

CITY OF YORK COUNCIL

Progress Briefing for the HEALTH OVERVIEW and SCRUTINY COMMITTEE

12th September 2012

Improving the Management and Treatment of Major Trauma across Yorkshire and the Humber

1. Background

- 1.1. Each region is mandated by the *Department of Health* to establish a major trauma network (MTN). *NHS North of England Specialised Commissioning Group* are leading this work.
- 1.2. The network system will involve changes to established patient flows. Patients will now be transported direct to a Major Trauma Centre (MTC) instead of first to local A&E, then on to a MTC as is currently commissioned. Service changes do not represent a service configuration or a significant variation to service delivery, but the formalisation, coordination and better use of existing services currently in place.
- 1.3. Regional major trauma systems will improve the safety, quality and consistency of major trauma treatment and care with specified minimum standards of care for all levels of service. Every hospital has a role in the network with patients receiving follow up care and rehabilitation as close to home as possible.
- 1.4. The incidence rate of major trauma across the Yorkshire and the Humber region numbers approximately three per day.
- 1.5. Across Yorkshire and the Humber, it is estimated that these improvements will save in excess of 100 lives a year while more people experiencing major trauma will be able to return to non-dependent life and work, rather than facing a life of long-term disability and unemployment.

2. Timescales

- 2.1. There are three phases to the pathway development for the adult trauma implementation plan. The work programme is currently in Phase 1 (2012/13).

2.2. This first operational year will use actual network activity to compare against capacity and financial predictive planning models.

Information gathering and gap analysis work will also inform service improvements in 2013-14.

2.3. Adult major trauma will be commissioned across the Yorkshire and Humber region from April 1st 2013 (Phase 2) against standards set out in a revised national service specification. Particular regional networks may well shadow some aspects of the delivery model that are expected to still be in a developmental phase (e.g. the tariff model payment for Recovery, Rehabilitation and Re-ablement).

3. Recent Developments

3.1. The proposal for three sub-regional MTNs for adult trauma serving the region's population was approved. MTCs are located at Hull, Leeds and Sheffield hospitals.

3.2. *York Teaching Hospital NHS Foundation Trust* (YTHFT) is part of the **North & East Yorkshire and Northern Lincolnshire** (NEYNL) sub-regional MTN linking to the MTC service delivered by the *Hull and East Yorkshire Hospitals NHS Trust* at the Hull Royal Infirmary site. People experiencing a major trauma incident within (and around) the City of York Council boundaries will be transported to this MTN.

3.3. YTHFT has interim designation as a Trauma Unit (TU). This was subject to the submission of a self-assessment against network standards and a plan on how the Trust would achieve core standards to which they were not yet compliant. The self-assessment process emphasised a regional need to focus on rehabilitation in 2012/13. The process to award full designation for MTCs and TUs will take place in 2013/14.

3.4. Once patients treated at MTCs are at a point in their care and recovery when they can be safely repatriated, they will be transferred to their local general hospital TU. Patients will receive follow up care and rehabilitation at YTHFT and as close to home as possible.

3.5. Depending on the location of the trauma incident and the distance to Hull (as well as any capacity constraints on the day), patients might alternatively be transported to the MTC in Leeds delivered by the *Leeds Teaching Hospitals NHS Trust* and part of the **West Yorkshire** sub-regional MTN.

3.6. Children's major trauma would be based on a two centre model at Leeds and Sheffield with a phased approach to implementation. (It had been confirmed that Hull would not be a major centre.)

3.7. Best Practice Tariff for major trauma has been introduced.

4. Phase I (2012/13)

- All patients assessed at the roadside using a standard national approach.
- Paramedic in the ambulance control room co-ordinating the decision making on admissions and transfers based on both the capacity at MTCs and clinical priority.
- All secondary transfers from a trauma unit to an MTC to be achieved within 48 hours. (If there is any dispute around the timing of referral and arrival at the MTC this will be subject to local resolution.)
- All transfers out of the MTC for repatriation/rehabilitation to be achieved within 48 hours.
- Robust Trauma Audit and Research Network (TARN) data will be submitted by all Units within 40 days of discharge.
- Rehabilitation prescriptions to be completed and recorded on TARN for all major trauma patients who would be provided with a copy. (In Phase 1, the documentation will be labelled as a 'Rehabilitation *Advice Note*' rather than a rehabilitation prescription.)
- Sub regional networks to be fully established with clear governance arrangements.
- Data and information collection and reporting systems will be established

To inform the future development of the network. This will include a major trauma patient tracking system that will be managed by Yorkshire Ambulance Service.

5. Phase 2 (2013/14)

5.1. With the transition to the new health and social care system, the responsibility for the commissioning of major trauma will be with both the *National Commissioning Board* (commissioning of major trauma as a specialised service and complex rehabilitation (level 1 and 2); and the *Clinical Commissioning Groups* (commissioning of trauma unit services, trauma rehabilitation and ambulance services). Co-commissioning arrangements will be in place to coordinate the commissioning care across the patient pathway.

The commissioning principles upon which Phase 2 of the development of the major trauma network will be commissioned are:

5.2. As a minimum it is expected that MTN providers will achieve the standards set out in the service specification. The national service specification sets out standards required by MTCs, TUs and Ambulance Services while it is likely that there will be local additions to these standards. (The service specification is currently being revised.

5.3. The funding of major trauma will be solely via Payment by Result.

5.4. It is expected that NHS Trusts will provide commissioners with service development plans that set out the plans for the change required to deliver the standards and level of activity required. These plans will not just focus on major trauma service provision but will be set in the context of whole system development of services in the Trust. For instance improving major trauma care is likely to have a positive impact in orthopaedic, vascular, neurosurgical services.

5.5. There will be a Complex Rehabilitation new tariff (Level 1 and 2).

Author: Jim Khambatta
Snr Commissioning Manager
NHS North Yorkshire and York Cluster
Date: September 3rd 2012