

On the minimum requirements for otolaryngology clinics in National Health Service hospitals

S S M HUSSAIN¹, D BARING², A J CAIN³, W A CLEMENT⁴, J DEMPSTER⁵, K HADDOW⁶,
S E M JONES¹, N BALAJI⁷, B RAM⁸, S SHEIKH⁹, A WHITE¹⁰

Departments of Otolaryngology, ¹Ninewells Hospital and Medical School, Dundee, ²Royal Infirmary of Edinburgh, ³Raigmore Hospital, Inverness, ⁴Hospital for Sick Children, Glasgow, ⁵Crosshouse Hospital, Kilmarnock, ⁶Victoria Hospital, Kirkcaldy, ⁷Monklands Hospital, Airdrie, ⁸Aberdeen Royal Infirmary, ⁹Victoria Hospital, Glasgow, and ¹⁰Royal Alexandra Hospital, Paisley, Scotland, UK

Abstract

Objective: This paper, a report by the Clinical Governance and Audit Committee of the Scottish Otolaryngological Society, presents a consensus view of the minimal requirements for ENT clinics in National Health Service hospitals.

Results and conclusion: The provision of adequate equipment and staff has gained increasing importance as the vast majority of ENT procedures can be safely performed in the out-patient or office setting.

Key words: Otorhinolaryngology; Outpatient Clinics; Diagnostic Equipment

Introduction

The design of an out-patient department is well documented,¹ as are the building requirements for ENT, audiology and hearing aid clinics.² The minimal requirements for equipment and associated matters that allow the proper functioning of an ENT out-patient department were published by ENT-UK in 1993.³ In addition, a document on the decontamination and sterilisation of rigid and flexible endoscopes was published in 2010.⁴

Objective

There have been significant changes in practice regarding the use of ENT out-patient equipment since the aforementioned publications. Hence, the Clinical Governance and Audit Committee of the Scottish Otolaryngological Society was asked to produce a report on the updated minimal requirements for ENT clinics in National Health Service (NHS) hospitals.

Method

This report is the result of a consultative process between the members of the Clinical Governance and Audit Committee, and was accepted by the Council and members of the Scottish Otolaryngological Society as policy.

Results

The agreed list of essential (minimal) and desirable requirements for ENT clinics in NHS hospitals are shown in [Table I](#).

Discussion

The main functions of an out-patient department are as follows: (1) to provide specialist consultation and conduct

appropriate examination; (2) to treat patients who do not require acute day-case or in-patient ward facilities; (3) to screen patients in order to determine whether day-case treatment, day-case surgery or in-patient procedures are appropriate; (4) to carry out pre-operative assessment; (5) to monitor and follow up patients after day-case treatment, day-case surgery or in-patient procedures; (6) to discharge patients from hospital care, with referral if necessary to other health service providers; (7) to counsel patients and carers; and (8) to provide an assessment and treatment facility in the event of a major disaster.¹

One long-standing problem has been the difference in the standard of equipment available in some peripheral hospitals and clinics, both in urban and remote, rural areas, compared to that in the main hospitals. Colleagues have previously shown that the provision of adequate clinic equipment has medium- to long-term economic advantages, and has relevance in terms of clinical governance and potential medico-legal concerns, as significant numbers of patients have to be reviewed elsewhere when equipment in the peripheral clinic is inadequate.⁵ We seek uniformity in standards so that no patients are disadvantaged.

Another important issue is the increase in use of out-patient departments for ENT procedures. Otolaryngology as a specialty lends itself to office-based practice, and only 10–12 per cent of patients require hospital admission for procedures. As an example, in Tayside 10 800 procedures were performed in out-patient departments in 2013.

Conclusion

The provision of adequate equipment and staff has gained increasing importance as the vast majority of ENT

TABLE I
AGREED LIST OF ESSENTIAL AND DESIRABLE REQUIREMENTS

Specialty/area	Essential (minimal) requirements	Desirable requirements
Laryngology/head & neck	Flexible nasolaryngoscopy equipment (in sufficient numbers) Head light Tongue depressors FNA equipment True-cut biopsy equipment	Flexible video rhinolaryngoscope (aka HD 'chip on tip' endoscope)
Voice clinic	Flexible nasolaryngoscope with stroboscopy & video capture Rigid laryngoscope for voice assessment	Flexible video rhinolaryngoscope
Rhinology & facial plastic surgery	Rigid nasal endoscopy equipment (in sufficient numbers) Nasal speculae Biopsy instruments Cautery equipment Nasal packs & associated equipment Endoscope cameras & access to medical photography equipment	HD endoscope camera Facilities for inhalant allergy assessment Equipment for physical airway measurement Facilities for allergy skin prick testing
Otology	Otosopes Microscope & otoendoscopes Aural speculae Suction & other aural instruments Tuning forks	Fine middle-ear instruments tray
Photo or video documentation	Endoscopic or microscopic image facilities	Flexible video rhinolaryngoscope
Clinic area	Facilities for external images by digital camera or medical photography equipment Printer for still images in medical records Examination couch Hand wash basin Decontamination & sterilisation facilities to national standards Patient information leaflets & clinic wait time display board Human resources: adequate numbers of nurses (1 per clinic room) & audiologists Availability of drugs commonly used in out-patient departments Soundproof booth to British standard Regularly calibrated audiometer for PTA & tympanometry equipment Vestibular assessment facilities for vestibular clinic Computer in each clinic room with internet & printer access	Video recording equipment Adjustable dental-type chair Speech audiometry equipment

Aka = also known as; HD = high definition; FNA = fine needle aspiration; PTA = pure tone audiometry

procedures can be safely performed in the out-patient or office setting. This report by the Clinical Governance and Audit Committee of the Scottish Otolaryngological Society presents a consensus view of the minimal requirements for ENT clinics in NHS hospitals in Scotland.

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References

- 1 NHS Estates. *HBN 12 Out-patients Department*. Leeds: NHS Estates, 1990
- 2 *Health Building Note 12, Supplement 3: Out-patients Department Supplement 3 - ENT and Audiology Clinics, Hearing Aid Centres*. London: HMSO, 1994 (amended by NHS Wales in 2013)
- 3 British Association of Otolaryngologists. *Minimum Requirements for Otolaryngology Departments in NHS Hospitals*. London: British Association of Otolaryngologists, 1993

4 ENT UK. Guidance on the decontamination and sterilization of rigid and flexible endoscopes. In: <https://entuk.org/professionals/publications> [15 March 2014]

5 Cain AJ, Laing MR. A review of otolaryngology equipment provision in a peripheral clinic setting. *Health Bull (Edinb)* 2000;**58**:467–70

Address for correspondence:

Prof S S Musheer Hussain,
Department of Otolaryngology,
Ninewells Hospital and Medical School,
Dundee DD1 9SY,
Scotland, UK

Fax: +44 1382 632816

E-mail: musheer.hussain@nhs.net

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