Health Scrutiny and Performance Panel **Agenda Item No. 11**

24 October 2011

Improving Trauma Care across the West Midlands

Ward(s) All

Portfolios: Cllr B. McCracken – Social Care and Health

Report:

The case for change including: the reasons for the change

The NHS in the West Midlands is proposing to transform the care people receive when they suffer major trauma by introducing an improved system of care across the region.

The need for change was identified following the publication of several studies that highlighted the care provided to severely injured patients in England was not as good as it could be. These studies included the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) in 2007 which highlighted that only 17 hospitals in the UK have all the clinical services needed.

There is a lot of evidence particularly in the USA that shows the benefits and improved outcomes for patients if dedicated specialist centres have a wide range of specialist staff, equipment, like scanners, and services that are available on the same hospital site. Based on evidence from overseas, where trauma systems have already been put in place, the West Midlands could expect to save an additional 45 – 60 patients' lives following a major trauma incident, like a serious road traffic accident, a farming accident or fall from a height off a ladder or on scaffolding on a building site.

The introduction of a trauma care system across the West Midlands is taking place because it is a national requirement in the NHS Operating Framework in England 2011/12. It says that all regions should be moving trauma service provision into regional trauma systems - to make significant improvements in the clinical outcomes for major trauma patients. Here in the West Midlands we expect to begin implementation of a regional trauma care system no later than March 2012 (through a phased approach)

1b – How will the new proposals be better?

Currently we do not have a 24 hours a day and 7 days a week specialist trauma care system in the region. We know that having a major trauma care system could save 45 – 60 (20%) more lives every year. If a major trauma system is put in place which serves the whole region, patients will have

access to major trauma centres, providing round the clock specialist care supported by a number of trauma units and local hospital emergency departments.

By introducing a trauma care system across the West Midlands patients with severe/multiple injuries will have a better chance of survival in a major trauma centre and a much better recovery and quality of life for the future.

Major trauma is defined as serious injuries which threaten life including: above the knee amputation; major head injuries; multiple injuries, both internal and external; spinal injury, which could lead to paralysis, and severe knife and gunshot wounds. Most major trauma patients are taken to a hospital by a 999 emergency ambulance. Major trauma is about the most serious injuries.

Other types of trauma such as a fractured hip or other bones and minor head injuries will continue to be treated at trauma units and your local emergency hospitals.

A Trauma Care System is the name given to the partnership working between hospitals that will provide the Trauma Care Services via a Trauma Network, in a given geographical area – for us it will be the West Midlands region.

The Trauma Project Board agreed at its meeting in September, that the preferred option for a trauma care system across the West Midlands would be for three trauma networks. This will now go to the West Midlands Strategic Commissioning Group at the end of October for final approval. This group is made up of the five PCT Cluster Chief Executives from across the region. Each trauma network would have a Major Trauma Centre plus trauma units and local emergency hospitals. All district general hospitals within the region have been given the option of becoming a trauma unit if they met the trauma designation standards.

At the heart of the Trauma Network is the Major Trauma Centre plus all other providers of trauma care including: ambulances and the air ambulance; other hospitals who receive emergency trauma patients and rehabilitation services. The trauma network will also have links into social care and the independent sector.

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

- Improved survival rates by 20% (45 – 60 lives each year)
- Speedier recovery for patients (less time in hospital)
- Severity of patient disability reduced
- Patients able to live more independently following their recovery
- More patients able to return to work
- Specialised major trauma care available 24 hours a day and 7 days a week
- Specialised staff, services and facilities available on the same hospital site
- Access to specialised rehabilitation services which will help the patients to recover quicker and to overcome disability

- The use of quality improvement programmes with the aim of making sure that there is continuous improvement in the quality of care provided

2). Key Milestones document attached for information – Please note that the implementation date of March 2012 cannot be changed – as stated previously this is set out in the NHS Operating Framework 2011/12.

The next steps for engagement will follow.

Communications and Engagement to date

Communications and engagement has been ongoing throughout 2011 with clinicians, NHS managers, the 3 emergency services, patient's advocacy groups like Headway and Rehab UK, all HOSCs and LINks and through Primary Care Trusts and Hospital Trust communications leads to share with appropriate groups. Information is available on our website www.wmsc.nhs.uk and a press release and newsletter has also been issued in August/September again to all key stakeholders as above. News articles that we are aware of include Birmingham Post and Mail, Coventry Evening Telegraph and Beacon and BRMB radio. Information has also been posted on LINks websites e.g. Staffordshire and Coventry LINks.

Clinicians from across the region which include Accident and Emergency Consultants, Consultant Traumatologists, Neurosurgeons, cardiothoracic surgeons, specialist rehabilitation and other specialist doctors and nurses have been involved in the engagement and are in support of a three major trauma centre option.

It should be noted that the NHS does not have a choice whether to implement these improvements – it is a national requirement of the NHS Operating Framework 2011/12 that all regions should introduce a regional trauma system no later than March 2012. As such, people are not able to influence these changes.

Two workshops have been held with key stakeholders – one in February and one in July 2011 attended by a wide range of stakeholders including local councillors, representatives from Headway and Rehab UK and clinicians from hospital trusts across the region. The first workshop was for members to agree the service specifications for the West Midlands major trauma system. The second event was to input into the production of the Integrated Impact Assessment (IIA) produced by Mott McDonald (MM). MM has also worked with focus groups including patients, patient representatives and other stakeholders to inform the IIA. Approximately 25 – 30 people attended each workshop.

West Midlands Specialised Commissioning Team (WMSCT) is undertaking this review on behalf of the 17 West Midlands Primary Care Trusts (PCTs). WMSCT is a formal sub-committee of the PCTs and therefore it is the responsibility of the PCTs, as the statutory organisation, to undertake the

engagement for this review. At a meeting with the PCT Cluster communications and engagement leads last week it was agreed that they would take this forward on our behalf. They will engage with the high risk groups as highlighted in the Integrated Impact Assessment:

- Young males aged 16 – 29 years
- People from BAME groups and in particular young males from BAME groups
- Older people (those over 65)
- People from socio-economically deprived communities
- People from densely populated and urban areas
- People from rural communities

It is proposed to step up engagement for a 6 – 8 week period from 1st November 2011 – 20th December 2011.

They propose to use local events, patient groups and other forums already in place within their organisations to reach as many people as possible and will report back at the end of the engagement period, noting number of people at events and their views, highlighting any concerns.

Re: Panel's request to understand why it is felt that restricting the potential providers to NHS deliverers achieves best outcomes for patients and taxpayers

In answer to this question – patients who suffer major trauma injuries need urgent specialist emergency care as quickly as possible and all available on one hospital site to give them the best chances of survival. Only hospitals described as 'tertiary' centres, which are big hospitals which have all the specialist services on one hospital site are able to provide this emergency care 24 hours a day 7 days a week. These specialist services include:

- All specialist staff, services and facilities available on one hospital site which not all hospitals are able to provide
- Specialist care provided 24 hours a day 7 days a week
- Access to MRI and CT scanners within one hour
- Access to Intensive Care/Critical Care beds
- Specialist hospital staff including neurosurgeons when dealing with severe brain injuries or cardiothoracic surgeons when dealing with crushed chest injuries or amputations
- Specialist rehabilitation whilst in the trauma centre
- Would go straight to the specialist trauma centre by emergency ambulance where possible

As this is specialist emergency care, the costs to independent providers to finance the construction of a hospital, purchase the specialist equipment and employ specialist staff would be extremely high and they would not be able to compete with large specialist hospitals that already have this available.

The introduction of a trauma care system across the West Midlands aims to

improve the quality of emergency specialist care that patients with severe life threatening injuries will receive with the aim of achieving best outcomes for patients. By improving patient's chances of survival, reducing disability and enabling more patients to live a more independent life and return to work where possible will reduce that person's impact on both NHS and social care making best use of taxpayers' money.

Recommendations:

That:

1. the report be noted;

and;

2. the NHS proposal for a period of engagement with identified high risk stakeholders for approximately 6 – 8 weeks be supported.

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Key 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 Business Case	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 Engagement/Consultation (subject to HOSCs)	November – December 2011
Final Decision by SCG and Four Tests Review by SHA	February 2012
Commence Implementation	Mid Feb 2012 onwards