

Northern Burn Care Network Proposal for Supra Regional Centre-Level Care

Executive Summary

1. Background

1.1 The National Burn Care Review (“Standards and Strategy for Burn Care”), published in 2001, was severely critical of the then prevailing standards of burn care in the UK. In summary its principal findings were that:

- Current provision was ad hoc, disorganised and inequitable, particularly where critical care was needed;
- Many injuries were admitted to general hospitals under the care of non-specialists;
- There were too many units admitting major injuries on an occasional basis, especially paediatric injuries;
- No intensive rehabilitation beds existed to optimise functional and psychosocial recovery;
- No national major incident plan existed for an event involving large numbers of burn injuries;
- There was no detailed data available on which to base injury prevention, service planning or service audit and monitoring.

1.2 One of the underlying assumptions of the Review was that concentrating the care of patients with the most serious burn injuries in fewer places would enable expertise in the treatment of such people to be maintained and developed. This would facilitate improvement in outcomes, thereby not only saving lives with improved function for patients but also meaning that British burn care services would regain their former place amongst the world’s leaders in this field.

1.3 The Review recommended a stratified approach to burn care in which the most severe and complex burns were treated in ‘centres’; the next level of severity in ‘units’; and the lowest level in ‘facilities’. These labels have proved unhelpful in discussions about taking forward the recommendations and it has been decided that, in the Northern Network, ‘Burn Centres’ will be referred to as ‘Supra-Regional Burn Centres’ and ‘Burn Units’ as ‘Regional Burn Centres’ which more accurately describes their roles.

1.4 At the request of specialised services commissioners, the National Burn Care Group (NBCG) was established in 2003 to take forward the review’s recommendations in England and Wales. Since 2007, the NBCG has been a sub-group of the National Specialised Commissioning Group. Implementation of the recommendations has already achieved:

- a. The development of standards of care;
- b. A national burn injury database, linked to HES (to provide data on the number and complexity of cases);
- c. A national burn bed bureau (to facilitate transfer to specialist treatment); and
- d. Guidance on burns major incident planning.

1.5 In 2007/08, The NBCG agreed services would be commissioned through four networks:

- The Northern Network: covering the areas of North East SHA, North West SHA, Yorkshire & the Humber SHA, North Wales and the Isle of Man;
- The East & West Midlands Network: covering the areas of East Midlands SHA and West Midlands SHA;
- The London and South Eastern Network: covering the areas of East of England SHA, London SHA and South East Coast SHA;
- The South West and South Wales Network (South West UK): covering the areas of South Central SHA, South West SHA and South Wales.

2. Key Points

2.1 Key points around the reorganisation of the care of the most severely burned patients include:

- No services are being discontinued or downgraded as a result of this review.
- The reconfiguration is about improving Burn Care to meet the standards;
- There will be an increase in the number of designated burns beds, enabling patients to be treated more appropriately;
- The DH provided additional resources of £13.7m in 2007/08 to facilitate progress in the development of services in line with the standards. That funding has been carried forward since then into the SHA bundle.

3. Position in the Northern Network

3.1 The Burn Care Networks are required to submit their proposals to the NBCG which are then be taken forward to the NSCG.

3.2 The Northern Burn Care Network is hosted by Barnsley PCT. The Network spans:

- 50 Primary Care Trusts (PCTs);
- 3 Specialised Commissioning Groups (NW, Y&H and NE);
- North Wales (communication through Health Commission Wales);
- Isle of Man;
- 77 MPs;
- 50 Overview and Scrutiny Committees.

3.3 The NHS providers of specialised burn care within the Network are:

- Alder Hey Children's NHS Foundation Trust;
- Central Manchester University Hospitals NHS Foundation Trust;
- Lancashire Teaching Hospitals NHS Foundation Trust;
- Mid Yorks Hospitals NHS Trust;
- Sheffield Children's NHS Foundation Trust;
- Sheffield Teaching Hospitals NHS Foundation Trust;
- South Tees Hospitals NHS Trust;
- St Helens and Knowsley Teaching Hospitals NHS Trust;
- The Newcastle Upon Tyne Hospitals NHS Foundation Trust;
- University Hospital of South Manchester NHS Foundation Trust.

4. Option Appraisal Process

- 4.1 In order to develop proposals for the provision of supra-regional care for the small numbers of adults and children in the Network's area who require such care, it was decided to undertake a formal option appraisal and an Options Sub-Group (OS-G) was established for that purpose.
- 4.2 The project processes and proposals themselves have been or are being subject to a Gateway Review '0' and a National Clinical Advisory Review. A SHA Governance Assurance Review is due to take place on 8 June 2009. Discussions have also taken place with Overview and Scrutiny Committee Chairs (OSCs) to agree the level and type of public engagement required both in the development of the proposals and subsequent action. All key stakeholders including users and carers and the OSCs have been involved in the process of developing the proposals.
- 4.3 The Network's Clinical Leads Forum met in October 2008 to determine and agree a common position on the appropriate clinical thresholds of injury severity that would trigger a need for the enhanced capability that would be available in the Supra-Regional Burn Centres. Based on the conclusions from that discussion it is possible to estimate the very small numbers of patients with highly complex burn care needs (around one per million children per annum and three per million adults per annum). For the whole of the Northern Network, the totals are approximately 11-20 children per annum and 45-55 adults per annum.
- 4.4 A process was established to determine and weight the criteria to be scored for each of the reconfiguration options. This involved a wide range of stakeholders. From that process the following criteria were agreed, it having been determined that issues of sustainability and risk would be considered separately, for instance through the NCAT Review.

Option Appraisal High-Level and Sub-Criteria for Identifying the SRCs

1. Quality of Burn Care: Burn Care Clinical Facilities

1a Sufficient numbers of appropriate beds (including suitable ITU, HDU and ward-based beds (cubicated and non-cubicated)) for the population served to allow reliable access for long as it is required and to meet minimum activity requirements

1b 24/7 immediate access to a suitable operating theatre (which should include appropriate temperature/environmental control)

2. Quality of Care: Proximity of and Access to Other Relevant Specialties

2a 24/7 trauma services (including access to relevant diagnostic services)

2b On-site 24/7 A&E (including access to relevant diagnostics services)

<p>3. Accessibility for Service Users and their Families</p> <p>3a Close proximity of SRC(s) to majority of network’s vulnerable population</p> <p>3b Easy access by road using ‘blue light’ transport (i.e. access for patients)</p> <p>3c Easy access by road using private transport (i.e. for families and visitors)</p> <p>3d Easy access by public transport (bus/rail) (i.e. for families and visitors)</p> <p>3e On-site Helipad for airlifted emergencies (i.e. access for patients)</p>
<p>4. Facilities for Service Users’ Families</p> <p>4a Good on-site facilities (non-accommodation) for family/visitors</p> <p>4b Co-located, on-site or nearby accommodation for family/visitors</p>
<p>5. Ease of Implementation</p> <p>5a Maximise use of existing and planned (with secured funding) dedicated facilities</p> <p>5b Minimise timescale for delivery</p> <p>5c Minimise disruption to existing services during implementation</p> <p>5d Evidence of support by Trust’s Executive Board</p>

4.5 After initial scoring and subsequent discussion in the Network Commissioning Group, the following shortlist of options for adults was agreed to go forward for more detailed consideration:

Short List of Options for Adults	
	Status Quo (4 Centres – Liverpool and Manchester and Wakefield and Newcastle)
Single-Centre Options	
	Manchester (Wythenshawe Hospital)
Multiple-Centre Options	
	Manchester and Wakefield
	Manchester and Newcastle
	Liverpool, Wakefield and Newcastle
	Manchester, Wakefield and Newcastle

- 4.6 After initial scoring and subsequent discussion in the Network Commissioning Group, the following shortlist of options for children was agreed to go forward for more detailed consideration:

Short List of Options for Children

Short List of Options for Children	
	Status Quo (3 Centres – Liverpool and Manchester and Newcastle)
Single-Centre Options	
	Manchester (Children’s Hospital)
Multiple-Centre Options	
	Manchester and Newcastle

5. National Clinical Advisory Team (NCAT) Review

- 5.1 During the week commencing 20 April 2009, stakeholders from across the Northern Burn Care Network were invited to meet with the Review team, led by Howard Stephenson, Consultant in Plastic and Oral Surgery, Dundee.
- 5.2 The purpose of the NCAT Review was to look at the safety, sustainability, affordability and deliverability of the shortlisted options. The team’s findings were presented to the Northern Burn Care Strategy Board on 27 April 2009.
- 5.3 While not a decision-making body, the Review team recommended that in the geographical area covered by the Northern Burn Care Network, there should be one supra-regional centre for children in Manchester, and two supra-regional centres for adults in Manchester and Wakefield.
- 5.4 The findings of the NCAT Review was used, along with financial information, to inform discussions and the identification of preferred proposals by the Options Sub-Group on 1 June 2009.

6. Final Recommendations

- 6.1 The OS-G reconvened on the 1 June 2009 to review the shortlist of options against the finance information submitted and the National Clinical Advisory Team Review findings and agreed their final recommendations as follows:

Paediatric Supra Regional Burn Care Centre

Central Manchester University Hospitals NHS Foundation Trust

Adult Supra Regional Burn Care Centre

University Hospital of South Manchester NHS Foundation Trust and Mid Yorkshire Hospitals NHS Trust

- 6.2 These final recommendations were presented to the Northern Chairs and Directors of Specialised Commissioning at a meeting also on 1 June 2009, and then to the Northern Burn Care Network Strategy Board in the afternoon of 1 June, at which endorsement for the final recommendations was given.

6. Communication of the Final Recommendations

- 6.1 The three SHA CEs, Health Commission Wales CE, all CEs of Trusts within the Network, PCT Chairs and CEs, SCG Chairs and MPs through the Regional SCG Chairs have been updated on the final recommendations and the next steps.
- 6.2 A Staff Briefing has also been drafted and sent to the Trusts CEs, copied to their Communication Leads, for using to inform their staff of the final recommendations if they so wished.

7. Process and Timetable Hereafter

- 7.1 The final recommendations are subject to agreement by the SCGs/PCTs and endorsement by the Health Commission Wales, Isle of Man, National Burn Care Group and the National Specialised Commissioning Group during July 2009. The Executive Summary provides further detail.

2 June 2009
Northern Burn Care Network