

Other sources of support
and information

Patient information

What information do we hold about our patients?

The Trauma Network may keep information about you and your care in various formats including both paper and computerised records.

The personal information held includes:

- name
- address
- date of birth
- your GP details.

Your records are also identified by a hospital number, and an NHS number, which can be used across the NHS.

The Trauma Network Office can also access patient outcome details through the national database, Trauma Audit Research Network (TARN). For further information please visit www.tarn.ac.uk

The way your information is stored and who has access to it is strictly regulated by the Data Protection Act and Data Security and Protection Toolkit.

For further information please ask for the Trust's guide 'Good practice guide – patient information, what happens to information held about you?'

Trauma Network Office
Box 93
Cambridge Biomedical Campus
Cambridge University Hospitals
Hills Road, Cambridge, CB2 0QQ

Email: trauma.east@nhs.net
www.eoetraumanetwork.nhs.uk

Other formats



If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: trauma.east@nhs.net



Please note: we do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

PALS

Further information can be obtained from your local acute Trust PALS office:

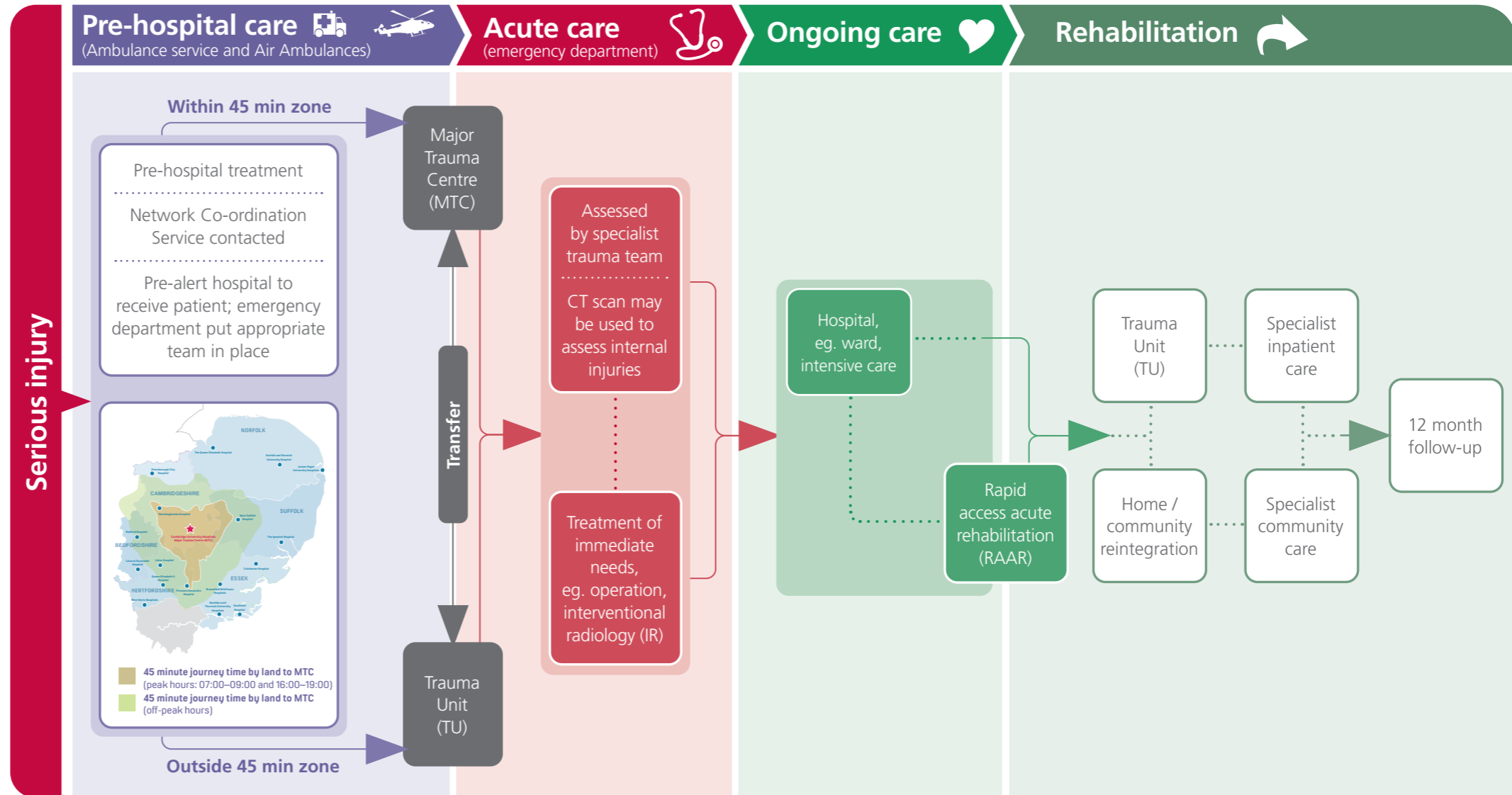


Your care with us

This leaflet provides information for you, your family and carers, and explains the stages of care after a serious traumatic injury.

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The typical journey of a seriously injured patient



The East of England Trauma Network

Cambridge University Hospitals NHS Foundation Trust is the Major Trauma Centre for the east of England

Major trauma

Major trauma is considered to be a serious injury or multiple injuries which could result in severe disability or death.

Falls below two meters are the most common cause of major trauma in the East of England. Thankfully incidents of major trauma are very rare, accounting for around 0.1% of emergency admissions in the East of England, but it is crucial that we provide patients with the right care, in the right place, at the right time.

We can dramatically improve patient outcomes by bringing together all those involved in caring for you into a network, from expert treatment at the scene to providing complex rehabilitation.



East of England Trauma Network

The East of England Trauma Network has been set up to ensure that you or your loved one receives the highest quality appropriate care at the correct time. The Network is responsible for the care of major trauma patients in this region, covering the counties of Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk.

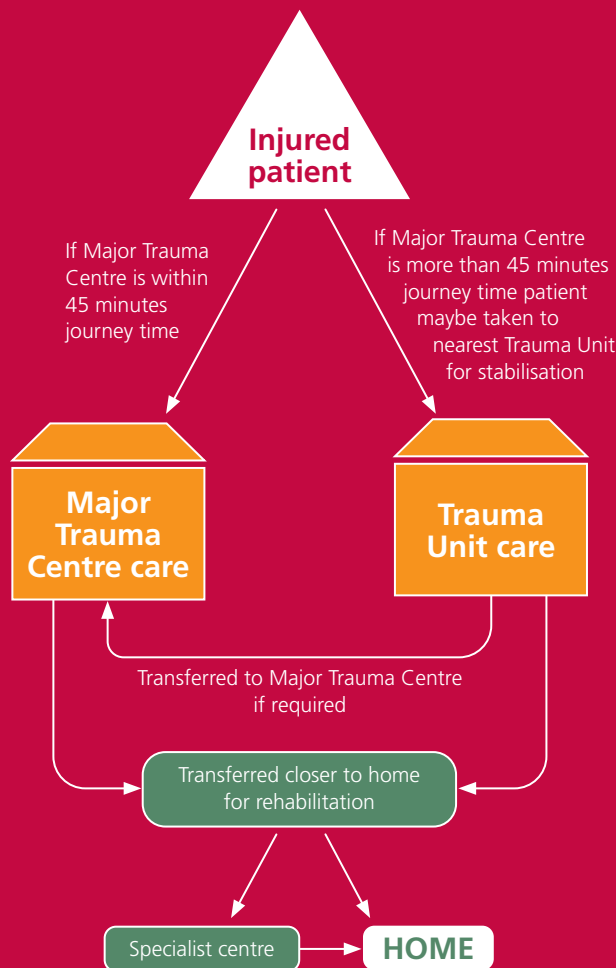
The Network comprises of the Major Trauma Centre (MTC), 12 Trauma Units (TU) and one local emergency hospital. It also includes the East of England Ambulance Service NHS Trust and a number of non-NHS specialist healthcare providers.

In the east of England, Cambridge University Hospitals is the Major Trauma Centre as it is the only hospital in the region to provide all specialist services for a major trauma patient. A key factor in providing the expert care for major trauma is ensuring the availability of these specialties centred in one location.

Depending on journey time and injury, patients can be transported directly to the MTC following on scene assessment, or may be transferred from a Trauma Unit following initial care and stabilisation.

Co-ordinated care

Trauma Units play a vital role in the initial resuscitation of major trauma patients. They may also be involved in the on-going care, specialist needs such as burns, and rehabilitation.



What is trauma rehabilitation?

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Rehabilitation

Trauma rehabilitation is all about you and your healthcare team agreeing and planning ways in which to help you with the injuries you have sustained. This might involve receiving help with physical injuries such as broken bones, but also includes receiving help with the less obvious problems after being injured, such as your emotional and psychological welfare. How the effects of the injuries impact on your every day life and getting back to work also needs to be considered.

Who is involved?

The most important person in the rehabilitation team is you, and all your rehabilitation will be planned around what you need now and what you are likely to need in the future. Your family (and/or other people important to you) also have a very valuable part to play in your rehabilitation process.

Your professional rehabilitation team may include some or all of the following, according to your individual needs:

- Doctors (including specialists in rehabilitation medicine)
- Nurses – both ward-based and specialist
- Physiotherapists
- Occupational Therapists
- Clinical Psychologists

- Liaison Psychiatrist
- Dietician
- Speech & Language Therapists
- Hospital Chaplain or other appropriate spiritual support
- Social workers
- Other support workers

When and where does my rehabilitation happen?

Your rehabilitation will start within two working days of your arrival in hospital and will continue after you have left hospital. A Rehabilitation Prescription will be developed in partnership with you and will outline the rehabilitation you require over the next days and weeks and will include goals to be achieved. Providing you and your family with education about the injuries you have sustained and how they are likely to affect you now and in the future is an important part of rehabilitation.

Hopefully, you will be able to go straight home from hospital and any follow up rehabilitation you need will be discussed with you and organised before you leave. If your rehabilitation needs are greater, you may spend up to 28 days on the Rapid Access Acute Rehabilitation Unit on ward J2 at the Major Trauma Centre. You may be discharged directly from here to home or you may need further rehabilitation before going home. If a referral to a specialist centre is required there may be a waiting period before a bed is available. It is important to note that it might be necessary to transfer you back to your local Trauma Unit whilst on the waiting list for a bed.

How is my progress measured?

Your progress will be regularly monitored by your rehabilitation team in order to ensure that you are on course to achieve the goals set out for you. When you are discharged from hospital you will be given a copy of your Rehabilitation Prescription, and your GP will also receive one so that they are aware of what has happened to you and the plans that have been made for your on-going care.

Various outcome measures are also used in rehabilitation settings to assess progress. These outcome measures form part of a national data collection system, the Trauma Audit and Research Network (TARN), and UK Rehabilitation Outcomes Collaborative (UKROC), and you will be asked if you are happy to give consent to be contacted up to a year following your injury so that your progress can be checked. This will help us to see if what we are providing for people who have been injured is effective and will guide us in making improvements to services for future patients.



Support services for patients and relatives during rehabilitation

Spinal Cord Injury Community Peer Support Officer 07896 877200

A community peer support officer from the Spinal Injuries Association (SIA) offers face-to-face support and advice for patients with new spinal cord injuries, and also to their family/carers. The role covers the east of England and support continues after discharge.

Traumatic Brain Injury Headway Cambridgeshire 01223 576550 www.headway.org.uk Helpline: 0808 8002244

A hospital brain injury co-ordinator is based at Addenbrooke's Hospital. Support is offered from admission to leaving the hospital. The neuro trauma support co-ordinator role includes:

- providing advice and support to individuals and their family and friends
- liaising with consultants, rehabilitation therapists and all relevant staff
- providing information on how to get help with legal matters
- assisting with planning for transfer or returning home
- sign posting patients, family and friends to local and regional Headway support
- providing advocacy to patients and their families.

Headway also offer post discharge support.

Limbless Association *No Amputee Need Cope Alone*

The Limbless Association (LA) directly supports male and female adults who are aged 18 and over. It offers a service to amputees across the UK by providing them with practical and emotional support, both pre and post-amputation.

Parents, guardians and carers of those under 18 can also access advice and support.

Freephone 0800 644 0185 www.limbless-association.org

Peer Support – LA Volunteer Visitors
volunteervisitor@limbless-association.org

LA Help Desk – support@limbless-association.org

Frequently asked questions

What is major trauma?

Major trauma refers to the most serious injuries such as pelvic fractures, severe knife or gunshot wounds, bleeding from ruptured organs (such as the spleen or liver), spinal injury, serious head injury and amputation of limbs.

What is the difference between major trauma and other trauma injuries?

The difference is in the severity and/or number of injuries. Major trauma is used to define serious life-threatening and/or multiple injuries. Generally speaking, the term 'trauma' is used to describe single injuries such as a fractured (broken) hip, minor head injury or fractured ankle.

What is a Major Trauma Centre (MTC)?

A Major Trauma Centre is able to treat people with the most serious injuries. It has access to the specialist services you are likely to require to manage your injuries and recovery. Currently there are 26 MTCs in England including one in the east of England.

What is a Trauma Unit (TU)?

A Trauma Unit is a hospital that provides immediate resuscitation for some major trauma patients before transferring them to the MTC if needed. They may also be able to provide some specialist care. By taking into account these specialities, a true network of care can be created for patients so that they are treated in the hospital most appropriate for their needs at a particular time.

Trauma Units will also ensure that the patient returns from the MTC when it is appropriate and accesses community services for rehabilitation local to them and their family.

What is a Trauma Unit expected to do?

All Trauma Units are expected to provide the same high level of trauma care.

This includes:

- providing initial life-saving care and resuscitation for all major trauma patients regardless of the type or the extent of their injuries
- on-going care for patients with injuries that can be managed using local expertise
- the safe preparation and transfer of patients to other hospitals for specialist treatment when necessary
- rehabilitation
- adhering to procedures and guidelines set by the Trauma Network and meeting their performance and quality indicators.

Will all patients go directly to the Major Trauma Centre from the scene of the incident?

No. Patients will go to the Major Trauma Centre if:

- they trigger the pre-hospital 'major trauma' criteria
- they are within 45 minutes journey of the Major Trauma Centre
- their airway, breathing and circulation can be safely managed en-route.

Patients not meeting all of these criteria will be conveyed to the nearest Trauma Unit. Pre-hospital medical and ambulance teams are trained to make an initial assessment to decide where to transfer the patient. Some patients will be taken to the nearest

Trauma Unit for immediate management of life-threatening injuries before undergoing a secondary transfer to another hospital for specialist care.

Which patients should be transferred to the MTC?

Any patients whose needs exceed the Trauma Unit's capabilities. This will typically include patients with brain or spinal injuries, those with complex chest or abdominal injuries, and those with complex limb or pelvic injuries. Patients may also need to be transferred later for rehabilitation needs as well as for their acute care.

What are the benefits of a Trauma Network for trauma patients?

The Trauma Network helps to focus everyone involved on the care of the seriously injured patient. Working with services across the region and beyond, we hope to provide the best care possible in order to improve lives. Other countries with similar networks have shown:

- improved survival rates
- speedier recovery times
- reducing the severity of patient disability
- helping patients to live more independently, following their recovery and enabling more patients to return to work.