

**Document 2**

Executive Summary of Service Improvement  
Proposal  
Specialised Burn Care Services  
For Adults and Children  
Plymouth PCT



South West Specialised Commissioning Group

South Central Specialised Commissioning Group



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government



**Plymouth**

## **Health Overview and Scrutiny Committee**

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

**December 2009**

**Prepared by:**

**The South West Specialised Commissioning Group on behalf of the South  
Central Specialised Commissioning Group and Health Commission Wales  
(to be succeeded by Welsh Health Specialised Services Committee)**



## 1 Executive Summary

- 1.1 The purpose of the report is to provide information to Health Overview and Scrutiny Committees on the designation of burn care services within the South West UK Burn Care Network. Specifically this summary report sets out how burn care will be improved through the designation of specialised burn care providers, working to offer a full range of specialised burn care services to the population of the Network.
- 1.2 Our proposals do not involve major change for existing services and will:
- Ensure that specialised burn care services comply with National Burn Care Standards;
  - Ensure patients are treated by the service best able to meet their needs;
  - Ensure that patients receive the highest quality burn care treatment;
  - Improve clinical outcomes and survival rates over time;
  - Establish a new specialised burns service for people in Devon and Cornwall in the South West of England;
  - Over time, develop models for rehabilitation, outreach and long term follow up that will enable more care to be delivered and accessed nearer to where people live.

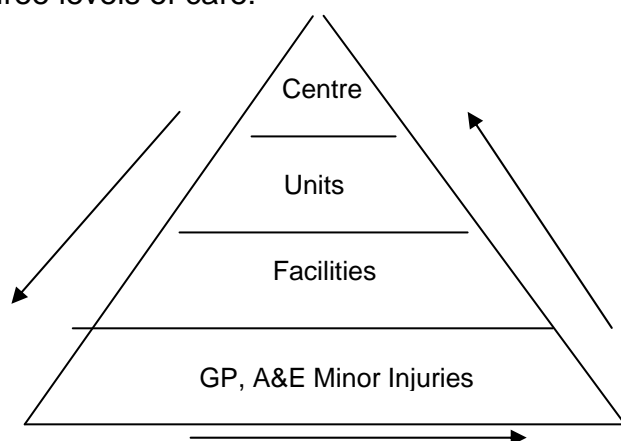
**Table 1 – Summary of designation proposals**

Provider	Adult	Child
Morrison Hospital, Swansea	Centre; Unit and Facility	Facility and Unit
Frenchay Hospital, Bristol working jointly with Bristol Children's Hospital until planned transfer of all specialised children's services to the Bristol Children's Hospital is completed	Facility and Unit	Centre; Unit and Facility
Salisbury District General Hospital, Salisbury	Facility and Unit	Facility and Unit
Derriford Hospital, Plymouth	Facility	Facility

- 1.3 A number of factors are taken into consideration in assessing burn injuries including the size or total burn surface area and site of the burn, the depth of skin injury, the age of the patient, the presence of co-existing conditions and other associated injuries e.g. fractures, crush and or penetration injuries.



- 1.4 Treatment and care involves all members of a multi disciplinary team and can include periods within intensive care, repeated operations, long rehabilitation periods requiring input from nursing, therapists and other specialists such as psychologists and social work. Follow up is often long term involving reconstructive surgery, dressing management, psychological and social support.
- 1.5 To date, specialised burn care has been provided by three hospitals:
- Frenchay Hospital, North Bristol NHS Trust, provides all levels of care for both children and adults, with very complex care for children provided jointly with the Paediatric Intensive Care Service at Bristol Children's Hospital, University Hospitals Bristol NHS Foundation Trust.
  - Salisbury District Hospital, Salisbury NHS Foundation Trust provides all levels of care for adults and moderate to severe care for children. However, children with very severe burns and complex care needs have been transferred to Bristol under a local agreement between the two providers within the last 12 months.
  - Morriston Hospital, Swansea, Abertawe Bro Morgannwg University NHS Trust provides all levels of care for adults and children.
- 1.6 Thankfully, the numbers of severe and very severe burn injuries is small with evidence to suggest that these numbers are decreasing over time. Between January 2006 and December 2008, just 28 adults and 9 children sustained a burn injury identified as complex, across the whole Network which serves 10 million people.
- 1.7 The model of service set out in the National Burn Care Review (2001) identified three levels of care:



- Facility – caring for minor to moderate burn injuries
- Unit – caring for moderate to severe burn injuries
- Centre – caring for the most severe and complex injuries



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- 1.8 Our proposals involve the formal designation of four specialised burn care providers, including the designation of a new provider, to deliver the three levels of care identified above, for the South West UK Burn Care Network. The service providers will work together as a network of services using agreed patient transfer thresholds to assess patients and identify those with complex injuries, ensuring that they are treated and cared for by the service that can best meet their needs.
- 1.9 Our proposals do not involve major change for existing services and will establish a new specialised burn care service at Derriford Hospital in Plymouth to serve Devon and Cornwall in the South West of England. A very small number of adult patients (between 10 and 20 per year) will transfer to Swansea in Wales for their care from the South West and South Central areas of the Network and an even smaller number of children (less than 5 per year) will transfer from Wales to Bristol for their specialist care. The rationale underpinning our designation proposals is as follows:

#### **Adults**

- 1.10 All three providers Swansea, Bristol and Salisbury have highly dedicated and well developed multi-disciplinary teams providing specialised burn care. Each of the providers met the standards to varying levels with no provider meeting them all.
- 1.11 Swansea has the best quality physical infrastructure and resources, since all elements of care are located within a dedicated unit, including wards, theatres, intensive care and rehabilitation.
- 1.12 The infrastructure and physical lay out of services at Frenchay Hospital, in Bristol, is such that wards, theatres and intensive care are not located near to each other. In particular, there is a long distance between wards/theatres and intensive care through corridors which are unheated due to the number of access points along their length. Not all of the theatres are dedicated or located together which requires the team to manage logistical issues not present in Swansea and Salisbury. Generally the estate is older. While it is noted that this does not necessarily impact adversely on patient care, more modern and better designed infrastructure helps clinical teams control and reduce infection rates and work efficiently.
- 1.13 Salisbury has good quality physical resources, with thermally regulated ward beds, but limited intensive care capacity, with only one cubicle available, not ring fenced to burns. They do not have the same logistical challenges as Bristol.
- 1.14 All of the teams demonstrated good team working but Swansea was able to demonstrate the strongest care pathway management and team coordination. Swansea also had the strongest governance arrangements, including audit and research of the three adult services.



- 1.15 Overall, the provider that achieves the closest compliance with standards for providing burns centre level care is the Morriston Hospital at Swansea, Abertawe Bro Morgannwg University NHS Trust.

### Children

- 1.16 All three current providers, Swansea, Bristol and Salisbury have highly dedicated and well developed multi-disciplinary teams providing specialised burn care for children. Each of the teams has made progress since the last assessment on staff training but further work is required in all of the services to be designated in order to ensure all staff are fully trained in burn care as well as looking after children, including safeguarding. This is very important within burn care as sadly some injuries to children are not accidental.
- 1.17 One of the key burn care standards relating to the treatment of severe and complex burn injuries in children is that the burn service is co-located with Paediatric Intensive Care (PICU). This standard is further supported by more recent guidance set out under the Commissioning Safe and Sustainable Specialised Paediatric Services.
- 1.18 Over time there has been debate about how many Centre level services should be designated within England and Wales. The Commissioning Bodies for the South West, South Central and South Wales supported the South West UK Burn Care Network to argue strongly with the National Burn Care Group that there should be one paediatric burn care centre in each Network and this has been supported.
- 1.19 Within the South West UK Burn Care Network only Bristol has the capability to achieve compliance with the standards. Although not yet co-located with PICU which is located at the Children's Hospital in Bristol, the burn service at Frenchay does have a high specification High Dependency Unit and joint working arrangements with PICU with specialist burn staff available on the ward while the child requires support from PICU.
- 1.20 Bristol has a well established PICU retrieval team and formal agreements have now been reached between Bristol and Wales to enable Bristol to be formally designated to lead retrieval of patients from Wales.
- 1.21 In the Bristol Health Services Plan all specialist children's services will be transferred to the Bristol Children's Hospital and detailed planning is now underway with a view to this work being completed in 2014. At this point the paediatric burn care service will be fully compliant with burn care standards for children. In the interim period commissioners and the Network will continue to review the joint working arrangements and clinical outcomes to ensure the highest quality services for children.
- 1.22 All services require further work in terms of ensuring all staff looking after children are trained in recognising their needs and deliver care in a way that is appropriate for children as well as ensuring their safety.



- 1.23 Further work is required to develop comprehensive and fully coordinated outreach and follow up services for children.

### **Plymouth - Children and adults**

- 1.24 The Plymouth plastic surgery service has conducted a self assessment against the burns standards, which demonstrated that most of the components required to comply with Facility level standards are in place but that work within the service is needed to meet the standards in full. The Network views the establishment of a burns Facility in the Peninsula as a positive development as it will reduce the number of journeys to burns units for injuries that could be treated at Facility level.

### **Key issues relating to patient and public views**

- 1.25 The key messages from the patient and public engagement process are that patients and their families think that expertise and good outcomes are the most important aspects of care and have stated that they are willing to travel longer distances for very specialised care, if necessary. However, if they do have to be treated a long way from their home, they want it to be easy for their friends and family to visit.
- 1.26 The work undertaken shows that travel times for patient transport, via ambulance, in the acute phase of treatment is acceptable at any of the sites. Bristol is the most central location. However, travel times and the logistics of journeys for patients and their families that do not live near to services, will be significant for any of the service providers, especially for people using public transport. However, as stated above patients have indicated that they are prepared to travel longer distances for very specialised care and the number of patients involved is small.
- 1.27 There are already good support services and resources in place for families and other visitors and commissioners will use the information provided by patients and the public through this process to further improve them. In addition, the Network will develop more locally based and coordinated outreach and follow up services to further streamline services.

### **In Summary**

The expected benefits from the proposed service improvements are:

- 1.28 Assurance that specialised burn care services comply with National Burn Care Standards, and where they do not identification of action plans to address them;
- 1.29 Implementation of patient transfer and referral thresholds that will ensure that patients are treated by the service best able to meet their needs; treatment by specialist teams that are experienced in the most complex care management;
- 1.30 Fewer patients having to travel out of Devon and Cornwall for specialised burn care treatment;





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- 1.31 Excellent patient care and support to families and other carers through identification of a key worker for each patient, support to families where patients are being cared for a significant distance from their home and long term commitment to maintaining links with patients groups; continued involvement from patients and families in improving services;
  - 1.32 Maintenance and further development of skills and expertise within all services through clinical teams working flexibly and supporting each other;
  - 1.33 Improved clinical outcomes and survival rates over time, through continued audit of clinical outcomes, other forms of reflection on best practice as well as training and education of specialist teams and referring services such as Accident and Emergency Departments;
  - 1.34 Development over the next two years of models for rehabilitation, outreach and long term follow up that will enable more care to be delivered/accessed nearer to where people live;
  - 1.35 A more systematic approach to contributing to strategies to prevent burns within local communities;
  - 1.36 Assurance that designated services are sustainable over time;
  - 1.37 Management and coordination of burns services and work across teams to strengthen services and patient care through the South West Burn Care Network.

### **Concluding statement**

- 1.38 The designation proposals for burns services will help to achieve improved services for patients with burn injuries and their families for around 10 million people ensuring that people with burns that need specialised treatment will be able to access the expert care they need whilst ensuring as much care as possible is delivered as close to where people live. We hope that our partners across the Network will support these proposals, enabling us to implement the new arrangements formally by April 2010.