

The role of the major trauma network in Sussex and how this differs from orthopaedic trauma.

In the NHS nationally we have not helped ourselves by using very similar wording for two quite different services. It is therefore useful to explain the difference between orthopaedic trauma and major trauma.

Orthopaedic trauma includes orthopaedic emergencies such as fractures and dislocations as well as musculoskeletal injuries to soft tissues (including muscles, ligaments, tendons and nerves). Orthopaedic trauma typically includes injuries to the upper limb (shoulder to hand), lower limb (hip to foot) and the spine.

Orthopaedic surgeons do not usually deal with injuries to the head, chest, abdomen or blood vessels.

Under the proposals outlined in the Shaping our future consultation document, emergency and higher risk orthopaedic care would be situated on one hospital site; either Eastbourne DGH or the Conquest Hospital, Hastings.

Major trauma is the term used for the most serious injuries. Major trauma means multiple, serious injuries that could result in death or serious disability. These might include serious head injuries, severe gunshot wounds, stabbings, burns and most significantly road traffic accidents. Major trauma victims often have multiple injuries that need to be treated by different surgical specialties.

Major trauma is currently treated in Brighton and London and there are no plans to change this

These sorts of injury are actually quite rare and account for less than 0.2%¹ of A&E work. As major trauma is so uncommon, it is not possible for all hospitals to have the equipment and specialist doctors needed to treat it effectively. For this reason, nationally the NHS has moved to a networked approach to major trauma so that patients who have suffered the most serious of injuries are taken swiftly to a centre with the necessary resources and skills to treat complex and multiple injuries 24 hours a day, 7 days a week. This has significantly improved the care available for those people who have suffered the most severe injuries. For people in East Sussex these Major Trauma Centres are in Brighton and London and the majority of patients with the most serious injuries are already taken there direct.

¹ National Audit Office - Major Trauma Care in England, HC 213 Session 2009-2010 report 05/02/10

A small number of patients with major trauma are treated in East Sussex

Across East Sussex in 2011/12 approximately 220 people were classified as suffering major trauma were treated within East Sussex Healthcare NHS Trust. The full implementation of the major trauma network as described above went live in Sussex in April 2012 and we expect this figure to reduce as a result so about 75 major trauma patients each year will be treated in East Sussex.

These figures comes from the best data² currently available on the quality of major trauma care – data collected and coordinated by a national programme - Trauma Audit and Research Network (TARN).

The three main reasons for a patient not going direct to the Major Trauma Centre are:

1. The patient is already in A&E or on a ward before a major trauma is identified. This could be, for example, an elderly person who has suffered a fall, arrives at A&E with bruises, and is subsequently diagnosed with a more serious head injury. These injuries are picked up through diagnostic scans, such as CT scans which will remain available in both hospitals.

Identification of major trauma when the patient is already in hospital is the main reason for patients not going direct to a major trauma centre.

2. The patient has a specific injury which requires immediate treatment at the nearest hospital, for example for airway management. This applies to a very small number of patients.
3. When the patient is being transferred to a Major Trauma Centre and the transfer time is over 45 minutes there may be a requirement for the ambulance to stop at the trauma unit to stabilise the patient before onward transfer.

What the consultation proposals mean for major trauma

There are currently two trauma units in East Sussex; one at Eastbourne DGH and one at the Conquest Hospital, Hastings. A trauma unit is not a Major Trauma Centre. As detailed above for a small number of patients a trauma unit plays an important role in the safe transfer of patients to a Major Trauma Centre.

Under the proposals being discussed under *Shaping our future* either Eastbourne DGH or the Conquest Hospital in Hastings would remain a trauma unit; the other would continue to provide accident and emergency services.

This would mean little change for patients who are already in hospital when their major trauma is identified (category 1 above). They would be treated where they are or transferred according to clinical need.

The proposals would mean no change for patients in an ambulance on their way to a Major Trauma Centre who need immediate treatment (category 2 above), for example for airway management. They would be treated at the nearest hospital with an A&E (Eastbourne or Hastings).

² National Audit Office - Major Trauma Care in England, HC 213 Session 2009-2010 report 05/02/10

The very small number of patients who are more than 45 minutes from a Major Trauma Centre (category 3 above) would, if necessary, stop at the trauma unit. They would not stop at the hospital with an A&E which is not a trauma unit.

Investing in both A&E departments

The two A&Es in East Sussex will continue to treat approximately 120,000 people each year, split between Eastbourne and Hastings. East Sussex Healthcare NHS Trust has committed to investing in both A&E departments, increasing the number of consultants available on both sites.

