

**MAJOR TRAUMA CENTRE UPDATE - JUNE 2011**  
**Submitted to Middlesbrough Borough Council Health Overview & Scrutiny**  
**Committee : 4 July 2011**

**1) Background**

Trauma is one of the cornerstones of the Trust's strategy as a specialist centre for Teesside and the South of the Northern region.

Poor outcomes in the management of major trauma (Injury Severity Score 16 or greater) have been highlighted in a number of reports from Royal Colleges and the National Confidential Enquiry into Patient Outcome and Death (NCEPOD). A growing awareness of needless loss of life in the relatively young 'at risk' population and associated disability and consequent long term costs to the health economy as a whole has resulted in a Department of Health initiative to improve the care of patients with major trauma. Professor Keith Willett has been appointed as National Clinical Director for Trauma and a clear mandate has been given that health regions need to develop major trauma systems. These should be established from April 2011 and fully commissioned from April 2012.

The key principle in the establishment of major trauma networks is the rapid delivery of patients to the facility with the specialised services needed to provide definitive care. This changes the current philosophy of delivery to the nearest facility irrespective of its ability to meet the needs of that particular patient.

The London Trauma System has led the way and early indications have confirmed improved care of patients with major trauma and improved outcomes in terms of both disability and mortality.

**2) The Northern Trauma System - Progress**

Some regions are well advanced in the development of major trauma systems. The North East SHA has stated that a single Northern Trauma System should oversee two trauma networks.

One of these is based to the north of the region and will comprise a Major Trauma Centre at the Royal Victoria Infirmary in Newcastle and this will act as a hub for a number of Trauma Units including Wansbeck, North Tyneside, South Tyneside, Sunderland, Gateshead and Durham.

The second Major Trauma Centre is based at the James Cook University Hospital (JCUH) in Middlesbrough and will act as the hub for Trauma Units in Stockton and Darlington. In discussion at the Regional Clinical Workshop for Yorkshire and Humber, it is anticipated that major trauma patients north of the A170 if transported by land ambulance will be brought to the James Cook University Hospital. The Great North Air Ambulance during flying hours extends the catchment area to part of the North Yorkshire Moors and Dales.

Both trauma networks will be mainly serviced by a single land ambulance service North East Ambulance Service (NEAS) and the North West Ambulance and Yorkshire Ambulance Services on an occasional basis. The Great North Air Ambulance Service (GNAAS) and the Yorkshire Air Ambulance provide cover during daylight flying hours in conjunction with the support from RAF Bulmer and the police helicopters. These services will have a pivotal role in the triage and delivery of victims of major trauma directly to the MTCs where appropriate.

It is envisaged that the two major trauma networks will work in collaboration with agreement to accept patients out-with the traditional geographical boundaries and patient flows within the system in the event the other network is overwhelmed with patients on a given day. This provides the region with resilience in the event of a major incident in the North East.

### 3) **Progress with the Tees, Moors and Dales Network**

- Appointment of Clinical Director for Trauma Network, Kyee Han, Consultant in Accident & Emergency Medicine, Medical Director NEAS
- Appointment of Corporate Director Lead, Rob Wilson, Medical Director
- Appointment of Lead Manager, Carol Dargue, Divisional Manager
- Regular Trauma Care Delivery Group meetings, chaired by Kyee Han continue with representatives from all trauma related specialities attending
- Morbidity & Mortality quarterly meetings in place with Phil Godfrey, Consultant in Anaesthesia, co-ordinating
- Meetings held with medical directors from North Tees and Hartlepool and Darlington and Durham in order to seek agreement regarding South Tees Major Trauma Centre status and their Trauma Unit status, with both Foundation Trusts agreement
- Clinical representatives, from both major trauma units have successfully attended meetings in Middlesbrough
- Progress has been made regarding the safe transfer of patients from other sites to Middlesbrough. Protocols are written in draft format
- Protocol for image transfer between North Tees and Hartlepool, Durham and Darlington has been agreed, policy currently being issued
- “Massive Transfusion” protocols have been agreed and policies have been issued
- Future plans to hold the Network meetings at other hospital sites will be timetabled in the Trauma Care Delivery Group annual diary

- Participating in HITS NS (Head Injury Transportation Straight to Neurosurgery)
- Using the East Midlands Gap Analysis Document, as suggested by Professor Keith Willett, a full gap analysis has been undertaken by the Trauma Care Delivery Group. This formed the basis of the Trust's bid to the Strategic Health Authority (SHA). The outcome of this is awaited.

#### **4) Keith Willett Visit to the Trust**

On Tuesday, 31 May, Professor Keith Willett visited the Trust. All members of the Trauma Care Delivery Group and Professor Wilson were able to present the Trust's current position to Professor Willett and in turn he updated the team on the national picture. He then facilitated a question and answer session and discussions followed.

Professor Willett stressed the importance of rehabilitation services to the group. He acknowledged that we have good Neuro-Rehabilitation and Spinal Cord Injuries rehabilitation but felt that we should work on our rehabilitation pathways for trauma patients so that in future every patient has a rehabilitation plan. He also highlighted that he would be working with the Department of Health in order to pursue the separation of the acute phase of treatment with the rehabilitation phase for tariff purposes in the future.

#### **5) New Trauma Tariff**

Previously income was received for patients by costing only the dominant and therefore highest cost procedure. From April 2011 income related to Major Trauma activity is allocated based on a sliding scale of diagnoses and procedures, meaning that every individual injury and surgical procedure will attract the associated income.

It is expected that from April 2012 Trusts who only have Trauma Unit status will not be paid for treating Major Trauma patients and therefore any further growth or shifts in activity to the Trust are likely to occur at this stage.

#### **6) Summary**

Good progress is being made toward the establishment of a Northern Trauma System – but there is still work to do to model in detail the likely patient flows into the two centres. This work is being taken forward collaboratively by Commissioners, Foundation Trusts, NEAS and the SHA.