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To **SHA Chief Executives**

ESTABLISHMENT OF REGIONAL NETWORKS OF TRAUMA CARE

You will be aware of the recent National Audit Office report published 5 February 2010, and the Public Accounts Committee hearing of 22 March 2010 on Major Trauma. The Committee will publish its report in the autumn and we will need to respond with updates about regional progress. In addition, we expect the Committee to call for another hearing to review progress in about 18 months time.

For these reasons I think it reasonable to remind you about the commitments made to Parliament about how the management of major trauma care in England will develop.

The commitments made in the PAC hearing were to the effect that:

- The planning and design of networks of trauma care by SHAs will be complete by end of the financial year 2010/11, with a programme of implementation throughout the financial year 2011/12 (excepting London which is already a year ahead).
- From next year (April 2011), there will be a revised payment by results tariff for major trauma so that trusts treating major trauma patients will be reimbursed for the treatment they provide.
- All hospitals participating as part of regional trauma networks will be required to submit data to TARN and be signed up to do so by the end of 2010/11.
- From next year (2011/12) subscriptions to TARN will be included in the national tariff.
- All SHAs will implement the NAO recommendations detailed in paragraph 20 of the NAO report.

In addition the Committee asked us about our expectations of the development of rehabilitation services for major trauma patients. Professor Keith Willett, National Clinical Director for Trauma Care, has been working with all SHAs over the last year to tease out the practical implications of setting up of regional trauma networks and to design a new system for organising rehabilitation services to improve long-term outcomes. Our reply to the Committee was informed by his discussions with SHA colleagues and expressed the following expectations of what can be achieved:

- effective leadership to drive the rehabilitation of major trauma patients within the hospital setting.
- patients to be given a prescription for rehabilitation. These will need to rely on the development of Directories of available rehabilitation services and contacts across the network, and we have asked Keith Willett to consider the implications of this

with colleagues. The prescription should describe what assistance is necessary for continued recovery, when it needs to be delivered, and where.

- this prescription should be the responsibility of a key worker within the major trauma network (in the sense of ensuring it is drawn up and that the services prescribed are accessible)

Keith Willett will be writing to you with further detail around the way it is planned to implement these commitments and East Midlands will shortly be publishing the Clinical Advisory Group recommendations on their website.

I look forward to being able to report progress on these objectives in the next report we make to the Committee.

Sir David Nicholson KCB CBE
NHS Chief Executive