

## **Summary of the Service Improvement Proposal for Burn Care Services for Adults and Children**

1. The National Burn Care Review (2001) identified shortcomings and made recommendations, including:

- Separate wards for adults and children;
- Three levels of care for burns patients
  - i. Burn FACILITIES for less serious injuries
  - ii. Burn UNITS for moderate to severe injuries; and
  - iii. Burn CENTRES for the most complex cases.
- The introduction of Local Care Networks; and
- The above mentioned Local Care Networks train A&E staff in identifying the different categories of burns, in order to direct the patient to the appropriate hospital.

2. Each burn care provider has been assessed and the following agreed:

Morrison Hospital, Swansea

Adult burn CENTRE and Children's burn UNIT/FACILITY

Frenchay Hospital, Bristol

Children's burn CENTRE and Adult burn UNIT/FACILITY

Salisbury District General Hospital

Adult and Children's burn UNIT/FACILITY

Derriford Hospital, Plymouth

Adult and children's FACILITY

3. Portsmouth children would go to:

- Less serious and moderate to severe injuries = Salisbury District General Hospital.
- Most complex cases = Frenchay Hospital, Bristol.

4. Portsmouth adults would go to:

- Less serious and moderate to severe injuries = Salisbury District General Hospital.
- Most complex cases = Morrison Hospital, Swansea.

5. Portsmouth burns statistics, 3-year period (2006-2008 inclusive)

- 21 less serious Adult injuries, requiring a burn FACILITY
- 5 moderate to severe Adult injuries requiring a burn UNIT
- Between 28-32 less serious Child injuries requiring a burn FACILITY

Therefore, under the proposed new burns system, all of the above would have been treated at Salisbury District General Hospital, the nearest hospital specialising in burns.

6. Contracts due to commence in April 2010.
7. The proposals do not involve major changes for existing services and will establish a new specialised Burn Care Service at Derriford Hospital, Plymouth to serve the south west of England.
8. The key message from patients/families and from public consultation is that good outcomes was viewed as most important and that people would be willing to travel longer distances in order to access specialist care.



South West Specialised Commissioning Group  
South Central Specialised Commissioning Group



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16<sup>th</sup> February 2010

Dear Anna,

**Re: South West Burn Care Network – Designation**

I apologise for not having previously replied to your letter following the designation visits to Burns Services earlier this year. As you know the designation process has been proceeding and I thought I should update you and, in particular, outline how we will address some of the points raised in your letter. I was grateful that you confirmed that your committee did not view this as constituting a substantial change.

Since the visits earlier this year, we have reviewed access times to services (both via ambulance, helicopter and private car), and completed our public engagement events. We also received confirmation that Plymouth Hospitals NHS Trust wished to be considered for designation as a Burns facility (for minor burns). No other Trusts in the Devon/Cornwall area, which had an appropriate infrastructure, wished to be considered and we have been supportive of this development in order to provide an improved service for residents of Cornwall and Devon, with considerably less travel for those with minor burns. The designation visit took place last month and we are working with the Trust to enable them to commence the service from April, subject to confirmed agreement from HOSC's.

We have also developed a Network work programme which will address many of the areas for further work which you raised. In response to the particular areas which you raised:

- Clarity about thresholds at which transfer is necessary: transfer thresholds from facilities to units and units to centres have now been agreed by all Burns services across the Network. An audit programme will be implemented to review transfers to ensure the system works effectively.
- Engagement of the Ambulance Services and associated training issues for emergency service staff: This will be a priority area, especially with the new transfer thresholds. The need for training in assessing burns is recognised and our Network Clinical Leads for Adults will be responsible for linking with Emergency Departments and responding to their training needs.

- Confirmation of the support available to meet travel and expenses of families: this issue has been raised by several HOSC's and by the public. There is some useful guidance of general support available, published by the Department of Health, and this will be made available by all the Burns services. We are also pleased that Morrision Hospital in Swansea offers free parking and free accommodation for relatives. We accept that there is further we can do to ensure that there is greater consistency and awareness of the support available and our Network Manager will be taking this forward.
- Patients requiring palliative care: we will be carrying out a programme of reviewing all the clinical protocols across the Burns services over the next year to ensure greater consistency. Following your highlighting this area, we will ensure that palliative care arrangements are among the first policies reviewed. Our Network Clinical Leads will be leading this programme.
- Patients with other conditions: this is not something we have yet picked up, but we acknowledge its importance. I will ask the clinical leads to include this in their protocol review.
- Availability of outreach services and support for repatriation: we have established an outreach group which is reviewing the current arrangements for outreach across the Network and which will recommend a model to take this forward. This group has now met several times and this is one of our top priorities to implement post designation. With regard to repatriation, work has commenced in reviewing the levels and types of therapy support that would be needed to enable patients with different degrees of complexity to be repatriated.
- Patient support groups: we acknowledge the valuable role which such groups play and will consider how we can develop and support these. Several attempts have been made to establish adult support groups across the Network but with much less success than paediatric groups. We will be looking to see if there are any lessons that we can learn from other Networks.

While we acknowledge that there is much work to be done, I hope that this assures you that we are making progress on the issues you have raised. Clearly designation itself has taken a considerable amount of work, but as we implement this, we will be able to turn our attention more fully to these other areas.

I hope that this information will enable you to confirm your support for our designation proposals. If you have any queries please do not hesitate to contact either me or Susan Davies, Associate Director of Commissioning.

Yours sincerely



**Louise Tranmer**  
**Director of Specialised Commissioning**  
**South West Specialised Commissioning Group (SWSCG)**

Cc

Mark Satchell, South Central Specialised Commissioning Group  
Chair of the Hampshire, Portsmouth, Southampton and Isle of Wight HOSC's