Manager mentioning that no business case had ever been put forward for this alteration in clinical practice – a most unusual situation in contemporary practice.

Senior experienced nurse practitioners are hopefully paid a salary commensurate with their experience. When I visited Leicester, my impression was that three or perhaps four patients were admitted by the nurse practitioner and then went forward with surgery in each operating session. A reasonably experienced trainee surgeon in our unit would likely do seven cases during an operating session. It may be that the throughput per list in Leicester has risen since our visit. Have the authors any data to offer concerning relative costs between carpal tunnel decompression performed by surgeons and those performed by nurse practitioners?

COMMENT 2

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Concerns

DAVID CLARKSON, JASON NEIL-DWYER

Department of Plastic Surgery, Nottingham City Hospital, Nottingham, UK

CORRESPONDENCE TO

David Clarkson, Department of Plastic Surgery, Nottingham City Hospital, Hucknall Road, Nottingham NG5 1PB, UK
T: +44 (0)115 969 1169; M: +44 (0)7919 816565;
E: davidjclarkson@hotmail.com

Effective innovative practice should always be welcomed and whilst we commend Newey *et al.* on the demonstrated benefits of a nurse-led carpal tunnel service, we have several concerns as to its advantage over standard practice and its wider impact on healthcare.

1. Evaluating the effectiveness of any medical intervention relies on adequate reporting of complications. The study suggests that some patients only had 2 weeks of clinical follow-up, which is not sufficient to comment on those complications that have a longer time course, such as incomplete resolution or recurrence of symptoms, or pillar pain. In addition, the lack of independent assessment of outcome at any stage potentially introduces considerable bias and we feel that both these issues would benefit from further consideration.
2. It is not clear from the study what other service responsibilities the nurse practitioner had over and above the carpal tunnel theatre and clinic sessions stated. As such, a true assessment of the cost-effectiveness and wider benefits to overall healthcare provision offered by employing a nurse practitioner to perform this procedure in preference to a surgical trainee cannot be fully appreciated.

3. Any service requires sustainability, which requires that there be a system in place for training replacement personnel. It is widely accepted that there are an ever-increasing number of threats to training opportunities that have all significantly impacted on the experience of surgical trainees. Unfortunately, this system further erodes surgical exposure, de-skilling those who would be future trainers and contributing to a system that may ultimately prove unsustainable.

Some of the above issues were alluded to in the report and we agree that there are definite benefits to the implementation of a nurse-led service, as demonstrated in the study. However, the price we must pay for this may be unacceptably high in the longer term, and we feel very strongly that the overall impact on the provision of surgical services, if there was more widespread adoption of these schemes, has not been fully considered.

AUTHOR'S RESPONSE

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MARTYN NEWHEY

Department of Orthopaedic Surgery, Leicester General Hospital, Leicester, UK

CORRESPONDENCE TO

M Newey, Consultant Orthopaedic Surgeon, Leicester General Hospital, Gwendolen Road, Leicester LE5 4PW, UK
E: martyn.newey@uhl-tr.nhs.uk

Professor Burke does not describe where the carpal tunnel procedures in his unit are performed. In our unit, these procedures are performed on an outpatient basis in a designated area separate from the main orthopaedic and day-case theatres. Our nurse operator performs about 5 cases per list with each list running from 8.30 am to about 11.00 am. The running costs including staff and disposable instruments are about £50 per half-hour compared to a standard theatre cost, which is about £400 per half-hour including staff and disposable usage.

The National Tariff (HRG) for carpal tunnel decompression is £695. If 7 carpal tunnel procedures are performed in a half-day list (3.5 h) using standard theatre facilities, the theatre costs will be £2800, while the procedures would generate £4865, a net gain of £2065. In our unit, 5 procedures are performed in 2.5 h equating to £250 of theatre costs with £3475 generated, a gain of £3225. We have not included day-ward costs (which we do not incur) or operator fees, be they for trainee surgeon or nurse operator.

Our service, therefore, provides considerable savings compared to procedures performed using normal day-case facilities and also frees up theatre space for more major