

THE CALMAN-HINE REPORT, CANCER AND ISLANDS

DR PAUL BINGHAM was appointed as Consultant in Communicable Disease Control/Consultant in Public Health Medicine to the Isle of Wight Health Authority in 1992. The Authority has faced considerable change over the last 5 years including two changes of name and significant downsizing. The Island's Department of Public Health Medicine has halved. Dr. Bingham's interests (in the time remaining and following his founding of the Island Public Health Forum) include the history of the newspapers of the Isle of Wight and collecting sand/microfossil samples. Dr. Bingham is married with three children aged 3, 5 and 7.

SUMMARY The Calman-Hine Committee was established by the Department of Health for England and the Welsh Office in response to growing evidence of marked geographical variation in outcome for cancer patients in England and Wales.

The Committee produced a number of recommendations including the following:

- (a) All cancer patients, irrespective of where they live, should have access to a uniformly high standard of care.
- (b) The needs of patients and their carers should be the primary concern of services
- (c) Care should be delivered by an integrated network consisting of primary care, Cancer Units and Cancer Centres. Effective communication between the components of the network is vital.
- (d) Care should be delivered according to agreed guidelines with clear information on quality and outcomes.
- (e) The palliative care approach and effective symptom control should be available at all stages of a patient's illness.

(Abridged from the Calman-Hine report published April 1995)

The immediate challenge for the Isle of Wight Health Authority has been to decide whether the Island's District General Hospital could be accredited as a Cancer Unit.

Isle of Wight patients have always had to travel to the mainland for radiotherapy. In the longer term, as a result of the Calman-Hine process, more patients are likely to need to travel to the mainland for major cancer surgery.

The Calman-Hine Process will result in more protocol driven care and should facilitate Island based delivery of high quality primary care, chemotherapy and palliative care.

Islands will, however, continue to face diseconomies of scale and difficulties in measuring the quality of care delivered to their populations because of small number effects.