From the Deputy Chief Medical Officer
Dr Paddy Woods

Circular HSC (SQSD) (NICE NG39) 23/16

Subject: NICE (Clinical) Guideline NG39 - Major trauma: assessment and initial management

Circular Reference: HSC (SQSD) (NICE NG39) 23/16

Date of Issue: 15 April 2016

For action by:
Chief Executive of HSC Board – for distribution to:
   All HSC Board Directors – for cascade to relevant staff

Director of Integrated Care, HSC Board – for cascade to:
   Head of Pharmacy and Medicines Management
   Family Practitioner Services Leads – for cascade to relevant
   Family Practitioner groups

Chief Executive of Public Health Agency – for distribution to:
   Director of Public Health and Medical Director – for cascade
to relevant staff
   Director of Nursing and AHPs – for cascade to relevant staff

Chief Executives of HSC Trusts – for distribution to:
   Medical Directors – for cascade to relevant staff
   Directors of Nursing – for cascade to relevant staff
   Heads of Pharmaceutical Services – for cascade to relevant
   staff
   Directors of Acute Services – for cascade to relevant staff
   HSC Clinical and Social Governance Leads
   Directors of Social Services – for cascade to relevant staff
   Directors of Finance – for cascade to relevant staff
   AHP Leads – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – for
cascade to: relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs

For Information to:
Chair of HSC Board
Chair of Public Health Agency
Chairs of HSC Trusts
Chair of RQIA
NICE Implementation Facilitator NI
Members of NI NICE Managers’ Forum

Summary of Contents: This guideline covers the rapid identification
and early management of major trauma in pre-hospital and hospital
settings, including ambulance services, emergency departments,
major trauma centres and trauma units. It aims to reduce deaths and
disabilities in people with serious injuries by improving the quality of
their immediate care. It does not cover care for people with burns.

Enquiries:
Any enquiries about the content of this Circular should be addressed
to:
Standards & Guidelines Quality Unit
DHSSPS
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BELFAST
BT4 3SQ

SGU-NICEGuidance@dhsspsni.gov.uk

Superseded documents
None

Status of Contents:
Action

Implementation:
As per circular. Generally, Clinical Guidelines should be
implemented within 12 months of endorsement.

Additional copies:
Available to download from
https://www.dhsspsni.gov.uk/topics/safety-and-quality-
standards/national-institute-health-and-care-excellence-nice
Dear Colleagues

NICE Clinical Guideline NG39 - Major trauma: assessment and initial management
https://www.nice.org.uk/guidance/ng39

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

In accordance with the process outlined in circular HSC (SQSD) 3/13, the following actions should be taken (https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/hsc-sqsd-3-13.pdf)

1. HSC Board / PHA
   a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
   b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
   c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DHSSPS as required at 6 monthly accountability meetings.

2. HSC Trusts
   a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
   b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
   c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.

3. RQIA
   a. Disseminate the Guideline to the independent sector as appropriate.

4. HSC Special Agencies and NDPBs
   a. Take account of this Guideline in training and other developments as appropriate.

To inform the planning process, please find attached details from the Departmental review. You should consider and take account of other relevant Departmental policies and strategies.
in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.


Dr Paddy Woods
Deputy Chief Medical Officer
## Appendix 1

### Endorsed NICE guidance - Details from Departmental review

| Reference Number | NICE Clinical Guideline – NG39  
| https://www.nice.org.uk/guidance/ng39 |
|------------------|----------------------------------------------------------------------------------|
| Title            | Major trauma: assessment and initial management                                   |
| Summary of guidance | This guideline covers the rapid identification and early management of major trauma in pre-hospital and hospital settings, including ambulance services, emergency departments, major trauma centres and trauma units. It aims to reduce deaths and disabilities in people with serious injuries by improving the quality of their immediate care. It does not cover care for people with burns. It includes recommendations on:  
• immediate destination after injury  
• airway management  
• management of chest trauma in pre-hospital and hospital settings  
• management of haemorrhage  
• pain management  
• information and support for patients with major trauma and their families and carers  

The guideline should be read alongside NICE guidelines: NG37 - Fractures (complex), NG38 – Fractures (non-complex), NG40 - Major Trauma: service delivery and NG41 - Spinal Injury (All endorsed by DHSSPS in April 2016)  
https://www.dhsspsni.gov.uk/articles/nice-endorsed-clinical-guidelines-20162017 |
| Related strategically relevant DHSSPS / HSC policies | None |
| Inter-Departmental interest | None |
| Legislative / policy caveats | This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case. |
Where the guidance indicates that informed consent should be obtained and documented, the DHSSPS guidance 'Reference Guide to Consent for Examination, Treatment or Care (2003)', which is available on the DHSSPS website, gives advice on the law concerning consent to intervention. Available from: [https://www.dhsspsni.gov.uk/articles/consent-examination-treatment-or-care](https://www.dhsspsni.gov.uk/articles/consent-examination-treatment-or-care)