

## Major Trauma overview

The NHS in South Central is proposing to transform the care people receive when they suffer major trauma, by introducing a high-quality, specialist trauma system across the region. Identified as a priority area in '*Towards a healthier future*' and the South Central Strategic Health Authority's Acute Care clinical improvement programme, rapid progress of this system is a key priority towards improving patient care.

Major trauma, which includes injuries such as amputation, severe knife and gunshot wounds, major head injuries, multiple injuries and spinal injuries, is the main cause of death for people under the age of 44. It is used to describe the most severe life-threatening injuries or multiple injuries where a person has less than 10 per cent chance of survival. In South Central, it is estimated that there are over 800 major trauma cases per year, with the majority of these due to road traffic accidents involving young males.

Major trauma patients tend to have multiple and complex injuries, which local hospitals deal with, on average, just once a week. Patients often have to wait to be assessed by a junior clinician before seeing a senior consultant, with approximately two thirds of them being transferred to a specialised centre because their local hospital is unable to provide the expert care needed. A range of studies at home and abroad have shown that setting up specialist major trauma teams who deal with this type of injury on a day-to-day basis leads to a reduction in death and disability rates among trauma patients.

In order to improve the care and rehabilitation of these severely injured patients, the South Central major trauma system will comprise two major trauma centres, which are specialist hospitals responsible for the care of patients across the network. In terms of the full range of surgical and supporting specialties required by acute hospitals to function as a major trauma centre, only the John Radcliffe Hospital in Oxford and Southampton General Hospital are feasible options. These centres will be supported by trauma units, yet to be determined, which will be based at other key hospitals across the region. These units will provide care for the less severely injured major trauma patients, as well as stabilising patients en-route to major trauma centres. Once discharged from major trauma centres, local trauma units will also provide on-going treatment and rehabilitation for patients. Other local hospitals with emergency departments would not normally receive major trauma patients as part of a pre-hospital triage protocol, but would need to respond accordingly if major trauma patients were to present.

The key outcomes for the South Central trauma system project are to achieve:

- a reduction in the regional incidence of severe traumatic injury involving motor vehicles of at least 10% by April 2013.
- a reduction in the regional major trauma mortality rate of at least 20% by April 2015.
- a reduction in long term disability by improving functional outcomes.

- an improvement in the timeliness of all NHS treatment for major trauma patients.

The key objectives for the South Central trauma system project are:

- To implement service reconfigurations and developments to enable a South Central trauma system to start functioning from April 2011 onwards.
- To ensure appropriate measures are in place whereby all acute hospitals within South Central submit data to TARN with over 80% accuracy by April 2011.
- To ensure that the initial stage of rehabilitation development is capable of providing rehabilitation to the projected number of trauma patients across the region from April 2011 onwards.
- To ensure continued development of the functioning trauma system from April 2011 onwards.
- To ensure that all trauma system developments are achieved within existing financial constraints by redistribution of existing resources and improved efficiency.