Middlesbrough Council

Middlesbrough moving forward

AGENDA ITEM:

OVERVIEW & SCRUTINY BOARD

2011

HEALTH SCRUTINY PANEL
THE DESIGNATION OF JAMES COOK UNIVERSITY HOSPITAL AS A MAJOR TRAUMA CENTRE

PURPOSE OF THE REPORT

1. To present a written account of the Health Scrutiny Panel's consideration of the designation of James Cook University Hospital as a Major Trauma Centre.

RECOMMENDATIONS

2. That the North East Strategic Health Authority, NHS Tees and the emerging Clinical Commissioning Group continues to support the implementation of the trauma strategy and ensures appropriate investment takes place to ensure that the strategy is implemented, in its entirety, by April 2012.

CONSIDERATION OF REPORT

3. The Panel considered this topic at a meeting on 4 July 2011, with senior representatives of the South Tees Hospitals NHS Foundation Trust (STHFT) in attendance to answer questions.

4. According to a report by the National Audit Office[1],

Major trauma describes serious and often multiple injuries where there is a strong possibility of death or disability. In England, the most common cause is a road accident. We estimate that there are at least 20,000 cases of major trauma each year in England resulting in 5,400 deaths and many others resulting in permanent disabilities requiring long-term care. There are around a further 28,000 cases which,

[1] http://www.nao.org.uk/publications/0910/major_trauma_care.aspx

although not meeting the precise definition of major trauma, would be cared for in the same way.

There are currently 193 hospitals in England that provide major trauma services within their emergency departments. Major trauma is, however, a minor element of emergency department work equating to less than 0.2 per cent of total activity. We estimate that major trauma costs the NHS between £0.3 and £0.4 billion a year in immediate treatment. The costs of any subsequent hospital treatments, rehabilitation, home care support, or informal carer costs are unknown. We estimate that the annual lost economic output as a result of major trauma is between £3.3 billion and £3.7 billion.

5. The Panel was advised by representatives of the STHFT that Trauma is one of the cornerstones of the STHFT strategy as a specialist centre for Teesside and the South of the Northern region.

6. The Panel heard that 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), as well as the recent National Audit Office Report. A growing awareness of needless loss of life in the relatively young 'at risk' population, 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. The Panel was advised that a National Clinical Director for Trauma had been appointed, and a clear mandate has been given that the health regions need to develop major trauma systems. The Panel was advised that these should be established from April 2011 and fully commissioned from April 2012.

7. It was confirmed to the Panel that 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. The Panel learned that this was a change to the current philosophy of delivery to the nearest facility, irrespective of its ability to meet the needs of that particular patient.

8. It was said that 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.

9. The Panel heard that the success of the national drive to improve Major Trauma Care will ultimately be judged by outcome data. It was confirmed that historically, such data indicated that survival rates for Major Trauma could be as much as 40% worse than the United States of America. The Trauma Audit and Research Network (TARN) collect the best data currently available on the quality of major trauma care. These data include pre-hospital times, mechanism of injury, injury severity, times to treatment, length of stay, and outcomes based on mortality. The database uses a model to calculate the likely rates of survival for particular injuries or combinations of injuries, taking into account age, gender and the patient's physical response to their injuries. The database then compares the number of expected survivors against the

number of actual survivors to produce a rate of survival for each hospital, adjusted by the complexity of the major trauma case.

10. With the benefit of background information around the national picture in Major Trauma Services, the Panel considered the North East picture.

11. It was confirmed that NHS North East (SHA) has stated that a single Northern Trauma System should oversee two trauma networks.

10. 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. This will act as a hub for a number of Trauma Units including Wansbeck, North Tyneside, South Tyneside, Sunderland, Gateshead and Durham.

11. 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 taken to the JCUH. The Great North Air Ambulance, during flying hours, extends the catchment area to part of the North Yorkshire Moors and Dales.

12. The Panel learned that both trauma networks will be mainly serviced by a single land ambulance service, namely 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. It was said that these services will have a pivotal role in the triage and delivery of victims of major trauma, directly to the Major Trauma Centres where appropriate.

13. 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. The Panel was reassured to hear that this provides the region with resilience in the event of a major incident in the North East.

14. The Panel was advised about a number of areas of progress in developing 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.

15. The Panel was pleased to see that a great deal of progress had being made in the development of the Trauma Networks for Middlesbrough. The Panel made enquiries as to the outstanding areas of activity still requiring progress to deliver the Trauma vision.

16. The Panel heard that whilst JCUH had been designated as a Major Trauma Centre, the overall plan has an implementation date of April 2012.

17. The Panel was advised that the coming structural re-organisations for the NHS, advocating the abolition of SHAs and PCTs, presents a challenge for the development of Major Trauma Services. Specifically, the Panel heard that there is a challenge to ensure that the current impetus behind improving the resilience and capacity of Major Trauma Services, is not lost following the structural reorganisations. The Panel heard that SHAs currently provide a regional planning dimension and have played an important role in developing a regional vision for Major Trauma Services. The Panel accepted that it remained a source of concern that this regional dimension will be lost when

the NHS reforms are fully implemented. In addition, the Panel was advised that at present, no extra resources have been released to ensure that the Major Trauma Strategy, of which JCUH's designation is a part, is put into practice. The Panel expressed the view that it is crucial that the appropriate resources are released. This, the Panel heard, would ensure that providers could make the necessary improvements to facilities and develop their staff where appropriate, to ensure that they are able to do what is expected of them. The Panel was advised that a relatively small amount of 'start up' money is required for this task, as the care of trauma patients will be financed by the trauma tariff in the same way as any other hospital care is paid for.

18. As such, the Panel resolved to write to the North East Strategic Health Authority, to congratulate NHS colleagues on the progress in developing services for Major Trauma thus far. In addition, the Panel will seek an assurance that despite the structural reorganisations within the NHS, the impetus of the project will not be lost and appropriate funding will be released to ensure that the Plan is fully implemented, by April 2012. In addition to this funding being important for STHFT, it is also crucial that NEAS staff are appropriately trained to ensure that effective triage can take place and paramedics are well informed as to which hospital is the most appropriate for any particular patient. The Panel would also like to receive reassurance that the needs and required capacity of NEAS staff is given adequate consideration in implementing the Major Trauma Plan.

BACKGROUND PAPERS

19. Please see the meeting papers for the Health Scrutiny Panel on 4 July 2011.

20. Please see the National Audit Office's Report :*Major Trauma Care in England*, published 2010. Can be accessed via http://www.nao.org.uk/publications/0910/major_trauma_care.aspx

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