ITEM 8

Health Overview and Scrutiny Committee (OSC)

Better major trauma care for the East Midlands

Briefing paper 2

July 2010

NHS organisations in the East Midlands are proposing to transform major trauma treatment and care with a high quality major trauma system for the East Midlands.

This paper gives an update on proposals affecting Derby city.

It provides further information to a presentation given to Health Overview and Scrutiny Committee in September 2009.

Derby city OSC members are asked to note the progress which has been made by the major trauma programme and the timescales for final decision-making on the configuration of services.

For a definition of major trauma please see Appendix 1.

Why do we need to change?

Evidence tells us that we could manage major trauma in a far more effective way for both adults and children. This can be achieved through our acute hospitals, ambulance service and rehabilitation services working together as a whole system, with clear access and egress agreements.

Introducing a new system means we will:

- save lives with an approximate 20% reduction in lives lost
- significantly improve chances of making a full recovery, reducing the chance of long term debilitation - 75% of patients are currently left with a significant disability following a major trauma
- improve access to specialist services regardless of where in the region someone is injured
- improve access to and choice of rehabilitation services closer to home
- improve the management and treatment of trauma for all
- make prevention a key aspect of the programme, working to decrease future occurrence/s.

How are we managing change?

A programme team has been managing the process on behalf of the East Midlands Ambulance Service (EMAS), the nine primary care trusts (PCTs) and the Strategic Health Authority (SHA), NHS East Midlands.

A clinical advisory group (CAG) works with the programme team and has widespread representation from across the region, including all acute hospital trusts, the ambulance service and the voluntary pre-hospital providers.

The CAG has established a service model (see Appendix 2) and developed proposals for a region-wide configuration of services. It has established future service specifications and procedures, including those for pre-hospital care and road transfer arrangements.

The team has kept NHS staff in surrounding regions informed of progress, factored the likely location of their major trauma services into the East Midlands' plans and supported them in their system development. The East Midlands SHA is now the lead region nationally for this work.

Primary care trusts, provider managers and clinicians are all working with the programme team on a transition plan which will support hospitals to move towards operating together as a major trauma system. This details management and governance and maps inter-relationships with providers and key players including the East Midlands Ambulance Service. Management of the major trauma system will be led by a Regional Trauma Board and Major Trauma Network.

Key drivers of service change and reconfiguration

The new coalition government has confirmed priority areas that are required for inclusion and consideration in any service reconfiguration. These priority areas are being presented as the key drivers for service change.

The following four key areas have been identified by the Secretary of State for Health to underpin reconfiguration processes and plans for significant service change:

1. Support from GP commissioners
2. Arrangements for public and patient engagement,
3. Clarity about the clinical evidence base underpinning proposals
4. Patient choice.

The major trauma programme is based on sound clinical evidence and we have already undertaken robust public and patient engagement. Feedback showed people wanted to be taken to the right service and many are likely to be unconscious or in extreme pain so patient choice in the first instance may not be appropriate. It is however important that we explore the possible choice options for rehabilitation service provision, close to a patient's home once their initial major trauma injuries have been dealt with. In addition the Board and project team are now looking at strengthening engagement with GPs.

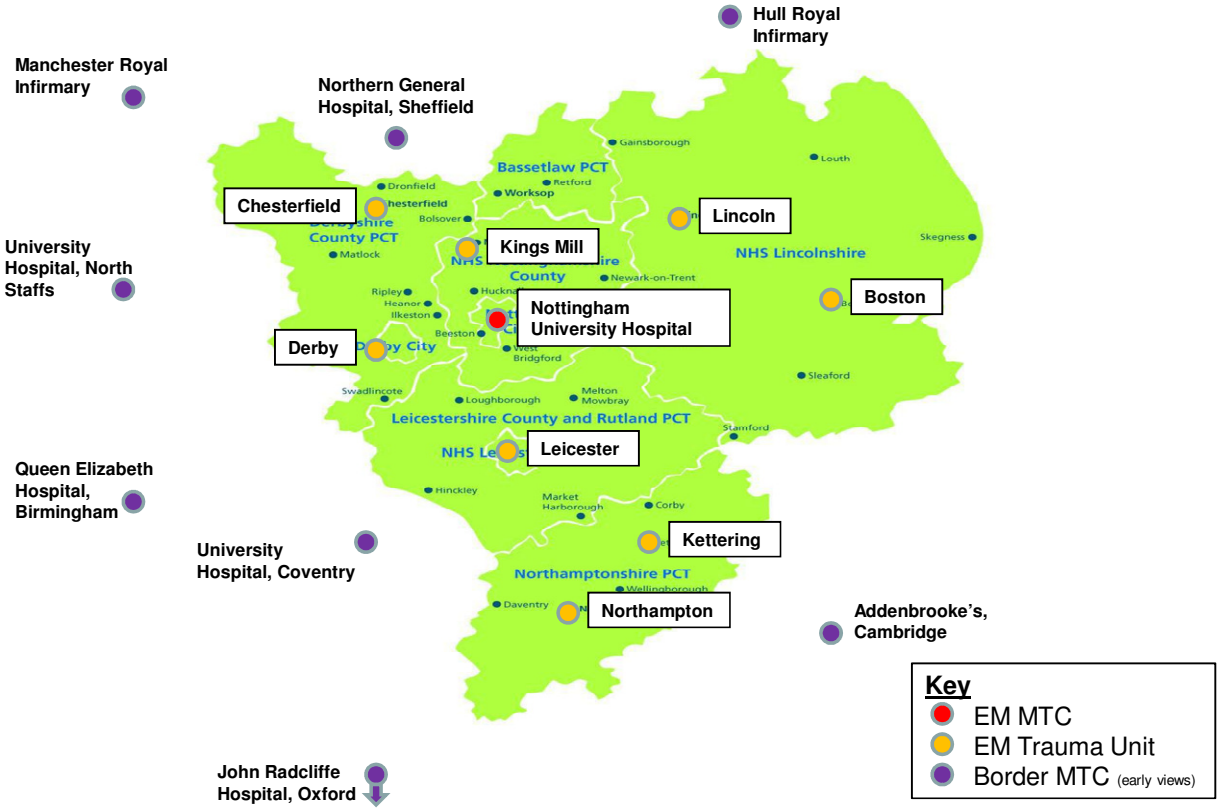
Proposals to improve major trauma care Derby city.

It is proposed that Nottingham University Hospitals' Queen's Medical Centre is designated as the region's major trauma centre. This is because it is currently the only hospital in the region that provides specialist neurological care (essential as many major trauma incidents involve head and spinal injuries) and because of its regionally central location.

It is proposed that the major trauma centre is supported by a number of trauma units which can stabilise patients who need to be transferred on to the major trauma centre or can look after less seriously injured patients. The potential locations for these major trauma units are identified on the map below together with early indications of the level of service that hospitals from outside of our region might provide:

East Midlands potential Major Trauma Centre/Unit Map

(Not to Scale)



How have we come to the above proposals?

Assessed current provision

The programme team collected data on major trauma, on where and when it happens. The team took into account the population in each area, to help anticipate how many people will suffer major trauma, what/where care will be needed and how many beds are needed across the region. We took into account patient flows across the regional border and anticipated population growth. We also reviewed the strengths and weaknesses of the current services and asked our hospitals which level of service they wished to provide. We mapped the catchment areas for services, based on a target 45-minute journey time and an agreed triage protocol, in order to develop the most effective system configuration. We took into consideration journey times on both urban and rural roads, the effects of rush-hour traffic, proposed population expansion and the potential sites for Major Trauma Centres on the borders of the region were taken into consideration.

Our information sources include the TARN (the Trauma Audit Research Network); the East Midlands Ambulance Service; the East Midlands Public Health Observatory, the performance intelligence unit of the SHA and national reports.

Developed service models. See Appendix 2

Evidence tells us that we require:

- One major trauma centre within the East Midlands (A major trauma centre is needed for every three million people and each major trauma centre should see a minimum of 500 patients per annum to be effective).

Local data tells us:

- That the number of people across the region who experience major trauma is relatively small at around 660 cases per year, which equates to less than 0.2% of Emergency Department activity.
- A clinically appropriate transport time for our geography would be 45 minutes (from assessment at scene to accessing the correct level of service)

In developing our plans we have also taken into consideration:

- The plans of the five regions that border the East Midlands
- The aspirations of our hospitals
- Views of the national trauma lead and the national and local clinical advisory group
- Predicted population growth (The Milton Keynes South Midlands (MKSM) growth agenda)

Set minimum standards for services in line with national guidance

We specified minimum standards of care for all levels of service. For example, the major trauma centre must offer 24-hour access to a consultant-led major trauma team. Trauma units must provide selected trauma management with a consultant on call within 30 minutes. All providers must offer appropriate facilities for relatives and clear patient information.

Undertaken gap analyses & development planning

In December 2008, hospital trusts were asked to say which level of centre they would like to provide. A gap analysis in April 2009 highlighted the services trusts already have in place and what needed to be done to bridge any identified gaps.

Nottingham University Hospitals (NUH) was invited to develop a service development plan in order to demonstrate its ability to meet the criteria required to be the region's Major Trauma Centre. The NUH board is working with the SHA and NHS Nottinghamshire County as lead commissioner for NUH, on the development of its plans to become the regional major trauma centre. These plans still need to be formally approved before NUH can be officially designated as the East Midlands regional trauma centre. Hospitals that aspired to be trauma units were also asked to complete a development plan against their gap analysis. The final configuration of trauma units will be agreed by local PCT commissioning teams. As part of the above process all potential providers were asked to demonstrate how they could meet minimum standards.

It was identified that there is a need for a Major Trauma Network to support the East Midlands' trauma and major trauma system. The configuration for the Network is being developed by members of the East Midlands Specialist Commissioning team in conjunction with Major Trauma programme team.

Assessment of impact on health inequalities

The programme carried out an Integrated Impact Assessments on the changes proposed.. These included Health Impact and Equality Impact Assessments.

Involved stakeholders

- The proposals stem from a review of health services in 2007 when 4,500 members of the public and 500 health and social care staff gave their views about what mattered to them. This was in response to Lord Darzi's national NHS review: the Next Stage Review. From this, improving major trauma care was identified as a priority for the East Midlands.

- In January 2009 we sought views, ideas and expectations on the proposed changes during a large stakeholder engagement event 'Consensus-Building Event for Major Trauma'. Those attending included 16 commissioners (including representatives from six of 11 commissioners that serve the East Midlands); 37 providers (including representatives from all nine acute providers that serve the East Midlands), SHA representatives (including representatives from three of the five surrounding SHAs) and one Local Involvement Network (LINks) representative.

- During the summer and autumn of 2009, communications and engagement teams from each PCT carried out events to ask people for their views on how best to provide major trauma care in the future. The main objectives were to:

    - raise awareness of the case for changing the way major trauma is managed in the East Midlands
    - explain the potential benefits of a trauma system – in terms of improved access, better care, lives saved and long-term disability avoided
    - assess people's concerns and issues regarding the proposals for a major trauma service
    - find out about people's previous experiences of major trauma (as patients or carers) and explore how services need to be organised to ensure a high-quality experience
    - gauge people's expectations in terms of the access to and quality of a major trauma centre
    - encourage informed debate about the journey times to the major trauma centre
    - develop an ongoing dialogue with the community around service planning
    - allay potential concerns over the impact of changes on local A&E departments
    - ensure the project meets its duty to involve, set out in Section 242(1B) of the NHS Act 2006.

  Across the region, PCTs received views from more than 400 people:

    - 283 people took part in 20 face-to-face discussion events held in a range of community venues in each county.
    - 125 people responded to an online survey.

  Comments from these events have been collated in a regional report. They are helping us develop a service that meets the needs and expectations of patients, their families and their carers and will continue to inform implementation of all decisions.

- During the summer and autumn of 2009 the programme team presented the case for creating a major trauma system in the East Midlands to every OSC in the region and is committed to involving all local OSCs in its ongoing development.

- In April 2010 the programme team held a major trauma religious and pastoral workshop with members of the Multi Faith group from Nottingham Queen's Medical Centre to discuss ensuring that the pastoral/religious needs of major trauma patients and their families/carers could be met.

Next Steps

The current timescale the programme is working to is as follows:

- June-September 2010 – finalise proposals for a major trauma system for the East Midlands and the recommended configuration of services including designating Nottingham University Hospitals as a major trauma centre.
- September/October 2010 – present the final proposals to OSCs.
- October 2010 – NHS commissioning organisations to approve the major trauma system for the East Midlands, approve the designation of Nottingham University Hospitals as the region's major trauma centre and decide on the configuration of major trauma units.
- December 2010 - the system and network management processes to be in place and service improvements implemented.
- April 2010 – the major trauma system is in place and beginning to treat patients.

Appendix 1

What is major trauma?

Patients with major trauma are those with serious, multiple injuries that require 24/7 emergency access to a wide range of clinical services and expertise. For example doctors may be required to attend to a patient with head and neck injuries, chest, pelvis and other bone fractures. Access to the right service at the right time is crucial for survival.

Nationally, major trauma is the leading cause of death for those under 40 years of age and for those that survive, the cause of long term debilitating injury. In the East Midlands numbers currently affected are relatively low at around 660 cases per year, but this is predicted to rise over the next 20 years.

What is physical trauma (as opposed to 'major trauma')?

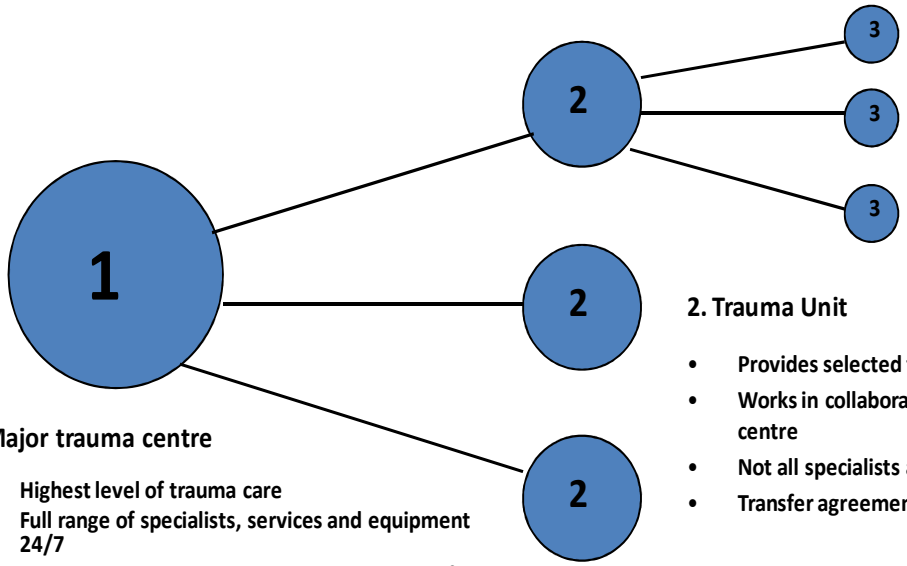
Physical trauma is an often serious and body-altering physical injury, such as the removal of a limb

- Blunt trauma: a type of physical trauma caused by impact or other force applied from or with a blunt object
- Penetrating trauma: a type of physical trauma in which the skin or tissues are pierced by an object

Appendix 2

What would a major trauma system look like?

What makes up a major trauma system?



1. Major trauma centre

- Highest level of trauma care
- Full range of specialists, services and equipment 24/7
- Admits a minimum required annual volume of patients
- Education, prevention, research programmes

2. Trauma Unit

- Provides selected trauma care
- Works in collaboration with a major trauma centre
- Not all specialists and services are available
- Transfer agreements to major trauma centre

3. Local emergency departments

How would a major trauma system work?