

Written submission from:	Headway – the brain injury association
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Submission to:	NHS Wales Health Collaborative
Title of consultation:	A Major Trauma Network for South and West Wales and South Powys

1.0 About Headway:

- 1.1 Headway is the UK-wide charity working to improve life after acquired brain injury (ABI) through providing services, support and information at every stage of the care pathway. Every 90 seconds someone is admitted to hospital in the UK with an ABI-related diagnosis, such as trauma, stroke, tumour and neurological illness. Many of these will require some form of support or rehabilitation; for some, this will be a life-long need. Traumatic brain injury (TBI) is one of the most common causes of ABI, with TBI arising from falls, road traffic incidents, work place injuries and assault.¹
- 1.2 Across the UK our network of over 120 Headway groups and branches, including a total of 12 across Wales, provides local services to ABI survivors. Headway UK also provides a number of frontline services including a nurse-led helpline, Headway Acute Trauma Support nurses, Emergency Fund and award-winning publications. Across South and West Wales and South Powys, there are nine Headway groups and branches, each providing varied support and rehabilitation programmes to people affected by ABI throughout the care pathway.
- 1.3 Headway Cardiff operates an independence and wellbeing centre, which provides brain injury survivors with a chance to re-learn lost skills, practice strategies and re-gain confidence and independence. It also provides emotional and practical support for individuals and families struggling to cope with everyday life after brain injury.

¹ Headway, [Statistics](#), (viewed 3 January 2018).

- 1.4 In addition, our eight volunteer-led branches across the area provide support, information and advice, drop-in and carer support, and social interaction in a safe and welcoming environment. These are based in Swansea, South Powys, Pembrokeshire, Neath Port Talbot, Merthyr Tydfil, Carmarthenshire, Bridgend, and Ceredigion.

2.0 Consultation questions and responses:

- 2.1 *Do you agree or disagree that a major trauma network should be established for South and West Wales and South Powys?*

Headway agrees that a major trauma centre for South and West Wales and South Powys should be established. We agree with the rationale for developing a major trauma network for this area, namely: to provide health services which mean more people will survive major trauma, with fewer people having long-term disability and needing long-term care. We welcome the development of a major trauma network as this will enable specialist staff to develop and retain skills and clinical expertise.

Rapid access to and appropriate treatment by specialist teams is critical in improving chances of survival and recovery from traumatic brain injury (TBI).² Headway notes that the consultation document summarises issues around geography, transport and the sparsity of population in some parts of south and west Wales and south Powys. Headway believes it is vital that people in rural and remote communities are able to obtain timely access to specialist services in the event of major trauma.

NICE reports that there has been an increase in the proportion of people with severe head injury who have their care managed in specialist centres. This has been associated with a decline in fatality among patients with severe head injury.³ Headway believes that a life worth saving has to be a life worth living. Therefore in the plans for the establishment of the major trauma network, consideration needs to be given to availability of specialist ABI rehabilitation services at the acute and post-acute stages of recovery.

- 2.2 *Do you agree or disagree that the development of the major trauma network for South and West Wales and South Powys should be based on the recommendations from the independent panel?*

The consultation document makes a number of pertinent points about the need for urgent access to specialist services following major trauma, including saying that “providing specific highly specialist services such as neurosurgery and paediatric neurosurgery on the same site as the major trauma centre was

² I K Moppett, '[Traumatic brain injury: assessment, resuscitation and early management](#)', British Journal of Anaesthesia, July 2007, Volume 99, Issue 1, pages 18–31, (viewed 3 January 2018).

³ National Institute for Health and Care Excellence, '[Head injury: assessment and early management](#)', Clinical guideline CG176, published date: January 2014, last updated: June 2017, (viewed 3 January 2018).

the main factor in deciding where to base the major trauma centre. This is because it is important to have these specialist services available immediately if you suffer a major trauma. Approximately 60% of trauma cases need support for head injuries and providing this service on-site is a minimum requirement.”

Headway broadly welcomes the location of the major trauma centre at University Hospital of Wales in Cardiff as it will be alongside the existing specialist services in neurosurgery. However detailed plans will need to be in place for the rapid transfer of major trauma patients from the more remote and rural areas covered by the network to ensure timely access to specialist services. In addition, the provision of rehabilitation services in the post-acute stage needs to take into account ease of access for patients throughout the area covered by the network.

2.3 *If we develop a major trauma network for South and West Wales and South Powys, is there anything else we should consider?*

Headway would welcome the opportunity to explore the inclusion of [Headway Acute Trauma Support \(HATS\) nurses](#) in the service design for the major trauma network, to provide additional specialist support for patients and their families and to reduce pressure on NHS staff.

HATS nurses currently work with multidisciplinary teams in six major trauma centres (MTCs) across England. HATS nurses provide emotional and practical support, information and advice to family members and carers of patients in the early stages following an acquired brain injury, particularly those in critical care or high dependency units. They continue support for as long as required, and put survivors, families and carers in touch with other organisations that may be helpful.

The HATS project enables family members to gain a better understanding of brain injury and, as a result of being able to make more informed care pathway decisions, become more resilient to pressures. Families benefit from improved knowledge and confidence, enabling them to more understand and navigate effectively through health and adult social care systems. As a result they feel less isolated and have better mental wellbeing, as a result of better support and continuity between acute and post-acute care.

For the NHS, the work of the HATS team enables hospital staff to provide better care for those affected by ABI and their families. With a HATS nurse as part of the MTC team, NHS staff can:

- Make more effective use of their time in caring for those affected by ABI and their families.

- Develop a better understanding of the needs of families affected by ABI.
- Have better communication with families affected by ABI.
- Provide more effective services in meeting the needs of those affected by ABI and their families.

3.0 Conclusion

3.1 Headway welcomes the development of a major trauma network for south and west Wales and south Powys.

3.2 Headway recommends that service design clearly addresses the need for the following:

- Timely access to specialist services for major trauma patients from remote and rural areas.
- Specialist rehabilitation services for patients at all stages of the care pathway, to ensure that a life worth saving is a life worth living.
- Inclusion of a HATS service to provide support for families and to reduce the burden on NHS staff.