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Impact of centralisation of specialist services on sister hospital specialty opinion demand and consultant job plans: two years on

We have previously reported the impact of centralisation of respiratory services on specialty demand and consultant job planning one year after service reconfiguration and creation of the North Bristol Lung Centre (NBLC) at Southmead Hospital in October 2006.[1] Despite targeting respiratory admissions to the NBLC, there remained a need to provide specialist respiratory support to the sister hospital (Frenchay) by a consultant-led weekday respiratory opinion service. We have re-examined the impact of providing such a service on consultant workload over the same six-month period as before in the following year, two years after the initial reconfiguration. We wanted to assess whether demand at the sister hospital had diminished with further time after reconfiguration (as an indicator of successful centralisation of respiratory specialist demand to the NBLC).

All respiratory referrals seen at Frenchay over an identical calendar six-month period to the initial study (September 2008 to March 2009) were prospectively recorded and independently analysed as before.[1] Statistical analysis was performed using GraphPad Prism version 5 software (GraphPad Software Inc, California, USA). In total, 267 referrals were seen over an identical period compared to 310 in the previous study. This equated to a mean (standard error) number of referrals per day of 1.93 (0.22) in the two-year analysis compared to 2.68 (0.19) in the one-year analysis, a significant decrease ($p=0.011$, t test). The degree of monthly variation was less from 2.71 maximum down to 1.43 minimum, a variation of 189% compared to the 250% variation in the one-year analysis from 4.2 to 1.68.[1] Using the same assumptions to the previous analysis[1] to calculate programmed activities (PA), this equates to 0.97 hours/day (1.21 PA/week equivalent) with a monthly variation from 0.72 to 1.36 hours/day (0.89 to 1.69 PA/week equivalent). There was also a further reduction in diurnal variation from 10% in the one-year analysis to 2% (data not shown).

In summary, two years following centralisation of respiratory services onto a single site in our two-hospital trust, a continued but reduced need for respiratory services on the sister site has been met by a consultant-led service. The demand has reduced between one and two years after reconfiguration requiring 1.21 PA (0.89–1.69) of consultant time per week. These data suggest reconfiguration has become more effective with time centralising respiratory services and need on one site. We conclude that service reconfiguration and centralisation is more effective and successful with time but a residual need at the sister site must be factored in. This information may prove useful to other providers considering similar service reconfiguration but will require further monitoring.

ARL MEDFORD
Consultant chest physician
DL SMITH
Consultant chest physician
North Bristol Lung Centre, Southmead Hospital, Westbury-on-Trym, Bristol

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