Care pathways for children and young people with head injuries

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 A public health approach to tackling care pathways for brain injured children and young people

 Reflections on where we've got to in Bristol





Where are we now?

- 'We' = providers, users, commissioners, others
- What is working well? What's not?
- Information & data (existing & new)
- Mapping services (location, structure, capacity)
- Current processes / pathways

Injury data pyramid



Injury data quality



Warning! Head Injury data ahead

- Do you have an agreed definition of head injury?
 - What age group? What geography?
- How good is the quality of your data?
 Complete? Accurate? Representative? Timely?
- Can you follow patients through the system?
- Usually very little on mechanism of injury
 Difficult to collect, collate and interpret

Where do we want to get to?

- What outcomes are important?
- What is best practice?
 - Exemplar services elsewhere
 - Evidence based interventions
 - Value for money
- National drivers & local context



Evidence for change

- Absence of evidence doesn't mean evidence of no effect
- Innovation is good if
 - It has a theoretical basis
 - It is evaluated

NICE National Institute for Health and Care Excellence

Strategies to prevent unintentional injuries among the under-15s

Issued: November 2010

NICE public health guidance 29 guidance.nice.org.uk/ph29

Head injury

Triage, assessment, investigation and early management of head injury in children, young people and adults

Issued: January 2014

NICE clinical guideline 176 guidance.nice.org.uk/cg176





- Sound argument for change
- Develop the new pathway / system
 - Group and leader
 - Who needs to agree?
 - Pilot?
- How do you make it happen?
 - Business case timescales & processes
- Planned implementation



- Outputs
 - Targets, HES, Length of stay etc
- Outcomes
 - Patient and professional reported
 - Long term as well as short term
 - Educational and social, not just health
- Unethical not to evaluate

Prevention of injuries & reduction in harm



Accidents don't happen by accident

LCO2 MMV

13883888



Haddon's matrix: Road injury harm reduction

	Human factors	Vehicle / equipment	Environment
Pre-event (Primary)	Education Reflective clothing Alcohol / drugs Eyesight testing	Car road worthiness tests Speed limiters	Road planning Traffic calming Speed limits Safe routes to school
Event (Secondary)	Speeding behaviour Use of seatbelt Use of mobile phone	Air bags Impact bars Bumper design	Crash barriers
Post-event (Tertiary)	Pre-trauma health of victim Trauma care	Response of emergency services	Access for emergency services

Used for both conceptualising aetiology and for strategic planning

Changing epidemiology; children (≤15y) killed or seriously injured, GB, 2000-2013



DfT (2014). Statistical Release. Reported road casualties in Great Britain: Main results 2013.

Prevalence of overweight and obesity in Bristol children, age 11y

Hengrove (42.7%)	
Bristol average (32.5%)	
Southville (25.9%)	
Cotham (10.6%)	

3yr average 2009/10 to 2011/12

Based on ward of residence of child: Highest, lowest, Southville and Bristol average Source: Bristol Public Health Intelligence Unit

Exposure to injury risk Children's leisure activities have changed

Green play



Screen play



Changing epidemiology; children (≤15y) killed or seriously injured, GB, 2000-2013



DfT (2014). Statistical Release. Reported road casualties in Great Britain: Main results 2013.

A perspective on where we are with ABI in Bristol



Bristol Health Partners



Child Injury Prevention & Injury Care Health Integration Team

www.bristolhealthpartners.org.uk







Avon and Wiltshire Mental Health Partnership NHS Trust Bristol Clinical Commissioning Group North Bristol NHS Trust North Somerset Clinical Commissioning Group South Gloucestershire Clinical Commissioning Group University Hospitals Bristol NHS Foundation Trust



What is a health integration team?



Drivers for a child injury HIT



- National calls for coordination of trauma care and rehabilitation
- Financial pressures encourage keeping care out of hospital where appropriate
- Growing and diverse child population in Bristol
- Major redesign of children's trauma services in 2014

The challenge

High volume - Low impact



Low volume – High impact



Minor head injuries Cuts and wounds Ingestions Road traffic injuries Major head trauma Extensive burns

Usually quick and full recovery

Long admission, slow recovery +/- long term consequences

The challenge - rehabilitation



Current provision of services is complex

Little knowledge of long term impact

A solution?

Child Injury Prevention and Injury Care HIT



Who is involved?







Child Injury Prevention & Injury Care Health Integration Team

Head injuries



Preventing post -concussion syndrome through the ED (UHB RCF funding)

Faculty of Paediatric Neuropsychology Annual Symposium (March 2015)

Collaborations within and outside Bristol

Bristol Health Partners

Challenges

Clinical workload

Data

Education and training

Sustainable PPI



Child Injury Prevention & Injury Care Health Integration Team



Thank you



Child Injury Prevention & Injury Care Health Integration Team

- Save the date
 - CIPIC HIT showcase event
 - 17th March 2016
 - University Hospitals Bristol Education Centre

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