

1 Case for change

This section lays out the CAGs case for change. It defines the components of a regionalised approach to trauma care, examines the overall need for reform in the NHS context and then examines the rationale for change at each stage of the trauma care pathway.

1.1 Definitions

In this document the definitions used are as follows.

Clinical Advisory Groups (CAGs) – Five clinical advisory groups were established in order to produce this advice, each covering a separate aspect of the care pathway as follows:

- Pre-hospital and inter-hospital transfers
- Acute Care and Surgery
- Ongoing Care & Reconstruction
- Rehabilitation
- Network Organisation (incl. governance)

Major Trauma – NHS Choice defines ‘Major Trauma’ as multiple, serious injuries that could result in disability or death. These might include serious head injuries, severe gunshot wounds or road traffic accidents. Major Trauma is defined in the scientific literature using the Injury Severity Score (ISS), which assigns a value to injuries in different parts of the body and totals them to give a figure representing the severity of injury. An ISS greater than 15 is defined as Major Trauma. This would include serious injuries such as bleeding in the brain or a fracture of the pelvis and cases of multiple injuries; however, this definition does not include all those who should benefit from the regionalisation of trauma care.

This document refers to severely-injured patients, meaning those who have suffered potentially life-threatening or life-changing physical injuries, i.e. all those who could benefit from regional networks. Psychosocial consequences of such injuries are common but patients suffering such symptoms in isolation without injury as a result of a “traumatic experience” are not covered.

Inclusive Trauma System – An Inclusive Trauma System (ITS) describes a model in which commissioners; providers, public health representatives and other stakeholders of trauma care in a geographical region collaborate to plan, provide and manage the treatment of people injured as a result of Major Trauma.

The ITS is responsible for all aspects of trauma care, from the point of injury to rehabilitation, as well as for injury prevention. Each ITS comprises of one or more ‘Trauma Networks’ (see definition below). The ITS also features:

- a population-based approach to the assessment of need and the provision of treatment.
- a role for every hospital and provider of care.
- provision for the speedy transfer of patients between facilities, particularly where the severely injured have been under triaged away from the Trauma Centre.
- a quality assurance structure that penetrates across the region and to each stage of care, which underpins providers’ clinical governance processes, identifies inadequate performance in order to support its correction and ultimately can apply sanctions where this does not occur. It also informs commissioners about the quality of care being delivered.

The Royal College of Surgeons advises that the ITS should have in place a plan which sets out the

detail of the 'Trauma Care Pathway' (TCP) for the region.

Trauma Care Pathway – This is the process through which care is provided for patients who have suffered Major Trauma; specifically, it describes the 'the location and capability of each trust/hospital within the ITS and outlines ambulance bypass protocols and thresholds for transferring patients to more specialist units'.

Trauma Network – A Trauma Network (TN) is the name given to the collaboration between the providers commissioned to deliver trauma care services in a geographical area. At its heart is the 'Major Trauma Centre'. A TN should include *all* providers of trauma care, particularly: pre-hospital services, other hospitals receiving acute trauma admissions (Trauma Units), and rehabilitation services. The TN has appropriate links to the social care and the voluntary/community sector. While individual units retain responsibility for their clinical governance, members of the Network collaborate in a Quality Improvement programme.

Major Trauma Centre – A Major Trauma Centre (MTC) is a multi-specialty hospital, on a single site, optimised for the provision of trauma care. It is the focus of the Trauma Network and manages all types of injuries, providing consultant-level care.

- It is optimised for the definitive care of injured patients. In particular it has an active, effective trauma Quality Improvement programme. It also provides a managed transition to rehabilitation and the community.
- It takes responsibility for the care of all patients with Major Trauma in the area covered by the Network. It also supports the Quality Improvement programmes of other hospitals in its Network.
- It provides all the major specialist services relevant to the care of major trauma, i.e. general, emergency medicine, vascular, orthopaedic, plastic, spinal, maxillofacial, cardiothoracic and neurological surgery and interventional radiology, along with appropriate supporting services, such as critical care.

The Royal College of Surgeons cite research advising that such centres should admit a minimum of 250 critically injured patients per year

Trauma Unit – A Trauma Unit (TU) is a hospital in a Trauma Network that provides care for most injured patients and:

- is optimised for the definitive care of injured patients. In particular, it has an active, effective trauma Quality Improvement programme. It also provides a managed transition to rehabilitation and the community.
- has systems in place to rapidly move the most severely injured to hospitals that can manage their injuries.
- may provide some specialist services for patients who do not have multiple injuries (e.g. open tibial fractures). The Trauma Unit then takes responsibility for making these services available to patients in the Network who need them. Other Trauma Units may have only limited facilities, being able to stabilise and transfer serious cases but only to admit and manage less severe injuries.

Local Emergency Hospital (not designated as TU) – The Local Emergency Hospital (LEH) is a hospital in a Trauma Network that does not routinely receive acute trauma patients (excepting minor injuries that may be seen in an MIU). It has processes in place to ensure that should this occur patients are appropriately transferred to an MTC or TU. It may have a role in the rehabilitation of trauma patients and the care of those with minor injuries.