**1. Purpose**

This is the first briefing note providing an update of key developments since the National Planning Forum (NPF) commissioned a group to explore possible ways of enhancing major trauma services in Scotland.

**2. Background**

The National Planning Forum (NPF) is a strategic planning body jointly established by NHS Board Chief Executives and the Scottish Government to address issues requiring a national perspective.

Following developments in England to improve major trauma services, the Royal College of Surgeons Edinburgh (RCSE) produced the *Trauma Care in Scotland* report, which recommends that a coherent, integrated and inclusive national trauma service is developed, and that further work takes place to determine the optimal configuration of major trauma care in Scotland.

The Cabinet Secretary has therefore agreed that work should be carried out under the auspices of the National Planning Forum (NPF), to explore ways to enhance major trauma services in Scotland.

The NPF Major Trauma Subgroup will also make recommendations on the configuration and location of major trauma services. It will not involve closure of existing A&E units, and enhancements will be carried out in conjunction with the wider national strategic quality improvement work on unscheduled care.

**3. A national quality framework for Major Trauma**

The NPF Major Trauma Subgroup has been asked to develop a national quality framework to deliver major trauma care across Scotland that will improve outcomes for the 800-1100 major trauma patients in Scotland each year. This will include:

- Describing the current configuration of trauma services in Scotland
- Setting out the inter-dependencies and co-located services which are required for treating major trauma patients including workforce and training issues
- Assessing current data collection for major trauma in...
Scotland and advise on any further audit requirements

- Defining and describing a quality framework for major trauma services including a model of care which would ensure that there are clear patient pathways which span:
  - pre-hospital care;
  - acute trauma care;
  - surgery;
  - ongoing care;
  - reconstruction; and
  - rehabilitation.

In developing this framework, consideration will be given to the involvement of multidisciplinary teams, the use of telehealth and the challenge posed by Scotland’s geography

### 4. Meetings of the NPF Major Trauma Subgroup

Four meetings of the subgroup are planned. The first, took place on 16 November 2012. The remaining meetings will take place on:
- 12 February 2013
- 28 March 2013
- 26 April 2013

It is expected that the subgroup will report to the NPF on its recommendations for enhancing major trauma services in Scotland by late Spring 2013. The report is likely to cover:
- Introduction,
- case for improvement of major trauma services
- Current provision
- Workforce, training, outcomes
- Evidence
- Proposed Model(s) of major trauma care
- Implications

### 5. Progress

**First meeting of the NPF Major Trauma Subgroup group**

The membership of the Major Trauma Subgroup is included in the annex. The group met for the first time on 16 November 2012 and agreed to focus initial efforts on identifying current trauma services across Scotland to assess how they compared with the recommended trauma care pathway set out in the *Trauma Care in Scotland* report.

The group also discussed data needs and set up a smaller working group to identify the data required to inform decision making.

**Evidence gathering 1: Service mapping of current trauma services**
A service mapping questionnaire has been sent to Directors of Regional Planning and copied to NHS Board Chief Executives and Directors of Planning for completion by 1st February 2013. This process will help identify the gaps and inform the Quality Framework (QF) that will seek to enhance major trauma service provision.

It is expected that a map of current trauma services will be included in the final report to the NPF.

**Evidence gathering 2: Expert views**

The members of the Major Trauma Subgroup have been identified as having particular expertise that will help inform the group’s recommendations. The service mapping questionnaire has also been sent to members of the Major Trauma Subgroup for their views.

**Evidence gathering 3: Information Services Division (ISD)**

ISD has been asked to look at linking the data available from the Scottish Ambulance Service (SAS) and the Scottish Trauma Audit Group (STAG). This will help identify where cases of major trauma take place and where and how they are currently handled.

**Evidence gathering 4: Healthcare Improvement Scotland**

The Scottish Health Technologies Group (SHTG) has been asked to review existing evidence and the expected benefits (improved outcomes) of enhancing major trauma services.

**Evidence gathering 5: Patient involvement**

Ensuring that enhanced major trauma services are person centred is an important part of the Subgroup’s work. Further consideration will be given to how we engage with patients once current service configuration is known and gaps have been identified.
6. Contact

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Annex: Major Trauma Subgroup Members

Chair  
Caroline Selkirk, Deputy Chief Executive, NHS Tayside

Members  
Jennifer Armstrong  
Medical Director, NHS Greater Glasgow & Clyde (NHSGGC)

Gordon Birnie  
Medical Director (Operational Division), NHS Fife

Julie Brittenden  
Chief Medical Officer (CMO) Advisor for Vascular Surgery

Euan Dickson  
General Surgeon, NHSGGC

Chris Driver  
Paediatric Surgeon, NHS Grampian

Mike Fried  
Consultant Anaesthetist, NHS Lothian, and President of the Scottish Intensive Care Society

Alasdair Gray  
Consultant in General Surgery and Intensive Care, NHS Grampian

Douglas Gentleman  
CMO Advisor for Rehabilitation Medicine

Peter Gent  
Regional Planning, North of Scotland Planning Group

Paul Gowens  
Head of Clinical Governance, Patient Safety and Quality Scottish Ambulance Service (SAS)

Stephen Hearns  
Lead Consultant, Emergency Medical Retrieval Service

Jan Jansen  
Consultant in General Surgery and Intensive Care, NHS Grampian

Michael Johnston  
Consultant in Emergency Medicine, NHS Tayside
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