

SECamb submission to Kent Health Over view and Scrutiny committee

12th October 2012

Background

South East Coast Ambulance Service NHS Foundation Trust (SECamb) provides the emergency response to major trauma across the whole South East Coast (SEC) area, which covers all of Sussex, most of Kent and most of Surrey. As well as an emergency response provided by land ambulance, which includes Critical Care Paramedics who have further training and skills in the care of the seriously injured, SECamb works with the Kent Surrey and Sussex Air Ambulance Trust (KSSAAT) enabling us to provide enhanced medical teams to the scene of the most serious cases, and for them to be evacuated by air to appropriate hospitals in a timely fashion.

With effect from April 2012, trauma care within the UK was re-organised into regional networks, comprised of a (usually central) Major Trauma Centre (MTC), supported by a number of Trauma Units (TU). The remaining hospitals in an area which are neither MTCs nor TUs are termed Local Emergency Hospitals (LEH). The area covered by SECamb includes parts of three such networks.

SW London and Surrey network covers the county of Surrey

Sussex Network covers the whole of Sussex including Brighton and Hove

SW London and Surrey network and Sussex Network have both been live since April 2012.

The MTCs are St. Georges Hospital, Tooting and The Royal Sussex County Hospital, Brighton respectively.

It is planned that Kent and Medway will adopt the same network approach to trauma, joining the existing SE London network focused on Kings, from November 2012. This network will be known as the South East London, Kent and Medway Trauma Network (SELKAM)

Arrangements for Trauma in Kent and Medway

The principle of the trauma network is that patients with major trauma are moved directly where possible to the MTC, this is associated with the best outcomes for patients. Where this is not possible within the nationally agreed time frame of 45 mins, then such patients should be taken to the Trauma Unit hospital for a brief assessment and any immediately needed emergency stabilisation, prior to a rapid second journey to definitive care in the MTC.

To be recognised as a Trauma Unit a hospital is assessed against specific criteria, compliance with which means that they have the necessary skills and equipment to rapidly diagnose and manage patients to the point of stabilization for transfer to the MTC.

The MTC for Kent and Medway has been agreed as being Kings College Hospital, Denmark Hill which is already functioning as an MTC.

Three hospitals are potential TUs, these are:

- Medway Maritime (MMH)
- Pembury Hospital (PH)
- The William Harvey Hospital (WHH)

The specific geography of Kent and Medway and the location of Kings means that the MTC is more than 45 minutes away for most of Kent, with only the area around Darenth Valley Hospital being within 45 mins of Kings, as seen in fig.1.

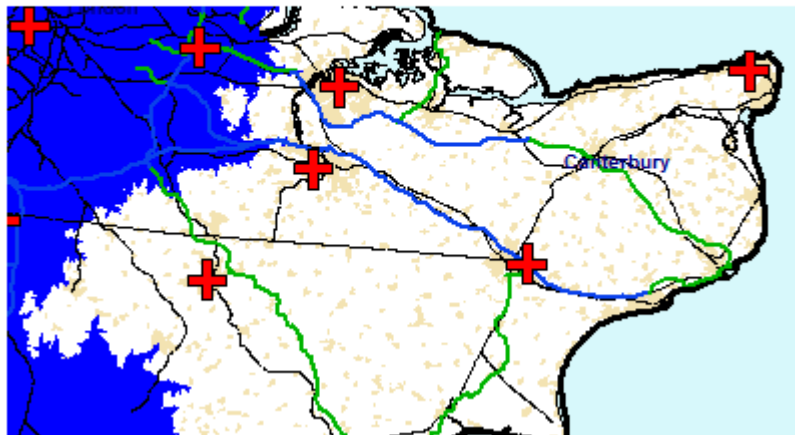


Fig 1. 45 mins from MTCs for Kent. Blue area is within 45 mins of an MTC, red crosses are existing hospitals.

- 1) Progress: Accreditation visits by the trauma network to the three potential TU hospitals are in progress, with Medway and Pembury having received accreditation visits. We understand that a visit to William Harvey Ashford to provide further guidance in their preparations for TU status is planned.

SECAmb has already implemented trauma networks twice, with SW London and Surrey and Sussex. An agreed triage tool to aid triage of patients and recognise those with serious injuries requiring care in an MTC is established in these areas, and the crew learning package has been refined as lessons have been learnt from both these roll-outs. We are confident that our crews will be able to undertake the necessary learning and use the tool with

confidence very quickly to support go-live of the trauma network. They will also be supported by having a dedicated clinician with critical care experience based in the control centre. Crews are expected to discuss care with this clinician, in particular to agree which is the most appropriate hospital, for a range of scenarios. This has been in place 24/7 since September.

We also have a dedicated auditor who reviews all major trauma calls in the Sussex area, the most recent go-live area, and will take on this roll for Kent and Medway in the first months after go-live, to ensure crews are appropriately supported in decision-making.

- 2) Connections with other trauma networks: London Trauma services are divided into quadrants, with 4 MTCs, one in each sector. The London Trauma network was the first in the country to go live, in April 2011. Kings and St. Georges hospitals serve the area of London south of the Thames. London Ambulance service take patients to both of these MTCs. They use the same triage tool as is proposed in Kent and Medway, so the care of patients near northern boundaries will not be affected by which ambulance service treats them. In the southern area, SECamb crews are already fully operational with the network.

Medical teams for KSSAAT treat patients on scene and then may accompany the patient in onward transport, either by air or road. Under normal circumstances the air ambulance is used to allow the more rapid transfer direct to the MTC within the 45 mins time frame. When this does not occur, as may happen in the event of fog, care is delivered by the doctor under SECamb auspices in the ambulance pending transfer either to a nearby TU or to an MTC.

- 3) Challenges: It is understood by SECamb that the biggest risk to the planned go-live date of 12th November is the potential for delay to the accreditation of WHH as a TU. This would leave parts of the eastern Kent area not within 45 minutes of a hospital of TU standard, as well as already being considerably further from an MTC than 45 mins. For implementation of the trauma network, it is essential that Ashford does meet the standards of a TU, permitting rapid life-saving care to be delivered to patients who are not well enough to travel further to the MTC or another TU.

It is also important that SECamb crews have clear pathways to follow. This is one of the most significant changes to ambulance care pathways since the introduction of primary coronary angioplasty at Ashford. SECamb therefore believes it would not be safe to go-live in part of the area, as crews could be uncertain whether or not they should go to a TU or the local hospital, and patient care could be compromised by going to the wrong destination. We feel

we could however, safely implement a “by-pass to Kings” for areas within 45 minutes without problem, and this could allow a “shadow go-live”, of by-pass in the West of Kent, without any other change in patient flows for the initial pre-hospital phase. For TUs that were approved secondary transfers could be speedily undertaken, and ongoing work with the aspirant TU(s) to reach the accreditation standard continue.

The KSSAAT hopes in the future to be able to provide some night flights, which will increase the ability to rapidly treat and evacuate patients in more distant parts of Kent, however, this will not be immediately available, and adverse weather conditions will continue to prevent air ambulance access to all patients.

- 4) Impact evaluation on broader health care in Kent: The SE London and Kent network team will provide an update on this.
- 5) The projected timeline is currently for go-live in November 2012, this will be contingent on adequate TU provision.

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3rd October 2012.