Improving Trauma Care in the West Midlands

West Midlands Strategic Commissioning Group

Purpose of Presentation

- Pre-consultation engagement
- An introduction to trauma services
- To outline the case for change
- To outline the benefits of improving trauma care
- To describe how trauma care is currently provided
- How we will improve trauma care
- To explain the best model for service delivery
- To share the options for service configuration
- To explain the process for decision making and next steps

Introduction To Trauma Services - Definitions

Definitions of Major Trauma

- Serious and often multiple injuries where there is a strong possibility of death or serious disability.
- Arm or above the knee leg amputations, severe knife and gunshot wounds, major spinal or head injuries.

Definitions of Trauma

Major trauma only concerns the most serious injuries. Trauma includes all other types of injuries such as a fractured hip or other bones and minor head injuries.

Common causes of Major Trauma are:

- Road traffic accidents, sporting injuries or falls from heights such as scaffolding or ladders.
- Complex injuries which often require specialist skills or services not available in all hospitals i.e. neurosurgery and cardiac services.

Case for Change- Why Improve Trauma Care?

2011/12 Operating Framework expects that all regions will design, develop and implement trauma care systems by March 2012

NAO report 2010

- Only 36% of patients requiring transfer for specialist care get transferred.

NCEPOD: Trauma – Who Cares? 2007

- Only 17 hospitals in the UK have all clinical services;
- 47.7% received good standard of care;
- Better care in high volume centres (57% v 39%);
- 13.4% inappropriate initial hospital response (SHO 23.5% Consultant 3.1%);
- 1 in 5 hospitals have no trauma team;
- 39.3% hospitals did not have resident anaesthetist at SPR level;
- Mortality for severely injured trauma patients alive to hospital is 40% higher in the UK compared to the USA;
- 1 in 4 severely injured patients require a secondary transfer to receive definitive care.

Improving Trauma Care - Benefits for Patients

Benefits to patients who are cared for within a trauma network include:

- Improved survival rates by 15- 20% (additional 45–60 lives saved)
- Speedier recovery for patients
- Severity of patient disability reduced
- Patients able to live more independently following their recovery
- More patients able to return to work
- Specialist major trauma care available 24 hours a day and 7 days a week
- Specialised staff, services and facilities available on one site
- Access to specialised rehabilitation services
- Quality improvement programmes ensuring continuous improvement of high quality care

How is Major Trauma Care Currently Provided?

- In the West Midlands do not have a 24/7 trauma care system.

- Currently severely injured trauma patients are taken to their nearest A&E department, they then need to be transferred to a more specialist hospital often for specialised diagnostic and interventions; neurosurgery and/or cardiothoracic treatment.

- The system and quality of service currently provided is poorer compared to some other international healthcare systems and we have poorer outcomes as a result.

- The average hospital sees less than 2 major trauma patients per week.

How Trauma Care will be improved

- Triage patients at the scene of the accident - supported by a senior paramedic and doctor.
- Patients taken direct to a specialist Major Trauma Centre (MTC) with all onsite services to rapidly assess and treat their injuries.
- Patients bypass local hospital if assessed as having severe and/or life threatening injuries or symptoms for specialist care at MTC.
- Care provided in fewer but more specialised centres that will have the skills, facilities and expertise to treat severely injured patients.
- Specialist Major Trauma Centres will be supported by a network of local Trauma Units and Local Emergency Hospitals.
- Trauma Units (TUs) will have a specific role in stabilising patients too unwell to travel the 45 minutes to the MTC or if more than 45 minutes away from a MTC. TUs will also provide rehabilitation services.
- Once patients are on the road to recovery following a period of acute rehabilitation, they will continue their rehabilitation locally and closer to home.

Model of Care

- Patients will be triaged at the scene using a trauma triage tool.
- The triage tool is designed to identify the severity of the patients' injuries to direct them to receive definitive and specialist care.
- In the West Midlands we expect the triage tool to be triggered approximately 6 times a day.
- 2 patients (32%) will be major trauma patients, 1 patient (12%) will be severely injured and 3 patients (56%) will also be taken to a Major Trauma Centre with less severe trauma injuries and will be discharged the same day or within 3 days.

Based on the London Findings

- We expect the triage tool to identify **1,971** patients a year and take them to a Major Trauma Centre. **630** will be major trauma patients and the remainder either moderately or less severely injured trauma patients.

In Context - There are **1.7 million** Accident and Emergency attendances every year at West Midland hospitals, the potential number of patients affected by these proposals represents **0.1%** of total A&E attendances.

Options for Service Configuration

Provisional Options for a West Midlands Trauma Care System

Network Option 1	Network Option 2	Network Option 3	Network Option 4
3 Adult Centre MTCs University Hospitals Birmingham NHS Foundation Trust University Hospital of North Staffordshire NHS Trust University Hospitals Coventry and Warwickshire NHS Trust	**2 Adult Centre MTCs** University Hospitals Birmingham NHS Foundation Trust University Hospital of North Staffordshire NHS Trust	**2 Adult Centre MTCs** University Hospitals Birmingham NHS Foundation Trust University Hospitals Coventry and Warwickshire NHS Trust	**1 Adult Centre MTCs** University Hospitals Birmingham NHS Foundation Trust
1 Paediatric MTC Birmingham Children's Hospital NHS Foundation Trust	**1 Paediatric MTC** Birmingham Children's Hospital NHS Foundation Trust	**1 Paediatric MTC** Birmingham Children's Hospital NHS Foundation Trust	**1 Paediatric MTC** Birmingham Children's Hospital NHS Foundation Trust

In each network option the Major Trauma Centres may be supported by a number of Trauma Units. Whilst some localities may not require or desire a Trauma Unit, in some areas Hereford and Shrewsbury for example, a Trauma Unit will definitely be required due to geography and populations being outside of a 45 minute travel zone to a Major Trauma Centre.

Key Milestones and the Decision Making Process

Milestones	Completion Date
PID developed and agreed in reflection of revised scope and milestones.	April 2011
Model of Care finalised and Implications agreed by Project Board, Steering Group and Clusters	May 2011
Specification for Integrated Impact Assessment (IIA) and Pre-Consultation	End of May 2011
Completion of IIA and plan for Pre consultation	July/August 2011
Pre Consultation Phase	August/September 2011
Completion of Evaluation Document	September 2011
Multi-Cluster Trauma Unit Selection Panel	8th September 2011
Project Board Appraisal of Trauma system options	End of September 2011
Appraisal document to Clusters, Steering Group & Stakeholders	Early October 2011
SCG preferred option recommendation for consultation	End of October 2011
Stage 1 Gateway Review	October 2011
Public Consultation (subject to HOSCs)	November - February 2012
Final Decision by SCG and Four Tests Review by SHA	February 2012
Commence Implementation	Mid Feb 2012 onwards

Pre Consultation-Next Steps

- A regular trauma newsletter has been introduced to keep you and other stakeholders involved and informed.
- We aim to present to you the findings of the Integrated Impact Assessment in September.
- We will seek your views upon the option appraisal evaluation in Sept/Oct 2011.
- We will share with you the preferred option in October 2011 for you to consider whether this requires public consultation.
- Are there other engagement or pre-consultation activities you would wish us to build into the project?
- Are there any questions?