9 To look at diving activity in the Southern Region.

- 9.1 The British Sub Aqua Club annually publish every diving-related incident both in the UK and abroad.

9.2 Within these stories and statistics, BSAC record every fatality and DCI-related incident affecting British divers.

9.3 In 2008, 125 events occurred in British waters involving one or more individual with DCI. This is a 50% increase on the number experienced in 2007 (81) – other than this abnormality, DCI incidents are on the decrease. Of these:

- (a) 44 involved repeat diving;
- (b) 38 involved rapid ascents;
- (c) 23 involved diving deeper than 30m;
- (d) 15 involved missed decompression stops;
- (e) Some cases involved more than one of these causes.

9.4 There were ten recorded fatalities from diving incidents in British waters in 2008. This is significantly less than the average of 17 in the last ten years. These fatalities can be broken down into the following categories:

- (e) One medical incident (heart attack);
- (f) Six separation incidents (diving buddies losing each other);
- (g) Two rebreather incidents;
- (h) One diver became trapped in a wreck;
- (i) Two incidents of underwater separation between three buddies;
- (j) One ascent incident.

There were also five British diver fatalities recorded abroad:

- (k) One involved a double fatality (due to being lost in an underwater cave network).
- (l) One separation incident;
- (m) One diver became trapped in a wreck;
- (n) One medical incident (heart failure).

9.5 BSAC reports that most of these incidents could have been avoided had those involved followed a few basic principles of safe diving practice.

9.6 Location input is not a mandatory field / recorded in BSAC reports, due to the confidentiality of the incidents. It is safe to assume, however, that if someone diving on the South Coast experienced a DCI incident that involved either the Coastguard, Royal National Lifeboat Institution or a HMU, it would have been reported to BSAC, and therefore would be included in this report.

9.7 The Defense Diving School (DDS), based on Horsea Island, Portsmouth, trains Royal Navy staff to dive in locations throughout the Southern region.

9.8 It is believed that the DDS have the use of a small Category 2 HMU for those who have suspected, but non-serious, cases of DCI. This chamber is only open to the Forces. The DDS primarily use the QinetiQ HMU facility for all emergency cases.

9.9 As mentioned in paragraph 6.8, the DDS are satisfied with the move of the HMU to St Richard's Hospital, Chichester.

- 9.10 The Sussex Police Specialist Search Unit also dive throughout the Southern region, as the Police Forces of Kent, Surrey and Hampshire do not have their own specialist search teams.
- 9.11 Any Police diving can involve different depths, visibilities and time spent under the surface, and therefore on each Police diving occasion a local HMU is informed of the activity.
- 9.12 HM Solent and Portland Coastguard have given evidence which suggests the Southern region is an area of interest for divers with larger numbers visiting the area in the summer months.

10 To investigate plans to relocate the Hyperbaric Medicine Unit to St Richards Hospital, Chichester.

- 10.1 QinetiQ first approached Royal West Sussex NHS Trust over 2 years ago regarding a proposed move of the Royal Hospital Haslar Hyperbaric Medicine Unit to St Richards Hospital (SRH).
- 10.2 Royal West Sussex and Worthing & Southlands NHS Trusts merged on April 1st 2009, and are now known as Western Sussex Hospitals NHST Trust (WSH). In the long term this is not due to involve any service changes, but West Sussex PCT state that '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.'
- 10.3 The move to St Richard's Hospital, Chichester, is the most cost-effective way for QinetiQ to provide a Hyperbaric facility for the MoD. The cost of locating the chamber to QA Hospital would be 3-4 times more expensive than locating it at SRH. QinetiQ and the MoD have deemed this 'an unacceptable cost to the MoD and ultimately the taxpayer'.
- 10.4 Hyperbaric Medicine Units only receive (NHS) elective patients because they cannot afford to run on stand-by for the MoD. Decisions about moving the Chamber were made based on MoD finance, as this is what underpins the facility QinetiQ provide.
- 10.5 Despite this fact, although the Unit at SRH will be 3-4 times cheaper to locate than moving it permanently to Queen Alexandra, it will still cost over £1 million to relocate the chamber to St Richard's Hospital.
- 10.6 WSH feel that they were able to offer QinetiQ a flexible solution to their needs for the Hyperbaric Medicine Unit (HMU). This is because they are able to build on the ground floor of SRH, due to the hospital site being less complex than Queen Alexandra Hospital in Cosham.
- 10.7 QinetiQ have signed a fourteen-year lease on the new Unit to be located at SRH, with a clause added which guarantees supporting clinical services (such as A&E and Intensive Care) will remain at St Richards during this time.

- 10.8 QinetiQ have included this in order to be assured by WSH that the A&E facility at SRH will not be downsized or withdrawn, and so a Category 1 chamber would be able to be provided without threat of being re-categorised.
- 10.9 This information was revealed following Member concern that there is still some indecision around Fit For the Future and mergers in the West Sussex region. However, WSH have assured the Panel that there is no danger of services such as A&E being removed from the SRH site.
- 10.10 West Sussex Primary Care Trust are aware of the proposed move, and have asked for assurance that planning for the Unit includes urgent access, including by helicopter, and that full risk assessments are carried out.
- 10.11 The Unit will be situated within short walking distance of Accident & Emergency and Intensive Care services, and facilities such as MRI and Coronary Care, as well as other clinical services. The Unit is also within close distance of helicopter landing pads.
- 10.12 QinetiQ will be providing all medical teams that will work within the Unit, and St Richard's will provide clinical back-up through its acute services.
- 10.13 The construction of the building, which will contain the Unit, will start in early May 2009, and is due to last for approximately six months. This Unit will house, as well as the HMU, a waiting room and patient change, staff room and change, consultation areas and a resuscitation/recovery area. It will be QinetiQ's responsibility to furnish the Unit and ensure the facility is ready to begin treatment.
- 10.14 QinetiQ and WSH are planning to transfer a smaller temporary HMU in line with the closure of RHH, so that a continuity of service can be maintained.
- 10.15 If this temporary Unit is moved in time for a transfer of service from RHH to St Richard's Hospital, it will not be available to either emergency or elective civilian patients. This is due to the need for the service to be registered to the CQC. WSH have informed Members that this is QinetiQ's responsibility, but that WSH will support them in any steps they may need to take. QinetiQ has given the time of registration and opening to civilian patients as December 2009. This will mean civilian patients will have to be transferred to Poole and London Units for a five-month period (closure of Haslar in July 2009/registration of new Unit in December 2009).

11 CONCLUSIONS

Based on the evidence and views it has received during the review process the Panel has come to the following conclusions:

- 11.1 That the primary use of the Hyperbaric Medicine Units situated in Gosport and Portsmouth is for the MoD and Royal Navy.
- 11.2 That without elective and emergency civilian patients QinetiQ would not be able to provide a facility to the MoD, as the HMU is not viable as a stand-by Unit only.

- 11.3 That although Portsmouth PCT does not fund Hyperbaric oxygen treatments for elective patients, roughly 80% of those who have applied for it have been given permission for treatment.
- 11.4 That the announced closure of Royal Hospital Haslar in 1998 caused QinetiQ to plan the move of their main Hyperbaric Medicine Unit.
- 11.5 That construction plans for the new Hospital caused the closure of the temporary Unit at Queen Alexandra, due to the building enclosure being signposted for demolition.
- 11.6 That QinetiQ have twice withdrawn from plans for the Unit to be located at Queen Alexandra Hospital, Portsmouth, citing lack of MoD funding as the reason on both occasions.
- 11.7 That Royal West Sussex Hospitals NHS Trust were approached by QinetiQ in 2007 to site the Hyperbaric Medicine Unit at St Richard's Hospital, Chichester. This is where the Unit will now be located.
- 11.8 That the MoD and Royal Navy are satisfied with the new location of the Unit.
- 11.9 That Sussex Police Specialist Search Unit and HM Solent are satisfied with the move to St Richard's Hospital, as the Unit is either more centralised for their use, or a negligible distance away (via helicopter) from the current Units in Gosport and Portsmouth.
- 11.10 That the Unit move does not affect South Central Ambulance Service.
- 11.11 That there will be an interim period of at least 5 months where the HMU will not be able to treat emergency or elective civilian patients, as the Unit will need to be registered, once finished, by the Care Quality Commission, before patients can be treated.
- 11.12 That emergency patients will have to be transferred to Poole or London in order to receive Hyperbaric oxygen for Decompression Illness or Gas / Air Embolisms during the period the Unit does not have CQC registration. This will add a maximum of ten minutes onto the helicopter travel time between base, incident and Hyperbaric Unit, which is unlikely to affect the outcome of those experiencing DCI or Air / Gas embolisms.
- 11.13 That QinetiQ has undergone engagement with the Royal Navy and Ministry of Defence regarding the proposed relocation of the Hyperbaric Medicine Units, and have kept Portsmouth Hospitals Trust and Western Sussex Hospitals Trust informed of discussions.
- 11.14 That the rescue organisation HM Coastguard were not aware of the closure of the Queen Alexandra Hospital temporary Unit until they were informed via this scrutiny review.
- 11.15 That the Panel have expressed concerns over the transparency of QinetiQ's actions during this review.

12 RECOMMENDATIONS.

The Panel would therefore like to make the following recommendations to the Cabinet, QinetiQ, and Local NHS Trust partners.

- 12.1 That QinetiQ provides assurance that the new Unit at St Richard's Hospital will be available to civilian emergency and elective patients as soon as possible.
- 12.2 That the Care Quality Commission accelerates the St Richard's Hospital Hyperbaric Medicine Unit for inspection and registration by the regulator, ensuring that the Unit is able to begin treating civilian diver patients before the busy summer period.
- 12.3 That QinetiQ provides assurance that the additional travelling time needed to reach the Hyperbaric Medicine Unit in Chichester will not have an impact on the number of serious cases and fatalities relating to Decompression Illness.
- 12.4 That QinetiQ re-evaluates its policies on consultation with the public and rescue organisations regarding the closure of Hyperbaric Medicine Units it provides.

RECOMMENDATIONS

Recommendation	Action by
1. That QinetiQ provides assurance that the new Unit at St Richard's Hospital will be available to civilian emergency and elective patients as soon as possible.	QinetiQ
2. That the Care Quality Commission accelerates the St Richard's Hospital Hyperbaric Medicine Unit for inspection and registration by the regulator, ensuring that the Unit is able to begin treating civilian diver patients before the busy summer period.	Care Quality Commission
3. That QinetiQ provides assurance that the additional travelling time needed to reach the Hyperbaric Medicine Unit in Chichester will not have an impact on the number of serious cases and fatalities relating to Decompression Illness.	QinetiQ
4. That QinetiQ re-evaluates its policies on consultation with the public and rescue organisations regarding the closure of Hyperbaric Medicine Units it provides.	QinetiQ

GLOSSARY

Air/Gas Embolisms	An air embolism, or more generally gas embolism, is a medical condition caused by gas bubbles in the bloodstream.
Ascent (diving)	The currently recognised recommended ascent rate is no faster than 18 meters per minute. A rapid ascent occurs when a diver ascends faster than the recommended rate. Rapid ascents are often uncontrolled and can be caused by overinflation, poor buoyancy control, being underweighted or panic.
Coronary Care (unit)	A coronary care unit (CCU) is a hospital ward specialising in the care of patients with heart attacks, unstable angina and various other cardiac conditions that require continuous monitoring and treatment.
Decompression Illness (DCI)	Decompression Illness is a condition that occurs when divers come back to the surface too quickly after being deep under water. It is caused by the formation of nitrogen bubbles in the blood stream and, in the worst cases, can cause death.
Elective (patients)	A non-urgent treatment that is chosen by either the clinician or the patient and seen as beneficial to their care.
Fit for the Future (FfF)	This is a National Health Service driven programme which aims to look at why change in the health and social care service is needed and sets out some ideas for discussion on future provision of such services. Ideas around FfF in West Sussex originally ended with plans to move services, such as Accident & Emergency, away from Chichester. These decisions have now been overturned, and instead two hospital trusts in the area have merged, with no current plans for services to be moved or substantially changed.
Gas gangrene	This is a life-threatening bacterial infection with gangrene, which is form of tissue death.
Hyperbaric Medicine Unit/Chamber	This Chamber/Unit provides recompression treatment for decompression illness (DCI) and Hyperbaric Oxygen Therapy (HBOT) for other agreed elective treatments.
Intracranial abscess	This is an abscess located within the cranium (skull) encasing the brain, caused by pus accumulation.
Ischemia	Inadequate blood supply (circulation) to a local area due to blockage of the blood vessels to the area.
Magnetic Resonance Imaging (MRI)	An MRI scanner uses magnetic signals, rather than X-rays to create image "slices" of the human body.
Monoplace	A hyperbaric medicine chamber built for the use of one patient at a time.

Necrosis/necrotizing	This is when cells in the body die, due to injury or disease.
Osteomyelitis	An inflammation of bone and bone marrow (usually caused by bacterial infection).
Primary Care Trust	These NHS Trusts provide some primary and community services or commission them from other providers, and are involved in commissioning secondary care.
QinetiQ	QinetiQ (pronounced <i>kinetic</i>) is an international defence technology company, formed from the greater part of the former UK government agency Defence Evaluation Research Agency (DERA) when it was split up in June 2001 (with the smaller part becoming Defence Science & Technology Laboratory (DSTL)).
Rebreather (diving)	A rebreather is a type of breathing equipment that provides an oxygen-based breathing gas and recycles exhaled gases. This recycling reduces the volume of breathing gas used making a rebreather a lightweight and compact machine for supplying breathing gas for long durations in environments where humans cannot safely breathe from the atmosphere (such as underwater).
Specialised Commissioning Group	Are groups that are responsible for commissioning specialised services that are low in volume (number of patients needing them) but high in cost.

ACRONYMS

BSAC	British Sub-Aqua Club
CQC	Care Quality Commission
DCI	Decompression Illness
DDS	Defence Diving School
HM Coastguard	Her Majesty's Coastguard
HMU	Hyperbaric Medicine Unit
MoD	Ministry of Defence
MRI	Magnetic Resonance Imaging
NHS	National Health Service
PCT	Primary Care Trust
PHT	Portsmouth Hospitals Trust
QAH	Queen Alexandra Hospital
RHH	Royal Hospital Haslar
SRH	St Richard's Hospital
SWAS	South West Ambulance Service
UHMS	Undersea & Hyperbaric Medicine Society
WSH	Western Sussex Hospitals NHS Trust

Meetings Held by the Panel.

DATE.	AGENDA ITEMS.	DOCUMENTS RECEIVED.
1 December	<p><i>Witnesses:</i></p> <ul style="list-style-type: none"> ➤ None 	<ol style="list-style-type: none"> 1. The Scrutiny Review Project Brief.
5 February 2009	<p><i>Witnesses:</i></p> <ul style="list-style-type: none"> ➤ Garry Champion, Solent Coastguard. ➤ John Coupe, Portland Coastguard. ➤ PS Andy McMahon, Sussex Police Specialist Search Unit. ➤ Glen Hewlett, Director of Development and Estates, Portsmouth Hospitals Trust. 	<ol style="list-style-type: none"> 1. HM Coastguard Diving Incident Overview. 2. SCAS written statement. 3. QinetiQ written statement. 4. HMU activity graphs 5. Write up of HMU visit.
4 March 2009	<p><i>Witnesses:</i></p> <ul style="list-style-type: none"> ➤ None 	<ol style="list-style-type: none"> 1. The Scrutiny Review Extended (Stage 2) Project Brief
15 April 2009	<p><i>Witnesses:</i></p> <ul style="list-style-type: none"> ➤ Nick Fox, Director of Strategy, Western Sussex Hospitals NHS Trust 	<ol style="list-style-type: none"> 1. Royal West Sussex NHS Trust letter. 2. QinetiQ response letter. 3. West Sussex PCT letter. 4. SCAS letter. 5. BSAC diving incident 2008 report. 6. Map/categories of HMU chambers in the UK.