Regional Transfers into Neurosurgery at QEHB

There are patients with spinal cord injuries and neurological patients with a GCS of <13 are being cared for in Trauma Units, due to lack of capacity at the Major Trauma Centre. There is a lack of effective outreach support services provided to the Trauma Units to support care in these hospitals. This lack of specialist input is likely to affect the recovery and outcomes for these patients

We recognise that neurosurgical capacity is an issue. There are considerable fluctuations in neurosurgical capacity from week to week and situations arise where patients cannot be transferred to Neurosciences centre in a timely fashion or are left to be managed in the TUs. The neurosurgical capacity issue is intimately linked with the problems with the repatriation flow at network level and limited capacity for neurorehabilitation, which have already been highlighted.

Neurosurgical capacity at the Queen Elizabeth Hospital is unlikely to improve in the medium-term without additional measures being implemented. To mitigate the impact on patients, we propose to implement the following actions in the next 6-12 months:

ISSUE	PROPOSED ACTION
TRANSFER OF PATIENTS REQUIRING IMMEDIATE SURGERY (e.g. extradural/subdural haematoma)	These patients must be accepted without delay even when a bed is not available, as per current policy.
DELAYED TRANSFER OF PATIENTS WITH GCS <13	We propose to create a pathway for the management of these patients (e.g. covering the frequency of neuro-obs, rescanning, epilepsy prophylaxis, antibiotic policy, fluid management and red flags for urgent consultation with neurosurgery). This pathway will be accessible from NORSe, the neurosurgical referral portal, and will incorporate an automatic alert to the neurosurgical registrar if red flags are present.
REFUSAL OF TRANSFER INTO NEUROSURGERY WHERE CAPACITY CANNOT BE CREATED	The neurosurgical registrar and the referrer will jointly determine whether the patient can be safely managed in the TU or needs to be transferred to another unit within or out of region. In the latter case, the neurosurgical registrar will directly liaise with their colleagues in other units to facilitate the transfer. Issues should also be TRID logged with the Network Office via sarah.vickers3@nhs.net
REFUSAL OF A PATIENT WHERE THE TRANSFER WOULD BE INAPPROPRIATE	A pathway will be created for the management of patients deemed unsalvageable or who have ceilings of care in place that would make transfer to neurosurgery inappropriate. This pathway will be accessible from NORSe.
DESKILLING OF JUNIOR DOCTORS, THERAPISTS AND NURSING STAFF AT TUs IN THE MANAGEMENT OF TRAUMATIC BRAIN INJURY	We propose to set up biannual study days to be hosted by the QE for regional TUs.
ON-GOING ACCESS TO SPECIALIST EXPERTISE	We are in the process of setting up a rota of dedicated neuro-trauma consultants (currently three at the QE) Monday to Friday, who will be available to discuss any concerns about the transfer or management of patients admitted to TUs. The responsible consultant each day will be contactable via Switchboard. At weekends, the on-call neurosurgical consultant will be responsible for this service.