

# **BURN CARE UPDATE**

Issue 5 January 2005

## Achievements this Quarter

Provision of a draft report from the Options Sub-Group for discussion by Specialist Commissioners and the Burn Care Community within the NHS

Agreement to the continuation of the Bed Bureau and other time limited projects for a second year

Agreement to share the balance of the additional time-limited funding that is anticipated for 2005/06 between SCGs on a weighted capitation basis. This to be used primarily for critical care provision for adult burns

#### Achievements to date

Completion of peer review visits to the burn care services in England, Wales and Northern Ireland

Obtaining the views of clinicians, patients and managers as to the appropriate weighting of benefits at the Stakeholder Day

Holding 'Roadshows' throughout England and Wales to obtain local views and opinions

Continued over .....

#### Welcome to the fifth edition of the Burn Care Update

#### Initial draft report recommends 4 networks of care

The Options Sub-Group (OS-G) has now made its initial recommendations known to the National Burn Care Group. The NBCG has requested comments on that draft report with a particular emphasis on the processes followed by the OS-G. The NBCG has not taken a view on the recommendations but has asked the OS-G to undertake further work that will result in a consultation paper later this year. One of the draft recommendations suggests 4 Networks of Care – Northern, Midlands, South East and South West. These networks would not have rigid boundaries but rather take account of existing patient flows and patient choice. Each network would have a Paediatric Burn Centre and one – or more – Adult Centres.

The background to this initial draft involved a considerable amount of work. During 2004 a process was agreed by which the burn care services could be stratified into Centres, Units and Facilities according to the recommendations made in the National Burn Care Review (NBCR). The NBCR was a document published by the British Burn Association during 2001, which made 146 separate recommendations, the main one being this stratification of services.



The Standards for Burn Care and the process to be followed were agreed by May 2004 and over the summer all burn care services in England, Wales and Northern Ireland received peer group visits to develop a shared understanding of the service. A 'Stakeholders Day' was held in October 2004 to identify, agree and weight the benefit criteria that would be used during the option appraisal process. Since October the Options Sub-Group have been meeting to make recommendations for the location and number of Burn Care Networks and Centres. Details of the membership of this sub-group can be found in Burn Care Update Number 4 – October 2004. They are continuing to meet and are grateful for the ideas and opinions being put forward because it has allowed a broader spectrum of thinking to be taken into account.

The draft report has been made available to SHA Chief Executives and Specialised Commissioning Managers in order for it to be discussed with local burn care providers and other involved parties. It can be seen through your local Specialist Commissioner or contact the Project Manager, Lyn Wray, for a copy.

Further meetings of the National Burn Care Group are planned. A final paper for more formal consultation will then be agreed. This is clearly still 'Work in Progress' but represents a considerable step forward in the ongoing challenge to provide the best possible service for burn injured patients. Achievements to date ..... Continued

Completing the consultation on the Process for the Designation of Burn Care Services to improve care for patients

Obtaining professional agreement to the Standards for Burn Care

The production of the Burn Care Update to keep people informed

Gaining top-level commitment to improving burn care through a one-day Burn Care Symposium September 2003

Establishing a UK-wide forum (the National Burn Care Group) to carry forward the recommendations of the National Burn Care Review

Setting up a Burn Bed Bureau covering the whole of the UK so that patients reach the right care faster **2** 01384 215576

Briefing Specialised Commissioners about the overwhelming case for changing the way patients with burn injuries are cared for

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### Additional funding from DH 2005/06

During the current financial year the Department of Health (DH) made available to the National Burn Care Group the sum of £2.7M which was to be spent, primarily, on Critical Care for paediatric burn injuries. For 2005/06 a further £4M is planned and this is primarily for Critical Care for Adult burns. It is anticipated that this additional funding will then cease and so care has to be taken when deciding how it will be used. The National Burn Care Group has made the following decisions:

2004/05	
Additional Paediatric Burn ITU beds in Manchester and Chelmsford	£2,500,000
Fund the National Burn Bed Bureau for a further year	£54,000
Fund the development of the National Burn Injury Data- base	£79,000
Remainder to be spent on the designation process includ- ing the visits and epidemiological report	£67,000
Total	£2,700,000
Total 2005/06	£2,700,000
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2005/06 Continue all funding of last year's projects for a further	

#### **National Burn Injury Database**

The idea of having a national database for all burn injuries is not new. It has been discussed over many years and will help to:

- Plan service reviews and identify required capacity
- Allow international comparisons and audit
- Provide the basis for multi-centre and international trials
- Underpin clinical governance
- Plan manpower and workforce development
- Plan burn prevention strategies

Above all, it would provide comprehensive burn injury data sufficient for detailed planning and realistic outcome comparisons and, together with the National Burn Bed Bureau, identify unmet need.

Such a database is in the final planning stages and will soon be available for use. One of the first tasks will be to put on 2-years' data retrospectively. All burn services seeing more than 50 cases a year will be asked to do this over the coming few months and the data gained will be used by the Options Sub-Group as an aid to their activity and capacity planning.

Eventually it is hoped that this database will bring together information from the Hospital Episode Statistics (and similar databases in Wales, Scotland and Northern Ireland) and the National Burn Bed Bureau, as well as its own data, to provide a comprehensive picture of burn care in the United Kingdom.