

Head Injury Standards

I. Aims

The National Standards give guidance to Trusts that provide Head Injury services on standards of care and service delivery, they enable commissioners of care to assess whether specified Standards have been achieved and promote consistency between centres.

The aims of the survey are to identify the standards of care and prioritise areas that need further development. Feedback will be provided to every Trust as to the level at which it meets the standards and how it compares with other Trusts in the East of England Region. Service level agreements will be based on a common service specification to promote consistency across all centres.

II An Inclusive Process of further Development of the Standards

The Eastern Region Head Injury Study Working Group has widely consulted as the standards have been developed. The enclosed draft standards are based on the feedback received.

III What the Standards Cover

The following is a draft of standards of care for Head Injured patients in Acute Trusts. It is based on the methodology developed by the SBNS and their surveys already carried out on Neurosurgical Services facilities. These standards are set out in a manner consistent with the Royal College of Surgeons' Galasko Report (1999) and the recently published NICE guidelines (2003). A common approach is necessary to ensure consistent application and assessment of agreed national standards. This will assist Acute Trusts to organise their activities to demonstrate that they can meet the standards. Consistency will also make it easier for Primary Care Trusts (PCTs), professionals and patient groups to participate in the process of setting and monitoring standards.

The Head Injury Standards are structured into two tiers – **objectives and levels of standards**. Each standard is made as explicit as possible to ensure that interpretation is clear. **Level A** indicates the highest priority that acute trusts should give to compliance and to emphasise the immediate direction for service improvement requiring immediate implementation. **Levels B & C** are set to allow time for improvement. Level B should be met over a year and Level C over 2 years. Specified within each topic are the standards, which need to be met in order to achieve the objectives.

SBNS has carried out surveys of all Regional Neurosurgery Units on general topics such as Organisation of provision for Neurosurgical Care Communication between primary, secondary and tertiary services, Access, Neurosurgery, Neuro-critical Care, Post neurosurgery follow-up/ Neurorehabilitation. These surveys also covered standards for Neurosurgical Services for other Specific Clinical Conditions such as Neuro-oncology, Neuro-vascular services, Spinal disease and Issues specific to functional neurosurgery as well as Head Injury.

This survey will only cover the topic of **Head Injury** care and service delivery in Acute Trusts.

IV National responsibilities for quality assurance/clinical governance

Each Trust is responsible for implementing clinical governance and enhancing standards and quality of care in the light of reports such as 'Learning from Bristol' and a number of recent reports and initiatives relevant to Head Injury care:

- The Royal College of Surgeons of England *Report on the Management of Head Injured Patients* (Galasko, 1999)
- Institution of a *Joint Working Group with Regional Specialist Services Commissioners* to work towards National Standards and Specifications for Service provision, data monitoring and analysis (2000)
- *Safe Neurosurgery 2000* and *Safe Paediatric Neurosurgery 2001*
- Production of *guidelines by NICE* (2003) [see Editorial by Yates DW The NICE head injury guidelines: the need for guidelines for head injury in *Emergency Medicine Journal* 2003; 20: 117]
- The British Association of Accident and Emergency Medicine *Implementing the Galasko Report on Head Injury Care: implications for A&E Departments* (Clinical Effectiveness Committee, June 2000)

V Area for development

The service for patients with head injuries will be designed and developed around the care pathways for Head Injured patients as recommended in the Galasko Report and the NICE Guidelines (*See Appendix*)

VI General Standards for the Services for Head Injury in hospitals

1. Adequate resources will be available to allow assessment, admission, investigation and treatment to agreed standards at times appropriate to the patient's need
2. Delivery, and development of a comprehensive service for patients with head injuries will be co-ordinated by named personnel to ensure that standards and needs are met
3. Multi-professional teams will work together, across disciplines and locations, to achieve optimum decision making, treatment and outcome
4. There will be effective communication between all those responsible for the patient's care and with the patient and their family and where appropriate, with other carers
5. There will be adequate facilities for ongoing care of patients after acute management
6. Care will be provided for patients with head injury in accordance with agreed national guidelines (*see above*)
7. There will be an audit process to assess outcome, effectiveness of care, compliance with guidelines and analysis of avoidable distress, disability and death, and to provide information for effective planning and development of the service