Submission from NHS Eastern and Coastal Kent and NHS West Kent

Response to Kent HOSC February meeting – Major Trauma

- By 2010 all appropriate heart attack, stroke patients and major trauma patients will receive their care from 24/7 specialist units. What progress has been made in achieving this?

'Trauma' includes injuries such as a fractured hip or ankle or minor head injury. The term 'major trauma' is used to describe the most severe life-threatening injuries, or multiple injuries. It can include arm or leg amputations, severe knife and gunshot wounds, and major spinal or head injuries.

1. What service changes have taken place across the PCT area, and what changes are planned, in order to provide these 24/7 specialist units?

The current ambulance policy is to transfer patients to the nearest appropriate A&E. Patients therefore continue to be taken to the local Kent hospital and assessed locally. If they have major trauma and need specialist care they are then transferred to a major trauma centre. A major trauma centre provides treatment to people with the most serious injuries 24 hours a day, seven days a week. These centres will have the equipment, facilities and teams of trauma experts to ensure effective diagnosis and early treatment of seriously injured patients. Patients in major trauma centres would then be transferred to local hospitals for ongoing care

If the Helicopter Emergency Medical Service (HEMS - Kent Air Ambulance) assesses the patient and find it appropriate to direct to a major trauma centre, they are usually taken to the Royal London Hospital as access for a helicopter is much better than the other Major Trauma Centres. Sometimes patients do go to Kings or other centres, depending on their specialist need and capacity.

All Trusts in Kent are being asked to contribute to the national trauma database 'TARN' to enable outcomes to be audited in future. Completion of this database will also enable more detailed analysis of travel times and transfers for major trauma patients.

South East Coast Ambulance Service NHS Trust (SECAmb) has been developing a higher level of skilled paramedic to be able to assess and support major trauma and other seriously ill patients. Teams are in place in Eastern and Coastal Kent, in West Sussex and with the air ambulance and the role is being evaluated.

Kent Air Ambulance Trust paramedic staff are provided by SECAmb, and the tasking of the helicopter is carried out from the ambulance control room at Coxheath. Work to further refine and formalise protocols has been recently undertaken to help make sure that the HEMS service is used to best effect.

2. Can the two PCTs provide a map indicating where, across the region, these specialist units are located, or where they are planned to be located in the future?

The numbers of patients defined as having suffered 'major trauma' is low, being in the region of 300 per year (compared with around 1,600 per year in London). The volume of major trauma cases or potential major trauma cases work does not justify a major trauma centre development in Kent & Medway.

At the Fit for Future 'Galaxy' conference in July 2007 it was agreed that major trauma services for Kent and Medway patients would continue to be provided from the tertiary centres in London - principally Kings College Hospital and the Royal London. NHS London's 'Healthcare for London' consultation sought views on the model of trauma services in 2009 and confirmed these hospitals (with the addition of two other centres) will be the major trauma providers for London.

NHS London and London providers are currently working through the standards and pathways to ensure standards and networks are established.

Brighton & Sussex University Hospital is also undergoing developments to allow it to become a major trauma centre, and this hospital is leading the network currently being developed in Sussex – it is expected to be available as a major trauma centre in 2014.

There are no plans therefore to develop a major trauma centre within Kent. However, a network to support the local services and ensure the appropriate links to the major trauma centres is being developed

3. For each of these locations can you name the services provided and indicate whether they are available 24/7?

All major trauma centres, when fully online, will offer 24/7 care. As defined by Healthcare for London, a major trauma centre provides treatment to people with the most serious injuries 24 hours a day, seven days a week. These centres will have the equipment, facilities and teams of trauma experts to ensure effective diagnosis and early treatment of seriously injured patients. Patients in major trauma centres would then be transferred to local hospitals for ongoing care

4. What plans do the PCTs have to ensure that the general public understand these changes?

As there are no plans to change the current patient flows, no specific engagement has been planned. As a network develops for Kent & Medway, patient and public engagement will be developed.

5. How many people in Kent receive emergency treatment for major trauma each year?

As noted above the number of patients defined as having suffered 'major trauma' is in the region of 300 per year across the whole of Kent and Medway

6. How many Kent patients are currently taken outside of Kent to receive treatment in an emergency, where are they sent, and how is this likely to change in the future?

As noted above, the number of patients suffering major trauma is considered too low to develop a major trauma centre in Kent, although patients are generally transferred to a local hospital for recovery and rehabilitation.

Further work to review how Kent should develop the pathways and the 'level 2' trauma services is starting, to ensure patients have access to the specialise care when needed. It will be included in the Kent Critical Care Network as it develops, as well as with the developing trauma networks in London and Sussex.