

BURN CARE UPDATE

**Issue 4
October 2004**

**Achievements
this Quarter**

Commencement of the meetings that will consider all the information now available to designate the level of service provision

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

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

Achievements to date

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

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

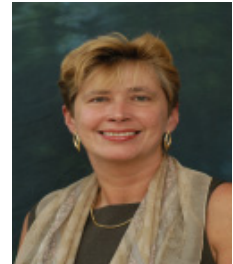
The production of the Burn Care Update to keep people informed

Continued over

Welcome to the fourth edition of the Burn Care Update

Dear Colleagues,

The summer of 2004 has seen Peer Review visits carried out in 17 burn services across England and Wales with a further one scheduled for Northern Ireland on November 8th. Some 37 clinicians and 16 patients and other people have already taken part in these visits which make them the most comprehensive practical review of the services that has ever been carried out. This has necessitated an enormous amount of organisation by you all, both at work to reorganise your clinical commitments and at home because most of you were absent for a working week. The staff within the services were also obliged to make changes and there are examples of people coming into work from annual leave and even from their sick bed!



I thank you all for your commitment to this task and dedication to the principle of improving care for people with burn injuries.

The National Burn Care Group cannot take forward the recommendations of the National Burn Care Review without the help of people like yourselves. Your enthusiasm and concern for improvement are a lesson for us all.

On behalf of the National Burn Care Group – I thank you.

With best wishes,



Candy Morris, Chairman NBCG

Additional Funding from the Department of Health

Last year the Department of Health (DH) allocated an additional £2.7M for burn care in England and asked that it be used principally to increase the beds available for the Critical Care of Burn injured children. This funding has been used for additional beds in Manchester and Chelmsford and the remainder used to pay for the process of designation, the National Burn Bed Bureau and the development of the National Burn Injury Database. All these items will continue to be funded for the coming year.

For 2005/06 there is likely to be a further allocation of £4M and it has been requested that this be used to enhance the amount of Critical Care available for adults. All burn services in England have been invited to apply for some of this additional funding and have received a bid proforma for completion. Bids will have to take account of the fact that the funding is only guaranteed for one year.

Visit to Northern Ireland

Following the peer review visits to the services in England and Wales it has been agreed that a similar visit will take place to the service in Belfast. A self-assessment spreadsheet has already been completed and the visiting team will consist of the same number of professional representatives as the previous visits. It is planned for Monday November 8th 2004.

Agreements made at the Stakeholder Day

Achievements to date Continued

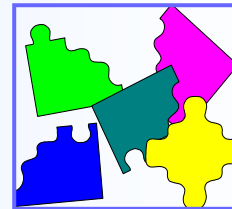
Establishing a UK-wide forum (the National Burn Care Group) to carry forward the recommendations of the National Burn Care Review

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

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

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

On Tuesday October 19th 2004, 86 people assembled at the Holiday Inn, Heathrow, for the purpose of weighting the benefits to be obtained from the designation of burn care services. The day began with an overview of why the exercise was being undertaken and then the facilitator, Diana Sanderson, explained how we were going to do it.



The Stakeholder Day was very concentrated with each delegate participating in group discussions and culminated in the showing of how the group scores were amalgamated to obtain a consensus view. Each person then completed a form with their personal opinions which have been put into a spreadsheet and will be used as part of the sensitivity analysis. Do opinions vary between different groupings? Do patients have different views from nurses? Or Consultants? Or Managers?

For each of the titles listed below there were also weightings given to the supporting benefits but the detail is too great to reproduce here. By the end of the day it had been decided that the following weightings should be applied.

% of points	Criteria Title
23.0	Quality of Care—Burn Care Facilities
17.2	Quality of Care—Proximity of and Access to other relevant Specialties
25.0	Quality of Care—Burn Care Staff
13.9	Accessibility for Service Users and their Families
8.8	Facilities for service users families
5.5	Ease of Implementation
6.6	Flexibility to meet a sudden increase in demand

Information obtained from the epidemiology analysis, the emerging thoughts of the Burns Major Incident planning group, the opinions of the public, PCT and Specialist Commissioning Managers and the reports of the peer review visits will all be used to inform the above benefits. The day ended at 3.30pm with most people agreeing that it had been a useful day.

Membership of the Options Sub-Group

The Options Sub-Group are a group of people who will be making recommendations to the National Burn Care Group (NBCG) in December. See Membership of this group in box below. The clinicians represent their professional colleagues on the NBCG, are part of their local burn service and have considerable experience in caring for patients with burn injuries. These 10 clinicians are supported by 3 patients, 3 Specialist Commissioners and the Project Manager and each meeting is facilitated by Diana Sanderson of York University. The group will be using all the information that has now accumulated. They will consider the best strategic 'fit' of the network possibilities and determine the best places for the adult and children's Centres. A report will then be written for the attention of the NBCG (see diagram below).

The NBCG can be contacted via the Project Manager by:

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✉ Direct to

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Name	Profession or Group	Geographic Location
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Paul Cussons	British Association of Plastic Surgery	Northwood, Middlesex
Anna Batchelor	Intensive Care Society	Newcastle
Michael Marsh	Paediatric Intensive Care Society	Southampton
Steve Squires	Royal College of Anaesthetists	East Grinstead, Sussex
Michael McCabe	British Association of Emergency Medicine	Swansea
Kathleen Berry	Royal College of Paediatrics & Child Health	Birmingham
Geoffrey Carroll	Faculty of Public Health	Wales
Ann Fowler	Clinical Nurse Specialist	Northwood, Middlesex
Lou Evans	Burn Therapy Special Interest Group	Chelmsford, Essex
James Partridge	Chief Executive, Changing Faces	London
Richard Castle	Patient Representative	Gloucestershire
Julia Chute	Patient Representative	Wincestershire
Mike Maunder	Specialist Commissioner	Northern SCG
Pete Sagers	Specialist Commissioner	Eastern SCG
Simon Brake	Specialist Commissioner	West Midlands SCG
Lyn Wray	Project Manager	Eastern SCG

