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## **HOSC Questions and Answers for Burn Care Services**

### **What are Specialised Services?**

Specialised services involve complex treatments or packages of care, often for relatively rare conditions. The services may involve the use of specialised technology and equipment or drugs, or be delivered by a specialist expert workforce. Some, but not all, specialised services are high-cost. To be most safe and cost effective specialised services need to be planned and commissioned using populations of at least 1 million, which is larger than most Primary Care Trusts, with many of the rarer conditions needing much larger planning populations than this. Consequently, specialised services are not provided in every hospital and tend to be found only in larger ones, which perhaps provide a range of specialised services. It is for these reasons that specialised services are commissioned on behalf of the Primary Care Trusts that sit within the boundaries of their strategic health authority.

### **What is the South West Specialised Commissioning Group?**

The South West Specialised Commissioning Group is one of 10 such groups established across England. It consists of the Chief Executives of the 14 Primary Care Trusts in the South West. Each regional Specialised Commissioning Group is the body that makes decisions about the commissioning of specialised services within its boundaries. The South West Specialised Commissioning Group shares its boundaries with the South West Strategic Health Authority (NHS South West). The population we serve is just over 5 million.

### **What is the South West UK Burn Care Network?**

The South West UK Burn Care Network serves a population of around 10 million people covering the South West of England, parts of South Central England and South Wales. The Network reports to the South West and South Central Specialised Commissioning Groups and Health Commission Wales (to be succeeded by Welsh Health Specialised Services Committee). This includes 14 Primary Care Trusts, 4 South Central Primary Care Trusts and 15 Local Health Boards.

### **What is the Specialised Commissioning Team?**

Each of the Network's Commissioning Groups is served by a dedicated multi-disciplinary Team that consists of commissioners, finance and public health experts, administrators and a public and patient involvement/engagement facilitator. The 18



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Primary Care Trusts and 15 Local Health Boards plan, commission and procure specialised services through this team.

### **What are we responsible for?**

In accordance with Specialised Services National Definition Set (3<sup>rd</sup> Edition 2009) Specialised Burn Care services all ages - all levels of Specialised Burn service provision are to be commissioned by South West and South Central Specialised Groups and Health Commission Wales (to be succeeded by Welsh Health Specialised Services Committee) and consequently the model presented here reflects the whole pathway of assessment, treatment and rehabilitation for both adults and children regardless of the severity of the burn.

Specialised Burn care services also link to other Specialised Services (For example Specialised Services for Children, Specialised Services for Brain Injury and Complex Disability).

### **What are Burn Care services?**

To ensure clinical safety, hospitals who wish to provide care for patients admitted with burn injuries should have burn care services that are clinically led by plastic surgeons, with a specialist interest in providing care for patients with burn injuries.

The National Burn Care Review of 2001 made a number of recommendations and established the principle of different levels of service provision for burn care to ensure people presenting with a burn injury are treated in the right place, in the right way and with the full support of expert advice.

Initial assessment of burns within Accident and Emergency and Primary Care Departments and the treatment of minor burns with local hospitals and primary care are not included within the definition of specialised burn care. However there is a responsibility for the network to provide training, education and advice for all providers outside of the burn care services.

The specialised burn care service is divided into three levels: burns facilities to treat less serious injuries; burns units for other serious but less complex burns and burns centres to treat the very severe (complex) burn injuries. Each includes an outpatient department. Burns facilities units and centres are clinically led by plastic surgeons specialising in burn care.



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### **How are Burn Injuries defined?**

Burn injuries range from the most minor, dealt with in the community, to the most severe and devastating, and affect all ages and social groups. In general terms the clinical definition of severity is based on the size of the burn and area of the body affected, the depth of skin injury, whether the patient has been affected by smoke or toxic chemicals, the age of the patient and the presence of any other conditions or health complaints a burn injured patient may already have.

Specialised burn care service activity is low in volume but can be high in cost and arises as an emergency (although there are a very small number of elective treatment cases) and requires multi-professional input and care delivered over a long period of time, involving acute, rehabilitation and community services.

### **Why is it important to treat very severe burn injuries differently?**

With a complex injury the entire burn care team including theatre and intensive care together with other inpatient team members, including specialised psychology or social worker involvement, is involved throughout the whole care pathway, from hospital care through to rehabilitation upon the patient's return home. The period after initial acute care may continue for some years, and involve multiple outpatient interventions and several admissions to hospital for reconstructive surgery. Children in particular may require multiple interventions as they grow.

### **What is 'Service Planning' and what does it involve?**

Planning a service involves conducting a health needs assessment and comparing how services are currently being delivered with current evidence-based best practice. The views of local clinical experts, voluntary organisations, patients and the public are sought throughout the process so that these are reflected in the preferred model of the service that is described in the 'service specification' that is the end product of planning a service. The 'service specification' is a written description of what a service for the region would consist of.

### **What is Commissioning/Designation and what does it involve?**

Commissioning is the term used to describe the overall process of planning, funding, procuring, and monitoring healthcare services. Designation is a new way of commissioning that has emerged following Lord Carter's review of the commissioning arrangements for specialised services in 2007 and Lord Darzi's (2008) vision for



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delivering a world leading NHS (commonly known as ‘world class’ commissioning’). World class commissioning takes a more strategic, long-term and community focused approach to commissioning services, where patients, carers, commissioners and health and social care professionals work together to plan services in order to deliver improved health outcomes. In this way, world class commissioning should enable the NHS to meet the changing needs of the population and deliver a service which is clinically-driven, patient-centred and responsive to local needs.

Designation involves reviewing national best-practice guidelines and improving outcomes guidance; identifying relevant stakeholders (both lay and clinical); conducting local risk and health needs assessments; developing a work programme in collaboration with local stakeholders; holding stakeholder events to gain the views and opinions of local clinicians and members of the public at every stage in the designation process; producing an interim report that makes recommendations for how a service should proceed; seeking approval from the Specialised Commissioning Group (i.e. the chief executives of the 18 Primary Care Trusts in the South West UK Burn Care Network) and the Strategic Health Authorities to proceed; and asking the 16 overview and scrutiny committees in the South West, One joint committee in South Central and the Community Health Council in Wales to formally consider the proposal before a final designation report can be submitted to the Specialised Commissioning Groups for approval so that the service developments being proposed can be implemented.

A provider’s designation status is intended to last for 5 years, after which the service is reviewed again.

### **What does this mean for patients?**

Designation can result in a change to the number of providers of a service, a change to the way in which services are delivered, or a change in the location of a service. However, designation can also be simply a confirmation of the current services and can provide improvements in services.

In the case of burn services, the South West and South Central Specialised Commissioning Groups and Health Commission Wales, (to be succeeded by Welsh Health Specialised Services Committee), plan to designate four providers for the South West UK Burn Care network. The designation of burn care services will seek to strengthen and support the high quality burn care services that currently exists and develop these services further. The benefits to patients are:

- Clear pathway, supported by pathway and transfer thresholds that ensure patients with the most complex needs are treated by services best able to meet their needs.



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- The development of more local models for rehabilitation, outreach and long term follow up will enable more care to be delivered nearer to where people live. This will save on the number of journeys and the time and expense incurred to travel long distances.

Due to the severity of the burn injury, some patients maybe transferred to the nearest burn service that can provide expert clinical care. but decisions will be made jointly between referring and receiving clinicians' dependant upon the needs of each patient. The majority of burn patients will continue to be cared for within already well established burn care services.

The views opinions and advice received from staff patients' carers and families can help the network shape services to ensure patients and their families will be well supported through the whole pathway of care.

The result of the service improvements will be high quality, safe services which will:

- Ensure that specialised burn care services comply with National Burn Care Standards
- Ensure that patients are treated by 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
- Over time develop models for rehabilitation, outreach and long term follow up that will enable more care to be delivered/accessed nearer to where people live.

### **What is Procurement and how is this managed?**

Procurement refers to how the Specialised Commissioning Group goes about purchasing services. This includes the contractual agreement that the Specialised Commissioning Group has with providers (e.g. foundation trusts). In total, procurement is a process that involves public and patient involvement and competitive tendering to ensure the best value for money.

In the case of Burn Services designation this has been coordinated at a national level by the National Burn Care Group which reports to the National Commissioning Group. As this designation process has included all of the current providers there will not be a competitive tendering process, but a review of current contractual arrangements Work with Primary Care Trusts and Local Health Boards to formalise current contractual arrangements (service specifications) with each provider for contracts to commence April 2010.



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Contracts tend to last for a period of 5 years.

**How do I get more involved in specialised services planning and commissioning?**

- Talk to patients who require the services
- Talk to the hospitals and organisations which provide the services
- Talk to fellow members of the public
- Talk to members of the Overview and Scrutiny Committees
- Contact the Primary Care Trust
- Look on the internet for information on the services
- Attend Public and Patient Engagement events
- Use SW SCG website

**How do I find out more about this service issue?**

Contact:

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