HOSC Briefing
Service Improvement Proposal:
Specialised Burn Care Services
For Adults and Children
Torbay Health Overview and Scrutiny Committee
Document 3

South West Specialised Commissioning Group
South Central Specialised Commissioning Group

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Torbay

Service Improvement Proposal for Burn Care Services for Adults and Children

Health Overview and Scrutiny Committee Briefing: For Information & Approval

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1 Purpose of the report

1.1 To report to the Torbay Health Overview and Scrutiny Committee on the designation of burn care services within the South West UK Burn Care Network. Specifically this 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 Network population. The report sets out the model of care as to how patient pathways will work, as well as the reasons behind the recommendation to designate four providers for the locations covered by the Network, covering the population of South West and South Central England and South Wales.

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 that 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/accessed nearer to where people live.

1.3 The proposals contained within this service improvement proposal have been received and endorsed by the South West and South Central Specialised Commissioning Groups and Health Commissioning Wales (soon to be succeeded by Welsh Health Specialised Services Committee) as well as the National Burn Care Group and the National Specialised Commissioning Group. The proposals also have the support of the Strategic Health Authorities for the South West and South Central areas of England.

2 Decisions / actions required

The Torbay Overview and Scrutiny Committee are asked to:

2.1 Note the proposed approach to improving burn care services;

2.2 Note the improved quality and safety of service that the model will deliver over time;

2.3 Note the involvement of patients, carers, clinicians and the public in the process of developing the recommended way forward;

2.4 Support the proposed approach including the designation of four service providers delivering the three levels of specialised burn care:

Table 1 – Summary of designation proposals

Provider	Adult	Child
Morriston 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

See table 5 for further information about service categories.

2.5 Note that it is hoped the designation process can be completed by March 2010 allowing all four services to be fully functioning in their roles by April 2010.

3 Current services – what happens now?

3.1 The National Burn Care Review of 2001, and subsequent work carried out through the National Burn Care Group, recommended the introduction of Burn Care Networks to support the improvement of burn care in England and Wales. There were four burn care Networks established with the South West UK Burn Care Network serving approximately 10 million people living in the South West and South Central areas of England and South Wales:

Table 2 – South West UK Burn Care Network Populations

Catchment	Population
South, Mid and West Wales represented by Health Commission Wales*	2,300,000
South Central Specialised Commissioning Group	1,827,100
South West Specialised Commissioning Group	5,178,000

*To be succeeded by Welsh Health Specialised Services Committee

3.2 Network populations are also shown on a map within the appendices of the Interim Designation Report which is available to Overview and Scrutiny Committees.

3.3 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, although some children with severe burns have been transferred to Bristol.

3.4 Early assessment - The patient pathway differs depending on the severity and nature of the burn and the presence of other illnesses that might affect the treatment of injuries or the rate and nature of recovery. The majority of patients will first attend Accident and Emergency Departments or Minor Injuries Units. Minor burns can be safely treated by the Accident and Emergency and/or Minor Injuries Teams. However, following assessment, someone with a more serious burn would be transferred to the nearest specialised burn service able to meet their needs.

3.5 Burn injuries - Categorising burn injuries can be complex due to the number of factors taken into consideration but in general terms, the definition of severity is based on 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.

3.6 Multi Disciplinary Team - With a complex injury the entire team including theatre and intensive care staff work together with other inpatient team members, including specialist psychology and therapy teams as well as social workers, from the moment of admission through to rehabilitation on the ward and returning home.

3.7 Long term care - Contact with services may continue for some years and involve multiple outpatient visits, admissions to hospital for reconstructive surgery, outreach at/or near the person's home that can include long term dressings management, psychological and social support.

3.8 Patient Transfer Thresholds - Until recently (October 2009) there were no formal transfer thresholds in place across the Network. Each provider would care for patients at every level of care. However, some patients would be transferred to a neighbouring service if one service was already full. In addition, Salisbury have been transferring children with more complex needs to Bristol during the last 12 months under arrangements agreed between Salisbury and Frenchay clinical teams. Transfer thresholds for the Network have now been agreed (October 2009). For Children these conform to the transfer thresholds agreed nationally, and for adults have been agreed following a review of clinical evidence about survival rates and the management of complex cases.

3.9 Patient numbers - 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.

Tables 3 and 4 below show the number of patients resident in Torbay admitted to hospital for a burn injury over a three year period, (01 January 2006 – 31 December 2008) and at which hospital the care was provided. Where patient numbers are less than 5 in this three year period, the specific total has not been displayed for confidentiality reasons but is represented as being a number less than 5.

Table 3 – NHS Torbay – Adults admitted for burn injury 2006 – 2008 (3 year period)

Inpatient treatment for Adult residents	Minor/moderate Suitable for (Facility level*)	Moderate/ Severe (Unit level*)	Severe (Unit or Centre*)	Severe/ Complex (Burns Centre*)
Bristol	9	<5	<5	<5
Salisbury	0	0	0	0
Swansea	0	0	0	0

* Assessment of level of care based on national data base entries

Table 4 – NHS Torbay – Children admitted for burn injury 2006 – 2008 (3 year period)

Inpatient treatment for Children	Minor/moderate Suitable for (Facility level*)	Moderate/ Severe (Unit level*)	Severe (Unit or Centre*)	Severe/ Complex (Burns Centre*)
Bristol	19	0	0	<5
Salisbury	0	0	0	0
Swansea	0	0	0	0

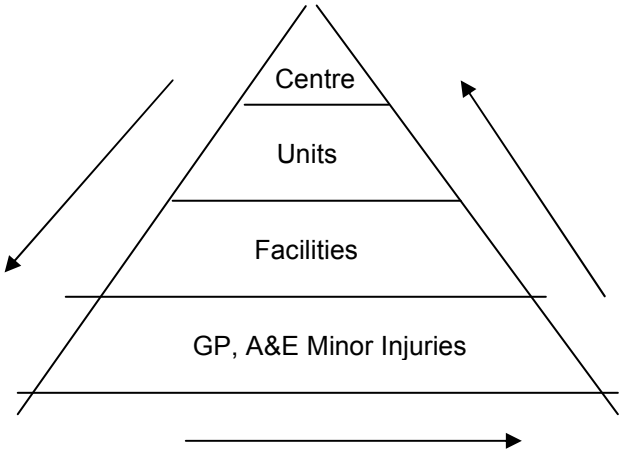
* Assessment of level of care based on national data base entries

3.10 Most patients are currently cared for by the service nearest to where they live. However, a small number of patients are treated by a service other than the one nearest to them. For example, the Morriston Hospital in Swansea cared for 4 patients (all adults) from the South West and South Central areas of the Network in 2008-09 and has cared for 5 patients in 2009-10 up to the end of October 2009.

4 What are the proposed service changes?

National Burn Care Review 2001 and work of the National Burn Care Group

4.1 The model of service was set out in the National Burn Care Review (2001) which identified some significant shortcomings in the provision of burn care at that time and the need to strengthen individual services and the model of service provision in order to improve patient care. The review made a large number of recommendations, most of which were incorporated into the National Burn Care Standards. Central to the recommendations of the review and burn care standards are three levels of specialised burn care :



- Facility – able to care for minor to moderate burn injuries.
- Unit – able to care for moderate to severe burn injuries
- Centre – able to care for the most severe and complex cases

4.2 Table 5 below is intended to give a sense of what kinds of burns would be treated at which level of care.

Table 5 – A guide to types of burns and which level of care they need

Levels of care*	Guide to levels of burn care for **children**	Guide to levels of care for **adults**
Facility	• Burns with a small surface area of less than 5% of body surface area** and less than 2% that is the full thickness of the skin • Injury not on face, hand or genitals • No predicted need for high dependency or intensive care	• Burns with a surface area of less than 10% of body surface area** • Injury is not on face, hand or genitals or if so is a small area • No predicted need for intensive care
Unit	• Burns with a surface area between 5% and 30% total body surface area and full skin thickness up to 20% • Expected need for higher dependency care of less than 24hrs • Burns with significant other injuries	• Burns with a surface area between 10% and 30% of total body surface area and up to 25% full skin thickness • Some requirement for high dependency or intensive care
Centre	• Burns with a surface area of over 30% and full skin thickness of 20% • Expected need for higher dependency care of more than 24hrs	• Burns with a surface area of over 30% and full skin thickness of more than 25% if accompanied by significant inhalation injury • Expected need for intensive care

	• Skin complications • Major trauma with burn injury • Significant smoke inhalation injury • Other complications	for more than 24hrs and organ support for more than 48hrs • Major trauma with burn injury • Other complications

*The above are taken from the transfer thresholds agreed for the Network.

** the whole of one leg would be about 18% of total body surface area; both legs and some of the torso would be over 40%

4.3 The burn care standards were established to ensure that burn care services have all of the equipment and physical facilities as well as specialist staff needed, to deliver safe care with good outcomes as well as ensuring that patients are treated at the service best able to meet their needs. Hence the small number of people with very complex needs being cared for by a team experienced in managing these cases. Table 1, on page 12 of the Interim Designation Report summarises the different service requirements of specialist burn care services.

4.4 It is possible for a single service to fulfil more than one or all three roles. However, due to the small numbers of patients with very complex care needs the model sets out just one Centre level service provider for each Network, across England and Wales and this is why the Networks cover large population bases, rather than those normally served by individual Specialised Commissioning Groups.

4.5 The first point of contact for a patient is often their local Accident and Emergency Department or Minor Injury service, with staff who may not be specialists in burn care. Recognising a serious burn and assessing it appropriately is an important aspect of the care pathway. Because of this National Burn Care Review tasked Networks with a responsibility for training, education and advice. This work has taken place informally to date, although specialist services have set out to provide advice and training to referring services. However, the Network will establish more formal processes to ensure all referring hospitals and services are effectively supported following the completion of the designation process.

What our proposals involve

4.6 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. Designation is for 5 years with reviews during the period, with a re-designation process commencing at year 4 in each period.

4.7 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 the

Peninsula of South West 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 care.

Our designation process

4.8 The National Burn Care Review was conducted in 2001 and the implementation process of its recommendations taken forward by the National Burn Care Group has been ongoing for some years. The last review of services within the South West UK Burn Care Network was conducted in 2006 and made very similar recommendations to those included today. However, the recommendations were not implemented at that time and when the Network reviewed the position in December 2008, it was decided to validate the earlier work to ensure everything was up to date and to reflect the fact that patients and the public are more involved in planning and decision making than was the case in the past.

4.9 The Network then established a work programme to prepare for final designation which included a validation of how the services comply with burn care standards, validation of all burns activity, a patient and public engagement programme to gather views and opinions, a patients transport and public access review, an outcomes review and other commissioning processes such as comparing prices and charging for services. This work took place between February and August 2009.

Our designation proposals

4.10 The proposals for service designation are as follows:

Table 1 – Summary of designation proposals

Provider	Adult	Child
Morriston Hospital, Swansea	Centre	Unit/Facility
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	Unit/Facility	Centre
Salisbury District General Hospital, Salisbury	Unit/Facility	Unit/Facility
Derriford Hospital, Plymouth	Facility	Facility

What the proposals would mean in relation to current service provision

4.11 Adult with very serious injuries - Under the patient transfer thresholds agreed for the Network, for adults, clinicians would begin to consider transfer to Swansea when the patient has a burn with a total burn surface area of 30% of the body (this would be equivalent to both legs and some of the torso). They would also consider complicating factors such as smoke inhalation injuries and other clinical issues. A burn of greater than 40% together with complicating factors will be transferred although there will be some flexibility to take into account the specific needs of the patient and their circumstances. The transfer arrangements will be subject to audit and to ensure that appropriate discussions between centres and units take place. There is also a commitment to maintaining the clinical skills of teams across the Network.

4.12 Reviewing patient activity in recent years, Frenchay Hospital has, on average, cared for about 6 patients per year (all Primary Care Trusts (PCTs)) with a burn that has a total burn surface area of greater than 30% of body surface. Salisbury has treated, on average, 2 patients per year (all PCTs) with a total burn surface area greater than 30% of total body surface. This data gives an idea of how small the numbers are where a transfer to Swansea might be involved. It should also be noted that the transfer thresholds agreed allow for some flexibility and numbers will vary from year to year with none in some years and a higher number in other periods. However, we would always expect a small number in total as indicated by the severe and severe complex activity categories shown in Tables 3 and 4. The only exception to this would be a major incident involving a large number of serious burns.

4.13 Establishing Derriford Hospital in Plymouth as a specialised burns Facility would mean that fewer patients from Devon and Cornwall in the South West of England would need to transfer to a burns Unit if their injury is minor or moderate without other complications. We estimate that this would enable about 90 people (over 60 children and over 25 adults) to be cared for within the Peninsula rather than travelling to other services within the Network.

The reasons underpinning our recommendations

Adults

4.14 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 one provider meeting them all. The network also has a further service capable of delivering specialised burn care at Facility level that has most of the requirements in place already and can become compliant with support from the Network.

4.15 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.

4.16 The infrastructure and physical lay out of services at 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.

4.17 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 challenges as Bristol.

4.18 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.

4.19 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

4.20 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.

4.21 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.

4.22 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.

4.23 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.

4.24 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.

4.25 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.

4.26 All services require further work in terms of ensuring all staff looking after children are trained in recognising their needs as delivering care in a way that is appropriate for children as well as ensuring their safety.

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

Plymouth - Children and adults

4.28 During the designation process Plymouth Hospitals NHS Trust indicated it wished to establish a specialist burns service with the ambition of being designated as a burns Facility. Other providers in Devon and Cornwall either do not have the basic infrastructure required or have indicated that they do not wish to specialise in burn care. 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.

4.29 The Network views the establishment of a burns Facility in Plymouth as a positive development as it will reduce the number of journeys to burns units for injuries that could be treated at Facility level. It will also provide a base from which to develop rehabilitation and more local outreach within Devon and Cornwall in the South West of England. We estimate that about 90 people (about 60+ children and 24+ adults) could be cared for within Devon and Cornwall rather than having to travel to other services.

5 Expected benefits from proposed service improvement?

The expected benefits from the proposed service improvements are:

5.1 Assurance that specialised burn care services comply with National Burn Care Standards, and where they do not identification of action plans to address these issues;

5.2 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;

5.3 Fewer patients having to travel out of Devon and Cornwall for specialised burn care treatment;

5.4 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;

5.5 Maintenance and further development of skills and expertise within all services through clinical teams working flexibly and supporting each other;

5.6 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;

5.7 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, which will save on the number of journeys as well as the time and expense associated;

5.8 A more systematic approach to contributing to strategies to prevent burns within local communities;

5.9 Assurance that designated services are sustainable over time;

5.10 Management and coordination of burns services and work across teams to strengthen services and patient care through the South West Burn Care Network.

6 Engagement process

6.1 A number of stakeholder events for patients, carers and the public have been held to share information about how the Network had undertaken the designation process to date. This provided the team with opportunities to reassure members of the public that the commissioning team is not seeking to move or close any of the

existing burn care services, and to ask local residents what is most important for them about burn care services:

- 11th May 2009 - Plymouth, Devon
- 13th May 2009 - Salisbury, Wiltshire
- 15th May 2009 - Bristol
- 18th June 2009 - Eastleigh, Southampton
- 22nd June 2009 - Swansea, South Wales
- 23rd June 2009 - Maisemore, Gloucestershire
- 25th June 2009 - Truro, Cornwall

6.2 In total 49 individuals attended and made suggestions and comments related to Travel; Carer/Family Support; Clinical Expertise, Training & Resources; Communication; and Age-specific support.

6.3 In terms of travel, the general view was that most people are "willing to travel any distance to receive the best possible care". However, it was considered important to have services located where there were good links to public transport and that there should be consideration given to those on lower incomes. People also said that as much care as safe and appropriate should be provided as close to people's homes as possible and that the service should support the entire family, not just the patient. Such support should be given both whilst the patient is in hospital and once they return home. Support groups, key workers and outreach services were seen as key to facilitating these requirements.

6.4 Training programmes to maintain skills for all levels of staff in the health service throughout the region was also a key issue. Indeed, people suggested that any person who is likely to be a patient's first point of contact should be trained to accurately diagnose and treat different types and severity of burn. This included the suggestion that training should be provided to industries where burns were more likely.

6.5 Communication should be given in such a way as to make it easier for people to find the relevant department, understand what is happening to the patient, and the likely outcomes of different treatment options. To facilitate this, steps should be in place to provide information in written form as well as other languages and formats (e.g. Braille).

6.6 In addition, consideration should be given to the age of the patient to ensure that additional support was available for older adults if needed (e.g. linking with social services to enable them to return home if they live alone), and that children receive a service that is appropriate to their age and developmental needs (e.g. help returning to school).

6.7 A questionnaire was also provided for people who were unable to attend events, and was also made available for those who wanted to provide information privately at the events. In total, 38 questionnaires were completed. People were asked to list and rank the factors that were most important to them when it came to burn care (with 1 being the most important and 8 being the least important).

6.8 Analysis of this dataset suggested the most important factors in people's treatment were (1) the level of expertise of the staff, and (2) knowing that their place of treatment had the best clinical outcomes. People also found it important to (3) be treated in a place where their friends and family could visit easily. Following these, the other factors that people considered to be important were (4) being given information about their treatment and prognosis that they could easily understand, and (5) receiving all their care from the same group of professionals throughout their treatment.

6.9 Of the factors listed, the least important for patients and carers seemed to be (8) being treated in a place where their family and friends could be with them in private, (7) provision of emotional support for the patient and their family, and (6) being treated in a place close to where they lived.

6.10 In addition, NHS Trusts have been visited and discussions have taken place with clinicians, surgeons and physicians to ensure the service model that the commissioning bodies for the South West, South Central and South Wales is recommending reflects the views and advice of local clinicians as well as patients, carers and the public.

6.11 The provider validation visits also involved talking with patients who have been cared for at each of the providers as well as members of the public. Representatives from Community Health Council (Wales) and South Central Overview and Scrutiny Officers and Council officials were also members of the visiting teams that assessed each potential provider. External experts have also been involved and acted as 'critical friends' to the programme of work.

6.12 The advice and information obtained from these sources have all been considered in agreeing the preferred approach for expanding and improving the service as well as the care pathway. In addition, this proposal has the support of the South West and South Central Strategic Health Authorities and Health Commission Wales as well as national and local burn care charities (such as BUGS, at Salisbury, Frenchay After Burns Club at Bristol, Welsh Dragons at Swansea, and Changing Faces nationally). The Primary Care Trusts in the South West and South Central and Local Health Boards have also indicated their willingness to support the developments of burn care services across the Network.

6.13 Overall, the key messages from the patient and public engagement process are that patients and their families think that the expertise and good outcomes are the most important issues and that they are willing to travel longer distances to access

very specialised care, if necessary. However, if they do have to be treated at a service a long way from their home, they want it to be easy for their friends and family to visit. People also want good information right from the beginning and support for them and their families as they recover. Not just at the beginning but long term and it needs to include every aspect of the challenges they face.

7 Summary

7.1 The South West and South Central Specialised Commissioning Groups and Health Commission Wales have reviewed current services using the model of service and burn care standards established through the National Burn Care Group. The process has involved clinicians, patients, carers and members of the public. The process has identified the services best able to provide the different levels of care as summarised below:

Table 1 – Summary of designation proposals

Provider	Adult	Child
Morriston Hospital, Swansea	Centre	Unit/Facility
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	Unit	Centre
Salisbury District General Hospital, Salisbury	Unit/Facility	Unit/Facility
Derriford Hospital, Plymouth	Facility	Facility

7.2 The process has identified a number of benefits to patient care and conclusion of the designation process will enable the Network to focus on delivering further improvement to services and patient care through its developmental activities.

8 Local impact information

8.1 The work undertaken shows that travel times for patient transport 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, patients have indicated that they are prepared to travel longer distances for very specialised care and the number of patients involved is small. The travel times by car, public transport, air and road ambulance are provided at Appendix 4 of the Interim Designation Report, available to Overview and Scrutiny Committees.

8.2 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. Key issues include affordable parking, overnight accommodation and other facilities including quiet rooms and areas, help with other siblings, advice and support (see table 6 of the Interim Designation Report for details). These needs will be reflected within service specifications to be included in contracts with providers from April 2010.

8.3 In addition, the Network will develop the opportunity for patients to return to a service provider closer to home as soon as possible, should they wish to do so and that there are more locally focused and coordinated outreach and follow up services.

8.4 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.

8.5 For **Torbay** children – Children with more serious burns will continue to be cared for at Frenchay Hospital working jointly with the Paediatric Intensive Care Unit at the Children's Hospital in Bristol, until all services are transferred to the Bristol Children's Hospital. However children with minor to moderate burns will be able to receive care more locally with the development of burn services at Derriford Hospital.

8.6 For **Torbay** adults – a small number of patients with the most complex needs would be transferred to the burns Centre at the Morriston Hospital in Swansea. As the transfer thresholds have only just been agreed and burn care is provided in response to unplanned emergencies, it is difficult to be precise about the numbers of patients that would transfer in any given year. However, the numbers are likely to be very small and no greater than the numbers shown in the Severe, Severe/Complex categories within table 3 which shows activity for a three year period. Adults with minor to moderate burns will also be able to receive care more locally than at present.

9 Proposed next steps

9.1 Following support from all of the Overview and Scrutiny Committees and their equivalent functions in Wales, the Network, South West and South Central Specialised Commissioning Groups and Health Commission Wales (to be succeeded by Welsh Health Specialised Services Committee) will be able to formally receive a Final Designation Report. Once this report has been endorsed

the above providers will be formally notified of their designation, with a view to this taking effect in April 2010.

9.2 Work will begin shortly to incorporate requirements into service specifications and contracts with providers in anticipation of being able to issue contracts in the spring of 2010.

10 Recommendations

The Torbay Overview and Scrutiny Committee are asked to:

10.1 Note the proposed approach to improving burn care services;

10.2 Note the improved quality and safety of service that the model will deliver over time;

10.3 Note the involvement of patients, carers, clinicians and the public in the process of developing the recommended way forward;

10.4 Approve the proposed designations of four service providers delivering the three levels of specialised burn care and the forward agenda for the Network;

10.5 Note that it is hoped the designation process can be completed by March 2010 allowing all four services to be fully functioning in their roles by April 2010.