nationally to support development elsewhere. Of course, one size will not fit all and some areas, notably Scotland and perhaps the South West of England, will be better served by local general surgeons continuing to undertake the GPS. In such centres, training adult general surgery trainees to undertake GPS is a logical step. Provision should be made to enable any general surgeons who may choose to undertake this work to get the training they require in their local DGHs.

What is clear is that strong and decisive leadership is required in order that we can make use of the limited time available to plan the workforce that will be needed, put in place the necessary training systems and agree funding streams for new appointments. Accurate data will be necessary to allow correct decisions to be made. We feel discussions should be taking place between all the specialties involved, particularly between paediatric and general surgeons and we would welcome the opportunity to contribute to these discussions as future consultant paediatric surgeons.

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AUTHOR'S RESPONSE

doi 10.1308/003588409X359178

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I thank Yardley and colleagues for their interest in my paper on the future provision of general paediatric surgery. They have correctly identified that the problem has appeared in a gradual, unplanned fashion and that if it continues will not be welcomed by anyone. Their proposed solution, however, does not recognise some of the practical realities that will prevent a single provider of GPS being the answer.

Hub-and-spoke already exists as part of the provision of care. The majority is currently provided by appropriately trained general surgeons and urologists. At recent meetings of BAPS/APA and ASGBI, both in the first half of May 2008, this subject was discussed at length. There was unanimity on the fact that a problem is approaching, and that provision of care should be given locally wherever possible. The mechanism of that provision was not put in place, because it was recognised that there is no simple

solution. The problems are 3-fold. First, the volume of work is such that it cannot all be absorbed into the tertiary centres; therefore, paediatric surgeons would have to travel to the DGH. If a paediatric surgeon decided to just do GPS (as suggested by Yardley and colleagues), there is an insufficient volume of GPS work in any individual DGH to give a full week's job plan. Also, the geography, if an individual were to be employed by more than one trust, is such that much travelling would be required. In many parts of the UK, excluding the remote and rural scenario referred to, DGHs are frequently many miles apart. This constant travelling would make for a poor working life for an individual and is thus less attractive than is implied. Second, the expansion of paediatric surgeons called for by Yardley and colleagues is not a realistic proposition in the current political climate. Finally, as alluded to in their letter, the emergencies are still left unprovided for. Whilst the volume of these is relatively small, the cases that require observation is rather greater, and these children are rarely 'ill', but need treatment. Where would the children be observed, and by whom? Also, it seems unreasonable to ask parents and children to travel many miles for a minor abscess to be drained, when the capability is surely available locally.

All are agreed that safe, local care should be maintained wherever possible. The reality is that this will be provided by a variety of 'types' of surgeon. The key here is not really 'who' does it, but that this problem is pushed up the agenda of trusts and SHAs so that appropriate solutions can be put in place region by region. The essential requirement here is to establish training for sufficient individuals so that safe, local provision of care can be maintained. Agreements are needed between tertiary centres and DGHs to establish a sensible network of care. The training committees for both general surgery and urology as well as paediatric surgery need to have discussions so that a sensible training arrangement can be put in place to allow GPS to continue to be provided close to the patient.

COMMENT ON

doi 10.1308/003588409X359141

A Day, M Sayegh. Infacol to reduce the bubble effect at endoscopic ultrasonography. *Ann R Coll Surg Engl* 2008; **90**: 347

doi 10.1308/003588408X358747

Swallow the medicine

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