

Deputy Chief Executive's Office

Dean Taylor

Members of the Overview and Scrutiny Committee:

AM Atkinson, PL Bettington, WLS Bowen, H Bramer (Chairman), MJK Cooper, PGH Cutter, EPJ Harvey, MAF Hubbard, RC Hunt, TM James, JLV Kenyon, JW Millar, R Preece, SJ Robertson, P Rone, A Seldon (Vice-Chairman) and PJ Watts and Statutory Co-optees

Your Ref: N/A

Our Ref: Monday 17 October 2011

Please ask for: Tim Brown, Committee

Direct Line: Manager (Scrutiny)

Fax: 01432 260239

E-mail:

14 October 2011

Dear Councillor,

Overview and Scrutiny Committee - Supplementary Report

Please find attached a supplementary report that was not available prior to the publication of the agenda for the forthcoming meeting (Monday 17 October 2011, at 10.00 am). Please bring these papers to the meeting. It is proposed to ask the Chairman at the meeting to add this item to the agenda as an urgent item.

10. RECONFIGURATION OF MAJOR TRAUMA SERVICES IN THE WEST MIDLANDS

To authorise a response accepting that a formal period of engagement (as opposed to a formal consultation period) be undertaken with key stakeholders across the region on the preferred option of 3 Major Trauma Centres for the West Midlands.

Yours sincerely,

Tim Brown, Committee Manager (Scrutiny)

enc.

cc. Members and officers in receipt of Overview and Scrutiny Committee papers

Working in partnership for the people of Herefordshire

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MEETING:	OVERVIEW AND SCRUTINY COMMITTEE
DATE:	17 OCTOBER 2011
TITLE OF REPORT:	RECONFIGURATION OF MAJOR TRAUMA SERVICES IN THE WEST MIDLANDS
REPORT BY:	ASSISTANT DIRECTOR LAW GOVERNANCE AND RESILIENCE

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To authorise a response accepting that a formal period of engagement (as opposed to a formal consultation period) be undertaken with key stakeholders across the region on the preferred option of 3 Major Trauma Centres for the West Midlands.

Recommendation(s)

THAT: a response be authorised accepting a formal period of engagement (as opposed to a formal consultation period) be undertaken with key stakeholders across the region on the preferred option of 3 Major Trauma Centres for the West Midlands.

Key Points Summary

- There are proposals to reconfigure the Major Trauma Care System in the West Midlands.
- A preferred option has been identified: Three trauma networks – with Major Trauma Centres at the Queen Elizabeth Hospital in Birmingham, the University Hospital of North Staffordshire and University Hospital Coventry and Warwickshire.
- NHS bodies are required to consult Overview and Scrutiny Committees on any proposals for substantial variations or developments of health services. The expectation is that full consultations should last a minimum of 12 weeks. Overview and Scrutiny Committees can, however, agree a different timetable for consultation with NHS Bodies.
- West Midlands NHS specialised Commissioning Team are seeking confirmation **by 30 October 2011** at the latest that the Overview and Scrutiny Committees in the West Midlands will agree to a formal period of engagement (some 7 weeks) (as opposed to a formal consultation period to be undertaken with key stakeholders across the Region on the preferred option of 3 Major Trauma Centres for the West Midlands).

Further information on the subject of this report is available from
Tim Brown (Committee Manager (Scrutiny) on 01432 260239

Alternative Options

- 1 The Committee could choose to request that NHS Herefordshire undertake a formal consultation exercise on the proposals.

Introduction and Background

- 2 It is a national requirement in the NHS Operating Framework in England 2011/12 that all regions should be moving trauma service provision into regional trauma systems to make significant improvements in the clinical outcomes for major trauma patients. All regions are now beginning to implement plans for trauma care systems which need to be in place by the end of March 2012.
- 3 A report made to the NHS Herefordshire (Primary Care Trust Board) setting out the detail of what is proposed and the reason for it is attached (Appendix 1).
- 4 A preferred option has been identified: Three trauma networks – with Major Trauma Centres at the Queen Elizabeth Hospital in Birmingham, the University Hospital of North Staffordshire and University Hospital Coventry and Warwickshire.
- 5 NHS bodies are required to consult Overview and Scrutiny Committees on any proposals for substantial variations or developments of health services. The expectation is that full consultations should last a minimum of 12 weeks. Overview and Scrutiny Committees can, however, agree a different timetable for consultation with NHS Bodies.
- 6 West Midlands NHS specialised Commissioning Team are seeking confirmation **by 30 October 2011** at the latest that the Overview and Scrutiny Committees in the West Midlands will agree to a formal period of engagement (as opposed to a formal consultation period to be undertaken with key stakeholders across the Region on the preferred option of 3 Major Trauma Centres for the West Midlands. A copy of their letter is attached (Appendix 2).

Key Considerations

- 7 At a meeting of the Regional Health Overview and Scrutiny Committees on 20 September the consensus was that a formal consultation period of 3 months was not required and that a formal period of engagement would be acceptable.
- 8 It is proposed that the formal period of engagement would run for a 6 – 8 week period between 1st November – 20th December 2011. The PCTs propose to use local events, patient groups and other forums already in place to reach as many people as possible and will report back at the end of the engagement period, noting number of people at events and their views highlighting any concerns.
- 9 The Interim Director of Public Health comments that the proposals do need to be carefully considered by the Overview and Scrutiny Committee and a formal response to them submitted. However, she considers that, whilst there are some advantages to a formal consultation, the proposed period of formal engagement would allow sufficient time for that formal response to be made.
- 10 It is therefore proposed that a response be authorised accepting a formal period of engagement (as opposed to a formal consultation period).

Community Impact

- 11 This needs to be considered during the proposed period of formal engagement on the preferred option.

Financial Implications

- 12 None for the Council.

Legal Implications

- 13 The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions Regulations) provide that Committees shall be consulted on a substantial variation or substantial development. The Committees have discretion as to a timetable for this consultation.

Risk Management

- 14 It is not considered that there is a risk in opting for a period of formal engagement rather than a formal 12 week consultation.

Consultees

- 15 Health Overview and Scrutiny Committees within the West Midlands Region and the Interim Director of Public Health, Herefordshire Public Services.

Appendices

Appendix 1 – Report to NHS Herefordshire Board – Proposal for Reconfiguration of Major Trauma Services (NHS West Midlands) – 28 September 2011

Appendix 2 Letter to Chairmen of Health Overview and Scrutiny Committees from West Midlands Specialised Commissioning Team – 5 October 2011

Background Papers

None identified.

**NHS HEREFORDSHIRE (Primary Care Trust)
PCT BOARD**

Subject:	Proposal for Reconfiguration of Major Trauma Services (NHS West Midlands)
Presented By:	Eamonn Kelly, Chief Executive, West Mercia Cluster

PURPOSE OF THE REPORT:

To outline the proposal for reconfiguration of Major Trauma Care in the West Midlands and the impact upon Herefordshire commissioned services.

KEY POINTS:

- Plans are to be in place for trauma reconfiguration by end of March 2012
- Wye Valley NHST application to be designated a Trauma Unit.
- Full business case awaited but likely to result in increased cost in 2012/13
- Public Consultation in November expected.

RECOMMENDATION TO THE BOARD

The Board is asked to note the content of this report and the impact on commissioning resources in 2012/13

CONTEXT & IMPLICATIONS:

Financial	Costs identified as part of report (Section 4)
Legal	May require HOSC briefing to ensure local awareness raising and Herefordshire impact
Risk and Assurance <i>(Risk Register/BAF)</i>	The corporate risk register & the Integrated Commissioning Directorate register are updated regularly to reflect the risks associated with commissioning of services.
HR/Personnel	None
Equality & Diversity	Impact assessments will be undertaken in the event of a significant change.
Strategic Objectives	As outlined and incorporated within the NHS Herefordshire strategic Plan for 2011/12.

Healthcare/National Policy (e.g. CQC/Annual Health Check)	Operating Framework 2011/12 QIPP (Quality, Innovation, Productivity & Prevention)
Partners/Other Directorates	Joint working with Herefordshire Adult Social Care & People's Directorate, Wye Valley NHST
Carbon Impact/Sustainability	None identified
Other Significant Issues	None

GOVERNANCE:

Process/Committee approval with date(s) (as appropriate)	HHCC Sub-Committee 13 th September
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NHS HEREFORDSHIRE (PRIMARY CARE TRUST)**Report to Board****Briefing on proposals for reconfiguration of Major Trauma Services (MTS) in the NHS West Midlands****1. Introduction**

It is a national requirement in the NHS Operating Framework in England 2011/12 that all regions should be moving trauma service provision into regional trauma systems to make significant improvements in the clinical outcomes for major trauma patients; all regions are now beginning to implement plans for trauma care systems which need to be in place by the end of March 2012. The framework outlines that "all regions should be moving trauma care provision into Regional Trauma Networks configurations in 2011/12" and recommends that designated Major Trauma Centres (MTCs) should be planning the continuous provision of consultant led trauma teams, immediate Computerised Tomography (CT) scan options and access to interventional radiology services for haemorrhage.

2. The current model and the case for change

Since 1988, a number of studies have identified deficiencies in the care provided to severely injured patients in England, There has, however, been little progress in addressing these deficiencies. In 2007, the National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) identified the following issues and concerns with the current model of major trauma care in England:

- Almost 60% of the patients receive a standard of care that is less than ideal practice, since they are in the main cared for by organisations which do not have all the required specialties. Therefore, delays are incurred when patients require onward transfer to a more specialist tertiary unit, particularly those patients who need neurosurgical services.
- Of all major trauma cases, currently 27% of patients die as a result of their traumatic injuries.
- As major trauma represents only 0.1% of total Accident & Emergency (A&E) activity, the average Hospital sees less than two patients per week with a larger emergency departments seeing on average one per day.
- The annual cost to the NHS to treat major trauma patients is estimated to be £300-£400 million.
- As a result of the mortality and morbidity associated with major trauma patients, this has been calculated to represent a lost economic output of £3.3 – £3.7 billion per year.
- Deficiencies in both organisational and clinical aspects of care occur frequently. There are difficulties in identifying those patients with an Injury Severity Score (ISS) >15 at the scene or upon admission to the local A&E.
- With large costs involved in both the provision of care and resources for the management of these patients, the current method of identifying the demand for the management of these patients through the Trauma Audit and Research Network (TARN) is not compulsory.

- The organisation of pre-hospital care, the trauma team response, seniority of staff involvement and immediate in-hospital care was found to be deficient in many cases.
- Lack of appreciation of severity of illness, of urgency of clinical scenario and incorrect clinical decision making were apparent.
- Many of these clinical issues were related to the lack of seniority and experience of the staff involved in the immediate management of these patients.
- It was clear that the provision of suitably experienced staff during evenings and nights was much lower than at other times. In the management of trauma, which very often presents at night, this is a major concern.

It is regarded that the outcome of implementing regional trauma networks, based on evidence from overseas is a reduction in mortality of between 15-20% and a reduction in the disability of patients, therefore increasing the number of patients who return to work and pre injury functionality.

3. The new model

It is proposed to transform the care people receive when they suffer major trauma by introducing an improved delivery model across the region. The plans will establish Major Trauma Centres (MTCs) at existing hospitals, where specialist medical teams will provide treatment for major trauma injuries 24 hours a day, seven days a week. MTCs will have all necessary services on site to provide the best possible treatment to patients; these services will include neurosurgery, heart and chest trauma services and urgent rehabilitation services. The creation of new trauma care networks is intended to help patients by increasing survival rates, shortening recovery times and reducing disability from injury. The centres will be supported by Trauma Units (TUs) and Local Emergency Hospitals (LEHs) to create an improved trauma care system for the region. Wye Valley NHS Trust (WVNHST) has applied to be designated as a Trauma Unit as part of this reconfiguration and this application is supported by local commissioners.

The new model of care is based around and facilitated through **Trauma Networks (TN)**; the collaboration between the providers commissioned to deliver trauma care services in a geographical area. A TN should include all providers of trauma care, including: pre-hospital services and rehabilitation services. It will have appropriate links to social care and the independent sector. While individual units retain responsibility for their clinical governance, members of the TN will collaborate in order to provide continuous Quality Improvement.

The model will designate services providing trauma care as either:

- **A Major Trauma Centre (MTC);**
- **A Trauma Unit; (TU); or**
- **Local Emergency Hospital (LEH)**

An **MTC** is a multi-specialty hospital, on a single site, optimised for the provision of Major Trauma care. It is the focus of the Trauma Network (TN) and manages all types of injuries, providing consultant-level care. 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. The MTC will provide all the major specialist services relevant to the care of major trauma, i.e. general

surgery; emergency medicine; vascular; orthopaedic; plastic; spinal; maxillofacial; cardiothoracic and neurological surgery and interventional radiology, along with appropriate supporting services, such as critical care.

Therefore, the MTC, will receive all trauma patients from its immediate catchment population; and will also receive multiple trauma patients from other hospitals in the system where the standards of care

Present plans begin implementation of a regional trauma care system no later than March 2012. Four options are being considered for the future configuration of trauma care in the West Midlands, as set out below:

1. Three trauma networks – with MTCs at the Queen Elizabeth Hospital in Birmingham, the University Hospital of North Staffordshire and University Hospital Coventry and Warwickshire.
2. Two trauma networks – with MTCs at the Queen Elizabeth Hospital in Birmingham and one at the University Hospital of North Staffordshire.
3. Two trauma networks – with MTCs at the Queen Elizabeth Hospital in Birmingham and one at the University Hospital Coventry and Warwickshire.
4. One trauma Network – with an MTC at the Queen Elizabeth Hospital in Birmingham.

Paediatric Trauma Care will continue to be delivered by Birmingham Children's Hospital.

Option 1) is likely to be preferred, however in order to ensure minimisation of management costs, it is likely that administration of the networks will be jointly managed and options for co-working with the existing Critical Care network are being explored.

4. Costs

The full business case is yet to be finalised. It is expected that across the West Midlands Health Economy the full cost of implementation will be in the range £5.5 million to £7million. **For Herefordshire this equates to a range of £186K to £237K assuming average rates of utilisation.**

5. Next steps and key milestones

Given the relatively constrained timescale for implementation, a number of key milestones occur with the next few months. A putative timescale is set out below:

Development and agreement of PID in reflection of revised scope and milestones.	April 2011
Model of Care finalised and Implications agreed by Project Board, Steering Group and Clusters	May 2011
Specification for Integrated Impact Assessment (IIA) and Pre-Consultation	End of May 2011
Completion of IIA and plan for Pre consultation	End of July 2011
Pre Consultation Phase	August/September 2011
Completion of Business Case	September 2011

Multi-Cluster Trauma Unit Selection Panel	8th September 2011
Project Board Appraisal of Trauma system options	End of September 2011
Appraisal document to Clusters, Steering Group & Stakeholders	Early October 2011
SCG preferred option recommendation for consultation	End of October 2011
Stage 1 Gateway Review	October 2011
Public Consultation (subject to HOSCs)	November - February 2012
Final Decision by SCG and Four Tests Review by SHA	February 2012
Commence Implementation	Mid Feb 2012 onwards

5th October 2011

For the attention of the Chair
Health Overview and Scrutiny Committee
West Midlands Region

Dear HOSC Chair

Introducing a Trauma Care System across the West Midlands

As you are aware the NHS in the West Midlands is proposing to transform the care people receive when they suffer major trauma by introducing an improved system of care across the region. The creation of new trauma care networks will help patients by increasing survival rates, speeding up recovery times and reducing disability from injury. The review is considering four options to improve trauma care across the West Midlands:

- Option 1 Three trauma networks with Major Trauma Centres at the Queen Elizabeth Hospital in Birmingham, the University Hospital of North Staffordshire and University Hospital Coventry and Warwickshire.

- Option 2 Two trauma networks with Major Trauma Centres - one at the Queen Elizabeth Hospital in Birmingham and one at the University Hospital of North Staffordshire.

- Option 3 Two trauma networks with Major Trauma Centres - one at the Queen Elizabeth Hospital in Birmingham and one at the University Hospital Coventry and Warwickshire.

- Option 4 One trauma networks with Major Trauma Centre at the Queen Elizabeth Hospital in Birmingham

The Birmingham Children's Hospital would be the West Midlands' Major Trauma Centre for Children. In addition all hospitals within the region have been invited to submit their interest in becoming a trauma unit, dependent on meeting the required specification.

I am pleased to inform you that following consideration of the business case and the option appraisal at the Trauma Project Board on Wednesday 28th September 2011, the project board will be recommending to the West Midlands Strategic Commissioning Group (WMSCG) the preferred option of the 3 adult and 1 paediatric trauma networks for the West Midlands Trauma Care system (option 1). This decision also means that there will be no change to the pathway for those patients with major trauma injuries who require neurosurgery or cardiothoracic surgery services as these are provided by the three specialist centres in option 1. The WMSCG, who have been asked to coordinate the review on behalf of the NHS in the West Midlands, are scheduled to meet on 31st October to consider and confirm their approval of the recommended preferred option.

Continued

As a result of the decision to go for the 3 centre option, on behalf of the NHS in the West Midlands, I would like to ask you to confirm that you are happy for a formal period of engagement (as opposed to a formal consultation period) to be undertaken with key stakeholders across the region on the preferred option of 3 Major Trauma Centres for the West Midlands. My understanding is that a process of engagement was supported by the regional HOSC at their meeting in September.

I do hope that, on behalf of your HOSC, you are able to confirm your support and look forward to receiving your response by 30th October 2011 at the latest please in order for us to adjust our programme timetables accordingly and ensure that the important deadline of implementation of the trauma care system commences no later than the 31st March 2012 so we can ensure these important benefits are delivered for patients affected by a major trauma.

If you have any queries or require any additional information please feel free to contact Rachel O'Connor or a member of the trauma project team on 0121 695 2369.

Yours sincerely



Eamonn Kelly
Co Chair



Dr Anand Chitnis
Co Chair

Cc Rachel O'Connor Project Lead – Trauma Review

Enc: Trauma Care Network Newsletter