A MAJOR TRAUMA NETWORK FOR SOUTH AND WEST WALES AND SOUTH POWYS

Consultation by the NHS Wales Health Collaborative

Response from BMA Cymru Wales

2 February 2018

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the consultation by the NHS Wales Health Collaborative on the proposals for a major trauma network for south and west Wales and south Powys.

The British Medical Association (BMA) is an independent professional association and trade union representing doctors and medical students from all branches of medicine all over the UK and supporting them to deliver the highest standards of patient care. We have a membership of approximately 160,000. BMA Cymru Wales represents over 7,100 members in Wales from every branch of the medical profession.

RESPONSE

BMA Cymru Wales is pleased to have the opportunity to respond to this consultation. Our responses to the four questions posed in the consultation document are outlined as follows:

Question 1. Do you agree or disagree that a major trauma network should be established for South and West Wales and South Powys?

BMA Cymru Wales supports the principle of ensuring that all parts of Wales can be served by a major trauma network, and not just north Wales and north Powys as at present.

We support the view presented within the consultation document of the benefits which can be derived for communities in being served by a major trauma network, including the evidence that shows people who are severely injured are more likely to survive if they are admitted to a major trauma centre.

We therefore believe the rationale has been clearly outlined in principle.

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Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.
That said, some of our members have raised concerns that what is described in the proposal is more of a hub and spoke model, rather than what might be understood as a network.

A hub and spoke model can present a degree of fragility if circumstances mean that the hub – in this case the proposed major trauma centre at Cardiff’s University Hospital of Wales (UHW) – were to be disabled in some way. This could happen, for instance, due to an infection outbreak, severe weather conditions (e.g. flooding) or even a major incident such as an attack a nearby facility such as Maindy Barracks.

We note that the implications for the network as a whole in circumstances where the hub might become out of action at the time it might be needed most do not appear to have been considered within the document put forward for consultation.

**Question 2. Do you agree or disagree that the development of the major trauma network for South and West Wales and South Powys should be based on the recommendations from the independent panel?**

We support the way in which the proposal has been developed – through the holding of a clinician-led workshop with input from patient representatives and observers from community health councils prior to subsequent consideration by a panel of expert clinicians chaired by Professor Chris Moran, the National Clinical Director for Trauma to the NHS in England.

In broad terms, we therefore support the development of the network based on the recommendation that emerged through this process. However, whilst considering this issue, our members have raised a number of relevant points which we feel need to be taken into account in order to validate such a decision as being fully appropriate.

These points are covered below in our answer to the third question posed in the consultation document.

This includes the identification of certain issues for which appropriate modelling may have to be undertaken in order to fully validate that the option put forward is the most appropriate proposal for delivering a major trauma network for this part of Wales.

**Question 3. If we develop a major trauma network for South and West Wales and South Powys, is there anything else we should consider?**

As indicated in our previous answer, there are a number of issues which we believe need to be taken into consideration in order to validate the recommendation that is being consulted upon as part of this consultation.

These are outlined in the following points:

- With many parts of west Wales being further away in terms of travel time from the proposed major trauma centre at UHW in Cardiff than that which is generally recognised as the ‘golden hour’, we would ask if consideration been given to the alternative proposition of joining south east Wales to a major trauma network served by a major trauma centre located in Bristol, with more western parts of south Wales served by a major trauma network that is based on a major trauma centre located in Swansea?

  This could potentially enable more parts of south and west Wales and south Powys to be part of a major trauma network whilst still being within an hour’s travel distance of a major trauma centre.

  We would therefore ask if any analysis has been undertaken to assess if this might be a better or worse option that the one recommended by the independent panel?
• We note the reference in the consultation document to an equality impact assessment having been undertaken, but we do not see a similar reference to the use of a health impact assessment (HIA). Throughout the recent passage of the Public Health (Wales) Act 2017, BMA Cymru Wales has strongly advocated that health service reconfiguration proposals should be subject to HIAs.

We would therefore ask if the options considered were subject to an HIA as part of the work carried out by the panel in arriving at its recommendation? If not, we believe this could provide an important safeguard to help ensure that the best approach to delivering a major trauma network (or networks) is delivered for south and west Wales and south Powys. As such, we would suggest that one is carried out before the recommendations are progressed.

Such an HIA should be carried out using an appropriate methodology, such as that advocated by guidance produced by the Wales Health Impact Assessment Support Unit within Public Health Wales.

Using an HIA in this manner, could also help ensure that the option recommended is indeed determined on an evidence-based basis to be better than any alternatives, such as the option we referred to earlier.

• Some of our members have pointed out that the effectiveness of moving to the model advocated will need to be monitored. We would therefore ask what consideration has been given to deriving an appropriate methodology by which this can be done, should the network be established?

As part of this monitoring, we would point out that it will be necessary to assess the effectiveness of the network on outcomes from the moment of trauma occurring, and not simply from the time of arrival at the relevant hospital.

• In order for the proposals to work effectively, appropriate infrastructure and resources will need to be provided. We therefore ask if the extent of this has been fully modelled to establish how the recommendation for a trauma network can be appropriately delivered?

In our view, such modelling should be undertaken in sufficient detail ahead of taking a decision to progress with the proposed trauma network and not left to be worked out until after the decision has already been taken.

In terms of such infrastructure, this will need to cover what facilities and resources will need to be provided at UHW. This might include the need to provide a dedicated operating theatre for major trauma that could be available 24 hours a day, 7 days a week. In the view of our members, additional capacity will likely be needed in comparison to that which currently exists at UHW.

As the same time, it may also need to be determined if other facilities and/or services currently provided at UHW may need to be relocated to free up space for the facilities required for the major trauma centre. That should also be understood upfront before any decision is finalised.

• On a similar note, the need for additional staff resources to deliver the proposed major trauma centre will also need to be considered and addressed. There will be a need to ensure that the centre can draw on a sufficient pool of specialist staff, including sufficient numbers of consultants/surgeons in relevant specialties e.g. orthopaedic surgeons. There will also be a need to ensure that appropriate rotas are drawn up and that these can be suitably staffed. We would therefore seek assurance that this has been appropriately modelled and considered.
• In similar vein, we would also ask if consideration been given to the provision of a sufficient number of intensive care beds to support the proposed major trauma centre, and whether or not this been adequately modelled?

• We would also ask if appropriate consideration has been given to the provision of sufficient ambulance capacity, and whether this has also been appropriately modelled to inform the decision?

There may clearly be a need for additional capacity to transfer patients, when deemed appropriate, to the proposed major trauma centre so we would ask for assurance that this has been properly quantified?

Members have also suggested that there may be a need to re-assess the way in which ambulance calls are currently prioritised give that the proposals for the network will rely on patients being transferred on occasions from one hospital to another within the network. Currently, such patients would be classed as a low priority as they are considered to be in a place of safety. This may therefore need to be changed.

• How the proposals will work given the current configuration of specialised units for burns, plastic surgery and neurosurgery needs to be considered. The Welsh Centre for Burns and Plastic Surgery is based at Morriston Hospital in Swansea, whilst neurosurgery is based at UHW in Cardiff. How this will work within the context of the proposed major trauma centre and network therefore needs to be understood and explained.

On a similar note, any implications from the recent decision to centralise thoracic surgery in Morriston also need to be understood.

We therefore seek assurance that such consideration has been undertaken, and that such decisions are part of a fully joined-up and properly thought-through planning process.

Question 4. Do you have any other comments?

It will be important to understand the implications for attracting doctors in training to Wales as a result of implementing the proposals, and to quantify if this will mean trainee posts being relocated from some hospital sites to others. This is something that we feel needs to be properly considered before any proposals are finalised.

A further issue we would like to raise is the need for a clear communication strategy once a decision is taken on the way forward for the delivery of the proposed major trauma network and centre. It will be important to ensure there is an effective programme for informing the communities of south and west Wales and south Powys how these proposals will work, and what they will mean to them in practice. We would stress the need for proper and meaningful consultation with communities.