

Briefing for Healthier Communities and Adult Social Care Scrutiny Committee

Update on progress to implement the national strategy for Major Trauma within the Yorkshire & the Humber region

17 April 2013

Purpose

Following from the paper presented in February 2012, this paper updates the Healthier Communities and Adult Social Care Scrutiny Committee on progress to implement the national strategy for Major Trauma in the Yorkshire & the Humber region.

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, often described as 'life-changing' injuries, it includes: head injury, spinal injury, abdomen, chest, penetrating wound, gunshot, long bone amputation and injuries to the pelvis. The paramedic on the scene identifies the patient as having major trauma.

How many people suffer major trauma in our region?

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.

Nationally it has been estimated that 91% of hospitals will see less than one major trauma case per week and 75% of hospitals will see less than one case per fortnight. These are small numbers of patients who require specialist care.

What are the plans for improving major trauma care in the region?

NHS organisations in Yorkshire and the Humber want all injured patients to receive excellence in standards and safety of care, from time of injury to rehabilitation.

The vision is for a Yorkshire and the Humber major trauma network ensuring that responses to major trauma are co-ordinated to provide consistent, cost-effective, high-quality care.

Better coordination and reduced variation in the care of patients who have been subject to a major trauma will save lives and allow more people to regain a better quality of life.

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 common protocols and 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

Developing a regional network will help improve both quality and a productivity. DH estimates that a regional inclusive trauma system could aim to reduce deaths from major trauma by 20%, this equates to more than 160 lives in Y&H per year. There is the potential for a regional network to improve rehabilitation, to reduce length of stay and recovery for patients.

How are we ensuring improvement happens?

Since April 2012, commissioners in Yorkshire and the Humber have been overseeing a programme of work that involves clinicians and managers from all NHS organisations in the region. Three sub-regional major trauma groups were established and these are overseen by a regional network executive group. The work is clinically led and every Hospital Trust in the region participates.

Implementation includes:

- A phased approach with full development by April 2014; first phase went live 1 April 2012.
- In the first phase of implementation the patient's destination has been informed by clinical condition and service capacity.
- Continued learning during the first year about patient flows, workforce and service capacity implications, has allowed better planning for phase 2 of the network development

What does this mean for local hospitals?

All hospitals in the region have a part to play in the regional major trauma network. A list of Major Trauma Centres and Trauma Units are at appendix 1. Major trauma centres (in Hull, Leeds and Sheffield) offer specialist skills (e.g. neurosurgery). They work with a number of trauma units that optimise patients care and receive them from major trauma centres following specialist interventions. Local hospitals that are not trauma units have an important role in the network offering rehabilitation.

Progress since April 2012

During the last 10 months NHS organisations in Yorkshire and the Humber have begun the transformation of major trauma treatment and care. The following improvements in care can now expect the following level of care:

- All patients are assessed at the roadside using a standard national approach
- Paramedic in the ambulance control room co-ordinate the decision making on admissions and transfers
- The most serious cases of major trauma are taken directly to a Major Trauma Centre if they are within 45 minutes travel time. Where this is not the case they are taken to the nearest trauma unit for stabilisation prior to transfer on to the Major Trauma Centre.
- All secondary transfers from a trauma unit to a major trauma centre take place within 48 hours
- All transfers out of the major trauma centre for repatriation/rehabilitation take place within 48 hours of referral to the trauma unit
- Rehabilitation prescriptions are completed for all major trauma patients

Our approach from April 2013

During this second phase of development from April 2013 to March 2014:

- All patients with major trauma are taken directly to a Major Trauma Centre if they are within 45 minutes travel time. Where this is not the case they are taken to the nearest trauma unit for stabilisation prior to transfer on to the Major Trauma Centre.
- There will be improvement of all areas clinical care (from injury to rehabilitation) in line with nationally recommended standards for best practice. This will require additional investment into trauma services in the region.
- Further work will be progressed to understand the future requirements for rehabilitation services for patient who have had major trauma.

During this phase improved information collection will help us to understand the impact of the changes and ensure that significant improvement in care has been achieved.

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Appendix 1 - Major Trauma Centres and Trauma Units

West Yorkshire

Major Trauma Centre: Leeds General Infirmary

Trauma Units: Bradford Royal Infirmary; Airedale Hospital; Huddersfield Royal Infirmary; Halifax Royal Hospital; Pinderfields (Wakefield) Hospital.

South Yorkshire

Major Trauma Centres: Northern General Hospital (Sheffield) and Sheffield Children's Hospital

Trauma Units: Barnsley Hospital; Rotherham Hospital; Doncaster Royal Infirmary.

North and East Yorkshire and the Humber

Major Trauma Centre: Hull Royal Infirmary

Trauma Units: Diana Princess of Wales Hospital (Grimsby); Scunthorpe General Hospital; York District Hospital; Scarborough Hospital.

Each sub-region will also have links to the bordering sub-regional areas, including to the networks in the North East, North West and East Midlands.