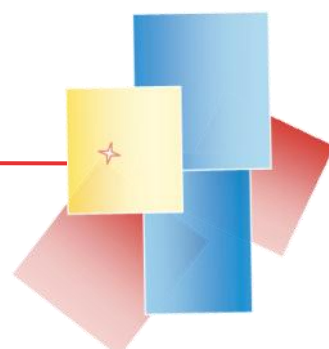


Surviving Major trauma



Find out more about major
trauma services in your area

On behalf of the East of England Trauma Network



Information Pack

Deadline for feedback: 6 February, 2012

Published November 2011

www.eoescg.nhs.uk

What are we talking about?

Services for people who suffer very serious and life threatening injuries are changing. From April 2012, people who suffer major trauma will get access to world class emergency care thanks to a new service development programme for the whole of the East of England.

This document gives you more information about the changes taking place and asks for your views on how we can make sure the service is the best it can be for the people in our region.

Surviving major trauma

Major trauma - the name given to severe injuries, such as those people might receive in a car accident - is the leading cause of death for people under the age of 40 in the UK. Every year in the East of England around 600-800 people suffer with major trauma.

At the moment people with major trauma are taken to local hospitals but because such injuries are rare, emergency teams only see around one patient every week. This means the skills and knowledge required to treat patients with the most severe injuries have not developed as fast as other types of emergency medicine.

This is one of the reasons that mortality from major trauma is higher in the UK than in many other developed countries.

International research has shown, however, that it is possible to increase survival rates and dramatically improve outcomes if patients are taken to hospitals that have the appropriate staff and facilities to provide definitive care for their injuries.

Evidence from other countries shows us that bringing together all trauma and emergency services into a joint network of care from treatment at the scene all the way through to recovery following many types of complex rehabilitation improves outcomes - in other words more people survive and have fewer long term complications.

The NHS in England has recognised the potential for improvement in the management of severe injury and major trauma and has committed to improving services for major trauma care, and to introducing regional Trauma Networks across England from April 2012.



The case for change

Providing expert trauma care in every hospital is incredibly difficult. In the East of England major trauma cases account for around 0.1% of all the work Emergency Departments do.

There is a wealth of international research showing that more patients will get better outcomes if dedicated centres, with a wide range of specialties on one site, are available. As most hospitals in the region only ever see a handful of cases each year, it is simply not possible to have all the necessary skills available all the time, just in case.



It was this concern that prompted a series of national reviews (National Confidential Enquiry into Patient Outcome and Death – Trauma Who Cares? National Audit Office – Major Trauma Care in England), leading in 2010 to a requirement that every Strategic Health Authority region in England should have a Trauma Network and a dedicated Major Trauma Centre (MTC) in place by the end of 2011/12.

Introducing the East of England Trauma Network

In the East of England we have been working for some time with a number of very senior and internationally renowned clinicians from across the region to help develop a network for major trauma care.



East of England Trauma Network

By establishing new ways to deal with major trauma cases, in line with best practice and international experiences, we can save significantly more lives each year.

What we mean by ‘network’

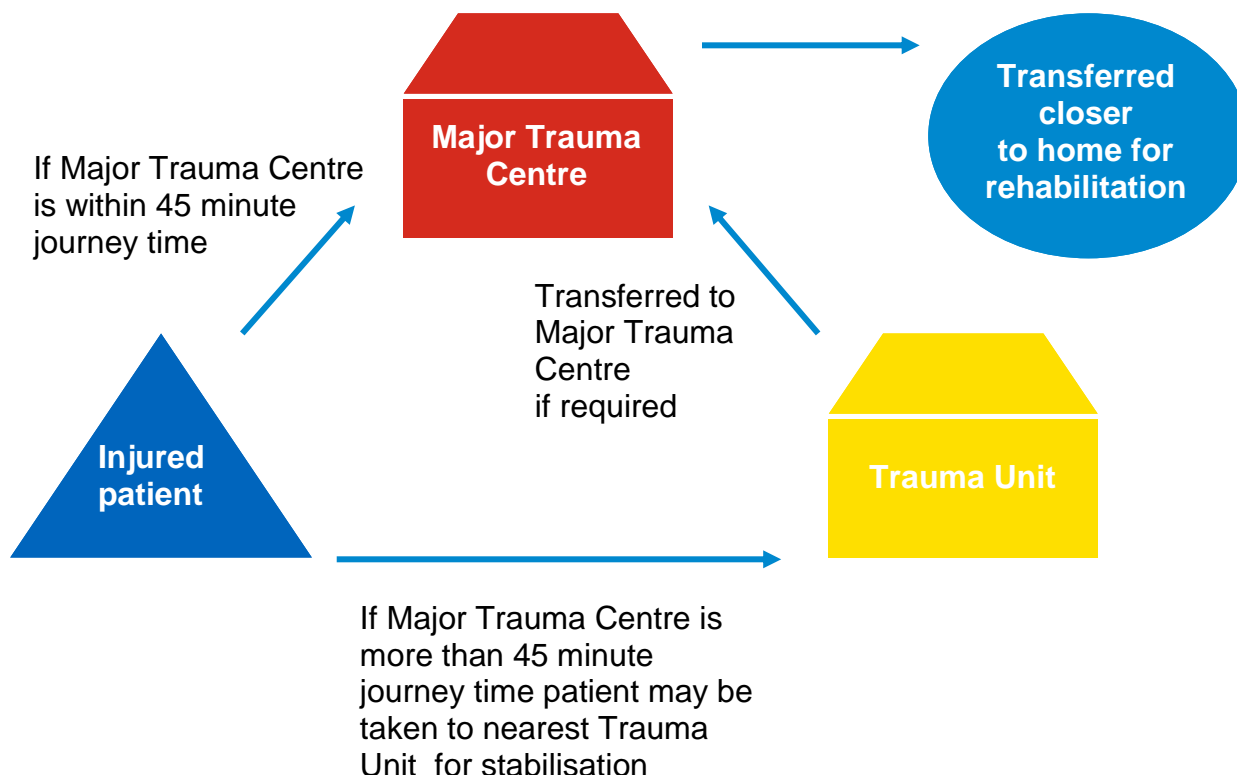
The system of clinical networks is a well established way of working in the NHS. Networks bring together people who have similar experience and expertise and who work in related areas of health care. In this way clinicians, doctors and nurses can share the very latest treatments and knowledge and help develop services that work together, rather than in isolation.

Networks are inclusive in the sense that they take a population based approach, and they respect and embrace the role of every hospital and every provider of care in the patient’s journey, from the scene of the incident right through to rehabilitation.

They are also able to manage the system and have the authority to monitor quality and performance, introducing policies and procedures as needed and where medical practices advance, across all care providers in the network.

This is how we have approached major trauma services in our region.

A network with a Major Trauma Centre at its heart



The new Major Trauma Centre...

In line with the national requirements, clinicians and Primary Care Trusts (PCTs, who buy the health services that are required for their populations) agreed to establish a single Major Trauma Centre (MTC) in the East of England.



The MTC is a new service which, once up and running, will support the existing work of the hospitals in the region; because of this there will be no changes to current accident and emergency provision at any of the region's acute hospitals. Indeed the existing acute hospitals will become 'Trauma Units', continuing with and improving the levels of care that they already provide.

In order to be a Major Trauma Centre a hospital must, amongst other things, be able to provide neurosurgery and interventional radiology. There is only one hospital in the East of England region that is able to do these things and that is Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's Hospital), based in Cambridge.

For these reasons it has been agreed that Addenbrooke's Hospital should become the region's Major Trauma Centre.



...as part of a region wide network

It is important to stress that the MTC will serve the majority of the East of England, running as part of a network with our 17 acute hospitals. The new East of England centre will look after the most seriously injured patients using expert doctors and nurses with access to cutting edge equipment.

In turn the Trauma Units will link with the MTC to share learning and expertise on major trauma. This will greatly improve each hospital's ability to stabilise major trauma patients, if needed, before they are transferred to the MTC or to receive patients after initial treatment so that the rest of their care can be given closer to home.

As well as the East of England Trauma Network, patients in Hertfordshire and Essex who are closer to the North West and North East London Trauma Networks will still continue to access these, and patients in Peterborough, the East Midlands Trauma Networks (once established). The Trauma Network Coordination Service will coordinate the hospitals and any transfers required.

The idea is that no matter where you have a serious accident, you will be able to access the specialist care you need.

Facts & figures

Major trauma generally includes such life-threatening physical injuries as major head injury, multiple injuries, bleeding from ruptured organs (such as the spleen or liver), spinal injury, amputation of limbs and severe knife or gunshot wounds.

- In the East of England over 3,000 patients per year are involved in serious injury events. It is estimated that three of every four of these patients will survive to hospital.
- Of these, one will meet the criteria for life threatening major trauma, the most complex form of trauma, and two will have a potentially life changing severe injury.
- In England in 2010 there were 36,000 recorded emergency admissions to hospitals resulting from road traffic incidents, resulting in 1,850 deaths. The economic welfare cost of reported road accidents was estimated to be around £15 billion.
- RoSPA (Royal Society for the Prevention of Accidents) report that 13,500 people die a year as a result of accidents in the UK.
- There are 18 Emergency Departments in the East of England region – in total they treat over 1,000,000 emergency admissions each year. Only around 800 of these would be classified as major trauma.
- There will be 10 trauma systems in England as a result of the new requirements. Some areas will have more than one Trauma Network, like London which has four in total. This national approach means that it will not matter where an incident occurs - every major trauma patient in England will be assured of excellent, specialised care.
- In America, where Major Trauma Centres have already been established, deaths from major injury have reduced by 25%.
- Research has shown that time from injury to definitive surgery is the deciding factor in outcomes for major trauma patients (not time to arrival in the nearest Emergency Department).

Who is making these changes?



The project is coordinated by the *East of England Integrated Trauma System Project Board* who are introducing the changes, and is led by clinicians and commissioners from across all areas of trauma care.

The project is overseen by the East of England Specialised Commissioning Group (SCG), working on behalf of your local NHS.

Both the Board and the SCG have been absolutely clear about the need to develop a trauma system that takes responsibility for all aspects of trauma care from the point of injury to rehabilitation and recovery.

Step by step – how it will work in our region

999 call, appropriate rapid response vehicle dispatched



Patient assessed as having serious head and abdominal injuries, and is stabilised according to standardised protocols



Taken to nearest Trauma Unit

(if the patient is inside the 45 minute ambulance journey time, they will be taken to the Major Trauma Centre)



CT scan taken sent to the Major Trauma Centre which prepares for patient's arrival



Patient transferred to Major Trauma Centre



Patient receives specialist surgical and neurosurgical care including ongoing monitoring



Patient receives specialist and/or community rehabilitation services as close to home as possible



Patient makes full recovery and is able to return to work and lead a normal life

Surviving major trauma...

A real life story of major trauma from our region

Patient: Matthew Stevenson

Date: August 2003



999 call to a road traffic collision between a car and a motorcycle on the A141 Huntingdonshire.

Motorcyclist Matthew Stevenson (in his early twenties) is severely injured.



Police and ambulance service attend the scene and the air ambulance team arrive swiftly by road.

Matthew is assessed as having injured his arms, legs, hand and head with internal injuries to his spleen and lungs.



Matthew is anaesthetised and taken by ambulance to the future Major Trauma Centre at Addenbrooke's Hospital.



Matthew is in a coma for two days and spends a total of four days in intensive care.

He is in hospital for 16 days overall.

Matthew is discharged home.



Matthew receives community-based rehabilitation for three years.



Frequently asked questions

In this section you will find answers to some commonly asked questions. This list has been compiled with the help of the East of England Regional LINK Network.

We hope the answers provided help you understand more about the East of England Trauma Network and the new services that are being developed.

If you do not find the answer you are looking for or have a question not covered here please contact us at majortraumafeedback@eoescg.nhs.uk, via our website at www.eoescg.nhs.uk or by phone on 01279 666388.

What is a Trauma Network?

A Trauma Network is the name given to the partnership between the local organisations which will deliver trauma care services in a geographical area from the time of injury. It is made up of all providers of trauma care such as the ambulance service, hospitals who receive trauma admissions, rehabilitation services and charities. At the heart of the Trauma Network is the Major Trauma Centre which works with other hospitals in the region that are called 'Trauma Units'.

What is major trauma?

Major trauma generally includes multiple serious injuries that could result in death or serious disability, for example pelvic fractures, severe knife or gunshot wounds, bleeding from ruptured organs (such as the spleen or liver), spinal injury and amputation of limbs.

What is the difference between major trauma and ordinary trauma injuries?

The difference is in the severity and/or number of injuries. Major trauma is used to define serious life-threatening and/or multiple injuries. Generally speaking, just the term 'trauma' is used to describe single injuries such as a fractured hip, minor head injury or fractured ankle.

What is a Major Trauma Centre?

A Major Trauma Centre will provide treatment to people with the most serious injuries. By being treated in a Major Trauma Centre, patients will have direct access to a team of specialists including diagnostics, neurosurgery and orthopaedics and have access to the multiple services they are likely to require.

Why do we need Major Trauma Centres?

There is a wealth of research showing that outcomes for major trauma patients are improved if services are focused in a small number of specialist Major Trauma Centres.

Offering comprehensive, high quality care for major trauma is incredibly complex and therefore it is vital to have access to dedicated teams and a wide range of specialties on one site. Not only will patient survival rates increase, but recovery periods will shorten.

[Click here](#) to read more evidence about Major Trauma Centres or visit www.nhs.uk

How do you choose which hospitals will become a Major Trauma Centre?

There are agreed standards that a MTC must meet. The decision on where to place a MTC will depend on:

- The numbers of major trauma patients in each region
- Geographical location and travel time to major trauma centres
- Current hospital facilities
- Availability of key on-site services such as neurosurgery (brain surgery)
- Clinical expertise within the hospital
- Good quality outcomes for patients

Why can't every hospital be a Major Trauma Centre?

Not every hospital can provide all the major specialist services, facilities and staff that are needed to treat patients with severe trauma injuries 24 hours a day, especially neurosurgery. The hospital that is chosen as the Major Trauma Centre also needs to see a certain number of patients on a regular basis to build and maintain staff expertise and skill.

What is a Trauma Unit?

A Trauma Unit is a hospital in a Trauma Network that provides immediate resuscitation of some major trauma patients before transferring them to the MTC. They may also be able to provide some specialist care not available in the Major Trauma Centre. By taking into account these specialities, a true network of care can be created for patients so that they are treated in the hospital most appropriate for their needs.

Trauma Units will ensure that the patient returns from the MTC when it is appropriate and accesses community services for rehabilitation local to them and their family.

Will Trauma Units be at every acute hospital?

At the moment it is expected that every hospital in the East of England will become a Trauma Unit. All Trauma Units have minimum standards they must meet and ongoing reviews to see if they wish to remain Trauma Units. The review would take into account the number of major trauma cases they see and would not affect their current Emergency Department capabilities.

Is this going to close local hospitals or Emergency Departments?

No, these Trauma Networks will be an additional service. Major trauma care accounts for around 0.1% of all Emergency Department patients. Most hospital Emergency Departments treat on average less than one major trauma patient a week, so any change will not impact significantly on their workloads.



Is this a new service?

Yes – we are creating a new service to look after the most seriously injured individuals. Given that major trauma incidents are, thankfully, low in number it makes sense to treat them in one specialised centre.

Will the longer journey times from the scene be bad for the patient's prospects of recovery?

Evidence demonstrates that there are better outcomes for patients when treatment is given in specialist centres. Where possible (and in most cases) patients assessed as having major trauma injuries will be taken straight to the Major Trauma Centre.

However, because our other Emergency Departments will be part of the network as Trauma Units, they will continue to receive major trauma patients if initial care at a hospital closer to the scene of an incident is required. In this way, by establishing a centre of excellence which supports and is supported by a network of other Emergency Departments, we will be able to dramatically increase survival and recovery rates for patients.

What are the benefits for trauma patients?

Benefits to patients who are cared for within a Trauma Network include:

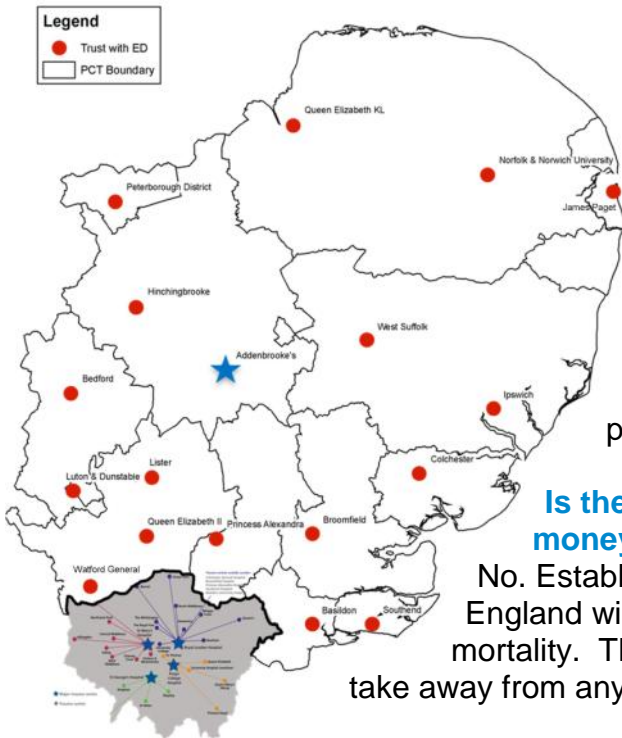
- Improved survival rates
- Speedier recovery for patients
- Severity of patient disability reduced
- Patients able to live more independently following their recovery
- More patients able to return to work
- Specialist major trauma care available 24 hours a day, seven days a week
- Specialised staff, services and facilities available on one site
- Timely access to specialised rehabilitation services
- Quality improvement programmes ensuring continuing improvement of high quality care

What is happening elsewhere in England?

It is a national requirement from the Department of Health that all regions should be moving trauma service provision into regional Trauma Networks to make significant improvements to clinical outcomes for major trauma patients.



In the east of England



What area will the East of England Trauma Network and Major Trauma Centre cover?

All patients in the East of England will have access to the Major Trauma Centre, but some areas of south Essex and Hertfordshire will also be able to access North East London and North West London Trauma Networks. Where there is a very clear time advantage in going to a MTC in another region, pathways will be created. This decision will be based on detailed journey time analysis and established clinical protocols.

Is the establishment of the Trauma Network to save money rather than lives?

No. Establishing the Major Trauma Network in the East of England will improve patient outcomes and decrease mortality. This is an investment in local services and will not take away from any existing Emergency Department service.

What impact would the Major Trauma Centre have on existing related services at Trauma Units?

The Major Trauma Centre is seen as an extension of the current services available at hospitals and will not affect them. Instead it is predicted that the Major Trauma Centre will improve the flow of patients through those services and ultimately improve patient outcomes.

Where will funding come from for the Major Trauma Centre?

The establishment of the Major Trauma Centre has been funded by the East of England Specialised Commissioning Group, on behalf of the 13 PCTs in the East of England.

Will the consultants / doctors be dedicated to Major Trauma Centre duties or will they also undertake A&E duties?

Consultants/Doctors will still continue with their Emergency Department duties, but they will also be available when any major trauma cases come through to the Major Trauma Centre.

Will staff receive training to work in the Major Trauma Centre or will additional staff be employed?

Most clinical staff in Emergency Departments are already trained to deal with major trauma, however for those that require further training, additional accredited training courses will be provided. These changes will ensure staff trained in major trauma will see enough patients to maintain and further improve their skills and knowledge, leading to better outcomes for patients.

Best practice will be shared across all Trauma Units in the network. More staff are also being recruited as part of the development of the Major Trauma Centre.

Isn't the region too big to cut back on major trauma services at other hospitals?

All hospitals in the region will still retain their Emergency Departments and continue to treat patients. The one small difference is that they will now become Trauma Units, supporting the Major Trauma Centre and caring for patients with serious injuries.

Patients with multiple or serious life threatening injuries that cannot be moved quickly or safely to a Major Trauma Centre will be taken to the local Trauma Unit to be stabilised and then moved to the Major Trauma Centre when appropriate to do so. All patients in the East of England will therefore have access to the same major trauma services.

If a major incident occurs resulting in multiple victims, will they have problems accessing trauma services?

No. The Network will make the region even better prepared to respond to a major incident in our area. The Trauma Network Office will coordinate the response knowing the capacity at the Major Trauma Centre, Trauma Units across the region and neighbouring Trauma Networks.

They will liaise with the clinicians at the Major Trauma Centre and Trauma Units and make the decision as to where to send patients for the right treatment in the right place at the right time.

What about traffic on major routes, will this affect ambulance times?

Blue light driving is used by emergency services when responding to, and transferring patients from, the scene of an emergency.

Patients being taken to the Major Trauma Centre or a Trauma Unit will be transported by ambulance under blue light driving conditions, and in some cases will also be airlifted. Of course traffic will always be a consideration, but the network organisation will mean that patients will be able to access the right care as soon as possible.



Following treatment at the Major Trauma Centre, will patients be able to return to their local hospital for less critical care?

Yes. At the heart of the rehabilitation plan for major trauma is for patients to return as close to home as possible, as soon as their condition allows it.

Rehabilitation of each patient will be monitored regionally by the network and delivered as close to home as possible via a 'rehabilitation prescription', a new service offered by the Trauma Network. There may be some ongoing care that is not available locally, but this will be solved by optimising regional options for care as and when required.

Will patients from different backgrounds have problems accessing the service?

No. All patients are examined individually and will be transported to the right hospital for the injuries/illness they have sustained regardless of their background. This is the same for those patients who may take themselves to their local hospital Emergency Department.

Other services are also available at hospitals that provide support to patients who have particular requirements or additional special needs.

Will the introduction of the Trauma Network have an impact on services such as the air ambulance?

We will continue to work with all our partners in related services (such as the air ambulance charities, BASICS Doctors etc) to ensure any changes they need to make do not have an impact on the level of service they provide. All of these teams will have a role to play in the network.

For some areas, it may be quicker and safer to send a patient to a Major Trauma Centre outside of region – how will the patient’s journey be decided?

The purpose of creating Trauma Networks across the country is to ensure patients can receive the very best major trauma care possible, as quickly as possible – *no matter where an incident occurs.*

This means it may be easier and quicker for an East of England patient to go to a hospital in another network area; likewise it may be better for patients outside our region to use our network and services. The decision will be made based on the needs of the patient and travel times to the nearest Trauma Unit or Major Trauma Centre; networks are designed to respond to these needs.

As soon as it is safe and sensible to do so, patients will be transferred back to the services nearest their home for the next stage in their treatment.



Involving you - we need your views

The SCG is keen to receive your views and answer your questions about the new Trauma Network for the East of England.

Throughout the work we have done so far we have been talking to hospitals, doctors, nurses, patient groups, Local Involvement Networks (LINKs) and Health Overview and Scrutiny Committees across the region. The progress and developments so far have taken into account their views and comments – many of which are reflected in the Frequently Asked Questions section in this pack.

We have now launched a period of engagement to get more views from patients, carers and members of the public.



The engagement period runs from 21 November 2011 to 6 February 2012 and will be supported by this information pack and public events and meetings.

We are also happy to attend any meeting or event you may be hosting to talk about the development of major trauma services.

How to give your views

Visit our website: www.eoescg.nhs.uk

Email us: Majortraumafeedback@eoescg.nhs.uk

Write to us: East of England SCG, Third Floor,
Endeavour House, Cooper's End Road,
Stansted, Essex, CM24 1SJ

Visit us: At one of our discovery events (to be announced at www.eoescg.nhs.uk)

Invite us: To one of your meetings using the details above

Feedback

The SCG is keen to receive your views on major trauma in the East of England.

We invite you to complete the following questions – you may answer as few or as many as you wish.

Confidentiality

If you provide us with your details they will only be used as part of this project and will not be disclosed except as may be required by law. We would be grateful if you could provide some personal information, as it will enable us to check we have received responses from a representative group of people and identify trends.

All responses will be fully taken into account, irrespective of whether or not you provide personal details.

1. What do you think of our plans for major trauma care in the East of England?

2. If you have experience of a serious incident, whether personally or via someone you know, what do you think worked well or perhaps not so well in the care process?

3. Are there any other comments about major trauma care that you would like to make?

4. If you would like us to attend one of your events or meetings to speak about major trauma services in the East, please leave your details below and we will be in touch.

If you would like to receive an update after all the feedback has been considered in March 2012, please complete your details below to tell us how you would like to receive it (please cross).

Post

Name:.....

Address:.....

Email

Name:.....

Email address:.....

Please answer the following questions to help improve how we reach out to communities in the future:

1. Which county do you live in?

Essex Norfolk Suffolk

Bedfordshire Hertfordshire Cambridgeshire

Other (please state)

2. How did you hear about this project? (please tick against more than one if you have heard about it in more than one place)

Internet Poster Newspaper/media Word of mouth

Doctor's surgery Hospital Local Involvement Network

Other (please state)



3. Did you find the materials provided useful and informative?

Yes No

Comments.....
.....
.....

4. If you attended a discovery event, did you find you had chance to ask questions if you had any?

Yes No

Comments.....
.....
.....

5. Did you find the event useful?

Yes No

6. Is there anything that we can improve on either in the information we have provided or at similar events in the future?

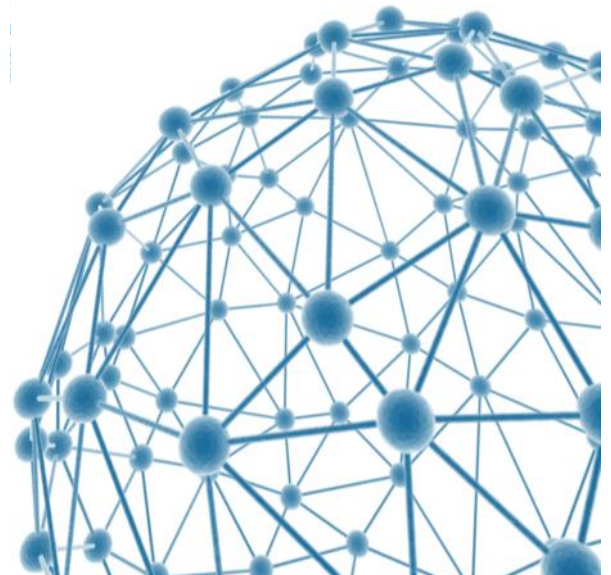
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**Thank you for taking the time to complete our
questionnaire**

Additional information

The **main aim** of the Trauma Network is to **save lives**, **reduce morbidity** and ensure that **all patients** access the specialised services they need **right from the start**:

1. All people who have serious injuries and are tended to by the ambulance service should have the major trauma triage tool applied by the ambulance staff on scene. The triage tool is used to assess how serious a patients injuries are.
2. The Trauma Network Coordination Service and the ambulance control should be told about all patients who trigger the major trauma triage tool. The Network Coordination Service will then coordinate all the next stages including receiving hospitals, transfers, and rehabilitation services.
3. All patients who are outside the 45 minute primary transfer zone should be discussed with the Duty Advice Doctor at the Major Trauma Centre (MTC) who will be able to support decisions about whether a patient should be bought straight to the MTC or the local Trauma Unit.
4. All patients who require on-scene or in-transit specialist medical care in addition to ambulance care will be able to access a network of integrated NHS, independent and third sector provider services.
5. All patients who are transferred straight to a local Trauma Unit will be rapidly assessed by a senior doctor according to agreed regional trauma system policies and procedures. Consultation with the MTC will take place regarding the patients condition and whether they should be transferred, within one hour.
6. Patients who do not need to be transferred from the Trauma Unit will stay there. Patients with complex injuries which don't require transfer to the MTC but do need other specialised services perhaps not available at the Trauma Units, will be discussed with the appropriate specialist. The Network Coordination Service will organise both the consultation and the transfer.
7. The Network Coordination Service will manage a directory of NHS, independent and third sector rehabilitation services and ensure that rehabilitation processes are in place for all major trauma patients.
8. The Trauma Network Office will collect data related to major trauma patients to monitor their recovery and add to research, which will ultimately improve future care. They will also organise education and training for all hospitals in the network as well as monitor quality and performance.



Glossary

BASICS Doctors

The British Association for Immediate Care provide assistance at the scene of medical emergencies and sometimes during transfer to hospital. They are an additional resource to the ambulance service and mainly consist of volunteer organisations such as some air ambulance and rescue charities.

Interventional Radiology (IR)

IR is a pioneering technique which is sometimes referred to as 'pinhole surgery'. Seriously injured patients often have serious internal bleeding which would normally require major surgery – IR allows a doctor to stop the bleeding by inserting a very small tube and, for example, inflating a tiny balloon into the ruptured blood vessel to block it.

This reduces the risks associated with major surgery and also recovery times, because the procedure is a lot less invasive than normal surgery.

Neurosurgery

Many of the most seriously injured patients suffer from severe head injuries which can affect their central nervous system. Neurosurgery is concerned with treating these patients by assessing, operating on and rehabilitating the brain and spine – it is one of the most highly specialised and cutting edge areas of medical care.



Notes

Notes

This information is produced on behalf of the 13 Primary Care Trusts in the East of England:

NHS Great Yarmouth and Waveney
NHS Peterborough
NHS Cambridgeshire
NHS Norfolk
NHS Suffolk
NHS Mid Essex
NHS North East Essex
NHS South East Essex
NHS South West Essex
NHS West Essex
NHS Hertfordshire
NHS Bedfordshire
NHS Luton

The document is available from www.eoescg.nhs.uk

If you would like information in another language or format, please ask us.

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

यदि आपको सूचना किसी अन्य भाषा या अन्य रूप में चाहिये तो कृपया हमसे कहे

Se desiderate ricevere informazioni in un'altra lingua o in un altro formato, siete pregati di chiedere.

Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

Se deseja obter informação noutro idioma ou formato, diga-nos.

Türkçe bilgi almak istiyorsanız, bize başvurabilirsiniz.

Если вы хотели бы получить информацию на другом языке или в другом формате, просим обращаться в администрацию.

如欲索取以另一语文印制或另一格式制作的资料，请与我们联系。