

11 May 2006

Elaine Twinem
Secondary Care Directorate
DHSSPS
Room 1, Annexe 1
Castle Buildings
Belfast
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Dear Ms Twinem

Consultation Paper: Improving Services for Major Trauma

I refer to the above consultation document which was considered by members of the Northern Health and Social Services Council.

Early in the paper there is reference to the distinction between major and serious trauma with the admission that such distinction is not always immediately clear to those attending the patients. Neither is the difference clear to the general public and the issue of the paper caused some concern and media speculation about patients not being accepted or by passing local acute or even area hospitals.

The onus appears to be on those first attending the patient at the accident site. Since the probability is that this is NIAS staff then there is a large responsibility on such staff to clearly identify the degree of trauma initially and act accordingly. The document mentions the current provision and declares that 'anecdotally it would appear that the protocols are not operating strictly' There appears then to be issues of enhanced paramedic training, communication, skills required, etc to ensure that the new protocols will be strictly operated in future. There will be resource issues required in terms of manpower, skills and possibly suitably equipped fleet which must be costed and made available to ensure the means are in place to operate the new protocols.

The document highlights the importance of time to ensure minimum delay in reaching the appropriate hospital and improve outcomes. It also cites evidence from clinical literature with the suggestion that 'UK evidence does not support the introduction of a helicopter service – the equivalent investment in land ambulances would save more lives'. On the issue of helicopters Council is aware that an air ambulance helicopter was considered some time back and discounted. However, since the issue of the report a PSNI helicopter was used to air lift a Carrickfergus trauma case from fields to hospital. In the past army

helicopters were used but with the decreasing military presence such may not be available currently or in the future. Council feels that the helicopter air ambulance should not be ruled out with the distances to the trauma centre or at least some partnership arrangement considered. Secondly the alternative of an equivalent investment in land ambulances seems not to have been given any consideration in the costings as the £200k p.a. appears to reflect acute staffing and information systems with the reference to NIAS additional costs 'if deemed necessary'. Again I would reiterate that public support for the new protocols will hinge around the ability to arrive quickly on the scene, assess the situation and transfer the patients quickly to the trauma centre (or large acute hospitals for resuscitation and stabilisation).

In the Equality assessment there is the assumption in relation to where people live and how far from the Trauma Centre. The Trauma register in due course might provide information on where people suffer major trauma which might not be near where they live e.g. RTA, work related, assault, etc.

I hope the above comments are useful in responding to this consultation.

Yours sincerely

NOEL GRAHAM
CHIEF OFFICER