



# Major Trauma Next Stage Review A New Vision

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#### What is major trauma?

Major trauma is used to describe serious and often multiple injury where a patient has less than 10% chance of survival, It includes:

- Head injury
- Spinal injury
- Abdomen
- Chest
- Penetrating wound
- Gunshot
- Long bone amputation
- Pelvis
- Burns

Paramedic on the scene identifies the patient as having major trauma

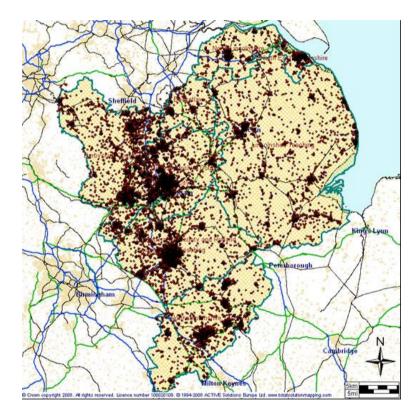






### **Major trauma in the East Midlands**

- Estimated 4 major trauma cases per million nationally per week
  - This equates to approx 660 cases per year in the East Midlands
- It appears to be more common in urban areas
  - e.g. Nottingham has twice as many callouts per head of the population as Lincolnshire
- In excess of 55% of major trauma is thought to be caused by road traffic collisions









#### What are we trying to achieve?

- To develop a high quality, safe and effective major trauma system for the East Midlands
- With 24/7 access to a major trauma team
- Includes adults and children <18yrs</li>
- Factors in the treatment of burns
- Making best use of the services we already have e.g. air ambulance







#### Why do we need to change?

We do not currently have a major trauma system in our region

#### By introducing a new system means we will:

- Bring significant patient benefit
- Save lives ( 20% reduction in lives lost)
- Significantly improve chances of making a full recovery
- Improve access to specialist services regardless of where in the region they are injured
- Improve access to rehabilitation services closer to home
- Improve the management and treatment of trauma for all
- Make prevention a key aspect of the programme so we work to decrease future occurrence/s

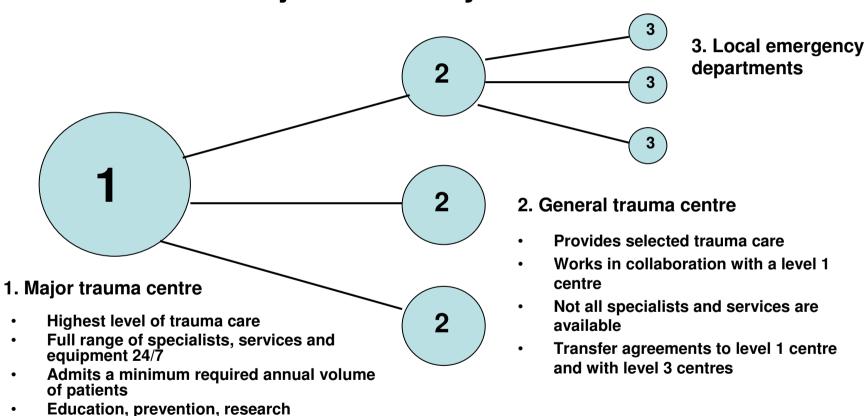




programmes



#### What would a major trauma system look like?

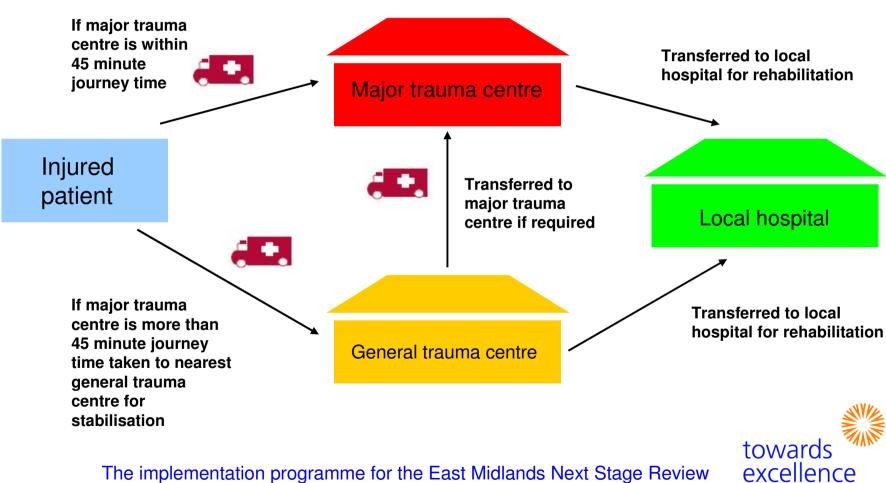








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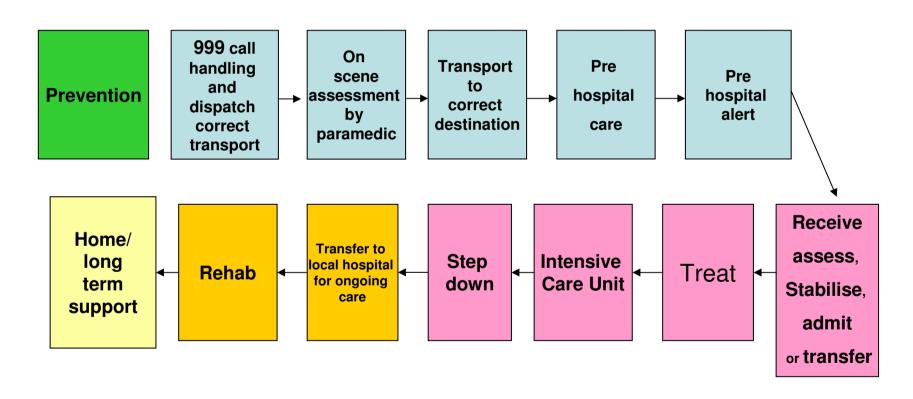


The implementation programme for the East Midlands Next Stage Review





## How would a patient be cared for through the system?









#### A worst case scenario NOW

999 call, solo responder dispatched

Assessed as a serious head injury and 2 man ambulance dispatched

No standard protocols for stabilising the patient

Taken to nearest emergency department

CT scan shows serious head injury but hospital's technology doesn't speak to neuro centre and the neuro centre does not have a bed

Patient stays at the first hospital but receives no specialist monitoring

Patient wakes but makes a limited recovery and requires lifelong care and support







### A best case scenario if we had a major trauma system

999 call, appropriate vehicle with paramedic dispatched

Assessed as a serious head injury and stabilised according to standardised protocols

Taken to nearest general trauma centre

CT scan taken, information sent to major trauma centre which prepares for patient's arrival

Patient transferred to major trauma centre with dedicated escort team and specialised equipment Patient receives specialist neuro care including ongoing monitoring

Patient transferred to their local hospital and receives appropriate rehabilitation

Patient makes a full recovery and is able to return to work and lead a normal life







#### **Next Steps**

- Develop a business case for a major trauma system for the East Midlands
- Identify the workforce and training/education implications
- Identify the financial implications
- Assess how far away our hospitals are from being able to implement a major trauma system
- Engage with patients and the public
- Public consultation







## Thank you

# **Any Questions?**

