New major trauma centres to save up to 600 lives every year

A network of 22 new centres specialising in treating patients who suffer from major trauma will open across England, Health Secretary Andrew Lansley today announced.

These specialist trauma centres will provide round-the-clock life saving treatment for seriously injured patients such as those who have head injuries, stab wounds or have been in a car accident.

Working alongside local hospital trauma units, 22 Major Trauma Centres will operate 24 hours a day, seven days a week and be staffed by consultant-led specialist teams with access to the best state of the art diagnostic and treatment facilities.

Previously, patients who suffered major trauma were simply taken to the nearest hospital, regardless of whether it had the skills, facilities or equipment to deal with such serious injuries. This often meant patients could end up being transferred, causing delays in people receiving the right treatment.

The new network means ambulances will take seriously injured patients directly to a specialist centre where they will be assessed immediately and treated by a full specialist trauma team. Patients who have suffered a severe injury often need complex reconstructive surgery and care from many professionals, and so the trauma team includes orthopaedics, neurosurgeons, radiologists, physiotherapists, occupational therapists and speech therapists.

Secretary of State for Health Andrew Lansley said: “For far too long, people have needlessly died from major trauma injuries because some local hospitals were not equipped with the right facilities or specialist teams to treat patients with life-threatening injuries quickly.

“I have always said that patients should be at the heart of the NHS and that services should be arranged around their needs, not how hospitals are organised. Seriously injured patients need to be assessed and treated quickly. With 22 new trauma centres now opening across England staffed with a full specialist trauma team, we hope to save up to 600 lives a year.”

Many patients need a personalised rehabilitation programme taking many months to help them return to an active life. From April, every major trauma patient will be given a rehabilitation prescription which describes their recovery plan in detail.

Studies have shown that major trauma centres with dedicated personnel and specialist equipment save more lives and reduce the risk of serious disability. For example, a patient who has suffered a serious head injury can receive a CT scan within 30 minutes, allowing doctors to respond quickly to reduce the risk of brain damage.

Professor Keith Willett, National Clinical Director for Trauma Care at the Department of Health, said: “Thanks to the advances in medicine and technology, patients are now able to survive horrific injuries that previously would have killed them. This is down to the very advanced medical skills that are available in a range of specialties in certain major centres in the NHS. This expertise must be available for all patients, regardless of where they have been injured. At the accident scene the exact injuries are rarely known.

“That is why we have introduced the Major Trauma networks, which should save up to 600 lives a year. This new system is a great example of the difference that can be made to patients’ lives by having all the expertise, experience and equipment in one place.”

Each Major Trauma Centre will be supported by a network of local trauma units, responsible for treating less serious injuries such as fractures and minor head injuries.

Note to editors

1. The 22 Major Trauma Centres are:

• Addenbrooke’s Hospital, Cambridge (Cambridge University Hospitals NHS Foundation Trust)

• Frenchay and Southmead Hospitals, Bristol (North Bristol NHS Trust)

• James Cook University Hospital, Middlesbrough (South Tees Hospitals NHS Foundation Trust)

• John Radcliffe Hospital, Oxford (Oxford Radcliffe University Hospital NHS Trust)

• Leeds General Infirmary, Leeds (The Leeds Teaching Hospitals NHS Trust)

• Queen’s Medical Centre, Nottingham (Nottingham University Hospital NHS Trust)

• Royal Victoria Infirmary, Newcastle (The Newcastle upon Tyne Hospitals NHS Foundation Trust)

• Southampton General Hospital, Southampton (University Hospital Southampton NHS Foundation Trust)

• Derriford Hospital, Plymouth (Plymouth Hospitals NHS Trust)

• Hull Royal Infirmary (Hull and East Yorkshire NHS Trust)

• Northern General Hospital, Sheffield (Sheffield Teaching Hospitals NHS Foundation Trust)

• Queen Elisabeth Hospital, Birmingham (University Hospitals Birmingham NHS Trust)

• Royal Preston Hospital, Preston (Lancashire Teaching Hospitals NHS Foundation Trust)

• Royal Sussex County Hospital, Brighton (Brighton and Sussex University Hospitals NHS Trust)

• University Hospital Coventry (University Hospitals Coventry Warwickshire NHS Trust)

• University Hospital of North Staffordshire NHS Trust, Stoke on Trent

• Alder Hey Children’s Hospital NHS Foundation Trust, Liverpool

• Birmingham Children’s Hospital NHS Foundation Trust

• Royal Manchester Children’s Hospital, Manchester (Central Manchester University Hospitals NHS Foundation Trust)

• Sheffield Children’s Hospital, Sheffield (Sheffield Children’s NHS Foundation Trust)

• Manchester collaborative Major Trauma Centre

a. Salford Royal NHS Trust

b. Manchester Royal Infirmary

c. University Hospital South Manchester

• Liverpool Collaborative Major Trauma Centre

a. Aintree University Hospital

b. Walton Centre

c. Royal Liverpool University Hospital

2. Major trauma is serious injury and generally includes such injuries as:

• traumatic injury requiring amputation of a limb

• severe knife and gunshot wounds

• major head injury

• multiple injuries to different parts of the body eg chest and abdominal injury with a fractured pelvis

• spinal injury

• severe burns.

3. There are approximately 20,000 major trauma cases in England every year. It has been estimated by the National Audit Office that between 450 and 600 lives could be saved per year across England.

4. A trauma system is a model of care for treating the most seriously injured patients, such as those with multiple injuries, including head injuries, life-threatening wounds and multiple fractures. It relies on a “hub” – a major trauma centre – working with a series of local trauma units. The major trauma centres operate 24 hours a day, seven days a week and are staffed by consultant-led specialist teams with access to the best diagnostic and treatment facilities.

5. Ambulance staff use a triage tool to assess patients to ensure those with the most severe injuries, classed as major trauma, are taken to a major trauma centre for urgent treatment. This may involve bypassing their local hospital so they can immediately receive specialist care with access to CT scans and innovative technology. Other patients will be taken to their local trauma unit for stabilisation before rapid transfer to the MTC for definitive treatment. It involves the ambulance service and helicopter emergency medical service working with the major trauma network to ensure the most urgent patients are sent to the most appropriate place.

London case study for media

A 42 year old man was riding his motorbike to work when he collided with a van and hit a lamppost. An ambulance was called and on assessment of the severity of his injuries the crew realised he would benefit from being taken to a specialist centre. They drove past his local hospital and took him to the nearest Major Trauma Centre.

His injuries were very serious – his left leg had been partially amputated, his right leg was shattered and he had an injury to his liver. On arrival the specialist team transfused him with large amounts of blood and blood products. He was taken to theatre immediately to stop the bleeding from his liver, amputate his unsalvageable left leg and to start the reconstruction of his right leg. He was then admitted to intensive care where he spent 8 days on life support.

He spent the next 4 months in hospital during which time he underwent another 11 operations from orthopaedic and plastic surgeons. He had intensive therapy input then was transferred to a specialist facility for amputees to enable him to start to walk with a prosthetic limb.

He is now back at work part time as a project manager in the city and is continuing to make great progress.